

Proper Management of Clinical Waste

Outreach Vaccination Activities



June 2022



Territorial Control Office
Environmental Compliance Division
EPD, HKSAR Government

Doctor's responsibility on clinical waste management in outreach vaccination activities



Outreach service premises code

- ✔ Obtain an outreach service premises code from EPD, if you do not have one.



Temporary storage of clinical waste at vaccination venue

- ✔ Storage cabinet is locked and labelled
- ✔ Clinical Waste Temporary Storage Handover Form



Collection and delivery of clinical waste

- ✔ Pre-arrange at least 2 weeks before
- ✔ Collection by licensed clinical waste collector or delivery by healthcare professional
- ✔ On vaccination day if practicable



Handling of clinical waste

- ✔ Segregate clinical waste
- ✔ Properly package in sharps box
- ✔ Label sharps box





Outreach service premises code

✓ Dos


- Specify **“Outreach Service”** on the premises code request form
- Single outreach premises code for single doctor at various outreach locations

✗ Don'ts

- Don't use clinic's premises code
- Don't re-apply outreach premises code

Sample:

Dr. Chan Tai Man Clinic (Outreach Service)
G/F, 123 Building,
123 Street, HK



PC02/RE/00001234
Clinical Waste Producer Premises Code



Premises Code Request form:

https://www.epd.gov.hk/epd/clinicalwaste/en/producer_code.html

醫療廢物產生者地點編碼申請

區域辦事處 (東) (觀塘、黃大仙、西貢、九龍城) 傳真: 2756 8588 電話: 2755 5518
(油尖旺) 傳真: 2402 8272 電話: 2402 5200

區域辦事處 (南) (香港島、離島) 傳真: 2960 1760 電話: 2516 1718

區域辦事處 (西) (北大嶼山、屯門、荃灣、葵青、深水埗) 傳真: 2411 3073 電話: 2417 6116

區域辦事處 (北) (元朗、沙田、大埔、北區) 傳真: 2685 1133 電話: 2158 5757

I 醫療廢物產生者詳情 (必須填寫)

產生者名稱 陳大文醫生診所 (外展服務) Dr. Chan Tai Man Clinic (Outreach Service)

聯絡人 (中文) 李欣欣 (英文) Lee Yan Yan 職位 護士

聯絡電話 12345678 傳真號碼 12345678 商業登記號碼 / 身份證編號 (尚由個人申請) XXXXXXXXXX (請提供副本)

通訊地址(英文) ABC Headquarter 1/F, ABC building, ABC Street, HK

電郵地址 xxx@xxxxx.com

II 申請類別 (3 種申請類別只可選擇一種適當的方格 □ 內加上 ✓)

類別一: a. 產生廢物的地點 Dr. Chan Tai Man Clinic, G/F, 123 building, 123 street, HK

類別二: b. 業務類別: (只限新申請)

私家醫院 私家診所 中醫診所 私家牙科診所 獸醫診所

護養/安老院 醫學美容中心 私家醫科化驗所 藥物學/醫學研究實驗室

公立醫院 公立診所 公立牙科診所 政府機構化驗所

補領遺失地點編碼 殮房 其他政府部門 其他, 請註明: _____

EPD-123B1 (04/2021) 日期: 01/04/2021

I 醫療廢物產生者詳情 (必須填寫)

產生者名稱 陳大文醫生診所 (外展服務) Dr. Chan Tai Man Clinic (Outreach Service)

聯絡人 (中文) 李欣欣 (英文) Lee Yan Yan 職位 護士

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通訊地址(英文) ABC Headquarter 1/F, ABC building, ABC Street, HK

電郵地址 xxx@xxxxx.com



Collection by licensed clinical waste collector

 **Pre-arrange** at least 2 weeks before

 Doctor to keep Waste Producer Copy of Trip Ticket at least **12 months**

環境保護署 Environmental Protection Department 廢物產生者/委託者存根 Waste Producer/Consignor Copy

香港法例第354章廢物處置條例 Waste Disposal Ordinance (Chapter 354) 廢物處置(醫療廢物)(一般)規例 Waste Disposal (Clinical Waste) (General) Regulation 醫療廢物運載紀錄 CLINICAL WASTE TRIP TICKET

填寫此表格前請先讀取表格說明。 Please read the instructions overleaf before completing this form. 運載紀錄編號 Trip Ticket Number: P0000078

A. 廢物產生者/委託者 WASTE PRODUCER / CONSIGNOR

本人謹此聲明下列(1)欄內的廢物已裝妥包裝及貼上標籤，及由8個專職專人上送往收載站或收載點。 I certify that the waste described in F(1) is packed & labelled properly and delivered to collection point or reception point by healthcare professional in B* / assigned to waste collector in C*. I confirm that the information given in A, F(1) and G(1) is correct.

