

**Bills Committee on Waste Disposal
(Amendment) Bill 2005 (The Bill)**

**Administration's Response to
views / concerns of organisations / individual
(as at 26 July 2005)**

**Environmental Protection Department
September 2005**

Views/concerns	Administration's Response
General comments	
<p>1 Dental Council of Hong Kong [LC Paper No. CB(2)2372/04/05(01)]</p> <p>(a) Welcome the proposal of setting a new regulation to control the collection, transport and disposal of clinical waste.</p> <p>(b) A grace period is necessary to allow waste producers to find suitable clinical waste collectors of their choice.</p>	<p>(a) Noted.</p> <p>(b) The control scheme will be introduced after the modification of the Chemical Waste Treatment Centre, which will take about 12 months, is completed. Waste producers would have sufficient time to arrange for proper collection of clinical waste before the control scheme commences.</p>
<p>2 The Hong Kong Doctors Union [LC Paper No. CB(2)2372/04/05(02)]</p> <p>(a) Support the merit of the Bill</p> <p>(b) A grace period of 24 months for practitioners to adapt to the Bill if enacted.</p>	<p>(a) Noted.</p> <p>(b) The control scheme will be introduced after the modification of the Chemical Waste Treatment Centre, which will take about 12 months, is completed. Waste producers would have sufficient time to arrange for proper collection of clinical waste before the control scheme commences.</p>
<p>3 香港中華中醫學會 [LC Paper No. CB(2)2368/04/05(01)]</p> <p>(a) Support the merit of the Bill</p>	<p>Noted.</p>
<p>4 Hong Kong Dental Association [LC Paper No. CB(2)2372/04/05(03)]</p> <p>(a) Welcome the proposal of setting a new regulation to control the collection, transport and disposal of clinical waste.</p>	<p>Noted.</p>
<p>5 Hong Kong Veterinary Association [LC Paper No. CB(2)2391/04/05(01)]</p> <p>(a) Support the Bill and the proposed Clinical Waste Control Scheme.</p>	<p>Noted.</p>

	Views/concerns	Administration's Response
6	<p>Hong Kong Adventist Hospital [LC Paper No. CB(2)2372/04/05(04)]</p> <p>(a) Clinical waste might be reduced when waste producers are more careful to identify the genuine clinical waste.</p>	Noted.
7	<p>St. Paul's Hospital [LC Paper No. CB(2)2368/04/05(02)]</p> <p>(a) Generally agree to the Bill.</p>	Noted.
8	<p>Tsuen Wan Adventist Hospital [LC Paper No. CB(2)2391/04-05(02)]</p> <p>(a) Support legislative control on clinical waste.</p>	Noted.
9	<p>Hong Kong Baptist University [LC Paper No. CB(2)2368/04/05(03)]</p> <p>(a) Support the Bill.</p>	Noted.
10	<p>School of Chinese Medicine Baptist University [LC Paper No. CB(2)2368/04/05(04)]</p> <p>(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.</p> <p>(b) The proposal to control clinical waste generated by Chinese medicine practice (e.g. acupuncture needles) and the disposal of residues of Chinese medicine in the Bill is acceptable and practicable.</p>	<p>(a) Noted.</p> <p>(b) Noted.</p>
11	<p>Environmental Contractors Management Association [LC Paper No. CB(2)2372/04/05(05)]</p> <p>(a) Support legislative control on clinical waste.</p>	Noted.
12	<p>Kam Ming E.P. Engineering CO. LTD</p> <p>(a) No comment on the Bill</p>	Noted.

	Views/concerns	Administration's Response
13	<p>Service Master (HK) LTD [LC Paper No. CB(2)2391/04-05(03)]</p> <p>(a) Support legislative control on clinical waste and will comply with the statutory requirements in handling clinical waste.</p>	Noted.
14	<p>Hong Kong Waste Management Association [LC Paper No. CB(2)2372/04/05(06)]</p> <p>(a) Support the proposed Clinical Waste Control Scheme.</p>	Noted.
15	<p>Tsang Lik Services LTD</p> <p>(a) Support legislative control on clinical waste.</p>	Noted.
16	<p>New Territories Manufacturers Association [LC Paper No. CB(2)2368/04/05(06)]</p> <p>(a) Support the Bill.</p> <p>(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.</p>	<p>(a) Noted.</p> <p>(b) The Government will promulgate the Codes of Practice to provide guidelines on safe management practices. The Government will keep in view the implementation of the Clinical Waste Control Scheme.</p>
17	<p>The Hong Kong Medical Association [LC Paper No. CB(2)2368/04-05(08)]</p> <p>(a) Basically support the merit of the Bill.</p> <p>(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.</p>	<p>(a) Noted.</p> <p>(b) The proposed legislation is intended to protect the public from the potential risk of infection from the improper handling and disposal of clinical waste.</p>
18	<p>Hong Kong Polytechnic University [LC Paper No. CB(2)2368/04-05(09)]</p> <p>(a) Support the proposed Clinical Waste Control Scheme.</p>	Noted.

