

LC Paper No. CB(2) 2368/04-05 (09)**Submission to the Bills Committee on Waste Disposal (Amendment) Bill 2005**

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18 July 2005

Clinical Waste Control Scheme is a major element in the Waste Disposal (Amendment) Bill 2005 which has significant implications to both the PolyU and the community at large in terms of public health and safety. To help further improve the Scheme, PolyU is glad to make the following comments and suggestions:

1. PolyU generally welcomes and supports the Clinical Waste Control Scheme as outlined in the Bill. We believe the Scheme is in the right direction and would bring the legislative control of clinical waste in line with the existing control of other types of hazardous waste.
2. Though PolyU is not a major producer of clinical waste, we are keen to see that the control scheme is comprehensive and is sufficiently robust to provide protection to the public with a wide safety margin. In this regard, there is a critical potential weakness in Schedule 8 of the Bill which should be tightened up for public safety. Schedule 8 lists Group 2 Waste as unsterilized stock cultures of potentially infectious agents generated from laboratories. We are rather concerned that the Scheme allows unsterilised laboratory waste to be collected and transported without any pre-treatment to render such waste non-infectious. We strongly 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. When it comes to public safety, a large safety margin should be legislated. This is particularly so taking into account the high density of occupancy in most buildings in Hong Kong.

It may be useful to introduce international classifications of pathogens as a guide to which groups of pathogens should be covered by the requirement of pre-collection sterilization. Pathogens belonging to Bio-risk Groups 3 and 4 should certainly be covered.

3. The Bill also designates the Chemical Waste Treatment Centre (CWTC) as the facility to treat clinical waste. While detailed information on the required modification to the existing CWTC is not available, we cannot evaluate the suitability of such approach. If this is to proceed, we suggest that the two different types of waste should be stored, handled and treated in such a separate manner that the two different streams would not interfere with each other.
4. The Bill stipulates that healthcare professionals will be exempted from licensing and can deliver not more than 5 kg of clinical waste to a licensed disposal facility or an authorized collection point. In this regard, we suggest that the Bill should require the concerned healthcare professionals to receive appropriate training on clinical waste handling before they are allowed to take up the task.

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