# 立法會 Legislative Council

Ref : CB2/BC/13/04 <u>LC Paper No. CB(2)2636/04-05</u>

(These minutes have been seen by

the Administration)

#### Bills Committee on Waste Disposal (Amendment) Bill 2005

Minutes of the second meeting held on Tuesday, 26 July 2005 at 9:00 am in the Chamber of the Legislative Council Building

Members present

:

Hon Audrey EU Yuet-mee, SC, JP (Chairman) Ir Dr Hon Raymond HO Chung-tai, S.B.St.J., JP

Hon Emily LAU Wai-hing, JP

Hon CHOY So-yuk, JP Hon LI Fung-ying, BBS, JP Hon WONG Kwok-hing, MH

Hon Jeffrey LAM Kin-fung, SBS, JP

Hon Andrew LEUNG Kwan-yuen, SBS, JP

Dr Hon KWOK Ka-ki

Members absent Dr Hon LUI Ming-wah, SBS, JP

Hon LEE Wing-tat

**Public Officers**: attending

**Environmental Protection Department** 

Mr FAN Wai-ming, Raymond

Deputy Director of Environmental Protection (2)

Mrs Teresa WONG

Assistant Director (Waste Management Policy)

Dr CHAN Ying Lung, Ellen

Assistant Director (Environmental Infrastructure)

Mr LEI Chee-kwong, Patrick

Principal Environmental Protection Officer (Waste Policy)

Mr CHAN Shu-to, Kenneth

Officer-in-charge (Territorial Control)

Dr HA Kwok-kuen, David Senior Environmental Protection Officer (Waste Policy) 2

#### **Department of Justice**

Miss HUI Hang Ka, Frances Senior Government Counsel

#### Department of Health

Dr HO Mang-yee, Mandy Principal Medical & Health Officer (5)

#### Agriculture, Fisheries and Conservation Department

Dr David James George BURROWS Senior Veterinary Officer (Animal Management)

# Attendance by invitation

#### Dental Council of Hong Kong

Dr FOK Ka-hang, Tony Member of the Dental Council of Hong Kong

The Hong Kong Doctors Union

Dr YEUNG Chiu-fat President

香港中華中醫學會

林家榮先生副會長

Hong Kong Dental Association

Dr LEUNG Fun-shing, Vincent Vice-President

**Hong Kong Veterinary Association** 

Dr Veronica LEONG President

#### **Hong Kong Adventist Hospital**

Ms Vera Y.T. CHAN
OSH & Employee Health Coordinator

St. Paul's Hospital

Mr Leonard YEUNG Executive Manager

Tsuen Wan Adventist Hospital

Ms WONG Mei-yee Project Manager

**Hong Kong Baptist University** 

Dr CHUNG Shan-shan Assistant Professor

School of Chinese Medicinem, Hong Kong Baptist University

Mr BIAN Zhao-xiang Associate Professor

**Environmental Contractors Management Association** 

Miss Catherine YAN President

Fai In Environmental Services CO.

Mr TAM Chi-wah Marketing Manager

Kam Ming E. P. Engineering CO. LTD

Mr HO Kwong-kit Operation Manager

Service Master (HK) LTD

Mr YUNG Wai-hung Sales Manager

#### Hong Kong Waste Management Association

Mr Alexi BHANJA Vice-Chairperson

Tsang Lik Services LTD

Mr Steve CHAN Operations Manager

World Environmental Services LTD

Mr SIU Ka-leung Operations Officer

New Territories Manufactures Association

Mr NG Wai-kong Hon President

Kwai Tsing District Council

Mr WONG Kwong-mo Kwai Tsing District Councillor

Greenpeace

Mr CHAN Yue-fai Campaigner

Clerk in attendance

Mrs Percy MA

Chief Council Secretary (2)3

Staff in attendance

Miss Monna LAI

Assistant Legal Adviser 7

Mrs Eleanor CHOW

Senior Council Secretary (2)4

Ms Louisa CHAN

Legislative Assistant (2)6

#### Action

#### I. Meeting with deputations and the Administration

(LC Paper Nos. CB(2)2368/04-05(01)-(14), CB(2)2372/04-05(01)-(09) and CB(2)2391/04-05(01)-(04) – Submissions from deputations

LC Paper No. CB(2)2346/04-05(01) – Paper provided by the Administration on "Clinical Waste Control Scheme"

LC Paper No. CB(2)2346/04-05(02) – Paper provided by the Administration on "Dioxin Emissions"

LC Paper No. CB(2)2367/04-05 – Report on "Review of Alternative Technologies for the Treatment of Clinical Waste" prepared by the Environmental Protection Department in December 2000 (in CD-ROM)

LC Paper No. CB(2)2367/04-05(01) – Executive Summary of the Report on the 2000 Review

FS20/04-05 – Fact sheet prepared by the Research and Library Services Division on "Recent Developments in Clinical Waste Treatment Technologies"

LC Paper No. CB(2)2372/04-05(09) – Letter dated 25 July 2005 from the Legal Service Division to the Administration (English version only)

LC Paper No. CB(2)2391/04-05(05) – Letter dated 25 July 2005 from the Administration to the Legal Service Division) (English version only))

The Bills Committee met with representatives of the deputations and the Administration. The Bills Committee deliberated (index of proceedings attached at **Annex I**).

#### Meeting with deputations

- 2. The Bills Committee received views from 20 deputations, 17 of which had provided written submissions. Written submissions were also received from nine deputations which had not attended the meeting. A summary of views and concerns of the deputations is in **Annex II**.
- 3. The Administration was requested to provide a written response to the concerns and issues raised by the deputations.

