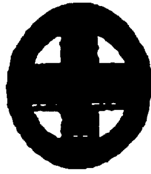

新邨西醫協會
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E-mail: eda@eda.org.hk Home Page: http://www.eda.org.hk
Tel. no.: 2388 2728 Fax no.: 2385 5275

Our ref: EDA/031/99
Your ref.:

4th March, 1999

By fax

Chairman
Environmental Affairs Panel
Legislative Council Building
8 Jackson Road
Central, Hong Kong

Dear Sir,

Legislative Council Panel on Environmental Affairs
Amendment to the Waste Disposal Ordinance

We refer to the consultation paper to be tabled on 5 March 1999 concerning the Amendment to the Waste Disposal Ordinance.

Referring to Paragraph 15 under "Publicity and Public Consultation", we were indeed surprised by the **alleged support by the medical profession for the proposed Clinical Wastes Control Scheme.**

Estate Doctors Association have been for the past five years raised objection to the unwarranted imposing of rigid conditions by the Environmental Protection Department to the inconvenience of both the health care providers and the users.

We enclose our correspondences to the Environmental Protection Department for your reference.

Yours sincerely,

Dr. Ho Ock Ling
Hon. Secretary
Estate Doctors Association

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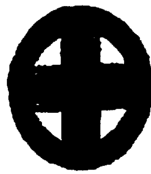

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Our ref.: EDA/161/98
Your ref.:

By fax & mail

20th August, 1998

Environmental Protection Department
26/F., Southorn Centre
130 Hennessy Road
Wan Chai
Hong Kong

Attention: Mr. Ricky W.L. Liu
Environmental Protection Officer

Dear Mr. Liu,

Re: Notes of Meeting of 8.8.1998 between EPD & EDA

Thank you for your fax dated 13.8.1998 enclosing your draft notes of the captioned meeting. We have no comment on your notes.

We have also prepared our notes of the said meeting in which the views of EDA on the Clinical Waste Control Scheme were reported in greater detail. We enclose herewith a copy of our notes for your comment.

We should be grateful if you could send a copy of our notes to the Planning, Environment and Lands Bureau and the Health and Welfare Bureau for their consideration.

Yours sincerely,

Dr. Ho Ock Ling
Hon. Secretary
Estate Doctors Association

Encl.

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Clinical Waste Control Scheme
Notes of the Meeting
between Environmental Protection Department and Estate Doctors Association

Date : 8 August 1998 Time : 2:30 - 3:30 p.m.
Place : EPD's office at SIG Library, 26/F Southorn Centre, Wanchai, Hong Kong.

Present:		
	Mr. Patrick Lei - Chairman	EPD
	Dr. David Ha	EPD
	Mr. Simon Lin	EPD
	Mr. Ricky Liu - Secretary	EPD
	Dr. Yeung Chiu Fat	Chairman, EDA
	Dr. Lau Yat Yuen	Vice-Chairman, EDA
	Dr. Ho Ock Ling	Hon. Secretary, EDA
	Dr. Lam Ying Ming	Council Member, EDA
	Ms. Joanna Mak	Admin. Secretary, EDA

1. The Environmental Protection Department(EPD) informed that the final decision on the proposed Clinical Waste Control Scheme(CWCS) was to be made by the Planning, Environment and Lands Bureau and the Health and Welfare Bureau. EPD was responsible to consult the concerned parties on the technical aspects of the control scheme.

2. The Estate Doctors Association(EDA) enquired about the criteria to be adopted by the Government in assessing whether to introduce Phase Two control which was focused on minor waste producers such as private doctors.

3. EPD responded that the Government would consider the need to introduce Phase Two control if there was evidence that self-regulation adopted by private doctors could not meet the requirements of EPD or if there were major incidents of environmental damage or health hazard resulting from improper management of clinical waste.

4. Although the Code of Practice was not legally binding, it was still a statutory document published under the Waste Disposal Ordinance. EDA expressed concern that non-compliance of the Code would lead to an offence against the laws in spite of the repeated assurance of EPD that EPD would not assign their inspectors to check whether private doctors had complied with the Code or not, and EPD would not bring a charge against private doctors in case of non-compliance.

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5. EDA was of the opinion that :-

(a) The amount of clinical waste produced in private clinics was negligible.

(b) Injection was seldom done by private doctors nowadays and therefore the quantity of sharps was extremely small.

(c) Used needles were stored in solid containers before disposal.

(d) The practice of private doctors was very different from that of hospitals. It was unlikely that the patients were severely injured or highly infectious. In case of such incident, private doctors would advise them to receive treatment in hospital. Human tissues from dressings or infectious materials were properly sterilized before disposal.