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

Views/concerns	Administration's Response
Definition of clinical waste	
<p>1 Dental Council of Hong Kong [LC Paper No. CB(2)2372/04/05(01)]</p> <p>(a) Agree in principle on the definition of Group I clinical waste which is relevant to the dental profession.</p>	Noted.
<p>2 The Hong Kong Doctors Union [LC Paper No. CB(2)2372/04/05(02)]</p> <p>(a) Barrels of uncontaminated syringes are not hazardous and should not be defined as clinical waste.</p>	Used syringes, including the barrel parts, should be disposed of as clinical waste in order to protect waste collection workers from the risk of exposure to contaminated syringes, since workers are unable to distinguish contaminated syringes from uncontaminated ones.
<p>3 香港中華中醫學會 [LC Paper No. CB(2)2368/04/05(01)]</p> <p>(a) Residues arising from Chinese medicine preparation should not be regarded as clinical waste.</p>	Residues resulting from Chinese medicine preparation are not classified as clinical waste.
<p>4 Hong Kong Dental Association [LC Paper No. CB(2)2372/04/05(03)]</p> <p>(a) Agree in principle on the definition of Group I clinical waste which is relevant to the dental profession.</p>	Noted.
<p>5 Hong Kong Veterinary Association [LC Paper No. CB(2)2391/04/05(01)]</p> <p>(a) Suggest to replace “veterinary sources” in Group 3 clinical waste of Schedule 8 to the Bill with “veterinary clinics or practices”.</p>	Agreed. Committee Stage Amendments (CSAs) will be proposed.
<p>6 Hong Kong Adventist Hospital [LC Paper No. CB(2)2372/04/05(04)]</p> <p>(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.</p>	Most of the surgical masks are used by visitors, staff and patients under the yellow alert of SARS and Avian Flu Contingency Plan. Used masks can be disposed of as municipal waste, and users are advised to put the used masks into a plastic or paper bag before disposal. Masks contaminated by SARS are controlled as Group 4 clinical waste.

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7	<p>St. Paul's Hospital [LC Paper No. CB(2)2368/04/05(02)]</p> <p>(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).</p>	<p>Waste produced from health and beauty centres is not classified as clinical waste unless it arises out of practices conducted by a registered medical practitioner or a registered or listed Chinese medicine practitioner who has made arrangement to visit the centre on call in providing medical treatment. Waste such as sharps produced by such a person will be regarded as clinical waste.</p>
11	<p>Environmental Contractors Management Association [LC Paper No. CB(2)2372/04/05(05)]</p> <p>(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.</p>	<p>The definition of clinical waste covers 6 groups of wastes, and healthcare professionals have the knowledge to segregate the clinical waste from other waste streams. Hospitals and clinics have guidelines for frontline staff to follow. Training courses are being conducted by the Occupational Safety & Health Council (OSHC) for frontline staff and supervisors.</p>
15	<p>Tsang Lik Services LTD</p> <p>(a) Clinical waste should be clearly defined.</p>	<p>Noted. It will be clearly defined.</p>
20	<p>The City University of Hong Kong [LC Paper No. CB(2)2368/04-05(11)]</p> <p>(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.)</p> <p>(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.</p>	<p>(a) The definition contains 6 groups of clinical wastes which are generated from medical, dental, nursing, veterinary practices, research and laboratory practices and which pose significant health risk to the public irrespective of the location of such practices.</p> <p>(b) The Hong Kong Veterinary Association considers that dead animals, animal tissues, organs and body parts generated from veterinary clinics are, in general, of low risk to public health. Such waste is therefore not included in the definition of clinical waste. However, we intend to control dead animals, animal tissues, organs and body parts generated from veterinary research and laboratory practice.</p>

Views/concerns	Administration's Response
Disposal, collection and treatment of clinical waste	
<p>1 Dental Council of Hong Kong [LC Paper No. CB(2)2372/04/05(01)]</p> <p>(a) Agree to the trip ticket system to facilitate tracking, but a warning notice should be first given before prosecution.</p> <p>(b) Record keeping of trip ticket for inspection should be 2 years.</p>	<p>(a) Noted.</p> <p>(b) Waste producers are not required to keep the trip tickets but are recommended to keep the trip tickets for a period of 12 months.</p>
<p>2 The Hong Kong Doctors Union [LC Paper No. CB(2)2372/04/05(02)]</p> <p>(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.</p> <p>(b) Convenient collection points should be established by the Government such as outpatient clinics.</p> <p>(c) There should be sufficient collection points, in particular to collect clinical waste from remote clinical producers.</p>	<p>(a) Healthcare professionals, namely, registered doctors, dentists, veterinary surgeons, registered and listed Chinese medicine practitioners, registered and enrolled nurses, would be allowed to deliver clinical waste of not more than 5 kg to collection points or a licensed disposal facility. Persons other than healthcare professionals would not be allowed to carry clinical waste unless they have a waste collection licence. This arrangement will help to ensure proper collection and disposal of clinical waste.</p> <p>Waste producers such as medical laboratories may apply for an authorization from Environmental Protection Department (EPD) to set up a collection point at their premises.</p> <p>(b) & (c) Commercial clinical waste collectors are available in the market to provide collection service, and it is not cost effective for the Government to set up collection points. Some clinical waste collectors are currently providing collection services to more remote areas such as Tung Chung.</p> <p>EPD is discussing with the Department of Health and the Hospital Authority about the collection arrangement for some outlying islands such as Cheung Chau and Lamma.</p>

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3	<p>香港中華中醫學會 [LC Paper No. CB(2)2368/04/05(01)]</p> <p>(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.</p> <p>(b) There should be sufficient authorised collection points and their locations should be publicized.</p> <p>(c) Patients who remove and dispose of dressings for bone-setting should be responsible for handling such waste themselves.</p>	<p>(a) There is no limit on the number of trips that can be made by healthcare professionals in the delivery of clinical waste to collection points for as long as each load does not exceed 5 kg.</p> <p>(b) Information on collection points set up by the waste producers could be obtained from EPD.</p> <p>(c) Dressings for bone-setting will not be controlled as clinical waste.</p>
4	<p>Hong Kong Dental Association [LC Paper No. CB(2)2372/04/05(03)]</p> <p>(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.</p> <p>(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.</p> <p>(c) There should be more authorised collection points.</p>	<p>(a) Agreed.</p> <p>(b) The ticket system aims to facilitate the tracking of clinical waste from the point of arising to the final disposal site. Waste producers can produce other record to show proper disposal of clinical waste.</p> <p>(c) Waste producers can apply for authorization from EPD to set up collection points.</p>
5	<p>Hong Kong Veterinary Association [LC Paper No. CB(2)2391/04/05(01)]</p> <p>(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.</p>	<p>Noted.</p>