(*Post-meeting note*: The Administration's response was issued to members vide LC Paper No. CB(2)2600/04-05(02) on 16 September 2005)

#### Meeting with the Administration

- 4. The Administration was requested to
  - (a) provide the draft Waste Disposal (Clinical Waste) (General) Regulation to be made under the Ordinance after enactment of the Bill for reference of the Bills Committee in early September 2005; and
    - (*Post-meeting note*: The draft Regulation was issued to members vide LC Paper No. CB(2)2600/04-05(01))
  - (b) report on the outcome of the meeting to be held with the Kwai Tsing District Council.
- 5. The Administration agreed to
  - (a) consider and consult the relevant parties on the proposal of Green Power to set up a committee to monitor the modification works and operation of the Chemical Waste Treatment Centre in Tsing Yi;
  - (b) consider the collection service for clinical waste producers in remote areas not accessible by land transport such as Cheung Chau and Ping Chau; and
  - (c) consider whether "extracted teeth" should not be classified as clinical waste.
    - (*Post-meeting note*: The Administration's response was issued to members vide LC Paper No. CB(2)2638/04-05(01) on 28 September 2005)
- 6. <u>Members</u> sought clarification on paragraph 10 of the Administration's paper (LC Paper No. CB(2)2346/04-05(01)). The Administration confirmed that according to section 23 of the Public Health (Animals and Birds) Regulation (Cap.139 sub. leg. A), a police officer or a health inspector, instead of the Director of Agriculture, Fisheries and Conservation, should be notified first if significant risk to public health was suspected or diagnosed from animal carcasses and tissues generated at veterinary clinics.

#### II. Date of next meeting

7. The Bills Committee agreed that the next meeting would be held on 30 September 2005 at 10:45 am and further meetings would be held on a bi-weekly basis as far as possible.

(*Post-meeting note*: After consulting the Chairman and the Administration, a meeting schedule for the Bills Committee from September 2005 to February 2006 was issued to members vide LC Paper No. CB(2)2416/04-05 on 3 August 2005.)

8. The meeting ended at 12:42 pm.

Council Business Division 2
<u>Legislative Council Secretariat</u>
29 September 2005

#### Proceedings of the meeting of the Bills Committee on Waste Disposal (Amendment) Bill 2005 on Tuesday, 26 July 2005 at 9:00 am in the Chamber of the Legislative Council Building

Time marker	Speaker	Subject(s)	Action Required
000333 - 000822	Chairman	Opening remarks	•
000823 - 001140	Chairman  Dental Council of Hong  Kong	Presentation of views [LC Paper No. CB(2)2372/04-05(01)]	
001141 - 001828	Chairman  The Hong Kong Doctors Union	Presentation of views [LC Paper No. CB(2)2372/04-05(02)]	
001829 - 002321	Chairman 香港中華中醫學會	Presentation of views [LC Paper No. CB(2)2368/04-05(01)]	
002322 - 002833	Chairman  Hong Kong Dental Association	Presentation of views [LC Paper No. CB(2)2372/04-05(03)]	
002834 - 003112	Chairman  Hong Kong Veterinary Association	Presentation of views [LC Paper No. CB(2)2391/04-05(01)]	
003113 - 003247	Chairman  Hong Kong Adventist Hospital	Presentation of views [LC Paper No. CB(2)2372/04-05(04)]	
003248 - 003549	Chairman St. Paul's Hospital	Presentation of views [LC Paper No. CB(2)2368/04-05(02)]	
003550 - 004116	Chairman  Tsuen Wan Adventist Hospital  Adm	Presentation of views [LC Paper No. CB(2)2391/04-05(02)]	
004117 - 004218	Chairman  Hong Kong Baptist University	Presentation of views [LC Paper No. CB(2)2368/04-05(03)]	

004210 004602	Chairman	Description of the control of the co	1
004219 - 004603	Chairman  School of Chinese  Medicine of Hong Kong  Baptist University	Presentation of views [LC Paper No. CB(2)2368/04-05(04)]	
004604 - 004900	Chairman  Environmental Contractors Management Association	Presentation of views [LC Paper No. CB(2)2372/04-05(05)]	
004901 - 005230	Chairman  Fai In Environmental Services CO.	Presentation of views	
005231 - 005256	Chairman  Kam Ming E. P. Engineering CO. LTD	Presentation of views	
005257 - 005454	Chairman Service Master (HK) LTD	Presentation of views [LC Paper No. CB(2)2391/04-05(03)]	
005455 - 005758	Chairman  Hong Kong Waste  Management Association	Presentation of views [LC Paper No. CB(2)2372/04-05(06)]	
005759 - 005852	Chairman Tsang Lik Services LTD	Presentation of views	
005853 - 010219	Chairman World Environmental Services LTD	Presentation of views [LC Paper No. CB(2)2368/04-05(05)]	
010220 - 010252	Chairman  New Territories  Manufactures  Association	Presentation of views [LC Paper No. CB(2)2368/04-05(06)]	
010253 - 010610	Chairman  A member of the Kwai Tsing District Council	Presentation of views [LC Paper No. CB(2)2368/04-05(07)]	
010611 - 011124	Chairman Greenpeace	Presentation of views [LC Paper No. CB(2)2391/04-05(04)]	
011125 - 011205	Chairman	Written response to the views of deputations	Adm to provide the requested information

011206 - 013417	Administration	Response of the Administration to	
011200 015417	Administration	the following issues raised by	
	Chairman	deputations –	
		(a) suitability of the Chemical Waste Treatment Centre (CWTC) at Tsing Yi for treating clinical waste;	
		(b) dioxin emission in CWTC;	
		(c) charges for disposal of clinical waste in landfills;	
		(d) Cost implications of the proposed Clinical Waste Control Scheme –  - the licence fee for a clinical waste collector - to be decided;  - the charge for treatment of clinical waste at CWTC - \$2.38/kg (calculated on a recovery rate of 31% of the variable operation cost of CWTC);  - the charge for collection and transportation, etc of clinical waste by waste collectors - to be determined by the market;	
		(e) training for workers on collection and transportation of clinical waste;	
		(f) grace period for implementing the Clinical Waste Control Scheme;	
		(g) classification of extracted teeth and barrel parts of syringes as clinical waste;	Admin agreed to consider whether "extracted teeth" should not be classified as
		(h) authorised collection points and collection service for small and remote clinical waste producers; and	clinical waste

