Commentary-
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China Highlight—
“Project of the Occupational Rehabilitation & Community Re-integration for Injured Victims of the Sichuan Earthquake

What’s New—
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Content

Commentaries
- Raising People’s Awareness of the Potential Asbestos Occupational Health Problems Caused by the Government Scheme of “Operation Building Bright”................................. 3
- Concern about the Social Security Protection for Self-employed Workers........................................ 4

Occupational Health Education -
- Overview of Participatory Action Research on Occupational Musculoskeletal Disorders of Massage Industries.................................................. 6
- Protection of Occupational Health for Self-employed Workers....................................................... 8

China Highlight-
- Project of the Occupational Rehabilitation & Community Re-integration for Injured Victims of the Sichuan Earthquake.................................................. 10

What’s New-
- An overview of the 24th AGM of Hong Kong Workers’ Health Centre And Occupational Health Symposium on the Evaluation of Manual Handling Operation.................................................. 12

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Hong Kong Workers’ Health Centre Ltd.

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Raising People’s Awareness of the Potential Asbestos Occupational Health Problems Caused by the Government Scheme of “Operation Building Bright”

In February this year, the Development Bureau, the Urban Renewal Authority and the Hong Kong Housing Society announced a set of “job creation” policies in which the scheme of “Operation Building Bright” (The Operation) was one of them. They plan to use 1 billion to renovate 1000 buildings which have been built for over 30 years. As the target buildings are over 30 years old, there is a high possibility that we may find building materials that contain Asbestos. The Hong Kong Workers’ Health Centre thus urges the government to raise people’s concern about the health problems caused by Asbestos, and advises the government to carry out assessments and to cooperate with the Labour Department and the Environmental Protection Department to ensure the health of the workers.

Old buildings are commonly seen in Hong Kong; it is not surprising to find Asbestos in buildings aged over 30, such as corrugated cement slabs used for covering rooftops. Generally, intact and non-interfered Asbestos will not cause harm to workers’ health. However, due to the fact that the operation involves heavy construction work, and the target buildings must fulfill the “disrepair and damage” standard, the workers will probably be in contact with the Asbestos material. If they do not have enough protection, they may suffer from Asbestosis or other Asbestos-related diseases. Our opinion is that it is good that the government has taken action to create jobs to help workers and improve the living environment of citizens by subsidizing property owners in renovating their buildings, but in the meantime, we hope that the government can pay attention to the side-effects of the construction on workers’ health, and avoid letting the workers bear unnecessary burden or harm. With regards to the above, we put forward the following suggestions:

1. **Subsidize property owners in carrying out assessment and evaluation.**
   The government should take initiative in contacting property owners and subsidize them in carrying assessments and evaluation after it has completed the application for the operation and confirmed all participating target buildings. The operation should only be carried out after the assessment proves that the building does not contain any Asbestos material.

2. **Additional funding to carry out legal Asbestos-related construction.**
   After completing the assessment, if the building is found to be containing Asbestos and is also in need of repair, we advice the government to provide property owners with additional funding to carry out legal Asbestos-related construction so that they can launch legal engineering projects in line with the Air Pollution Control Ordinance and Occupational Safety and Health Ordinance to avoid exposure of workers to Asbestos particles.

3. **Cooperate actively with the Labour Department and the Environmental Protection Department.**
   We suggest the government should cooperate actively and keep close contact with the Labour Department and the Environmental Protection Department in carrying out the followings:
   - **3.1 Take the initiative to issue guidelines, related laws and safety precautions, as well as educate and promote to property owners who are going to take part in the operation.**
   - **3.2 Monitor and make sure that all owners have carried out the evaluation of Asbestos in their buildings before the operation.**
   - **3.3 Continue monitoring target buildings which have Asbestos material after assessment and make sure that they abide by Asbestos-related laws when renovating. Also, make sure that they do participate in providing workers with occupational health protection according to the Factories and Industrial
Concern about the Social Security Protection for Self-employed Workers

In recent years, the number of self-employed workers has increased from approximately 20 million people in 2004 to 35 million people in 2008, and it accounts for about 10 percent of the overall employment rate. Under the effect of economic globalization, being self-employed becomes a new trend. When a society moves towards capitalism, labor relations become “loose”, and employers tend to sustain less responsibility to employees. With the economic restructure, manpower cut inside corporate, and a new employment mode is emerged – “self-employed”. Low skilled self-employed person are forced to do temporary part-time jobs whereas high-skilled self-employed persons who are in the industry of services and professionals are transformed to be freelancers.