姓名 Full Name: 地址 Address: 聯絡人姓名 Contact Person: 姓名 Name: 公司名稱 Co. Name: 日期 Date: 時間 Time: 地點 Location:

B. 收載站(如適用) HEALTHCARE PROFESSIONAL (if applicable)

本人謹此聲明已按下列(1)欄內的廢物(不含有害廢物)往收載站或收載點。 I certify that I have checked and delivered the waste set out in F(1) (which does not contain Group 4 waste) to collection point in B* / reception point in C*. I confirm that the information given in B and G(1) is correct.

姓名 Name: 職銜 Position: 地址 Address: 日期 Date: 時間 Time: 地點 Location:

C. 收載站(如適用) COLLECTION POINT (if applicable)

本人謹此聲明已按下列(1)欄內的廢物及裝妥包裝及貼上標籤於下列(1)欄內的收載站或收載點。 I certify that the waste set out in F(1) delivered by healthcare professional in B has been received by this collection point and placed inside the Transit Skip(s) in F(1). I confirm that the information given in C, F(1) and G(1) is correct.

公司名稱 Company Name: 地址 Address: 收載站經理姓名 Collection Point Manager: 姓名 Name: 公司名稱 Co. Name: 日期 Date: 時間 Time: 地點 Location:

D. 廢物收集者(如適用) WASTE COLLECTOR (if applicable)

本人謹此聲明已按下列(1)欄內的廢物及裝妥包裝及貼上標籤於下列(1)欄內的收載站或收載點。 I certify that the waste set out in F(1) is collected and placed inside the Transit Skip(s) in F(1). I confirm that the information given in D, F(1) and G(1) is correct.

公司名稱 Company Name: 收載站經理姓名 Collector Name: 姓名 Name: 公司名稱 Co. Name: 日期 Date: 時間 Time: 地點 Location:

E. 接收站 RECEPTION POINT

本人謹此聲明已按下列(1)欄內的廢物(不含有害廢物)往下列(1)欄內的接收站。 I certify that the waste stated in F(1) delivered by healthcare professional in B* has been received by this reception point. I confirm that the information given in E, F(1) and G(1) is correct.

接收站經理姓名 Reception Point Manager: 姓名 Name: 公司名稱 Co. Name: 日期 Date: 時間 Time: 地點 Location:

廢物資料 WASTE DESCRIPTION

| 廢物種類/類別 Waste Type | (1) 廢物種類及數量 (公斤) Group 1 Waste Type & Quantity (kg) | (2) 廢物種類及數量 (公斤) (由廢物收集者或收載站填寫) Waste Quantity by Collector or Collection Point (kg) | (3) 廢物種類及數量 (公斤) (由廢物接收站填寫) Waste Quantity by Reception Point (kg) | 備註 Remarks |
|--------------------|---|--|--|---------------------------------|
| 1 | 第三類/非第三類 Group 3 / non-Group 3 | 公斤 kg | 公斤 kg | 由醫療專人上送 Healthcare Professional |
| 2 | 第三類/非第三類 Group 3 / non-Group 3 | 公斤 kg | 公斤 kg | 由廢物收集者收載 Collector |
| 3 | 第三類/非第三類 Group 3 / non-Group 3 | 公斤 kg | 公斤 kg | 由廢物收集者收載 Collector |
| 4 | 第三類/非第三類 Group 3 / non-Group 3 | 公斤 kg | 公斤 kg | 由廢物收集者收載 Collector |
| 5 | 第三類/非第三類 Group 3 / non-Group 3 | 公斤 kg | 公斤 kg | 由廢物收集者收載 Collector |
| 6 | 第三類/非第三類 Group 3 / non-Group 3 | 公斤 kg | 公斤 kg | 由廢物收集者收載 Collector |
| 7 | 第三類/非第三類 Group 3 / non-Group 3 | 公斤 kg | 公斤 kg | 由接收站 Reception Point |
| 8 | 第三類/非第三類 Group 3 / non-Group 3 | 公斤 kg | 公斤 kg | 由接收站 Reception Point |



