

Proper Management of Clinical Waste

Outreach Vaccination Activities



July 2024



Territorial Control Office
Environmental Compliance Division
EPD, HKSAR Government

Doctor's responsibilities on clinical waste management during outreach vaccination activities



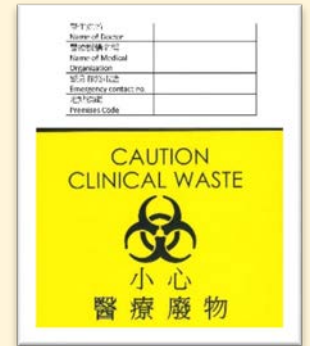
Outreach service premises code

- ✔ 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 **well before** vaccination day
- ✔ 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 (中文) 陳大文醫生診所 (外展服務) (英文) 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 商業登記證號碼 / 身份證編號 (倘由個人申請) XXXXXXXXX (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

新申請 b. 業務類別: (只限一種) 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: _____

I 醫療廢物產生者詳情 (必須填寫)

產生者名稱 (中文) 陳大文醫生診所 (外展服務) (英文) 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 商業登記證號碼 / 身份證編號 (倘由個人申請) XXXXXXXXX (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

職位: 護士 日期: 01/04/2021

EPD-123B1 (04/2021)



Collection by licensed clinical waste collector

Pre-arrange **well before** vaccination day

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 醫療廢物運載記錄 CLINICAL WASTE TRIP TICKET

請於此表前填妥或請於填妥後請於完成此表前請先閱讀說明書。 Trip Ticket Number: P 0000078

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

本人謹聲明於F(1)欄內的廢物已妥當包裝及貼上標籤，及由B欄於醫療專業人士收收或收妥後，將F(1)及G(1)欄內的廢物資料，全屬真實無誤。 I certify that the waste described in F(1) is packed & labelled properly, and is handed to collection point or reception point by healthcare professional in B(1) consigned to waste collector in C(1). I confirm that the information given in A, F(1) and G(1) is correct.

姓名 Full Name: 聯絡電話 Contact No. 地址 Address: 聯絡人姓名 Contact Person: 聯絡電話 Contact No. 商業登記號碼 Business Registration No.

B. 醫療專業人士 (如適用) HEALTHCARE PROFESSIONAL (if applicable)

本人謹聲明已將於F(1)欄內所有廢物(不含B類廢物)按C欄所填地址，將F(1)及G(1)欄內的廢物資料，全屬真實無誤。 I certify that I have checked and labelled the waste set out in F(1) (which does not contain Group 4 waste) to collection point in C(1) / reception point in E(1). I confirm that the information given in B and G(1) is correct.

姓名 Full Name: 醫療專業人士 Healthcare Professional: 日期 Date: 時間 Time: 簽名 Signed: 公司印號 Co. Chop: 日期 Date: 時間 Time: 簽名 Signed:

C. 收運站 (如適用) COLLECTION POINT (if applicable)

本人謹聲明已將於F(1)欄內所有廢物(不含B類廢物)按C欄所填地址，將F(1)及G(1)欄內的廢物資料，全屬真實無誤。 I certify that the waste set out in F(1) is delivered by healthcare professional in B(1) to collection point and placed inside the Transit Storage in F(1). I confirm that the information given in C, F(1) and G(1) is correct.

公司名稱 Company Name: 收運站地址/牌照號碼 Collection Point Address/License No.: 地址 Address: 收運站經理姓名 Collector Point Manager: 聯絡電話 Contact No. 傳真號碼 Fax No.

姓名 Signed: 公司印號 Co. Chop: 日期 Date: 時間 Time: 簽名 Signed:

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

本人謹聲明於F(1)欄內的廢物已妥當包裝及貼上標籤，及由D(1)欄內所填地址，全屬真實無誤。 I certify that the waste set out in F(1) is collected and placed inside the Transit Storage in F(1). I confirm that the information given in D, F(1) and G(1) is correct.