	(i) control of hazardous electronic wastes under the Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and Their Disposal (the Basel Convention) and codification of the Basel Ban under the Waste Disposal Ordinance (WDO)	
Chairman  Ms LI Fung-ying  Administration	Enquiry about whether Chinese medicine practice, elderly homes and beauty centres should come under the proposed Clinical Waste Control Scheme	
St. Paul s Hospital	waste which posed biological hazard and health risks such as swabs dribbling with blood and acupuncture needles and clinical-type waste arising from domestic purposes  Charges for disposal of clinical	
Chairman  Ms Emily LAU  Environmental Contractors Management Association  School of Chinese Medicine Baptist University  Fai In Environmental Services CO.  Hong Kong Dental Association  Administration	Charges for disposal of clinical waste  Criteria for defining "clinical waste" and whether the definition in the Bill was too narrow  Arrangements for collecting clinical waste from small and remote clinical waste producers  Sanctions imposed on clinical waste producers and collectors	
	Ms LI Fung-ying Administration St. Paul's Hospital  Chairman Ms Emily LAU Environmental Contractors Management Association School of Chinese Medicine Baptist University Fai In Environmental Services CO. Hong Kong Dental Association	wastes under the Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and Their Disposal (the Basel Convention) and codification of the Basel Ban under the Waste Disposal Ordinance (WDO)  Chairman  Enquiry about whether Chinese medicine practice, elderly homes and beauty centres should come under the proposed Clinical Waste Control Scheme  Differentiation between clinical waste which posed biological hazard and health risks such as swabs dribbling with blood and acupuncture needles and clinical-type waste arising from domestic purposes  Charges for disposal of clinical waste  Chairman  Charges for disposal of clinical waste  Charges for disposal of clinical waste  Charges for defining "clinical waste" and whether the definition in the Bill was too narrow  Arrangements for collecting clinical waste from small and remote clinical waste producers  Variangements for collecting clinical waste producers  Sanctions imposed on clinical waste producers and collectors

021523 - 024318	Miss CHOY So-yuk  Environmental Contractors Management Association  Greenpeace  Hong Kong Dental Association  Administration	Compliance by waste producers and collectors in the clinical waste management process in respect of storage, collection, transportation and disposal  Concerns of Greenpeace about –  (a) certain hazardous wastes, particularly electronic wastes, which were covered in the Basel Convention, were not covered in WDO;  (b) definition of "contamination", "hazardous" and "reprocessing, recycling or recovery operation or the reuse of the waste" in WDO did not synchronize with the Basel Convention; and  (c) differences in the range of hazardous waste subject to control under WDO and China's related legislation  Impact of the definition of clinical waste on implementation of the Clinical Waste Control Scheme, e.g. whether it was practically feasible to segregate swabs dribbling with blood, how to segregate clinical waste from other wastes based on the infectious and	
024319 - 029999	Mr WONG Kwok-hing Chairman Administration A member of Kwai Tsing District Council Environmental Contractors Management Association	hazardous nature of the waste, etc.  Proposal of Green Power to set up a committee to monitor the modification works and operation of CWTC  Monitoring of dioxin emission at CWTC  Views of Kwai Tsing District Council on the use of CWTC to treat clinical waste  Collection of clinical waste from clinical producers in remote locations	Admin agreed to consult the relevant parties and consider the proposal  Admin agreed to consider the collection service for areas not accessible by land transport such as Cheung Chau and Ping Chau

020000 020400	Clariana a	D 1 . CG. D. 12 TT	<u> </u>
030000 - 030408	Chairman	Proposal of St. Paul's Hospital that	
	Ms Emily LAU	charges for disposal of clinical waste should be calculated as a	
	Wis Elliny LAU	form of tax imposed on clinical	
	St. Paul's Hospital	products, rather than on the basis of	
	Su Luai S Hospitui	the weight of the wastes disposed	
	Administration	and the second s	
		Adoption of the "user pays"	
		principle for the proposed Clinical	
		Waste Control Scheme	
030409 - 031330	Break		
031331 - 032358	Chairman	Introduction to the	
		Administration's paper on "Clinical	
	Administration	Waste Control Scheme)	
		[LC Paper No.	
		CB(2)2346/04-05(01)]	
032359 - 032906	Dr KWOK Ka-ki	Subject to adequate training,	
		whether clinical staff other than	
	Chairman	healthcare professionals could be	
		allowed to deliver clinical waste of	
	Administration	not more than 5 kg to an authorized	
		collection point or a licensed	
		disposal facility	
		Period for keeping the trip tickets	
		by waste producers, and the	
		particulars to be recorded on the	
		trip tickets such as quantities of	
		clinical waste produced	
		Appropriatoress of the populties	
		Appropriateness of the penalties under the proposed Clinical Waste	
		Control Scheme – a fine of	
		\$100,000 for clinical waste	
		collectors operated without licence	
		or authorization vs a fine of	
		\$100,000 plus 6-month	
		imprisonment for a licensed	
		collector who failed to deliver	
		clinical waste to a licensed disposal	
		facility within a specified period	
032907 - 033038	Chairman	Clarification on the authority to be	
		notified if significant risk to public	
	Administration	health was suspected or diagnosed	
		from animal carcasses and tissues	
		generated at veterinary clinics	