(e) The huge quantity of construction and domestic wastes(e.g. rusty metals and nails, sanitary napkins and semen filled condoms) were much more hazardous than the very meagre quantity of clinical wastes from private clinics. Therefore, construction and domestic wastes instead of clinical waste should be dealt with by EPD in top priority. The control over the management of clinical waste from medical clinics was absolutely unnecessary.

(f) The human tissues, syringes & dressings disposed from medical clinics were negligibly small in amount. The amount of blood in dressing in clinics was also very very small. On the contrary, women who constituted half of the population produced vast amount of blood in the sanitary napkins during their menstruation every month. These napkins were just dumped in ordinary rubbish bins or flushed in toilets. According to the logic of EPD, there should be a law to have special agents and collection centres to govern disposal of these napkins.

(g) If medical clinics were to store the dressings and contaminated waste for some times until they were collected, these rubbish would become more contaminated and hazardous than if they were disposed of as ordinary rubbish everyday.

(h) The patient attendance in private clinics had greatly decreased and the amount of wastes produced in private clinics during the past few years was even smaller than before.

(i) Health Personnel were the best persons to judge what was hazardous waste, e.g. syringes not contaminated with blood were not hazardous. Doctors and doctors' groups had all along been demonstrating great self-regulation in collection of clinical wastes by minimizing wastes production and properly handling and disposal of sharps and other wastes. Guidelines were also issued by the Hong Kong Medical Association on storage and disposal of used needles to its members for reference.

6. EDA stressed that they did not want any regulation to govern their practice of clinical waste handling. The Phase Two of the CWCS focused on private doctors should be shelved immediately.

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7. In order to separate the hazardous wastes from the non-hazardous wastes, EDA suggested that large containers with different compartments for sharps, wastes for recycling and ordinary wastes should be made available for segregation by the public like in Japan.

8. EPD explained that the collection of domestic waste was the responsibility of the Municipal Councils which were at present under review by the government. The management of chemical and clinical wastes were the concern of EPD.

9. EDA pointed out that private doctors would have difficulties in complying with most of the requirements of the Code of Practice which was designed for hospital settings.

10. EDA reiterated that the Code of Practice should be applicable only to the large clinical waste producers such as hospitals and government clinics. The wastes in private clinics were so much smaller in quantity and so much less hazardous in comparison to that of the large clinical waste producers and therefore the same Code of Practice should not be applicable to private clinics as well.

11. To improve the clinical waste collection arrangement, EDA would consider to request the Department of Health, private hospitals and private laboratories to make available their waste collection facilities for private doctors' use.

12. EPD welcomed any proposal from the medical profession to facilitate the collection of clinical waste from private clinics for disposal at the designated disposal facility provided that such proposal could meet the requirements of EPD and private doctors could ensure that the clinical wastes were properly packed, labelled and transported to the disposal facility. In that case, EPD agreed that private doctors did not need to consign the clinical waste to a licensed collector.

13. EPD could not produce any figures of people getting hurt by clinical waste since there was no special hotline to receive complaints from the public.

14. EPD had studied the guidelines of the Hong Kong Medical Association on sharp box and requested the Association to elaborate the guidelines a little.

15. As regards the type of clinical waste, EPD's main concern was the sharps e.g. needles, but not the syringes. EPD believed that the health care professionals could be able to determine which kind of clinical waste was hazardous or infectious and should be handled properly. Flexibility was adopted by EPD to allow judgment by health professionals.

16. EPD was of the opinion that if a scheme based on self-regulation could be worked out by the medical profession and it could meet the requirements of EPD, the implementation of Phase Two of CWCS should not be a difficult problem to private doctors.

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17. EDA disagreed with EPD and insisted that the Phase Two of CWCS should be deleted from the Code of Practice.

18. EPD assured EDA that the views of EDA would be taken into consideration before the government made the final decision. EPD said that a copy of the minutes of this meeting would be sent to the relevant policy bureaus for their information.

19. EDA pointed out that used syringes should not be defined as clinical waste and asked EPD to make the necessary amendments. If sharps e.g. needles were the main worry, then they could be made blunt initially and put into metal boxes.

20. According to the Code of Practice, there was only one disposal facility available for disposal of clinical waste. EDA pointed out that it was impossible for over 4,000 private doctors to transport the clinical waste to this sole disposal facility. EDA opined that it would be more practical if collection centres throughout Hong Kong were made available for private doctors to dispose their clinical waste.