Despite the indisputable widespread presence of self-employed persons in the local labor market, these people are not protected by the Employment Ordinance and the Employees Compensation Ordinance (ECO) in Hong Kong. In June 2009, the Hong Kong Workers’ Health Centre (the Centre) has arranged 2 workers with occupational injury to share the difficulties faced by “self-employed persons”, such as being forced to become self-employed, no cover of ECO after the occupational injury, in mass media.

4. Consolidate a list of Asbestos buildings
In the long run, we request the government to evaluate all old private and public residential properties as well as public facilities such as schools, to check whether they contain Asbestos and consolidate the list. Then it should publicly inform all property owners and construction and repair companies so as to enable them obtain formation for legally carrying out construction work and protect the health of workers and citizens when they need to repair or renovate their buildings.

Conclusion
In order to urge the government to be concerned about this issue and consider adopting the above suggestions, the prevention team of Hong Kong Workers’ Health Centre held the “The concern over renovation of old building with Asbestos problems that were subsidized by government” press conference on 26th March, 2009. The press conference was reported by 9 local media. Our centre hopes that the government may address the issue and launch suitable measures to solve the problem. Our centre will also continue to follow up related issues.

To have follow-up of this issue, the Centre has sent a letter to the Secretary of Development Bureau to request the government’s stronger concern over renovation of old building with Asbestos problems. Furthermore, we have already got the preliminary reply from the Environmental Protection Department which expressed that they will work with the Hong Kong Housing Society and the Development Bureau, to consider to offer all participating buildings Asbestos evaluation and to carry out education promotion. Environmental Protection Department also stated that they will have further discussion with all related parties to offer Asbestos-related trainings and agendas to department staffs who will take part in the project. Please click onto the centre’s website for more details.
In the past, labor organizations have called on the government of the Hong Kong Special Administrative Region to make reference to the experience of European countries, so as to legislate the protection of the rights of self-employed persons. Members of the Legislative Council have also requested the Labor Department to clearly define the category of self-employed persons. Unfortunately, none of these requests have received a positive response from the authorities. In view of this, the Centre made the following recommendations regarding the occupational health and safety issues of people who are self-employed:

1. **To be included in labor insurance**
   At present, the insurance industry generally does not accept “self-employed persons” to buy workmen’s compensation insurance coverage. Therefore, “self-employed persons” has to get himself/ herself other insurance coverage, such as accident insurance, medical insurance or income protection, in order to protect themselves in case of losses related to occupational injury. In Hong Kong, the Employees’ Compensation Ordinance requires all employers to purchase labour insurance for their employees. According to the insurance contract, the insurance company will be liable for monetary compensation to employees for workplace injury or negligence on the part of either employees or employers that results in harm. In fact, the “self-employed person” is work for themselves, they are both employee and employer, but why these employers been shut out the cover of the labor insurance?

2. **Mechanism for reporting the number of occupational injury among the self-employed workers**
   In fact, many local groups have also proposed that “self-employed persons” with occupational-related injuries should be included within the scope of protection, so that all working people could be equally protected by the Ordinance. Unfortunately, this proposal has not been accepted by the Labor Department. To truly help the self-employed, the Centre recommends the government to make reference to overseas practices, such as the United Kingdom where injuries suffered by self-employed persons are recognized as occupational-related injuries. After collected those relevant data, we may proceed to data analysis and research, so as to understand the employment situation and the occupational health and safety situation of the “self-employed persons” in different industries. Such research data would be invaluable in moving forward to advocate for a more comprehensive occupational safety and health ordinance, and to provide preventive education in Hong Kong.