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033039 - 033914	Ms Emily LAU	Consultation on the penalties	
		proposed under the Clinical Waste	
	Administration	Control Scheme as set out in	
		Annex II to LC Paper No.	
	Chairman	CB(2)2346/04-05(01)	
		CB(2)23 16/01 03(01)	
		Authorised collection points for	
		-	
		small clinical waste producers	
		D : C 1 CHI - D: 1	4.3.4.6.13
		Provision of a draft Waste Disposal	Admin to follow up
		(Clinical Waste) (General)	
		Regulation to be made under the	
		Ordinance for reference of the Bills	
		Committee	
033915 - 034001	Chairman	Date of next meeting and schedule	
		for future meetings	
	Ms Emily LAU	Tot tweete meetings	
	Administration		
	Administration		
024002 024214	Miss CHOV Ca and	Diamonia an alastmania musta et	
034002 - 034314	Miss CHOY So-yuk	Discussion on electronic waste at	
	a.	future meetings	
	Chairman		
		Meeting to be held between the	Admin to report on the
	Ms Emily LAU	Administration and the Kwai Tsing	outcome of the discussion
		District Council	after the meeting
	Administration		

Note: The audio records of the above proceedings are kept at the LegCo Library

Council Business Division 2 <u>Legislative Council Secretariat</u> 29 September 2005

# **Legislative Council**

Bills Committee on Waste Disposal (Amendment) Bill 2005

Summary of views/concerns of organisations/individuals (as at 26 July 2005)

**August 2005** 

### Summary of views/concerns of organisations/individuals

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Organisation/ Individual		Views/concerns
General	l comments	
1	Dental Council of Hong Kong [LC Paper No. CB(2)2372/04/05(01)]	(a) Welcome the proposal of setting a new regulation to control the collection, transport and disposal of clinical waste.
		(b) A grace period is necessary to allow waste producers to find suitable clinical waste collectors of their choice.
2	The Hong Kong Doctors Union [LC Paper No. CB(2)2372/04/05(02)]	(a) Support the merit of the Bill
	[LC 1 apc1 1vo. CB(2)2372/04/03(02)]	(b) A grace period of 24 months for practitioners to adapt to the Bill if enacted.
3	香港中華中醫學會 [LC Paper No. CB(2)2368/04/05(01)]	(a) Support the merit of the Bill
4	Hong Kong Dental Association [LC Paper No. CB(2)2372/04/05(03)]	(a) Welcome the proposal of setting a new regulation to control the collection, transport and disposal of clinical waste.
5	Hong Kong Veterinary Association [LC Paper No. CB(2)2391/04/05(01)]	(a) Support the Bill and the proposed Clinical Waste Control Scheme.

	Organisation/ Individual	Views/concerns
6	Hong Kong Adventist Hospital [LC Paper No. CB(2)2372/04/05(04)	(a) Clinical waste might be reduced when waste producers are more careful to identify the genuine clinical waste.
7	St. Paul's Hospital [LC Paper No. CB(2)2368/04/05(02)]	(a) Generally agree to the Bill.
8	Tsuen Wan Adventist Hospital [LC Paper No. CB(2)2391/04-05(02)]	(a) Support legislative control on clinical waste.
9	Hong Kong Baptist University [LC Paper No. CB(2)2368/04/05(03)]	(a) Support the Bill.
10	School of Chinese Medicine Baptist University [LC Paper No. CB(2)2368/04/05(04)]	(a) It is appropriate to amend the existing law to include clinical waste, to tighten up control of imported waste, and to implement Basel Ban.
		(b) The proposal to control clinical waste generated by Chinese medicine practice (e.g. acupuncture needles) and the disposal of residues Chinese medicine in the Bill is acceptable and practicable.
11	Environmental Contractors Management	(a) Support legislative control on clinical waste.
	Association [LC Paper No. CB(2)2372/04/05(05)]	

	Organisation/ Individual	Views/concerns
12	Kam Ming E. P. Engineering CO. LTD	(a) No comment on the Bill
13	Service Master (HK) LTD [LC Paper No. CB(2)2391/04-05(03)]	(a) Support legislative control on clinical waste and will comply with the statutory requirements in handling clinical waste.
14	Hong Kong Waste Management Association [LC Paper No. CB(2)2372/04/05(06)]	(a) Support the proposed Clinical Waste Control Scheme.
15	Tsang Lik Services LTD	(a) Support legislative control on clinical waste.
16	New Territories Manufactures Association [LC Paper No. CB(2)2368/04/05(06)]	<ul> <li>(a) Support the Bill.</li> <li>(b) After enacting the Bill, the Government should promote the practices and procedures for handling clinical waste to the parties involved and review the Clinical Waste Control Scheme 6 – 12 months after implementation.</li> </ul>
17	The Hong Kong Medical Association [LC Paper No. CB(2)2368/04-05(08)]	<ul><li>(a) Basically support the merit of the Bill.</li><li>(b) The Administration to clarify that the need for legislation is not because of any incidence of health hazard caused by small clinical waste producers.</li></ul>

	Organisation/ Individual	Views/concerns
18	Hong Kong Polytechnic University [LC Paper No. CB(2)2368/04-05(09)]	(a) Support the proposed Clinical Waste Control Scheme.
19	The Chinese University of Hong Kong [LC Paper No. CB(2)2368/04-05(10)]	(a) The amendments proposed in the Bill are important improvement in management philosophy of clinical waste in HK and are supported.
20	The City University of Hong Kong [LC Paper No. CB(2)2368/04-05(11)]	(a) Support the proposed Clinical Waste Control Scheme and the Bill.
21	The Chinese General Chamber of Commerce [LC Paper No. CB(2)2368/04-05(13)]	(a) Support legislative control on clinical and imported wastes.
22	Shatin International Medical Centre Union Hospital [LC Paper No. CB(2)2368/04-05(14)]	(a) Welcome legislative control on clinical waste.
23	The Medical Council of Hong Kong [LC Paper No. CB(2)2372/04-05(07)]	(a) Support the inclusion of clinical waste in the Bill.

