



19 July 2005

Clerk to Bills Committee,
The Legislative Council,
11 Jackson Road, Central,
Hong Kong.

(Fax No.: 25099055)

Attn: Mrs. Eleanor Chow

Dear Mrs. Chow,

**Comments on the Waste Disposal (Amendment) Bill 2005 and the
Proposed Clinical Waste Control Scheme**

I wish to submit my written response to your letter dated 12 July 2005 and addressed to Professor Lawrence Lau, Vice-Chancellor of the Chinese University of Hong Kong, inviting comments on the captioned Bill.

The inclusion of clinical waste into the Waste Disposal (Amendment) Bill 2005 has important safety concerns to the community and is supported by the University.

As the Bill itself does not provide details on managing clinical waste, it is believed that a more comprehensive approach is to review the Bill together with the proposed Clinical Waste Control Scheme and the 'Draft Code of Practice for the Management of Clinical Waste for Small Clinical Waste Producers' which cover operational details associated with the Bill. Details of the proposed Clinical Waste Control Scheme related information is available on the following website:

http://www.epd.gov.hk/epd/english/environmentinhk/waste/pub_consult/condoc_pcw_cs.html

Comments on the Waste Disposal (Amendment) Bill 2005

1. The Bill will formally adopt the current 'Guidelines on Clinical Waste Disposal Control at Landfill' and clinical waste disposal licensing system which tertiary institutions have volunteered to join since 1995. The amendments are important improvement in management philosophy of clinical waste in Hong Kong and are supported.

2. The Bill introduces high temperature incineration at Chemical Waste Treatment Centre (CWTC) as the proper method for clinical waste treatment (*Legislative Council Brief Paragraphs 3 & 4, Document Ref. EP55/03/144*). While incineration is an acceptable method to eliminate highly infectious wastes, 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 areas should be a preferred choice from public safety point of view.

Furthermore, other means of clinical waste treatment, such as chemical, and waste disposal, such as landfill, should be assessed further as alternative means to incineration. The authority should also assess the capacity of the incinerator in handling animal carcasses in the unfortunate event of epidemic outbreaks such as avian flu.

3. It is understood and agreed that clinical waste disposal should be on fee-paying basis.
4. The adoption of Basel Ban in the Bill is agreed.

Comments on the Proposed Clinical Waste Control Scheme and the Draft Code of Practice for the Management of Clinical Waste for Small Clinical Waste Producers (COP)

1. For Group 4 clinical wastes (infectious materials), there should be requirements that waste producers must disinfect the waste material before disposal. This comment has important safety concerns for the waste collectors (contractors) and during waste transportations. Clinical waste containers may not withstand bombardment force during traffic accidents and in the event of waste transport vehicle involving in such scenario, there is a chance that the infectious materials may be dispersed into the community.
2. For the same reason as above, animal carcasses infected with infectious materials from medical or veterinary research must be properly disinfecting before disposal. This is of particular importance as disposal bags for animal carcasses are not as rigid and secure as the containers for liquid infectious waste. It is therefore suggested that infected animal carcasses should be treated with an appropriate method, for example, alkaline digestion, before disposal. In line with the spirit of the Bill, the treatment facility for animal carcasses should be licensed.
3. The authority should specify more stringent requirements on training and knowledge of clinical waste collectors (*paragraph 6.2 of COP*). There should be a system established to assess the performance, not just licensed, of clinical waste collectors for licensing and de-licensing purposes.
4. Healthcare professionals who choose to transport clinical waste to collection points (*paragraphs 6.4 & 6.5 of COP*) should be properly trained on precautionary and emergency procedures and certified to that effect.

5. For public safety concerns, there should be restrictions on types and quantities of clinical waste that private clinics and medical laboratories can receive as authorized collection points (*paragraphs 7.1 & 7.2 of COP*), in particularly those establishments located in densely populated areas.

Statutory control on clinical waste is an important public safety issue long overdue and it is in the interest of the community to implement an effective management system to put the risk arising from this area of bio-hazard under control as soon as possible.

If further information is needed on the submission, please contact the undersigned at telephone number 2609 7864.

Yours truly,



S.K. Lam
Safety Manager & Chief Laboratory Safety Officer

SKL/jk