Licensed collectors list:
http://epic.epd.gov.hk/ca/uid/waste_clinical/p/1



Clinical Waste Collectors

Licensed Clinical Waste Collectors
Important Note: This list is compiled based on information available to EPD. It is compiled solely for the public's easy reference and **does not constitute any recommendation by EPD.** Further, EPD is not responsible for the content of waste collectors' websites.
 Enquiries: **Territorial Control Office, EPD**

Tel: 2835 1055 | Fax: 2118 4209 | Email: cwcs@epd.gov.hk

| Collector Name | Address | Tel/Fax No. | Email/URL |
|--|--|-------------------------------|--|
| 1 Fai In Environmental Service Ltd. | Room 2006, 20/F, Block A, New Trade Plaza, 6 On Ping Street, Shatin, N.T. | 27953849 / 27162769 | fainesc@yahoo.com.hk / |
| 2 Rentokil Initial Hong Kong Limited | 23/F, Westin Centre, 26 Hung To Road, Kwun Tong, Kowloon | 29546888, 24280708 / 29546869 | ihs-hk@rentokil-initial.com / www.initial.com.hk |
| 3 Waihong Environmental Services Ltd. | Unit 813, 8/F., Chevalier Commercial Centre, No. 8 Wang Hai Road, Kowloon Bay, Kowloon | 31733833 / 27861211 | info@waihong.com.hk / |
| 4 Asia Medical Ltd. | Room 907, Silvercord Tower 2, 30 Canton Road, Tsim Sha Tsui, Kowloon | 24885879 / 24883397 | asiaqs@yahoo.com.hk / |
| 5 Hygiene First Company Limited | Room 12, 6/F, Good Harvest Industrial Building, 9 Tsun Wen Road, Tuen Mun, N.T. | 36189330 / 24418680 | info@hygienefirstgroup.com / www.hygienefirstgroup.com |
| 6 KT Medical Supply Limited | Unit 906, CRE Centre, 889 Cheung Sha Wan Road, Kowloon | 35863296 / 35863297 | sales@ktmedicalsupply.com / |
| 7 Environment Positive Limited | S09, 8/F, W LUXE, 5 On Yiu Street, Shek Mun, Sha Tin, N.T. | 2707 0809 / 2707 0606 | info@enpositive.com / www.enpositive.com |
| 8 Baguio Waste Management & Recycling Ltd. | Room A, 4/F, Dragon Ind. Bldg., 93 King Lam Street, Lai Chi Kok, Kowloon | 25413388 / 25448668 | Waste@baguio.com.hk / www.baguio.com.hk |
| 9 Kam Ming E. P. Engineering Co. Ltd. | No. 1& 2, 10/F., Sunwise Industrial Building, No. 16-26 Wang Wo Tsai Street, Tsuen Wan, N.T. | 24073377 / 24088206 | kmchemical@kamming.com / www.kamming.com |
| 10 Waylung Waste Services Ltd. | G/F., No. 24 Yip Cheong Street, On Lok Tsuen, Fanling, N.T. | 22529220 / 26500063 | noble_lao@waylung.com.hk / |



Delivery by healthcare professional

✔ Dos

- ✔ Properly package in sharps box
- ✔ First aid & cleaning equipment
- ✔ Direct deliver within 24 hours
- ✔ Cash for waste charge at \$2.715 per kg
- ✔ Identity card and copy of HCP registration document
- ✔ Obtain blank trip ticket in advance
- ✔ Filled trip ticket
- ✔ Private car only
- ✔ CWTC only

Chemical Waste Treatment Centre (CWTC)



Address:

51 Tsing Yi
Road South, Tsing Yi
青衣青衣南路51號

✘ Don'ts

- ✘ Don't exceed 5 kg
- ✘ Don't use taxi
- ✘ Don't use light goods vehicle
- ✘ Don't deliver to clinic

Reception time:

Monday – Friday
(except public holiday)
9:00 a.m. – 12:00 noon;
1:00 p.m. – 4:30 p.m.
(no prior appointment required)



Trip ticket request form:

https://www.epd.gov.hk/epd/clinicalwaste/file/Request%20Form%20for%20Clinical%20Waste%20Trip%20Tickets_en.pdf