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7	<p>St. Paul's Hospital [LC Paper No. CB(2)2368/04/05(02)]</p> <p>(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.</p>	<p>The Government plans to treat all clinical waste at the Chemical Waste Treatment Centre (CWTC). There are sufficient commercial clinical waste collectors currently available in the market. The waste collectors will be subject to licensing control to ensure that they provide a proper collection service.</p>
8	<p>Tsuen Wan Adventist Hospital [LC Paper No. CB(2)2391/04-05(02)]</p> <p>(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.</p>	<p>The requirement in paragraph 7.1 (bullet 2) of the draft Code of Practice for the Management of Clinical Waste for Waste Collectors and Major Clinical Waste Producers is applicable to the operation of clinical waste collectors.</p>
16	<p>New Territories Manufacturers Association [LC Paper No. CB(2)2368/04/05(06)]</p> <p>(a) Procedure for obtaining licence and permits should be simplified.</p>	<p>Noted.</p>

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17	<p>The Hong Kong Medical Association [LC Paper No. CB(2)2368/04-05(08)]</p> <p>(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.</p> <p>(b) The Government should provide a long-term disposal facility for clinical waste and review different available technologies from time to time.</p>	<p>(a) Some clinical waste collectors are providing collection services to more remote areas such as Tung Chung. EPD is discussing with the Department of Health and the Hospital Authority about the collection arrangement for some outlying islands such as Cheung Chau and Lamma.</p> <p>(b) Mr Bill Townend, an international expert, conducted a review on waste treatment technologies and recommended to adopt high temperature incineration. The Government plans to treat all clinical waste at the CWTC. The Government would keep in view the latest development of alternative technologies.</p>
18	<p>Hong Kong Polytechnic University [LC Paper No. CB(2)2368/04-05(09)]</p> <p>(a) Schedule 8 lists Group 2 clinical waste as un-sterilized stock cultures of potentially infectious agents from laboratories. Concern about the Scheme allows un-sterilized 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.</p>	<p>Group 2 clinical waste includes unsterilized laboratory stock cultures, or cultures, of infectious agents from dental, medical, veterinary or pathological laboratory. Cultures, if pretreated by sterilization, will not be controlled as clinical waste.</p> <p>Laboratories which generate Group 2 clinical waste can follow the requirements on packaging and labelling as specified in the Code of Practice before they consign the waste to a licensed collector for disposal at the CWTC.</p> <p>The licensed collectors will be required to meet stringent standards on packaging, labelling and transportation to ensure safe collection and transportation of clinical waste. Containers of clinical waste must be securely sealed to prevent leakage before they are placed in transit skips, and the compartments of the collection vehicles for carrying the transit skips must be locked during transportation. Clean-up equipment must be carried on the vehicles, and staff must be properly trained to handle any spillage during transportation of the waste.</p>

	Views/concerns	Administration's Response
19	<p>The Chinese University of Hong Kong [LC Paper No. CB(2)2368/04-05(10)]</p> <p>(a) Means other than incineration for treating clinical waste should be explored.</p> <p>(b) The capacity of the incinerator in handling animal carcasses in the unfortunate event of epidemic outbreaks such as avian flu should be assessed.</p> <p>(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.</p> <p>(d) There should be restrictions on the types and quantities of clinical waste that private clinics and medical laboratories can receive as authorized collection point.</p>	<p>(a) The Government has engaged an international expert, Mr Bill Townend, to review alternative technologies for treatment of clinical waste in 2000, and the expert recommended the treatment of clinical waste at the CWTC as incineration is the best method to destroy pathogens.</p> <p>(b) Animal carcasses in epidemic outbreaks are not clinical waste. The Government already has a contingency plan to deal with animal carcasses in the event of epidemic outbreak such as avian flu.</p> <p>(c) Group 4 clinical waste and infectious animal carcasses from medical and veterinary research will be subject to control. Waste producers are recommended to properly package the clinical waste before consigning to a licensed collector. Licensed collectors will be required to meet stringent standards on packaging, labelling and transportation to ensure safe collection and transportation of clinical waste.</p> <p>(d) When EPD authorises a waste producer to set up a collection point, conditions will be imposed such as restrictions on the types and quantities of clinical waste to be collected and stored, in order to ensure that the collection point is operated in an environmentally sound manner.</p>
22	<p>Shatin International Medical Centre Union Hospital [LC Paper No. CB(2)2368/04-05(14)]</p> <p>(a) There should be adequate authorised waste disposal facilities, be they government established or privately owned/run.</p>	<p>The Government plans to treat all clinical waste at the CWTC.</p>

	Views/concerns	Administration's Response
24	<p>Green Power [LC Paper No. CB(2)2372/04-05(08)]</p> <p>(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.</p> <p>(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.</p>	<p>(a) The Government has engaged an international expert, Mr Bill Townend, to review alternative technologies for the treatment of clinical waste in 2000, and the expert recommended the treatment of clinical waste at the CWTC. The EIA has concluded that the incineration of clinical waste at the CWTC is environmentally sound, and the CWTC can meet stringent emission standards.</p> <p>The review findings were presented to the Kwai Tsing District Council (DC) in 2002, and EPD has further briefed the DC on the control scheme and the disposal arrangement for clinical waste at the meeting on 8 September 2005.</p> <p>(b) Some 1,000 private clinics have already employed waste collectors to consign their clinical waste for disposal at landfills. Healthcare professionals can deliver no more than 5 kg of clinical waste to the CWTC or collection points. Waste producer and licensed waste collectors may set up collection points to facilitate small producers to deliver small quantity of waste to them.</p>

