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12 October 2005

Mrs Percy MA
Chief Council Secretary (2)3
Legislative Council Secretariat
Legislative Council Building
8 Jackson Road
Central, Hong Kong


Dear Mrs MA,

Bills Committee on Waste Disposal (Amendment) Bill 2005

Please find enclosed the Administration's response to paragraphs 3(a) to (d) and 3(f) of "Action" required as per draft minutes of the Bills Committee meeting held on 30 September 2005.

2. A separate note will be prepared by the Health Welfare and Food Bureau on paragraph 3(e) regarding the existing arrangements for disposal of dead animals, animal tissues and body parts generated from veterinary clinics, reasons for excluding such waste which could be potentially infectious and pose serious health risks in the definition of "clinical waste", and provide information on overseas practices in disposal of such waste.

Yours sincerely,



(David Ha)

for Director of Environmental Protection

Encl.

Waste Disposal (Amendment) Bill 2005
3rd Meeting of the Bills Committee
Administration's Response to Members' Requests

Explain the types of wastes produced by health and beauty centres which should be classified as clinical waste, the procedure and party responsible for disposal of such waste, and which provisions in the Bill or the draft Waste Disposal (Clinical Waste) (General) Regulation (the Draft Regulation) governed such disposal

The Bill has proposed to define clinical waste as waste consisting of any substance, matter or thing belonging to any of the groups specified in Schedule 8 that is generated in connection with a dental, medical, nursing or veterinary practice, or any other practice or establishment providing medical care and services for the sick, injured, infirm or those who require medical treatment; dental, medical, nursing, veterinary, pathological or pharmaceutical research; or a dental, medical, nursing, veterinary or pathological laboratory practice.

2. The healthcare professionals, namely, registered doctors, registered or enrolled nurses, registered or listed Chinese medicine practitioners who have made arrangement with the health and beauty centres to provide medical treatment at these centres and produced wastes such as sharps and acupuncture needles will fall under the definition of clinical waste. Such treatment may include injection of certain medicines such as botulinum toxin or applying acupuncture in slimming programmes. Other types of medical treatment such as extraction of body fat may, though rarely, be provided at the centres, and the waste, such as body tissues, will also fall under the definition of clinical waste.

3. Section 3(1) of the draft Waste Disposal (Clinical Waste) (General) Regulation (the draft Regulation) proposed that a person who produces or causes to be produced, or who has in his possession or custody any clinical waste, shall arrange for proper disposal of the clinical waste. Hence, both the health and beauty centre and the healthcare professionals who provide medical treatment would be required to arrange for proper disposal of the clinical waste. The health and beauty centre may consign the waste to a licensed collector for proper disposal. Alternatively, the healthcare professionals may deliver the

clinical waste to a collection point or a licensed waste disposal facility if the quantity does not exceed 5 kg and other requirements stipulated under the Regulation must be complied with.

Consider providing a definition for “peripheral medical care” as “medical care and treatment” referred to in the definition of “clinical waste” could include “peripheral medical care”

4. Clinical waste is defined as waste consisting of any substance, matter or thing belonging to any of the groups specified in Schedule 8 that is generated in connection with a dental, medical, nursing or veterinary practice, or any other practice or establishment providing medical care and services for the sick, injured, infirm or those who require medical treatment; dental, medical, nursing, veterinary, pathological or pharmaceutical research; or a dental, medical, nursing, veterinary or pathological laboratory practice. Any substance falling within such definition will be subject to control under the proposed Bill. It is not necessary to define “peripheral medical care”.

Provide details of the training programme on clinical waste management organised by the Occupational Safety and Health Council, e.g. the number, size, duration, content, purpose and fees of the courses and the expected number of trainees

5. The Occupational Safety and Health Council (OSHC) has been organizing two training courses on the safe handling of clinical waste since the third quarter of 2004. One course is designed for front-line staff and the other course is for management staff. The details of the two courses are at Annex A. The courses are held on a quarterly basis and the size of a class is normally 30 students. To complement the Clinical Waste Control Scheme (the Scheme), the OSHC, Environmental Protection Department (EPD) and the Department of Health (DH) are reviewing the content of the courses, and will consider enriching the course content to cover infection control measures.