Temporary storage of clinical waste at vaccination venue

✔ Dos

- 🪡 Clinical waste warning sign
- 🪡 Storage cabinet is locked and labelled



| | |
|------------------------------|--|
| 醫生姓名 | |
| Name of Doctor | |
| 醫療機構名稱 | |
| Name of Medical Organization | |
| 緊急聯絡電話 | |
| Emergency contact no. | |
| 地點編碼 | |
| Premises Code | |





✘ Don'ts

- 🪡 Don't store anything other than clinical waste
- 🪡 Don't be close to food preparation and storage



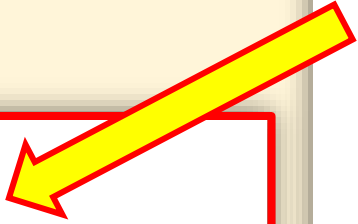


Temporary storage of clinical waste at vaccination venue

-  Bring **“Clinical Waste Temporary Storage Handover Form”** at Appendix G(C) of VSS Doctor’s Guide
-  Signed by doctor and venue representative
-  Each to keep a copy for record
-  Doctors to keep the clinical waste trip ticket

A. Contact Information

1. Name of doctor: _____
2. Name of medical organisation: _____
3. Address of vaccination venue: _____
4. Date of handover of clinical waste: _____
5. Planned date of clinical waste collection or delivery: _____
6. Name of *licensed clinical waste collector / healthcare professional who delivered clinical waste (*delete as appropriate): _____



Vaccination Subsidy Scheme (VSS) at Non-Clinic Settings Clinical Waste Temporary Storage Handover Form

Notes:

1. This form is applicable to temporary storage of clinical waste at outreach vaccination venue when same day collection by licensed clinical waste collector or delivery by healthcare professional to Chemical Waste Treatment Centre (CWTC) immediately after the activities cannot be arranged.
2. Doctor shall bring this form to the activity venue. Both doctor and venue representative shall complete the form and keep each a copy of the completed form for their record.
3. Clinical waste shall be properly stored at temporary storage area until so collected/ delivered. For more details, please refer to Appendix G of VSS Doctor’s Guide.

A. Contact Information

1. Name of doctor: _____
2. Name of medical organisation: _____
3. Address of vaccination venue: _____
4. Date of handover of clinical waste: _____
5. Planned date of clinical waste collection or delivery: _____
6. Name of *licensed clinical waste collector / healthcare professional who delivered clinical waste (*delete as appropriate): _____

B. Details of handover of clinical waste

| Vaccination Activity | Number of sharps box(es) |
|---|--------------------------|
| <input type="checkbox"/> 1st dose <input type="checkbox"/> 2nd dose | |

C. Signature of doctor and venue representative

| | | |
|-------------------------------|---|---|
| <u>to be filled by doctor</u> | | <u>to be filled by venue representative</u> |
| Sign: _____ | <div style="border: 1px solid black; width: 40px; height: 40px;"></div> | Sign: _____ |
| Name: _____ | | Name: _____ |
| Post: _____ | | Post: _____ |
| Tel.: _____ | Chop | Tel.: _____ |
| | | Chop |



Handling of Clinical Waste



Dos



Properly package in sharps box



Label sharps box



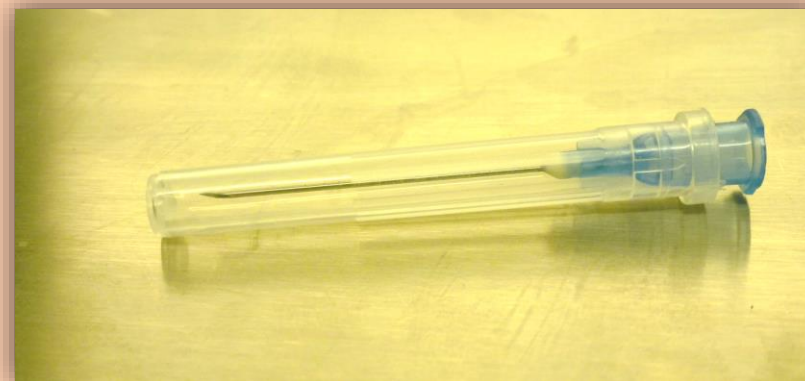
| | |
|--------------------------------------|--|
| 醫生姓名 | |
| Name of Doctor | |
| 醫療機構名稱 | |
| Name of Medical Organization | |
| 緊急聯絡電話 | |
| Emergency contact no. | |
| 產生醫療廢物地址 | |
| Address of Clinical Waste Generation | |
| 地點編碼 | |
| Premises Code | |
| 封針箱日期 | |
| Date of Sealing | |