公司名稱 Company Name: 牌照號碼 License No.: 地址 Address: 牌照號碼 License No.: 姓名 Signed: 公司印號 Co. Chop: 日期 Date: 時間 Time: 簽名 Signed:

E. 接收站 RECEPTION POINT

本人謹聲明已將於F(1)欄內所有廢物(不含B類廢物)按E(1)欄內的地址，全屬真實無誤。 I certify that the waste described in F(1) delivered by healthcare professional in B(1) to the transit storage in F(1) delivered by waste collector in C(1) has been received by this reception point. I confirm that the information given in E, F(1) and G(1) is correct.

地址/姓名 Facility Name: 接收站經理姓名 Reception Point Manager: 牌照號碼 License No.: 姓名 Signed: 公司印號 Co. Chop: 日期 Date: 時間 Time: 簽名 Signed:

廢物項目 Item	(1) 廢物種類及數量 (2) 數量 (3) 廢物種類及數量 (4) 數量	(1) 接收站接收廢物數量 (2) 接收站接收廢物數量	(1) 註釋 REMARKS
(1) 廢物種類及數量 (2) 數量	(1) 廢物種類及數量 (2) 數量	(1) 接收站接收廢物數量 (2) 接收站接收廢物數量	(1) 註釋 REMARKS
第一組/非第一組 Group 1/Non-Group 1	公斤 kg	公斤 kg	(a) 醫療專業人士 Healthcare Professional
第二組/非第二組 Group 2/Non-Group 2	公斤 kg	公斤 kg	(b) 收運站 Collector Point
第三組/非第三組 Group 3/Non-Group 3	公斤 kg	公斤 kg	(c) 廢物收集者 Waste Collector
第四組/非第四組 Group 4/Non-Group 4	公斤 kg	公斤 kg	(d) 接收站 Reception Point
第五組/非第五組 Group 5/Non-Group 5	公斤 kg	公斤 kg	
第六組/非第六組 Group 6/Non-Group 6	公斤 kg	公斤 kg	
第七組/非第七組 Group 7/Non-Group 7	公斤 kg	公斤 kg	
第八組/非第八組 Group 8/Non-Group 8	公斤 kg	公斤 kg	

備註: 此表(包括表格內所有資料)須在收集站接收廢物後，由廢物產生者/委託者保留。此表須保留十二個月。 WASTE PRODUCER / CONSIGNOR: This form (including all information given in this form) must be retained by the waste producer/consignor after the waste is received by the reception point. It must be retained for 12 months.

	Collector Name	Address	Tel/Fax No.	Email/URL
1	Waihong Environmental Services Ltd.	Unit 813, 8/F, Chevalier Commercial Centre, No. 8 Wang Hoi Road, Kowloon Bay, Kowloon	31733833 / 27861211	info@waihong.com.hk /
2	Fai In Environmental Service Ltd.	Room 2006, 20/F, Block A, New Trade Plaza, 6 On Ping Street, Shatin, N.T.	27953849 / 27162769	faiinesc@yahoo.com.hk /
3	Waylung Waste Services Ltd.	Suite 703-704, 7/F, Fuk Shing Commercial Building, No. 28, On Lok Mun Street, Fanling, N.T.	22529220, 26537738 / 26500063	Sales@waylung.com.hk /
4	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
5	E Medical Company Limited	Flat E, 17/F, Billion Plaza II, 10 Cheung Yuet Street, Lai Chi Kok, Kowloon	96802038 / 31060800	cs@emedical.com.hk / www.emedical.com.hk
6	Bridge Logistics Limited	Unit 1702D, 17/F, QCity, Block 2, Koon Wah Mirror Factory (6th) Industrial Building, Tuen Mun	23567828 / 30071005	customer.service@bridge-logistics.com / bridge-logistics.org
7	Kam Ming E. P. Engineering Co. Ltd.	No. 16, 2, 10/F, Sunwise Industrial Building, No. 16-26 Wang Wo Tsai Street, Tsuen Wan, N.T.	24073377 / 24088206	kmchemical@kaming.com / www.kaming.com
8	Haosheng Environmental Services Limited	Room E10, 7/F, Anning Industrial Building, 22 Wang Yip Street East, Yuen Long, N.T.	34669436 / 39057433	enquiry@haosheng.com.hk /
9	Asia Medical Ltd.	Room 907, Silvercord Tower 2, 30 Canton Road, Tsim Sha Tsui, Kowloon	24885879 / 24883397	asiaqs@yahoo.com.hk /
10	KT Medical Supply Limited	Unit 906, CRE Centre, 889 Cheung Sha Wan Road, Kowloon	35863296 / 35863297	sales@ktms.com.hk / www.ktms.com.hk
11	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
12	Kerry Distribution Services (Hong Kong) Limited	16/F, Kerry Cargo Centre, 55 Wing Kai Road, Kwai Chung, Hong Kong	22119893, 22119855 / 21495635	Raymond.so.tai@kerrylogistics.com /
13	Hygiene First Company Limited	Room 12, 6/F, Good Harvest Industrial Building, 9 Tsun Wen Road, Tuen Mun, N.T.	36189335 / 30201710	cw@hygienefirstgroup.com / www.hygienefirstgroup.com