	Organisation/ Individual	Views/concerns
Definiti	on of clinical waste	
1	Dental Council of Hong Kong [LC Paper No. CB(2)2372/04/05(01)]	(a) Agree in principle on the definition of Group I clinical waste which is relevant to the dental profession.
2	The Hong Kong Doctors Union [LC Paper No. CB(2)2372/04/05(02)]	(a) Barrels of uncontaminated syringes are not hazardous and should not be defined as clinical waste.
3	香港中華中醫學會 [LC Paper No. CB(2)2368/04/05(01)]	(a) Residues arising from Chinese medicine preparation should not be regarded as clinical waste.
4	Hong Kong Dental Association [LC Paper No. CB(2)2372/04/05(03)]	(a) Agree in principle on the definition of Group I clinical waste which is relevant to the dental profession.
5	Hong Kong Veterinary Association [LC Paper No. CB(2)2391/04/05(01)]	(a) Suggest to replace "veterinary sources" in Group 3 clinical waste of Schedule 8 to the Bill with "veterinary clinics or practices".
6	Hong Kong Adventist Hospital [LC Paper No. CB(2)2372/04/05(04)]	(a) Administration to clarify whether surgical masks used during the implementation of the Yellow alert of SARS and Avian Flu Contingency Plan are regarded as clinical waste.

	Organisation/ Individual	Views/concerns
7	St. Paul's Hospital [LC Paper No. CB(2)2368/04/05(02)]	(a) A more concrete definition of "medical care and treatment" might be required as practices providing "peripheral medical care" (e.g. health and beauty centres) also produce clinical waste (e.g. blood stained swabs).
11	Environmental Contractors Management Association [LC Paper No. CB(2)2372/04/05(05)]	(a) Concern about the impact of the definition of clinical waste on implementation of the Clinical Waste Control Scheme, e.g. how to segregate clinical waste from other wastes based on the infectious and hazardous nature of the waste.
15	Tsang Lik Services LTD	(a) Clinical waste should be clearly defined.
20	The City University of Hong Kong [LC Paper No. CB(2)2368/04-05(11)]	<ul><li>(a) "Clinical waste" to be defined by the infectious nature of the waste. The Bill should cover all the wastes that can spread diseases irrespective of whether they are produced from a hospital or from domestic premises (although it is understood that there will be difficulties in enforcement.)</li><li>(b) In principle, dead animals, animal tissues, organs etc. arising from veterinary sources or practices should be defined as Group 3 clinical waste under Schedule 8 to the Bill and be subject to legislative control and requirement.</li></ul>

	Organisation/ Individual	Views/concerns
Disposal	, collection and treatment of clinical wa	ste
1	Dental Council of Hong Kong [LC Paper No. CB(2)2372/04/05(01)]	(a) Agree to the trip ticket system to facilitate tracking, but a warning notice should be first given before prosecution.
		(b) Record keeping of trip ticket for inspection should be 2 years.
2	The Hong Kong Doctors Union [LC Paper No. CB(2)2372/04/05(02)]	(a) Staff of private clinics under doctors' direct supervision should be allowed to deliver clinical wastes to authorised collection points or licensed disposal facilities. Some laboratories should be designated as authorised collection points to collect doctor's clinical waste.
		(b) Convenient collection points should be established by the Government such as outpatient clinics.
		(c) There should be sufficient collection points, in particular to collect clinical waste from remote clinical producers.

Organisation/ Individual		Views/concerns
3	<u>香港中華中醫學會</u> [LC Paper No. CB(2)2368/04/05(01)]	(a) There should not be a limit on the number of trips made by healthcare professionals carrying not more than 5 kg of clinical waste to collection points.
		(b) There should be sufficient authorised collection points and their locations should be publicized.
		(c) Patients who remove and dispose of dressings for bone-setting should be responsible for handling such waste themselves.
4	Hong Kong Dental Association [LC Paper No. CB(2)2372/04/05(03)]	(a) Clinical waste should be properly packaged and labeled, safe and secure temporary storage facility should be provided, and clinical staff should take all necessary safety measures in handling clinical waste.
		(b) Disagree that clinics should keep records of clinical waste collection and produce record of trip tickets for inspection upon requests by the Director of Environmental Protection.
		(c) There should be more authorised collection points.
5	Hong Kong Veterinary Association [LC Paper No. CB(2)2391/04/05(01)]	(a) Most of the veterinary clinics already have rules for safe disposal of Groups 1 and 5 clinical wastes (sharps and dressings), such as hiring waste disposal companies.

	Organisation/ Individual	Views/concerns
7	St. Paul's Hospital [LC Paper No. CB(2)2368/04/05(02)]	(a) Infra-structures and facilities should be put in place by the Government for the efficient and effective handling of clinical waste, including adequate clinical waste incinerators and adequate qualified clinical waste collectors.
8	Tsuen Wan Adventist Hospital [LC Paper No. CB(2)2391/04-05(02)]	(a) Regarding the prohibition of transfer of clinical waste packages or containers from one transit skip to another (paragraph 7.1 of the draft CoP for major clinical waste producers), whether the transfer refers to the internal transfer of clinical waste of a waste producer or transfer of clinical waste between a producer and a collector.
16	New Territories Manufactures Association [LC Paper No. CB(2)2368/04/05(06)]	(a) Procedure for obtaining licence and permits should be simplified.
17	The Hong Kong Medical Association [LC Paper No. CB(2)2368/04-05(08)]	<ul><li>(a) There must be adequate supporting facilities for doctors who practise in remote areas where clinical waste collectors might not be available, e.g. Tung Chung, Cheung Chau and some outlying islands.</li><li>(b) The Government should provide a long-term disposal facility for clinical waste and review different available technologies from time to time.</li></ul>

