

**Waste Disposal (Amendment) Bill 2005
Administration's Response to Members' Request made at the
10th Bills Committee Meeting held on 10 January 2006**

Review whether “業務” or “執業” should be adopted as the Chinese version of the word “practices” in clause 2(g) and Group 3 of Schedule 8

We will propose Committee Stage Amendment to Group 3 of the new Schedule 8 to replace “執業” by “業務”.

Consider the need to stipulate in the Bill the mechanism for announcing wastes which would be classified as “other wastes” under Group 6 of Schedule 8, as any person who failed to comply with the regulatory control framework in the Bill could commit an offence

2. As suggested by Members, we have looked at several ordinances to draw reference in proposing a suitable mechanism to define “other wastes” as described under Group 6 of Schedule 8. Having taking into account the need for clarity and transparency, and that any person who fails to comply with the proposed regulatory control framework under the Bill may commit an offence, we propose that the Director of Environmental Protection may by order in the Gazette define Group 6 wastes to address newly emerged infectious waste which has significant health risk, or circumstances which require a precautionary approach to classify certain contaminated waste (such as face masks from hospitals/clinics) as clinical waste during an epidemic outbreak. Committee-stage amendment will be proposed to include such power in the Bill.

Advise whether the definition of “Dressings” in Group 5 of clinical waste in Schedule 8 was the same as or comparable to the one adopted by the Hospital Authority and the Hong Kong Medical Association

3. “Dressings” in Group 5 clinical waste in Schedule 8 are defined as :

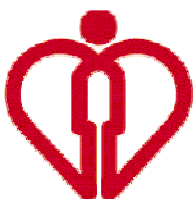
“Surgical dressings, swabs and all other waste dribbling with blood, caked with blood or containing free-flowing blood.”

The proposed definition is in line with the classification adopted by the Hospital Authority (HA) and the Hong Kong Medical Association (HKMA), as shown in the extract of the HA’s draft Code of Practice and HKMA’s guidelines at the Annex.

January 2006
Environmental Protection Department

Annex

Draft



醫院管理局

**HOSPITAL
AUTHORITY**

**CODE OF PRACTICE FOR THE
MANAGEMENT OF CLINICAL WASTE**

Groups listed below:

Group 1 - Used or Contaminated Sharps

- Syringes, needles, cartridges, ampoules, and other sharp instruments which have been used or which have become contaminated with any other group of clinical waste.

Group 2 - Laboratory Waste

- Unsterilised laboratory stocks, cultures of infectious agents and potentially infectious waste with significant health risk from dental, medical, veterinary or pathology laboratories.

Group 3 - Human and Animal Tissues

- All human tissues and animal tissues, organs and body parts as well as dead animals, but excluding dead animals, animal tissues, organs and body parts arising from veterinary sources or practices.

Note: *Group 3* clinical waste is not intended to cover small quantities of human and animal tissues which cannot be completely segregated from items such as dressings.

Group 4 – Infectious Materials

- Infectious materials from patients with the following pathogens: Crimean/Congo haemorrhagic fever, Ebola, Guanarito, Hendra, Herpesvirus simiae (B virus), Junin, Kyasanur forest disease, Lassa fever, Machupo, Marburg, Omsk, Russian spring-summer encephalitis, Sabia and Variola viruses. Materials contaminated by *Group 4* waste are also classified as *Group 4* waste.

Note: Also, the DEP may by notice published in the Gazette amend the list of pathogens under this Group.

Group 5 - Dressings



- Surgical dressings, swabs and all other waste dribbling with blood, caked with blood or containing free-flowing blood.

Group 6 - Other Wastes

- Other wastes which are likely to be contaminated with :
 - ◆ infectious materials (other than infectious materials referred to in Group 4); or
 - ◆ any clinical waste being substance, matter or thing belonging to Groups 1, 2, 3, or 5,

GUIDELINES FOR THE MANAGEMENT OF CLINICAL WASTES FOR MINOR CLINICAL WASTES PRODUCERS

March 2001

The Hong Kong Medical Association

1. Introduction

Clinical wastes or medical wastes refer to wastes that are generated from clinical areas viz. hospitals, clinics and laboratories, as a result of diagnosis, treatment or immunization of human beings or animals.

Not all clinical wastes are hazardous. It is mainly the infectious wastes that pose health hazards to those involved with their handling and disposal, and nearly all reported cases of disease transmission from clinical wastes are the result of injuries by contaminated sharps.