Licensed collectors list:
<https://cd.epic.epd.gov.hk/EPICDI/clinicalwaste/list/?lang=en>



Delivery by healthcare professional

✔ Dos

- ✔ Properly package in sharps box
- ✔ First aid & cleaning equipment
- ✔ Direct deliver to CWTC within 24 hours
- ✔ Cash for waste charge at \$2.7/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 deliver to clinic
- ✘ Don't use taxi
- ✘ Don't use light goods vehicle
- ✘ Don't exceed 5 kg

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



11/11/2021

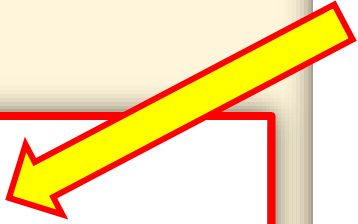


Temporary storage of clinical waste at vaccination venue

-  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; display: inline-block;"></div>	Sign: _____	<div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block;"></div>
Name: _____		Name: _____	
Post: _____		Post: _____	
Tel.: _____	Chop	Tel.: _____	Chop




Handling of Clinical Waste



Dos

 Properly package in sharps box


 Label sharps box

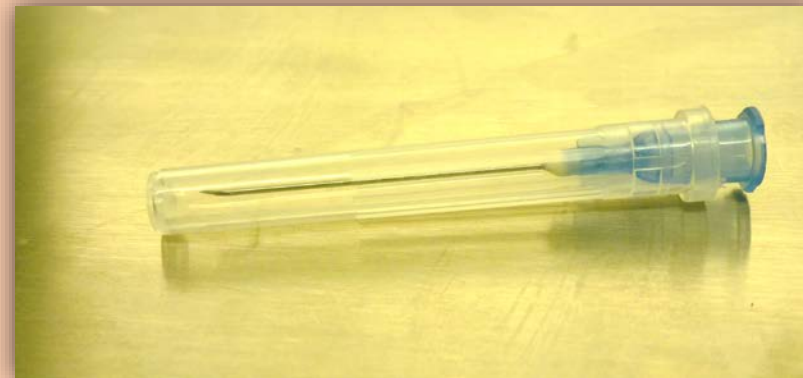


醫生姓名	
Name of Doctor	
醫療機構名稱	
Name of Medical Organization	
緊急聯絡電話	
Emergency contact no.	
產生醫療廢物地址	
Address of Clinical Waste Generation	
地點編碼	
Premises Code	
封針箱日期	
Date of Sealing	



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[紅acted]，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。環保署去年突擊巡查，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[紅acted]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，射[紅acted]物而射宗個案。

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

違規運送126公斤疫苗醫療廢物 判罰款9.4萬

香港

© 2019-05-14 16:20 香港

醫療機構多次違規運送醫療廢物被定罪

[紅acted] 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 2023/24 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

2024/25 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



<https://cd.epic.epd.gov.hk/EPICDI/clinicalwaste/list/?lang=en>

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 contribution to protect the environment