3. **Prevention is better than cure**
   Understanding that policy changes take time to show results, it is proposed that we first begin with occupational safety publicity and education for the self-employed. Such steps would improve the awareness of safety at work, temporarily reduce the chance of accidents, and help to lessen the recurrence of such accidents once they do occur. Amendments in occupational safety and health policy could be made in reference to the United Kingdom’s Health and Safety at Work Act (1974). In this law, the self-employed are included in the “Occupational Safety and Health Ordinance”, and fall under the scope of protection. The law also reflects a systematic review of the employment situation and working condition facing by the self-employed, therefore, every worker’s occupational health and safety will be cared and concerned.

4. **To clearly define the category of “self-employed workers”**
   Most of the existing ordinances do not clearly define what it means to be self-employed. Many persons are forced into this category because the implementation of the Mandatory Provident Fund (MPF) Scheme. We recommend setting out a clear definition of self-employed persons as soon as possible.
Overview of Participatory Action Research on Occupational Musculoskeletal Disorders of Massage Industries

Hong Kong Worker’s Health Centre (The Centre) has collaborated with the Hong Kong Massage and Physiotherapy Professionals’ General Union (The Union) to conduct a research named “Survey on massage practitioners’ occupational musculoskeletal disorders” from September 2008 to March 2009. The purpose of the research is to find out the factors that cause occupational musculoskeletal disorders among massage practitioners, and raise suggestions to improve the existing situation from the prevention perspective.

Methodology

This research adopted the “participatory action research” approach. A total of 251 local massage practitioners were interviewed and we used the following ways to conduct the survey in order to have a profound understanding of the health and safety situations of the practitioners:

- Field observations of working venues, analysis of working environments and flow of work;
- Questionnaire (including interviewees’ background information, working status, the seriousness of their occupational musculoskeletal disorders) and the use of assistive devices and equipments;
- Case study of current massage practitioners

Results of research and points of discussion

Integrating results of the analysis of work flow, survey results and case studies, plus referring to international experts’ research in this area, the following are the highlight of this research:

1. Lack of training of massage Industries

   Massage practitioners in America, Canada, Australia and Singapore, etc are required to obtain certain professional qualification and pass related tests before entering the industry. However, in the current situation of Hong Kong, massage practitioners are not required to possess any professional qualifications before entering the market. A lot of interviewees expressed that they did not receive any kind of training before taking up their jobs, and those who received training saying that their training courses were of low quality.

2. Training courses do not teach ways to prevent occupational musculoskeletal disorders

   Interviewees expressed that though they have received massage professional training before getting their jobs, the training courses did not teach them how to prevent occupational musculoskeletal disorders. Some of the training materials from organizations emphasize more on skills of massage; they do not systematically include units on prevention of occupational musculoskeletal disorders. Organizations that promote occupational health have been providing courses on prevention of occupational musculoskeletal disorders for current massage practitioners, but the courses which last for only two days tend to be more on teaching occupational safety and health ordinance.

3. Most practitioners are women and tend to be middle-aged people who changed their career

   In this research, statistics showed that quite a lot of massage practitioners have entered the market for less than three years, and those who joined the industry are middle-aged people who have low
Occupational Health Education

4. **Long working hours, insufficient rest time**
   Research indicated that long working hours is common in the industry. Long working hours of the practitioners and exhaustion of energy and lack of rest, directly induce or intensify the situation of occupational musculoskeletal disorders.

5. **Imperfect equipments and small work space**
   Interviewees pointed out that a lot of massage operation venues in Hong Kong are lack of flexible-tuned massage beds. Also, the working spaces are very small. As a result, they need to accommodate to the body shape of the customer and the height of the beds, and are not able to work in a relaxing environment and in a natural position. After long working hours, the practitioners will feel tired, and also will harm their muscles and bone structure.