Views/concerns		Administration's Response
Code of Practice (CoP) and training		
1	<p>Dental Council of Hong Kong [LC Paper No. CB(2)2372/04/05(01)]</p> <p>(a) Support the promulgation of CoP to provide guidance on the proper management of clinical waste.</p>	Noted.
2	<p>The Hong Kong Doctors Union [LC Paper No. CB(2)2372/04/05(02)]</p> <p>(a) Measures for handling clinical waste to be introduced by the Government should be user-friendly.</p>	Noted. Measures will be user-friendly.
4	<p>Hong Kong Dental Association [LC Paper No. CB(2)2372/04/05(03)]</p> <p>(a) Support the promulgation of CoP.</p>	Noted.
5	<p>Hong Kong Veterinary Association [LC Paper No. CB(2)2391/04/05(01)]</p> <p>(a) Support the CoP.</p>	Noted.
6	<p>Hong Kong Adventist Hospital [LC Paper No. CB(2)2372/04/05(04)]</p> <p>(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.</p>	Most of the surgical masks are used by visitors, staff and patients under the yellow alert of SARS and Avian Flu Contingency Plan. Used masks can be disposed of as municipal waste, and users are advised to put used masks into a plastic or paper bag before disposal. Masks contaminated by SARS are controlled as Group 4 clinical waste.
8	<p>Tsuen Wan Adventist Hospital [LC Paper No. CB(2)2391/04-05(02)]</p> <p>(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.</p>	The Occupational Safety and Health Council (OSHC) offers two courses on clinical waste management, one for supervisory staff and one for front line staff. The Government will continue to liaise with the OSHC to address the training needs of the waste producers and collectors.

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11	<p>Environmental Contractors Management Association [LC Paper No. CB(2)2372/04/05(05)]</p> <p>(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.</p>	<p>The draft Regulation contains provisions requiring waste producers to ensure proper disposal of clinical waste. The sanction for non-compliance is a maximum fine of \$ 200,000. The waste producers will have to produce records to show the proper disposal of clinical waste upon request by DEP to furnish information.</p>
15	<p>Tsang Lik Services LTD</p> <p>(a) Concern about the monitoring of clinical waste producers in handling clinical waste.</p>	<p>The draft Regulation contains provisions requiring waste producers to ensure proper disposal of clinical waste. The sanction for non-compliance is a maximum fine of \$ 200,000. The waste producers will have to produce records to show the proper disposal of clinical waste upon request by DEP to furnish information.</p>
18	<p>Hong Kong Polytechnic University [LC Paper No. CB(2)2368/04-05(09)]</p> <p>(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.</p>	<p>Healthcare professionals, namely registered doctors, dentists, veterinary surgeons, registered and enrolled nurses, registered or listed Chinese medicine practitioners are trained professionals and have knowledge on the health risk associated with clinical waste. The Government will issue guidelines through the Codes of Practice.</p>
19	<p>The Chinese University of Hong Kong [LC Paper No. CB(2)2368/04-05(10)]</p> <p>(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.</p>	<p>(a) The training requirements for clinical waste collectors will be set out in waste collection licence. The Waste Disposal Ordinance (WDO) contains provisions for sanction upon non-compliance with the licence conditions. DEP may also cancel a licence if he considers it necessary in the public interest to do so.</p>

Views/concerns	Administration's Response
<p>19 (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.</p>	<p>(b) Healthcare professionals, namely registered doctors, dentists, veterinary surgeons, registered and enrolled nurses, registered or listed Chinese medicine practitioners are trained professionals and have the knowledge on the health risk associated with clinical waste. The Government would provide guidance on precautionary and emergency procedures in the Codes of Practice.</p>
<p>20 The City University of Hong Kong [LC Paper No. CB(2)2368/04-05(11)]</p> <p>(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.</p> <p>(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.</p> <p>(c) CoP should set out how the performance of CWTC and that of the licensed clinical waste collectors would be monitored.</p> <p>(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.</p>	<p>(a) Noted. The Code of Practice will provide some guidelines.</p> <p>(b) Animal carcasses in epidemic outbreaks are not clinical waste. The Government already has a contingency plan to deal with animal carcasses in the event of epidemic outbreak such as avian flu.</p> <p>We also have a contingency plan to deal with infectious waste during disease outbreak such as SARS, and the CWTC is able to deal with such waste.</p> <p>(c) Clinical waste collectors and the CWTC operator will be subject to licensing control under the WDO, and have to comply with the licence conditions. Their performance will be closely monitored to ensure full compliance with the environmental standards.</p> <p>(d) The Government will consider the suggestion in drawing up the Codes of Practice.</p>

Views/concerns		Administration's Response
23	<p>The Medical Council of Hong Kong [LC Paper No. CB(2)2372/04-05(07)]</p> <p>(a) There is a need for guidelines for private practitioners in labeling and putting clinical waste in a separate container for disposal.</p>	<p>Agreed. The Government will publish Codes of Practice to provide guidelines.</p>
25	<p>Fai In Environmental Services CO.</p> <p>(a) It is necessary to enhance training in the handling of clinical waste to reduce health risks posed to workers.</p> <p>(b) The Government should have clear guidelines and contingency plan in the handling of clinical waste.</p>	<p>(a) The Occupational Safety and Health Council (OSHC) offers two courses on clinical waste management, one for supervisory staff and one for front line staff. The Government will continue to liaise with the OSHC to address the training needs of the waste producers and collectors.</p> <p>(b) The Government will issue Codes of Practice to provide guidance on the proper management of clinical waste and the handling of emergency incidents such as spillage. The Government already has a contingency plan to deal with infectious waste arising from epidemic outbreak such as SARS.</p>
26	<p>World Environmental Services LTD. [LC Paper No. CB(2)2368/04/05(05)]</p> <p>(a) Concern about the licensing of collectors, their monitoring, and mandatory requirement for clinical waste producer to hire clinical waste collectors.</p>	<p>Noted the concerns expressed at the meeting.</p>