All medical practitioners have the responsibility to ensure proper handling and disposal of clinical wastes to protect themselves and others from injuries and disease transmission.

2. Definitions

2.1 Hospital wastes refer to all wastes, biological or non-biological, that are discarded from hospitals, clinics or laboratories.

2.2 Medical wastes or Clinical wastes, which is a subset of 2.1, refer to materials generated as a result of patient diagnosis, treatment, or immunization of human beings or animals.

2.3 Infectious waste, which is subset of 2.2, refers to that portion of clinical wastes that could transmit an infectious disease.

3. Categories of wastes

Hospital wastes are divided into municipal wastes and clinical wastes. Only certain categories of clinical wastes require special treatment before disposal, and the types are given below.

Types of clinical wastes requiring special treatment:

3.1 Contaminated sharps, e.g. used syringes and needles, surgical blades, broken ampoules, and lancets.

3.2 Laboratory stocks and cultures of infectious agents.

3.3 Human tissues and organs, e.g. placenta, amputated limbs, and animal carcasses.

3.4 Infectious material from patients under strict isolation. ^(NOTE 1)

3.5 Dressings or other wastes dribbling with blood, caked with blood, or containing free flowing blood. ←

3.6 Other contaminated wastes assessed to be of significant risk by health care personnel.

Note 1: Infectious wastes from patients under other types of isolation, e.g., contaminated sharps and blood associated with Hepatitis or AIDS, have already been captured in other categories, e.g., 3.1 and 3.5.

4. Exemptions

The following wastes are not classified as clinical wastes:

4.1 Clinical-type wastes arising from domestic premises;

4.2 Radioactive wastes, whether arising from medical sources or not, as defined under the Radiation (Control of Radioactive Substances) Regulations (Cap. 303);

4.3 Chemical wastes as defined under the Waste Disposal Ordinance (Cap. 354) including cytotoxic drugs; ^(NOTE 2)

4.4 Animal carcasses, animal blood, or its products arising from sources other than medical or veterinary practices or research laboratories;

4.5 Human cadavers (corpses), unless deemed otherwise on medical grounds; and

4.6 Clinical waste produced by institutions exempted by the Enforcement Authority, i.e. the EPD.

Note 2: Cytotoxic drugs in bulk or significant residual volume in container (e.g. unused or partially used drugs in ampoules or syringes) are chemical wastes controlled by the Chemical Wastes Control Scheme.

5. Management of clinical wastes that need special treatment

5.1 Segregation

Clinical wastes should be segregated at the point of arising and packaged correctly for dispatch to storage in a safe and secure manner pending transportation to final disposal.

5.2 Packaging

Packaging must be leak resistant to ensure that wastes handlers and the public will be protected from exposure to the wastes.

Containers for clinical wastes:

5.2.1 Clinical wastes requiring special treatment should be disposed of in Red Bags. It is recommended that wastes for municipal disposal be disposed of in Black Bags.

5.2.2 The bags should be of minimum gauge 200 microns of low density polyethylene or 100 microns of high density polyethylene.

5.2.3 Sharps Box

(a) All sharps should be put into sharps box. These boxes should be puncture resistant and waterproof. They should be yellow or white in colour or a combination of the two. Warning logos of biohazard should appear on the boxes.

(b) Sharp boxes should not be filled to over 75% of their capacity and should be sealed to ensure complete security of the aperture cover. They may be disposed of in Red Bags and should not be mixed together with other clinical wastes.

5.3 Sealing of packaging

All bags should be sealed by tying the neck security. No bags should be filled to over 75% of their capacity before sealing. No clinical waste should adhere to the external surface of the bags. Staples must not be used as they may cause injury to the handler.

5.4 Labeling of wastes

Red Bags should be labelled with label tags for identification of the clinic of origin. The label should be tied securely to the neck of the Red Bag. Printed warning logos of biohazard should appear on the label tags or the Red Bags.

5.5 Collection

Wastes in clinics should be transported regularly to designated clinical wastes collection sites by persons with full knowledge of the correct methods of handling the waste. Such persons include doctors of the clinics. No clinical wastes should be kept for more than 12 months.

5.6 Storage

Storage area should be designed to prevent unauthorized access and to maintain proper sanitary conditions free of pests and vermins. If storage of human or animal tissues would be needed, the objects should be preserved in a suitable medium. No clinical wastes should be kept for more than 12 months.

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