Organisation/ Individual	Views/concerns
 Kong Polytechnic University aper No. CB(2)2368/04-05(09)]	(a) Schedule 8 lists Group 2 clinical waste as unsterilized stock cultures of potentially infectious agents from laboratories. Concern about the Scheme allows unsterilized laboratory waste to be collected and transported without any pre-treatment to render such waste non-infectious. Suggest the Bills Committee to consider introducing a provision in the Bill to require waste producers to first sterilize the laboratory waste by an effective means before collection.
hinese University of Hong Kong aper No. CB(2)2368/04-05(10)]	<ul> <li>(a) Means other than incineration for treating clinical waste should be explored.</li> <li>(b) The capacity of the incinerator in handling animal carcasses in the unfortunate event of epidemic outbreaks such as avian flu should be assessed.</li> <li>(c) For Group 4 clinical waste (Infectious materials), there should be requirements that waste producers must disinfect the waste materials before disposal. Animal carcasses infected with infectious materials from medical and veterinary research should also be properly disinfected before disposal. The treatment facility for animal carcasses should be licensed.</li> <li>(d) There should be restrictions on the types and quantities of clinical waste that private clinics and medical laboratories can received as authorized collection point.</li> </ul>

	Organisation/ Individual	Views/concerns
22	Shatin International Medical Centre Union Hospital [LC Paper No. CB(2)2368/04-05(14)]	(a) There should be adequate authorised waste disposal facilities, be they government established or privately owned/run.
24	<u>Green Power</u> [LC Paper No. CB(2)2372/04-05(08)]	(a) The Government should continue to review latest technologies for the treatment of clinical waste (e.g. Plasma Waste Converter proposed by the Hong Kong Productivity Centre), and explain to the public (in particular Kwai Tsing residents) the pros and cons of the proposal.
		(b) The Government should provide assistance to clinics which produce small amount of clinical waste, e.g. designate convenient collection points for delivery of clinical waste, subsidize or provide containers and other equipment for safe delivery and storage of clinical waste, etc.

	Organisation/ Individual	Views/concerns
Code of	Practice (CoP) and training	
1	Dental Council of Hong Kong [LC Paper No. CB(2)2372/04/05(01)]	(a) Support the promulgation of CoP to provide guidance on the proper management of clinical waste
2	The Hong Kong Doctors Union [LC Paper No. CB(2)2372/04/05(02)]	(a) Measures for handling clinical waste to be introduced by the Government should be user-friendly.
4	Hong Kong Dental Association [LC Paper No. CB(2)2372/04/05(03)]	(a) Support the promulgation of CoP.
5	Hong Kong Veterinary Association [LC Paper No. CB(2)2391/04/05(01)]	(a) Support the CoP.
6	Hong Kong Adventist Hospital [LC Paper No. CB(2)2372/04/05(04)]	(a) Clear guidelines should be given to all hospitals on disposal of surgical masks used by healthcare workers and visitors during the implementation of the Yellow alert of SARS and Avian Flu Contingency Plan.
8	Tsuen Wan Adventist Hospital [LC Paper No. CB(2)2391/04-05(02)]	(a) Concern about the training courses to be provided on the management of clinical waste, e.g. what are the training requirements, whether the courses are designed to meet the requirements set out in CoP, whether courses would be provided free, etc.

	Organisation/ Individual	Views/concerns
11	Environmental Contractors Management Association [LC Paper No. CB(2)2372/04/05(05)]	(a) Concern about the Bill not requiring producers to notify the Authority the quantity and type of clinical waste. If there are no notification system and penalty, producers may only consign small amount of clinical waste to collectors and dispose of other clinical waste improperly. There is a need to plug the loophole.
15	Tsang Lik Services LTD	(a) Concern about the monitoring of clinical waste producers in handling clinical waste.
18	Hong Kong Polytechnic University [LC Paper No. CB(2)2368/04-05(09)]	(a) Healthcare professionals carrying not more than 5 kg clinical waste without a collection licence should be required to receive appropriate training on clinical waste handling.
19	The Chinese University of Hong Kong [LC Paper No. CB(2)2368/04-05(10)]	(a) The Government should specify stringent requirements on training and knowledge of clinical waste collectors. There should be a system to assess the performance of clinical waste collectors for licensing and de-licensing purposes.
		(b) Healthcare professionals who choose to deliver clinical waste to collection points should be properly trained on precautionary and emergency procedures and certified to have such knowledge.

	Organisation/ Individual	Views/concerns
20	The City University of Hong Kong [LC Paper No. CB(2)2368/04-05(11)]	(a) CoP should define clearly what and who is considered as "suitably trained" and whether general cleaners are allowed to do the clean-up under the supervision of a suitably trained staff in the event of spillage of clinical waste.
		(b) Outbreaks such as avian flu and SARS generate tons of highly infectious waste each day, and thousands of dead poultry are required to be treated and handled immediately. A contingency plan is essential and the capacity of Chemical Waste Treatment Centre in Tsing Yi (CWTC) in dealing with such huge amount of infectious waste should be ensured.
		(c) CoP should set out how the performance of CWTC and that of the licensed clinical waste collectors would be monitored.
		(d) CoP should require electrical power supplies to refrigeration units for Group 3 clinical waste be fed from essential circuits. This is to ensure a more reliable power source.
23	The Medical Council of Hong Kong [LC Paper No. CB(2)2372/04-05(07)]	(a) There is a need for guidelines for private practitioners in labeling and putting clinical waste in a separate container for disposal.

	Organisation/ Individual	Views/concerns
25	Fai In Environmental Services CO.	(a) It is necessary to enhance training in the handling of clinical waste to reduce health risks posed to workers.
		(b) The Government should have clear guidelines and contingency plan in the handling of clinical waste.
26	World Environmental Services LTD. [LC Paper No. CB(2)2368/04/05(05)]	(a) Concern about the licensing of collectors, their monitoring, and mandatory requirement for clinical waste producer to hire clinical waste collectors.