Views/concerns	Administration's Response
Charges on disposal of clinical waste	
<p>1 Dental Council of Hong Kong [LC Paper No. CB(2)2372/04/05(01)]</p> <p>(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.</p>	<p>There are many commercial clinical waste collectors available in the market and the competition will keep collection fee at a reasonable level. Waste producers and licensed waste collectors may set up collection points to facilitate small producers to deliver the waste to them.</p>
<p>4 Hong Kong Dental Association [LC Paper No. CB(2)2372/04/05(03)]</p> <p>(a) Costs of waste collection should be monitored and the fees charged should be reasonable for dental practitioners and waste collectors.</p>	<p>There are many commercial clinical waste collectors available in the market and the competition will keep collection fee at a reasonable level.</p>
<p>6 Hong Kong Adventist Hospital [LC Paper No. CB(2)2372/04/05(04)]</p> <p>(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.</p>	<p>Following the User Pays Principle, the Government proposes an initial charge of \$ 2.38/kg for treatment and disposal of clinical waste at the CWTC. This represents only 31% of the variable operation cost of the CWTC, and excludes the capital cost. The exact cost will be determined after the CWTC contractor has submitted a formal tender bid.</p>
<p>7 St. Paul's Hospital [LC Paper No. CB(2)2368/04/05(02)]</p> <p>(a) Support the "user pays" principle.</p> <p>(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.</p>	<p>(a) Noted.</p> <p>(b) The User Pays Principle is more appropriate for the Clinical Waste Control Scheme instead of a tax since not all clinical products may end up as clinical waste within the definition of the Bill.</p>

Views/concerns		Administration's Response
9	<p>Hong Kong Baptist University [LC Paper No. CB(2)2368/04/05(03)]</p> <p>(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.</p>	<p>The Government proposes to initially recover 31% of the variable operation cost of the CWTC. The charge will be gradually increased with a view to recovering the full cost.</p>
11	<p>Environmental Contractors Management Association [LC Paper No. CB(2)2372/04/05(05)]</p> <p>(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.</p>	<p>There are many commercial clinical waste collectors available in the market and the competition will keep collection fee at a reasonable level.</p>
14	<p>Hong Kong Waste Management Association [LC Paper No. CB(2)2372/04/05(06)]</p> <p>(a) Support the “user pays” principle and expect full recovery of the variable operating cost of CWTC to be achieved at the earliest date.</p>	<p>Noted.</p>
15	<p>Tsang Lik Services LTD</p> <p>(a) Concern about the licence fee for clinical waste collectors and the disposal charges for clinical waste.</p>	<p>The application fee for a waste collection licence is \$ 19,270, and the licence renewal fee is \$ 9,320.</p> <p>The Government proposes an initial charge of \$ 2.38/kg for treatment and disposal of clinical waste at the CWTC. This represents only 31% of the variable operation cost of the CWTC and excludes the capital cost. The exact cost will be determined after the CWTC contractor has submitted a formal tender bid.</p>

	Views/concerns	Administration's Response
17	<p>The Hong Kong Medical Association [LC Paper No. CB(2)2368/04-05(08)]</p> <p>(a) As there is no monopoly on clinical waste collection, collecting fee is not expected to increase after enactment of the Bill.</p>	<p>There are many commercial clinical waste collectors available in the market and the competition will keep collection fee at a reasonable level.</p>
19	<p>The Chinese University of Hong Kong [LC Paper No. CB(2)2368/04-05(10)]</p> <p>(a) Agree that clinical waste disposal should be on a fee-paying basis.</p>	<p>Noted.</p>
20	<p>The City University of Hong Kong [LC Paper No. CB(2)2368/04-05(11)]</p> <p>(a) Support the “user pays” principle.</p> <p>(b) Major clinical waste producers should pay a higher fee in order to achieve full cost recovery sooner.</p>	<p>(a) Noted.</p> <p>(b) Noted. Fees for treatment of clinical waste at CWTC will be charged according to the quantity in accordance with the User Pays Principle.</p>
22	<p>Shatin International Medical Centre Union Hospital [LC Paper No. CB(2)2368/04-05(14)]</p> <p>(a) Accept the “user pays” principle.</p> <p>(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</p>	<p>(a) Noted.</p> <p>(b) Following the User Pays Principle, the Government proposes an initial charge of \$ 2.38/kg for the treatment and disposal of clinical waste at the CWTC. The proposed charge will only recover the variable operation cost, but excludes the fixed operation cost or capital cost for the modification of the CWTC. The exact cost will be determined after the CWTC contractor has submitted a formal tender bid. All clinical waste producers will be charged at the same rate.</p>

Views/concerns		Administration's Response
25	<p>Fai In Environmental Services CO.</p> <p>(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.</p>	Noted.
26	<p>World Environmental Services LTD. [LC Paper No. CB(2)2368/04/05(05)]</p> <p>(a) Concern about the licence fee of collectors and the licensed period.</p> <p>(b) Concern about disposal charges at landfill.</p>	<p>(a) The application fee for a waste collection licence is \$ 19,270, and the licence renewal fee is \$ 9,320.</p> <p>(b) There is no charge for disposal of clinical waste at the landfill.</p>