6. Licensed collectors and the operator of a licensed waste disposal facility will be required, under the conditions of a waste collection licence and a waste disposal licence respectively, to provide training to their staff in handling clinical waste. There are 14 private waste collectors providing

clinical waste collection services and about 30 staff are employed by them to provide collection service. Their staff will have to attend one of the two OSHC courses and most of them have already attended the courses. When the Scheme is in place, there may be more collectors and it is estimated that the number of waste collection workers may double. The OSHC will be able to increase the number of courses and the size of each class to meet demand if necessary.

Consider how the procedure for adding new pathogens to Group 4 of Schedule 8 could be simplified. A member suggested that reference could be made to the Employees' Compensation Ordinance (Amendment of Second Schedule) Order 2004 when SARS and avian influenza A were added as occupational diseases to the schedule to the principal Ordinance

7. Clinical waste stipulated under Group 4 of Schedule 8 contains infectious materials from patients with pathogens which pose significant health risk and cause severe and deadly human diseases such as haemorrhagic fever. Such patients must be kept under strict isolation. The Bill has allowed for the Director of Environmental Protection (DEP) to amend the list of pathogens under Group 4 by a notice published in the Gazette. This will enable DEP to add new pathogens if considered necessary. Furthermore, Group 6 clinical waste will cover any other wastes which are likely to be contaminated with infectious materials (other than infectious materials referred to in Group 4) and which may pose significant health risk.

8. We have looked at the Employees' Compensation Ordinance. It is noted that under Section 35 of the Ordinance, the Commissioner for Labour may from time to time by order, which shall be published in the Gazette, amend the schedule of occupational diseases. Hence, the proposal in the Bill is in line with the approach and practice adopted by the Employees' Compensation Ordinance.

Reconsider the arrangement for waste producers to keep the trip tickets, in light of section 12 of the Draft Regulation. Members noted that waste producers were not required but were recommended to keep the trip tickets for a period of 12 months.

9. Section 12 of the draft Regulation provides for DEP to require a person to furnish to him, in such form and within such time as he may determine, any information in respect of clinical waste produced or caused to be produced, or in his possession or custody, or any clinical waste consigned to a licensed collector or an authorized collector, or any clinical waste delivered to a reception point or collection point.

10. After the Clinical Waste Control Scheme is implemented, EPD inspectors may require the waste producers to furnish information relating to their waste generation and disposal practices. Such information may or may not be stipulated in the law but will be as reasonably expected to be available to prove that waste generated has been properly disposed of. The waste producer is recommended to retain a copy of the trip ticket or other waste delivery record such as the receipts, since such record would be useful to demonstrate that proper disposal arrangement has been made. However, since there is no legal requirement for the waste producer to keep a copy of the trip ticket or other waste delivery record, failure to provide a copy of such record will not be an offence under Section 12 of the draft Regulation.

Environmental Protection Department
October 2005

**Training programme on clinical waste management
organized by the Occupational Safety and Health Council**

	Safe Handling of Clinical Waste	Competence in Safe Handling of Clinical Waste
Duration	1 day	2 days
Course fee	\$ 500 (\$ 400 for SME*)	\$ 1000 (\$ 800 for SME)
Content	For front-line staff	For management staff
	<ul style="list-style-type: none"> ➤ Occupational Safety & Health, and Environmental legislation ➤ Hazard identification, safe transport and handling of clinical wastes ➤ Accident reporting and emergency response procedures ➤ Practice on the use of fire extinguishers and handling spillage 	
		<ul style="list-style-type: none"> ➤ Risk assessment ➤ Safety management system
Frequency	Quarterly	
Size of class	Maximum class size is 30 (but can be enlarged)	
Remarks	A Certificate is awarded provided that the student attends all the lectures and passes the written test	

* SME means small and medium enterprises