



香港城市大學
City University
of Hong Kong

香港九龍達之路
Tat Chee Avenue, Kowloon,
Hong Kong

Our Ref: FMO/12/5

19 July 2005

Clerk to Bills Committee
Legislative Council Secretariat
3/F, Citibank Tower
3 Garden Road
Central, Hong Kong

Attn : Mrs. Eleanor Chow

物業及設施管理處
Facilities Management Office



Dear Mrs. Chow

by fax 2509 9055
& by post

Waste Disposal (Amendment) Bill 2005

Your letter dated 12 July 2005 addressed to our President, Professor H K Chang refers. I am asked to give you a written submission for consideration by the Bills Committee.

In general, the University supports the enactment of the captioned Bill and the implementation of a Clinical Waste Control Scheme as this will be in the interest of the community at large.

However, the Bills Committee may wish to consider the following :

Definition of Clinical Waste

Whether a particular waste should be classified as 'clinical waste' and is subject to the requirement of the Regulation should be defined by the criteria as to whether the waste is infectious in nature and whether it would spread diseases due to its infectious nature.

In other word, if the objective of the Bill is to minimize any potential danger to health or pollution to the environment, then the Bill should cover all the waste 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).

Types of Clinical Waste

In principle, dead animals, animal tissues, organs etc. arising from veterinary sources or practices should be defined as Group 3 clinical waste and be subject to the control and requirement of the Regulation.

Storage and Handling

The 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.



It is agreed that in the event of spillage of clinical waste, only suitably trained staff should undertake the clean-up operation. However, the CoP should define clearly what and who is considered as "suitably trained" and whether general cleaners are allowed to do the clean-up work under the supervision of a suitably trained staff.

Arrangement during Occurrence of Major Disaster (such as SARS)

The Bill proposes to designate the Chemical Waste Treatment Centre (CWTC) as the facility to treat clinical waste and adopt incineration as the treatment method. From Hong Kong's past experience, the avian flu and SARS outbreak generated tones of highly infectious waste each day, thousands of dead poultry (not being classified as 'clinical waste') were required to be treated and handled immediately. Under this situation, a contingency plan to prepare for such kind of disasters is essential, and more importantly, the capacity of the CWTC in dealing with such huge amount of infectious waste should be ensured.

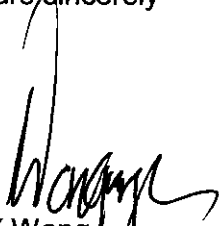
User Pays Principle

The principle is supported. However, the Committee may wish to set the charge for Major Clinical Waste Producers at a higher level to recover the operation cost of CWTC. That is to say, instead of charging 31%, the Government may charge, say 40% or 45% initially and then raises it incrementally to eventually recover the full cost. Major producers should pay more and it should not take too long to recover the full cost.

Performance of CWTC and Licensed Clinical Waste Collectors

We trust that the authority concerned would elaborate and make clear in the CoP on how the performance of the CWTC and that of the licensed clinical waste collectors would be monitored and ensured.

Yours sincerely



K Y Wong
Director of Facilities Management
For and on behalf of
City University of Hong Kong