Views/concerns	Administration's Response
Designation of the Chemical Waste Treatment Centre (CWTC) in Tsing Yi to treat clinical waste	
<p>9</p> <p>Hong Kong Baptist University [LC Paper No. CB(2)2368/04/05(03)]</p> <p>(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.</p>	<p>The CWTC adopts the best available technology and is equipped with advanced pollution abatement and emission control systems to meet stringent environmental standards.</p>
<p>11</p> <p>Environmental Contractors Management Association [LC Paper No. CB(2)2372/04/05(05)]</p> <p>(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.</p>	<p>We will consider the proposal. The CWTC adopts the best available technology and can meet stringent environmental standards. Its operation is closely monitored by the EPD.</p>
<p>14</p> <p>Hong Kong Waste Management Association [LC Paper No. CB(2)2372/04/05(06)]</p> <p>(a) High-temperature incineration in CWTC provides a preferable method of disposal for pathogen-containing waste.</p> <p>(b) The findings of the Environmental Impact Assessment Report on the CWTC are agreeable.</p>	<p>(a) Noted.</p> <p>(b) Noted.</p>
<p>18</p> <p>Hong Kong Polytechnic University [LC Paper No. CB(2)2368/04-05(09)]</p> <p>(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.</p>	<p>The Government plans to treat clinical waste at the CWTC. Chemical waste and clinical waste will be separately handled and stored at the CWTC. The high temperature incinerator is equipped to destroy chemical waste as well as clinical waste and there will not be an interference problem.</p>

Views/concerns	Administration's Response
<p>19 The Chinese University of Hong Kong [LC Paper No. CB(2)2368/04-05(10)]</p> <p>(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.</p>	<p>The Government has engaged an international expert, Mr Bill Townend, to review alternative technologies for the treatment of clinical waste in 2000, and the expert recommended the treatment of clinical waste at the CWTC. The EIA has concluded that the incineration of clinical waste at the CWTC is environmentally sound, and the CWTC can meet stringent emission standards.</p>
<p>24 Green Power [LC Paper No. CB(2)2372/04-05(08)]</p> <p>(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.</p> <p>(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.</p>	<p>(a) We will consider the proposal. The CWTC adopts the best available technology and can meet stringent environmental standards. Its operation is closely monitored by the EPD.</p> <p>(b) Apart from continuous monitoring of the stack emissions of the CWTC, dioxin level in the ambient air is also measured and recorded every month at the Cheung Ching Estate of Tsing Yi. The monitoring results of the CWTC and the monitoring station at the Cheung Ching Estate are submitted to the Kwai Tsing District Council on a quarterly basis.</p> <p>The Government will continue to closely monitor the emissions and release data to the public in a transparent manner. The results of the dioxin measurements are available on EPD's website: http://www.epd.gov.hk/epd/english/environmentinhk/waste/data/data_cwtc.html.</p>

	Views/concerns	Administration's Response
27	<p>Mr WONG Kwong-mo, Member of Kwai Tsing District Council [LC Paper No. CB(2)2368/04/05(07)]</p> <p>(a) Concern about dioxin emission resulted from incineration of chemical waste and the two incidents at CWTC in the past.</p> <p>(b) Oppose the use of CWTC for treatment of clinical waste.</p> <p>(c) The Government should consider building a waste treatment facility at a site which is five kilometres away from residential area.</p> <p>(d) Data on dioxin emission at CWTC should be made public.</p>	<p>(a) The average dioxin level in the stack gas of the CWTC is 0.0054 ng I-TEQ/m³ in 2004, which is much lower than EPD's emission standard of 0.1 ng I-TEQ/m³. The monitoring results of the CWTC and the monitoring station at the Cheung Ching Estate are submitted to the Kwai Tsing District Council on a quarterly basis.</p> <p>(b) & (c)</p> <p>The Government has engaged an international expert, Mr Bill Townend, to review alternative technologies for the treatment of clinical waste in 2000, and the expert recommended the treatment of clinical waste at the CWTC.</p> <p>The CWTC adopts the best available technology and is equipped with advanced pollution abatement and emission control systems to meet stringent environmental standards.</p> <p>The EIA has concluded that incineration of clinical waste at the CWTC is environmentally sound, and the CWTC can meet stringent emission standards.</p> <p>(d) The results of the dioxin measurements are available on EPD's website: http://www.epd.gov.hk/epd/english/environmentinhk/waste/data/data_cwtc.html. The monitoring results of the CWTC and the monitoring station at the Cheung Ching Estate of Tsing Yi are submitted to the Kwai Tsing District Council on a quarterly basis.</p>

	Views/concerns	Administration's Response
28	<p>Kwai Tsing District Council [LC Paper No. CB(2)2368/04-05(12)]</p> <p>(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.</p> <p>(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.</p> <p>(c) The Government should formulate a comprehensive plan for handling different kind of wastes and consult District Councils.</p>	<p>The Government has engaged an international expert, Mr Bill Townend, to review alternative technologies for the treatment of clinical waste in 2000, and the expert recommended the treatment of clinical waste at the CWTC.</p> <p>The EIA has concluded that the incineration of clinical waste at the CWTC is environmentally sound, and the CWTC can meet stringent emission standards.</p> <p>The CWTC adopts the best available technology and is equipped with advanced pollution abatement and emission control systems to meet stringent environmental standards.</p> <p>The operation of CWTC is closely monitored by the EPD. The average dioxin level in the stack gas of the CWTC is 0.0054 ng I-TEQ/ m³ in 2004, which is much lower than EPD's emission standard of 0.1 ng I-TEQ/m³.</p> <p>Apart from continuous monitoring of the stack emissions of the CWTC, dioxin level in the ambient air is also measured and recorded every month at the Cheung Ching Estate of Tsing Yi. The monitoring results of the CWTC and the monitoring station at the Cheung Ching Estate are submitted to the Kwai Tsing District Council on a quarterly basis.</p> <p>The Government will continue to closely monitor the emissions and release data to the public in a transparent manner. The results of the dioxin measurements are available on EPD's website: http://www.epd.gov.hk/epd/english/environmentinhk/waste/data/data_cwtc.html</p> <p>EPD attended the Kwai Tsing District Council (DC) on 8 September 2005 to brief the DC members on the clinical waste control scheme and the disposal arrangement.</p>