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13.8.1998

P.A. file
II

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Telephone No.: 2388 2728
Fax No.: 2385 5275

Our ref.: EDA/270/97/P
Your ref.:

By fax & mail

29th November 1997

Principle Assistant Secretary (Environment) 2
Planning, Environment and Lands Bureau
9/F, Murray Building
Garden Road, Hong Kong

Dear Sirs,

Re: Preliminary Consultation on the Proposed Clinical Wastes Control Scheme

Today's headline news (26/11/97) : Large amount of blood soaked syringes and needles were found in Shek Kip Mei by police in a search of drug addicts near a Methadone treatment centre. ONCE MORE PLEASE DO NOT SHIFT THE BLAME ON TO DOCTORS FOR SHARPS OR OTHER HAZARDOUS MEDICAL WASTES!

The EDA with 1600 members have done intensive research and consultation into the matter of clinical wastes disposal and these have demonstrated that no country in the world has a more restrictive and all encompassing control scheme than what your department and consultant have planned.

We are most concerned now that with your determination to push through legislation despite objections all along by the medical bodies in Hong Kong, planning it in two stages is only a means to keep the private sector at false ease. Hospitals particularly public hospitals which rely totally on government funding and their staff's salary paid by the government have very little muscle to object your plan.

First we have to remind the government that private practitioners have all along been safeguarding public health and safety by minimizing clinical wastes, sterilizing whatever potentially infectious material we rarely ever have and putting sharps into sturdy containers and properly sealing them.

The government and your consultant firm have been wrong in exaggerating the danger potential as well as the size of the so called wastes problem in relation to private practitioners. Our clinics do not attract a greater amount of hazardous wastes as for example patients vomit and have diarrhoea away from the clinics.

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Our ref.: EDA/270/97/P
Your ref.:

By insisting on total incineration, the government shows she rejects the proven effectiveness of current public health measures and forget the well practised sterilization procedures existing in both hospital and outpatient settings in the medical field. There is not one evidence to suggest that any health hazard resulted from improper handling of clinical wastes in Hong Kong. Many years ago the South China Morning Post reported blood filled syringes discarded on a beach. Later San Po Kong was reported to have such syringes in an area infested with drug addicts. Then one lone highly imaginative district board member wrote about his worries of cats scratching open the paper bag containing these needles. All these to any thinking individual in Hong Kong are surely attributable to drug addicts and not irresponsible doctors. What your department should do is to educate the public in:

a) avoiding interfering with any rubbish particularly clinic's rubbish.
b) no unauthorized persons allowed near land-fills.

These measures will prevent any physical injury by sharps already put in sturdy containers.

Referring to your proposed control scheme, the following are noted:

1. Re : Your Point 2.1 on "*Categorization*"

According to your consultation paper, seven groups of wastes were categorized. In the private practitioners' setting, we want to point out :-

1.1 Re : "*Group 1 - Used or Contaminated Sharps: ....*"

Practically the only significant risk is "Group 1", notably only used or contaminated sharps. The amount is so small that the needles etc. amount to only two or three shoe boxes' size excluding syringes in any doctor's office in a year.

1.2 Re : "*Group 3 - Human and Animal Tissue: ....*"

It is rare for primary health care doctors to have human tissues since minor operations are infrequent and items heavily contaminated with blood are also rare.

Cont.../P. 3

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Our ref.: EDA/270/97/P.
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1.3. Re : "*Group 5 - Soiled Dressings: Soiled surgical dressings, swabs and all other wastes from treatment areas and isolation rooms which is likely to be contaminated and are assessed to be of significant risk by health care personnel.*"

a) soiled surgical dressings are rare again.
b) We still agree with your EPD consultation paper in 1994 that doctors remain the best judge in assessing the significance of risks of such materials which your paper then also rules to be not more hazardous than domestic wastes. Thus we judge most of alcohol swabs used for injection e.g. as safe and not included.

2. Re : Your Point 2.3 on "*Exclusions from the Control Scheme*"

This exclusion means the government ignores the large amount of sanitary napkins or condoms in domestic wastes which are more dangerous than the small amount of private clinical wastes.

3. Re : Your Point 3 on "*Proposed Clinical Waste Control Scheme*"

3.1 Re : "3.2 *Extent and Programme of Control : ....*
If the minor clinical waste producers(i.e. those clinical waste producers not included in the first phase) can demonstrate that they have established a satisfactory level of control by means of self-regulation, implementation of the second phase may be held in abeyance."