	Organisation/ Individual	Views/concerns
Charges	s on disposal of clinical waste	
1	Dental Council of Hong Kong [LC Paper No. CB(2)2372/04/05(01)]	(a) There should be a mechanism to monitor the cost of clinical waste collection. The Government should set up collection stations at cost with trip tickets issued for small amount of clinical waste collection. This could avoid pseudo-monopoly.
4	Hong Kong Dental Association [LC Paper No. CB(2)2372/04/05(03)]	(a) Costs of waste collection should be monitored and the fees charged should be reasonable for dental practitioners and waste collectors.
6	Hong Kong Adventist Hospital [LC Paper No. CB(2)2372/04/05(04)]	(a) Charges for disposal of clinical waste will be added to the expenses of the clinical producers. The non-profitable clinical waste producers should be exempted from paying the waste disposal licence fee and the operation cost of treating clinical waste at CTWC.
7	St. Paul's Hospital [LC Paper No. CB(2)2368/04/05(02)]	<ul><li>(a) Support the "user pays" principle.</li><li>(b) Charges for disposal of clinical waste should be calculated as a form of tax imposed on clinical waste products, rather than on the basis of the weight of the waste disposed.</li></ul>

Organisation/ Individual		Views/concerns
9	Hong Kong Baptist University [LC Paper No. CB(2)2368/04/05(03)]	(a) Support the "user pays" principle. The Government should speed up the recovery of variable operation cost for treating chemical and clinical waste from 31% to 100% in the very near future.
11	Environmental Contractors Management Association [LC Paper No. CB(2)2372/04/05(05)]	(a) Charge for treatment of clinical waste is inexpensive but charges for transportation and storage of clinical waste and other administrative fees could be high. These charges are calculated based on the weight of the waste disposed and distance between the collection point and the disposal facility.
14	Hong Kong Waste Management Association [LC Paper No. CB(2)2372/04/05(06)]	(a) Support the "user pays" principle and expect full recovery of the variable operating cost of CWTC to be achieved at the earliest date.
15	Tsang Lik Services LTD	(a) Concern about the licence fee for clinical waste collectors and the disposal charges for clinical waste.
17	The Hong Kong Medical Association [LC Paper No. CB(2)2368/04-05(08)]	(a) As there is no monopoly on clinical waste collection, collecting fee is not expected to increase after enactment of the Bill.
19	The Chinese University of Hong Kong [LC Paper No. CB(2)2368/04-05(10)]	(a) Agree that clinical waste disposal should be on a fee-paying basis.

Organisation/ Individual		Views/concerns
20	The City University of Hong Kong [LC Paper No. CB(2)2368/04-05(11)]	<ul><li>(a) Support the "user pays" principle.</li><li>(b) Major clinical waste producers should pay a higher fee in order to achieve full cost recovery sooner.</li></ul>
22	Shatin International Medical Centre Union Hospital [LC Paper No. CB(2)2368/04-05(14)]	<ul><li>(a) Accept the "user pays" principle.</li><li>(b) In relation to the charges for clinical waste disposal, the charge has to be fair and transparent. All users, both private and public hospitals, should pay at the same rate. The Government should not recover the capital cost of the facilities.</li></ul>
25	Fai In Environmental Services CO.	(a) There is no increase in collection fee for clinical waste in the past five years. The charge is determined by the market and is reasonable.
26	World Environmental Services LTD. [LC Paper No. CB(2)2368/04/05(05)]	<ul><li>(a) Concern about the licence fee of collectors and the licensed period.</li><li>(b) Concern about disposal charges at landfill.</li></ul>

	Organisation/ Individual	Views/concerns
Designation of the Chemical Waste Treatment Centre (CWTC) in Tsing Yi to treat clinical waste		
9	Hong Kong Baptist University [LC Paper No. CB(2)2368/04/05(03)]	(a) The disposal of clinical waste in CWTC is environmentally acceptable provided that the waste source is controlled before processing, flue gas and other emission from CWTC are appropriately treated and carefully monitored, and waste management hierarchy on clinical waste management is enforced.
11	Environmental Contractors Management Association [LC Paper No. CB(2)2372/04/05(05)]	(a) Support the proposal of Green Power to set up a wide-representation body to monitor the modification works and future operation of the CWTC for the treatment of clinical waste.
14	Hong Kong Waste Management Association [LC Paper No. CB(2)2372/04/05(06)]	<ul><li>(a) High-temperature incineration in CWTC provides a preferable method of disposal for pathogen-containing waste.</li><li>(b) The findings of the Environmental Impact Assessment Report on the CWTC are agreeable.</li></ul>
18	Hong Kong Polytechnic University [LC Paper No. CB(2)2368/04-05(09)]	(a) Suggest clinical and chemical wastes in CWTC be stored, handled and treated separately so that the two different streams would not interfere with each other.

	Organisation/ Individual	Views/concerns
19	The Chinese University of Hong Kong [LC Paper No. CB(2)2368/04-05(10)]	(a) The choice of CWTC as the designated treatment centre may be controversial due to its designed chemical treatment purposes and proximity to urban areas. A purpose-designed clinical waste treatment facility at a site further away from urban area is preferred from public safety point of view.
24	Green Power [LC Paper No. CB(2)2372/04-05(08)]	<ul><li>(a) Propose to set up a wide-representation body to monitor the modification works and operation of the CWTC for the treatment of clinical waste.</li><li>(b) Monitoring of dioxin and other hazardous gases emissions should be strengthened and the relevant data should be released more frequently, so that local residents would have more understanding of the issue to ease their concern.</li></ul>
27	Mr WONG Kwong-mo, Member of Kwai Tsing District Council [LC Paper No. CB(2)2368/04/05(07)]	<ul><li>(a) Concern about dioxin emission resulted from incineration of chemical waste and the two accidents at CWTC in the past.</li><li>(b) Oppose the use of CWTC for treatment of clinical waste.</li><li>(c) The Government should consider building a waste treatment facility at a site which is five kilometres away from residential area.</li><li>(d) Data on dioxin emission at CWTC should be made public.</li></ul>

	Organisation/ Individual	Views/concerns
28	Kwai Tsing District Council [LC Paper No. CB(2)2368/04-05(12)]	(a) Oppose the use of CWTC for treatment of clinical waste as it is designed to treat chemical waste and may not be suitable for treating clinical waste.
		(b) Concern about dioxin emission posing health hazards to the residents in Kwai Tsing. Suggest the Government to consider setting up a clinical waste treatment facility at a site further away from urban area.
		(c) The Government should formulate a comprehensive plan for handling different kind of wastes and consult District Councils.