Views/concerns	Administration's Response
Penalty under the Clinical Waste Control Scheme	
<p>1 Dental Council of Hong Kong [LC Paper No. CB(2)2372/04/05(01)]</p> <p>(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.</p>	<p>Sanctions are necessary to deter waste producers from improper disposal of clinical waste. The proposed penalty under the draft Regulation for improper disposal is a maximum fine of \$ 200,000.</p>
<p>2 The Hong Kong Doctors Union [LC Paper No. CB(2)2372/04/05(02)]</p> <p>(a) Penalty level of maximum fine of \$200,000 and imprisonment of 6 months is far too harsh, especially punishment by imprisonment.</p>	<p>Sanctions are necessary to deter waste producers from improper disposal of clinical waste. The proposed penalty under the draft Regulation for improper disposal is a maximum fine of \$ 200,000.</p>
<p>4 Hong Kong Dental Association [LC Paper No. CB(2)2372/04/05(03)]</p> <p>(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.</p>	<p>Sanctions are necessary to deter waste producers from improper disposal of clinical waste. The proposed penalty under the draft Regulation for improper disposal is a maximum fine of \$ 200,000.</p>
<p>16 New Territories Manufacturers Association [LC Paper No. CB(2)2368/04/05(06)]</p> <p>(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.</p> <p>(b) The Administration to advise on the date for setting the fine of \$5,000.</p>	<p>Under S.19(2) of the Waste Disposal Ordinance (WDO), a person who provides false information related to the waste delivered to EPD will commit an offence liable to a maximum fine of \$ 5,000. The penalty provision was laid down in 1980 when the WDO was enacted. However, under S.23B of the WDO, any person who provides false information upon request by EPD will also commit an offence liable to a maximum penalty of \$ 100,000. The proposed amendment aims to achieve consistency such that similar offences will have the same level of penalty.</p>

Views/concerns	Administration's Response
Disposal of imported waste	
<p>9 Hong Kong Baptist University [LC Paper No. CB(2)2368/04/05(03)]</p> <p>(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.</p>	<p>Illegal disposal of waste is controlled under Section 16A of the WDO. Any person who deposits any waste in any public place or private land without lawful authority or excuse or consent from land owner/occupier commits an offence. Offender will be subject to a maximum penalty of \$ 200,000 and imprisonment for 6 months upon 1st conviction and a penalty of \$ 500,000 and imprisonment for 6 months upon 2nd or subsequent conviction.</p> <p>EPD will continue to step up enforcement to deter and prosecute any offender.</p>
<p>14 Hong Kong Waste Management Association [LC Paper No. CB(2)2372/04/05(06)]</p> <p>(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.</p> <p>(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.</p> <p>(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.</p>	<p>(a) & (b) The WDO requires a permit issued by DEP for the import and export of waste, unless the waste is a type of waste specified in the Sixth Schedule, and that the waste is uncontaminated, non-hazardous and imported for the purpose of recycling.</p> <p>To tighten the control on the disposal of imported waste and conserve our valuable landfill space, the Bill proposes that the disposal of imported non-hazardous waste shall require prior authorisation. DEP will only grant such authorisation if an applicant can prove that it is not practicable to make alternative arrangement for the waste to be recycled or return to the state of export. The applicant will have to pay the full cost of disposal at the landfill.</p> <p>(c) Importation of non-hazardous waste for the purpose of recycling does not require a permit.</p>

21	<p>The Chinese General Chamber of Commerce [LC Paper No. CB(2)2368/04-05(13)]</p> <p>(a) Importers of waste should be required to obtain a permit in order to reduce illegal dumping of imported waste in Hong Kong.</p> <p>(b) Concern about imported waste for recycling purpose would end up be disposed of in Hong Kong.</p>	<p>(a) & (b)</p> <p>The existing permit control under the WDO is in line with the Basel Convention which controls the import and export of hazardous waste. The Basel Convention also encourages the recycling of waste, and the existing control under the WDO does not require a permit for the import of recyclable waste that is uncontaminated, non-hazardous and imported for the purpose of recycling.</p> <p>To tighten the control on the disposal of imported waste and conserve our valuable landfill space, the Bill proposes that the disposal of imported non-hazardous waste shall require prior authorisation. DEP will only grant such authorisation if an applicant can prove that it is not practicable to make alternative arrangement for the waste to be recycled or return to the state of export. The applicant will have to pay the full cost of disposal at the landfill.</p>
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Views/concerns	Administration's Response
Basel Ban	
<p>6 Hong Kong Adventist Hospital [LC Paper No. CB(2)2372/04/05(04)]</p> <p>(a) Developed countries should take care of their own hazardous and non-hazardous waste instead of shipment to some undeveloped countries.</p>	<p>Agreed. This is in line with the Basel Convention.</p>
<p>14 Hong Kong Waste Management Association [LC Paper No. CB(2)2372/04/05(06)]</p> <p>(a) Support the Basel Ban and any moves to strengthen its application in Hong Kong.</p>	<p>Noted.</p>
<p>19 The Chinese University of Hong Kong [LC Paper No. CB(2)2368/04-05(10)]</p> <p>(a) Agree to the adoption of Basel Ban in the Bill.</p>	<p>Noted.</p>
<p>28 Greenpeace [LC Paper No. CB(2)2391/04-05(04)]</p> <p>(a) Tighten the control on electronic waste by:</p> <ul style="list-style-type: none"> • Redefine item GC020 of Sixth Schedule of the Waste Disposal Ordinance (WDO), in accordance with B1110 of the Annex IX of the Basel Convention. • Add to the Seventh Schedule of the WDO A1180 of the Annex VIII of the Basel Convention. 	<p>(a) The Sixth Schedule of the WDO contains a list of waste which does not require a permit for import or export if it is uncontaminated and intended for the purpose of reuse, reprocessing, recycling or recovery. Import or export of waste that falls within the Seventh Schedule of the WDO requires a permit.</p> <p>B1110 of the Annex IX of the Basel Convention (the Convention) is a description for electrical and electronic assemblies which do not contain or are not contaminated with hazardous constituents and which could be imported or exported under the Convention.</p> <p>A1180 of the Annex VIII of the Convention is a description for electrical and electronic assemblies which contain or are contaminated with hazardous constituents.</p> <p>The waste listed in B1110 has already been</p>