Don't



Don't dismantle needle from syringe

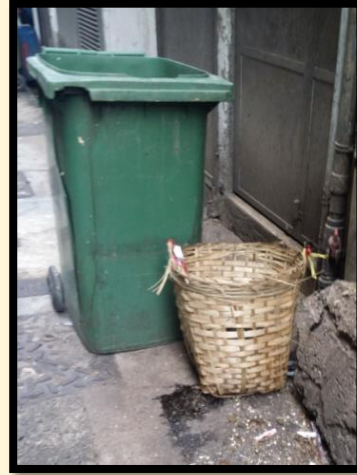


✔ Good practice 👍





Recent Prosecution Cases



亂棄醫療廢物 動物醫院被罰\$3萬

位於旺角梭徑道的 [redacted]，將醫療廢物混雜一般垃圾，並非法棄置於行人路，昨日在觀塘裁判法院(圖)被裁定違反《廢物處置(醫療廢物)(一般)規例》，被判罰款30,000元。

(資料圖片)

環保署去年9月突擊巡查，發現上述動物醫院將醫療廢物，包括6個內含動物血液的膠樽及用完針筒混雜於一般垃圾門外行人路。部分醫療廢物或屬傳染物質，入垃圾，亦對清潔工人構成危害。環保署去歲突擊巡查，包括中西醫診所、獸醫診所及安老院4宗非法棄置醫療廢物的個案完成檢控，另規個案檢控工作仍在進行。

醫務所亂棄醫療廢物認罪

佐敦一醫務所將醫療廢物混入一般廢物非法棄置，包括三十枝使用過的針筒、一枝針咀及五個醫療用品玻璃瓶，昨被裁定違反《廢物處置(醫療廢物)(一般)規例》，是首宗有關情況被檢控案件。

環保署去年十月在佐敦嘉賓商業大廈進行突擊巡查，在十二樓梯間發現一間醫務所把醫療廢物混入一般垃圾棄置於後樓梯，署方遂根據法例檢控經營該醫務所的 [redacted] 負責人在庭上承認控罪。

發言人指，署方非常關注有個別醫療機構未有妥善棄置醫療廢物情況，自一五年進行逾六百次突擊巡查，包括中西醫診所、獸醫診所、化驗所和安老院等，共 [redacted] 宗個案。

港澳版 > 新聞 > 港澳

西醫為慳錢亂棄針筒罰\$5萬 官斥無良心

06月22日(四) 13:06

推介 0 Tweet

日報

香港 國際 中國 財經 地產 體育 娛樂 海外綜合 中國綜合 電子報

香港

違規運送126公斤疫苗醫療廢物 判罰款9.4萬

© 2019-05-14 16:20 香港

醫療機構多次違規運送醫療廢物被定罪

[redacted] 違規沒有聘請持牌醫療廢物收集商，或安排由專業醫護人員把醫療廢物直接運送至化學廢物處理中心處置，今日(七月十日)在粉嶺裁判法院被裁定違反《廢物處置(醫療廢物)(一般)規例》(《規例》)，被判罰款14,000元。

Useful Material

Appendix G of 2021/22 VSS Doctor's Guide – “Guideline on Proper Handling and Temporary Storage of Clinical Waste Generated From Outreach Vaccination Activities”



https://www.chp.gov.hk/files/pdf/vssdg_ch5_appendix_g.pdf

2022/23 VSS
Doctor's Guide
COMING SOON

Code of Practice for the Management of Clinical Waste (Small Clinical Waste Producers)



https://www.epd.gov.hk/epd/clinicalwaste/file/doc06_en.pdf

Waste Disposal (Clinical Waste)(General)Regulation, Cap 354O



<https://www.elegislation.gov.hk/hk/cap3540>

Premises Code Request Form



https://www.epd.gov.hk/epd/clinicalwaste/en/producer_code.html

List of Licensed Clinical Waste Collectors



http://epic.epd.gov.hk/ca/uid/waste_clinical/p/1

Clinical Waste Trip Ticket Request Form



https://www.epd.gov.hk/epd/clinicalwaste/file/Request%20Form%20for%20Clinical%20Waste%20Trip%20Tickets_en.pdf



Thank you for your contribution to
protect the environment