	Organisation/ Individual	Views/concerns
Penalty under the Clinical Waste Control Scheme		
1	Dental Council of Hong Kong [LC Paper No. CB(2)2372/04/05(01)]	(a) Penalty level of maximum fine of \$200,000 and imprisonment of 6 months is far too high for dental profession at large, especially punishment by imprisonment.
2	The Hong Kong Doctors Union [LC Paper No. CB(2)2372/04/05(02)]	(a) Penalty level of maximum fine of \$200,000 and imprisonment of 6 months is far too harsh, especially punishment by imprisonment.
4	Hong Kong Dental Association [LC Paper No. CB(2)2372/04/05(03)]	(a) The penalty of imprisonment for those who fail to arrange their clinical waste to be delivered to a licensed disposal facility is too harsh.
16	New Territories Manufactures Association [LC Paper No. CB(2)2368/04/05(06)]	(a) The proposed increase of the fine for giving incorrect information as to waste delivered for disposal under section 19(2) from \$5,000 to \$100,000 is too high.
		(b) The Administration to advise on the date for setting the fine of \$5,000.

Organisation/ Individual		Views/concerns	
Disposa	Disposal of imported waste		
9	Hong Kong Baptist University [LC Paper No. CB(2)2368/04/05(03)]	(a) The Government should step up the detection and prosecution of illegal dumping of any kind of imported waste and clearly set out the responsibilities for prosecuting illegal dumping and related problems among all related Government departments and bureaux.	
14	Hong Kong Waste Management Association [LC Paper No. CB(2)2372/04/05(06)]	<ul><li>(a) Concern about the importation of non-hazardous waste for recycling and the fact that some of them end up in the already overburdened landfills.</li><li>(b) Support the proposal for making it an offence to dispose of imported non-hazardous waste, but it is necessary to avoid genuine recyclers from being prosecuted.</li><li>(c) The number of permits for the import of non-hazardous waste should be reduced gradually to allow for an increase in the recycling of domestic non-hazardous waste.</li></ul>	
21	The Chinese General Chamber of Commerce [LC Paper No. CB(2)2368/04-05(13)]	<ul><li>(a) Importers of waste should be required to obtain a permit in order to reduce illegal dumping of imported waste in Hong Kong.</li><li>(b) Concern about imported waste for recycling purpose would end up be disposed of in Hong Kong.</li></ul>	

Organisation/ Individual		Views/concerns	
Basel B	Basel Ban		
6	Hong Kong Adventist Hospital [LC Paper No. CB(2)2372/04/05(04)]	(a) Developed countries should take care of their own hazardous and non-hazardous waste instead of shipment to some undeveloped countries.	
14	Hong Kong Waste Management Association [LC Paper No. CB(2)2372/04/05(06)]	(a) Support the Basel Ban and any moves to strengthen its application in Hong Kong.	
19	The Chinese University of Hong Kong [LC Paper No. CB(2)2368/04-05(10)]	(a) Agree to the adoption of Basel Ban in the Bill.	
28	<u>Greenpeace</u> [LC Paper No. CB(2)2391/04-05(04)]	<ul> <li>(a) Tighten the control on electronic waste by:</li> <li>Redefine item GC020 of Sixth Schedule of the Waste Disposal Ordinance (WDO), in accordance with B1110 of the Annex IX of the Basel Convention.</li> <li>Add to the Seventh Schedule of the WDO A1180 of the Annex VIII of the Basel Convention.</li> <li>Incorporate a testing system in the control of the import and export of electronic waste or scrap</li> <li>➤ The import or export of waste or scrap consisting of printed circuit boards unless the boards contain less than 0/5%(w/w) of lead and leach less than 1 (mg/L) of lead in a TCLP leachate test (and are free of other hazardous</li> </ul>	

Organisation/ Individual	Views/concerns
	constituents) should be subjected to control.  • Regard as hazardous wastes which are "defined by the Basel Convention in its provisions and relevant annexes, and those considered under the laws and regulations of the Mainland China, and of wastes of a kind specified in the Seventh Schedule of the WDO"
	<ul> <li>(b) Synchronize the following terms used in the WDO with the Basel Convention:</li> <li>Use the Basel Convention's Annex III characteristics to define "contaminated" in the WDO;</li> <li>Use the Basel Convention's article 2.1 to define "waste" in the WDO;</li> <li>Use the Basel Convention's Annex IV to define "disposal operations" and "reprocessing, recycling or recovery operation or reuse" in the WDO;</li> </ul>
	(c) Synchronize the controlled waste list used in Hong Kong with that in the Mainland China.
	(d) List of proposed Ninth Schedule - Export Countries  • The proposed structure of the Ninth Schedule is legally cumbersome, considering that the enumeration under the Basel Ban consists of group of countries under multilateral agreements with the exception of the Liechtenstein. Thus, if there are new members of either the OECD or the EU, then the proposed WDO will immediately be deficient, and may require a cumbersome legislative process to amend the Ninth Schedule.

# Summary of views/concerns of organisations/individuals

Organisation/ Individual	Views/concerns
	(e) Suggest that the Ninth Schedule simply mirror the listing of the Basel Ban (Decision III/1) or include the phrase "member countries of the Organization for Economic Cooperation and Development of the European Union" at the end of the enumeration.

Council Business Division 2
<u>Legislative Council Secretariat</u>
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