Views/concerns	Administration's Response
<ul style="list-style-type: none"> • Incorporate a testing system in the control of the import and export of electronic waste or scrap - 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 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". <p>(b) Synchronize the following terms used in the WDO with the Basel Convention:</p> <ul style="list-style-type: none"> • Use the Basel Convention's Annex III characteristics to define "contaminated" in the 	<p>covered by the Sixth Schedule while A1180 is covered by the existing and new entries in the Seventh Schedule. There is no need to make further changes to the two schedules.</p> <p>The TCLP test only addresses the leaching potential of the waste. This test is not a requirement under the Basel Convention.</p> <p>The Seventh Schedule of the WDO provides a list of those waste streams which are considered hazardous. We have proposed some amendments to the Schedule in the Bill so as to improve its coverage, and to reflect better the hazardous waste list in Annex VIII to the Basel Convention.</p> <p>The Mainland has adopted a list of controlled waste, and the list has included some non-hazardous waste which is banned from import into the Mainland. Hong Kong follows the spirit of the Basel Convention, which encourages the recycling of waste. Therefore, the existing control under the WDO does not require a permit for the import of recyclable waste that is uncontaminated, non-hazardous and imported for the purpose of recycling.</p> <p>Hong Kong is an international free port with container cargoes coming from all over the world and their destinations may be any places other than the Mainland. It is important for us to follow the international practice on the import and export control to facilitate the trading of goods, and it is not practicable to follow the restriction imposed by the Mainland since it will have a negative impact on the movement of recyclable materials between Hong Kong and other countries.</p> <p>(b) The word "contaminated" is already defined in S.20I(2) of the WDO as follows –</p> <p><i>"waste is contaminated if it is contaminated by a substance to an extent which significantly increases the risk to human health, property or the environment"</i></p>

Views/concerns	Administration's Response
<p>WDO;</p> <ul style="list-style-type: none"> • Use the Basel Convention's article 2.1 to define "waste" in the WDO; 	<p><i>associated with the waste, or prevents the reprocessing, recycling, recovery or reuse of the waste in an environmentally sound manner."</i></p> <p>The existing definition provides adequate control such that the permit for import or export is not needed for waste listed in the Sixth Schedule and is uncontaminated and intended for the purpose of reuse, reprocessing, recycling or recovery. Import and export of all other wastes require a permit.</p> <p>Annex III of the Basel Convention sets out the hazardous characteristics for defining waste which may be subject to control. The Seventh Schedule of the WDO has already included specific hazardous waste streams, and we have also proposed a new entry AD220 (chemical waste not elsewhere specified) in the Schedule, which complements the list of specific waste streams. This allows us to make reference to the chemical waste control regime, which encompasses consideration of the form, quantity or concentration of the hazardous components.</p> <p>"Wastes" is defined in the Basel Convention as substances or objects which are disposed of or are intended to be disposed of or are required to be disposed of by the provisions of national law.</p> <p>Waste is defined in the WDO as "<i>any substance or article which is abandoned</i>", and for the purpose of the WDO, any substance or article which is discarded or otherwise dealt with as waste shall be presumed to be waste until the contrary is proved.</p> <p>The current definition of waste in the WDO provides adequate control on the import or export of waste, and it also relates to the control of other wastes. It is therefore considered not appropriate to adopt the waste definition of the Basel Convention.</p>

Views/concerns	Administration's Response
<ul style="list-style-type: none"> • Use the Basel Convention's Annex IV to define "disposal operations" and "reprocessing, recycling or recovery operation or reuse" in the WDO; <p>(c) Synchronize the controlled waste list used in Hong Kong with that in the Mainland China.</p>	<p>“Disposal” is defined in s.20I of the WDO to mean, in relation to waste, any transfer operation, storage, reprocessing, recycling, material recovery, deposit, destruction, discharge (whether into water or into a sewer or drain or otherwise) or burial (whether underground or otherwise). The current definition adequately encompasses the specific processes listed in Annex IV of the Basel Convention.</p> <p>(c) The Mainland has adopted a list of controlled waste, and the list has included some non-hazardous waste which is banned from import into the Mainland.</p> <p>The existing legal framework under the WDO provides adequate control such that a permit is required for the import or export of any waste which contains hazardous constituents. As the Basel Convention also encourages the recycling of waste, Hong Kong follows the spirit of the Basel Convention. Therefore, the existing control does not require a permit for the import of recyclable waste that is uncontaminated, non-hazardous and imported for the purpose of recycling.</p> <p>Hong Kong is an international free port with container cargoes coming from all over the world and their destinations may be any places other than the Mainland. It is important for us to follow the international practice on the import and export control to facilitate trading, and it is not practicable to follow the restriction imposed by the Mainland since it will have a negative impact on the movement of recyclable materials between Hong Kong and other countries.</p>
<p>(d) List of proposed Ninth Schedule Export Countries</p> <ul style="list-style-type: none"> • 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 	<p>(d) & (e)</p> <p>We agree with the suggestion and will supplement the list of countries by reference to the Organisation for Economic Co-operation and Development (OECD) and the European Union (EU). CSA will be proposed.</p>

Views/concerns	Administration's Response
<p>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.</p> <p>(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.</p>	