3.1.1 Your description of "the minor clinical waste producers showing self regulation" as a priority to consider postponing control measures is vague. Doctors and doctors groups have all along been demonstrating great self regulation in collection of clinical wastes by minimizing wastes production and properly handling and disposal of sharps and other wastes. What more is to be expected that will show you that our self regulation is adequate? Also as we cannot control beauticians and acupuncturists, should their self regulation proves to be less satisfactory, doctors cannot be held responsible.

Cont.../P. 4

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Our ref.: EDA/270/97/P
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3.2 Re : "3.3 *Responsibilities of Clinical Waste Producers* ...."

3.2.1 We oppose to licensed collectors to collect our wastes because our amount do not merit using them. If patients with their small amount can be excluded from such control so can we since our amount on a day to day basis is again small. Your Consultation Paper in 1994 talked about 100 litres drums and 25 litre containers all demonstrating very clearly your department's and consultant's lack of understanding of the setting of primary health care doctors. The average doctors who do injections and the very odd minor office procedures produce only 10 to 40 litres of wastes per year. If patients can transport to licensed collection centres so can us doctors.

3.2.2 We oppose to the requirement of having to store clinical wastes in our clinics awaiting collectors' call for the same reason.

3.2.3 We object to the judging of "..............*failure to do so is an offence*..............." in your 2nd paragraph and this contradicts with "................*failure to comply with the Code of Practice will not be an offence*................." in your last paragraph of the same Point 3.3.

3.2.4 While leaving us to arrange freely with commercial licensed collectors may mean more freedom, banning us from carrying our very small wastes to collection centres will make us vulnerable to exploitation by these businessmen.

3.3 Re : "3.5 *Transport of Clinical Waste to a Licensed Disposal Facility*........"

3.3.1 We object as we should be allowed to deposit at government clinics, hospitals, etc.

We reiterate that domestic rubbish containing vast quantities of blood soaked sanitary napkins and semen filled condoms are more hazardous than our very meagre quantity of clinical wastes from private clinics. The government knows the likely uproar should she try to introduce legislative measures which are obviously inoperable. So instead of tackling a really greater risk she harps on the weaker section, the private doctors who are a minority and easier to control. But she has completely brushed aside the fact that to be clean and safe is indeed our sacred calling and prevention of diseases is our business. These draconian measures she and her consultant so happily want to apply here only reflect outsiders imposing control on experts in illness prevention and disease control. These are not even suggested by the people most concerned with this area, viz the Department of Health, the Urban Council or the doctors.

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Our ref.: EDA/270/97/P
Your ref.:

Incineration so preferred by the Government no matter how up to standard still produces toxic fumes and pollutants and to create more materials to be incinerated only worsens the situation.

EDA remains firm in our objection to :

a) Doctors having to register as waste producers.
b) Counting syringes not contaminated with blood as contaminated.
c) Doctors being banned from being able to discard freely into daily refuse needles and sharps that are first sterilized and then stored in 75% full sturdy containers which are properly sealed.
d) Alcohol swabs and other materials we judged to be of no significant risks being banned from daily refuse.
e) If sharps are banned from daily refuse(refer to (c)), we object to doctors being banned from transporting their very small quantity of sharps and any infectious materials properly sterilized and sealed to designated collection sites.
f) Having to use the services of licensed collectors. Ultimately our costs will be forced to be passed on to patients.

In conclusion, EDA with 1600 doctor members opposes to the introduction of measures that would ultimately apply to private practitioners because our wastes are much smaller in quantity and much less in hazardousness in comparison to the huge quantities of blood dripping women's sanitary napkins, used condoms, broken glass and other offensive materials found in domestic rubbish. Our well accepted standard procedure of sterilization, storage of sharps in solid sealed containers and careful segregation are effective safeguard for the safety and health of the public.

Yours sincerely,

Dr. Ho Ock Ling
Hon. Secretary
Estate Doctors Association

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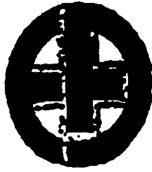

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Our ref.: EDA/270/97/P
Your ref.:

cc : Dr. Leong Che Hung
Dr. Tang Siu Tong
All Provisional Legislative Councilors
Dr. Lee Kin Hung, President, Hong Kong Medical Association
Dr. Poon Tak Lun, President, Hong Kong Public Doctors' Association
Dr. Choi Kin, Chairman, Practising Estate Doctors' Association Ltd.
Dr. Li Sum Wo, Chairman, The Association of Licentiates of Medical Council of Hong Kong
Dr. Poon Wai Ming, President, Government Doctors' Association

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