6. **94% of the interviewees show signs of occupational musculoskeletal disorders which affects their daily lives and work**
   94% of the interviewees expressed that they have at least one pain or disorder caused by work. The following table shows the disorders of different interviewees:

   Table 1. Five body parts that interviewees suffer the most

<table>
<thead>
<tr>
<th>Body Part</th>
<th>Number of interviewees</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back</td>
<td>85</td>
<td>43.4%</td>
</tr>
<tr>
<td>Shoulder</td>
<td>84</td>
<td>42.9%</td>
</tr>
<tr>
<td>Finger</td>
<td>48</td>
<td>24.5%</td>
</tr>
<tr>
<td>Palm or wrist</td>
<td>40</td>
<td>20.4%</td>
</tr>
<tr>
<td>Neck</td>
<td>33</td>
<td>16.8%</td>
</tr>
</tbody>
</table>

   (Interviewees may at most choose two body part)

7. **More than 70% of interviewees would not seek medical help due to muscle pain**
   Most of the interviewees expressed that they would not seek help from professional physiotherapists or doctors when they have occupational musculoskeletal disorders, but tend to find other people to do massage for them to ease the pain or seek help from bonesetters or use medical liquor to lessen the pain.

**Conclusion**

Through this research, besides obtaining statistics about the occupational musculoskeletal disorders of local massage practitioners, we also primarily identified factors that caused strain to them. In order to solve the problem of occupational musculoskeletal disorders of practitioners, we need an all-round collaboration of related organizations and practitioners, and make corresponding measures in accordance with the above factors. Our centre hopes that this report can not only attract the attention of citizens towards the occupational health and safety of massage practitioners, but also serve as the foundation of future projects to improve occupational health and safety and to continuously protect the occupational health of every practitioner.

Hong Kong Workers’ Health Centre and the Hong Kong Massage and Physiotherapy Professionals’ General Union have held a press conference on 29th March, 2009 and the Centre’s members have expressed their requests for improving the situation of occupational health through this conference. If you want to find out more details of the report, please feel free to call the Prevention and Education Team of Hong Kong Workers’ Health Centre at 27253996.

Press conference on 29th March 2009.
Protection of Occupational Health for Self-employed Workers

In the fourth quarter of 2008, the Hong Kong SAR Census and Statistics Department released its “General Household Survey Report.” Of Hong Kong’s 3.54 millions working population, the number of self-employed persons accounted for 3.17 millions, making up approximately 10% of the total. The category of self-employed persons was defined as “own-employed own” or “one-person employer” as regards operations and participation in production. They were to be on or above 18-year-old, and in their main business or profession to earn profits or cover the cost of work, and are not being employed or to employ others. In other words, a “self-employed person” includes those professionals who operate their own business (even if it is not a formally established company), and their economic activity status, notwithstanding the “self-business operators”, but they produce goods, provide services, import goods to earn income in Hong Kong.

Vague definition of self-employed persons

In recent years, there are increasing number of self-employed persons in Hong Kong, but the labor laws, such as the “Employment Ordinance”, the “Employees’ Compensation Ordinance, and the “Inland Revenue Ordinance”, did not have a clear definition of “self-employed persons”. Their eligibility for such coverage remains unclear. The explanation of “self-employed persons” at the above paragraph is defined under MPF system, in order to determine whether the self-employed persons are necessary to contribute at MPF scheme. In distinguishing between employees and self-employed persons, there is a need to consider factors such as the commitment to business risks, ownership and the provision of production tools and raw material. Therefore, there is no legally binding regulation to serve as a basis for settling injury cases or any other disputes when the employment relationship remains so unclear.

The status of the self-employed in Hong Kong

There are two reasons that may explain the increase in the number of the self-employed in Hong Kong:

1. The majority of workers want to start their own business. Since venture capital is limited, most are “one man operations” and the company’s operational management and front-line implementation are taken up by the self-employed alone.

2. With the economic restructuring in Hong Kong that followed the financial turmoil in Asia and the bursting of dot.com shares, a majority of enterprises have reduced the long-term burden of fixed costs, such as cut down the number of contract staff, in order to remain competitiveness and to maintain operational flexibility. One way of compensating is switched to hire the self-employed, sometimes referred to as “faked self-employed.”

In the meantime, the implementation of the MPF legislation has also caused many workers to become “self-employed”. Self-employment is common across traditional industries such as transportation and maintenance, and extended to other industries which include wholesale and retail trades, restaurants and hotels, beauty, finance insurance, community, personal services and so on. Therefore, there are many self-employed persons around you and me.

Case Study

Ming worked as decoration worker for more than 10 years, until he fell from height and fractured his legs and foot, which hinder his return to work till now. After the accident, the employer said that Ming was a self-employed person (sub-contractor) and the employer would not bear
his compensation. Ming: said, “We normally do not have a practice of signing employment contract. We call the boss to see if there is any job to do, and the boss will pay us daily. Prior to the accident, the employer wants to change my status to be a sub-contractor, but I didn’t agree, because the main tool is provided by them. Afterward, I continued my work and then the accident occurred.”

Even though Ming has taken legal action to clarify his eligibility as a self-employed person, he didn’t have any income during the sick leave period, at the same time, he had to pay for various medical expenses due to the injury, which created him with heavy financial burden. As a result, Ming had to rely temporarily on CSSA to sustain his living, at the same time, it also bring a dramatic change to his family.

Problems encountered by the self-employed workers

Occupational health protection

Self-employed workers feel helpless in the absence of insurance protection and, in the absence of coverage under the “Occupational Safety and Health Ordinance”, further increased the risk at work. The purpose of the “Occupational Safety and Health Ordinance (Cap 509)” is to maintain the occupational health and safety of employees, and the employers have responsibility to take measures to promote workplace safety and health. For example, the employer should provide and maintain a safety and health working system, and to provide all the necessary information, instruction, training and supervision, which are necessary to ensure that occupational health and safety of employees. To those “self-employed persons”, they don’t have enough resources to provide the above preventive measures.

According to the Labor Department statistics, there were 14,000 industrial accidents in 2008, many of which occurred in the construction and catering industries. In the past, the Labor Department has published preventive education pamphlets for different sectors, and the Occupational Safety and Health Council launched the SME funding schemes, among the latter was the provision of fall-arresting equipment for those required to work at significant heights. Contractors and employers were to provide financial assistance to purchase suitable prevention equipment for the work undertaken. In the decoration, transportation, and catering industries however, these publications and funding schemes fail to provide the self-employed with such specific assistance. The booklet printed by the Labor Department for professional drivers on how to prevent muscles strain, addresses the causes of long-term driving fatigue and suggests preventive measures. The final part of the booklet suggests, however, that if workers suspect they are suffering from occupational diseases related to driving, they should notify their employer as soon as possible. In the case of the self-employed person, they have no employer to whom they can give notice. As for the above-mentioned funding schemes for SMEs, there is a prerequisite for enterprises to register, but the self-employed are simply being turned away at the door. Although they are concerned about occupational safety and health and would hope to install tools to prevent accidents from happening, they find no help. Presently, there are also no statistics on the number of occupational injuries among the self-employed. The self-employed have no channels through which to convey their needs for support, nor should the government decide to promote the appropriate legislation to provide the necessary support, would there be adequate data for consideration.

Post-injury protection

By definition, a self-employed person is not employed by any person, and therefore can not receive any insurance company compensation. Employees covered under “the Employment Ordinance” generally receive basic protections such as a “continuous contract”, holiday pay, sickness allowance, severance payment or long service payment, and other employment rights. On the contrary, self-employed persons are not granted such protection and benefits. Employees in the “ECO” enjoy sick leave and compensation, but the self-employed who suffer work accidents need to purchase personal accident insurance. In other words, after having had an accident at work, self-employed persons would be in the same situation as “Man”
in our example above. They would not cover by employees’ compensation insurance, which means no coverage for medical expenses during the injury or for sick leave pay. Following partial or permanent loss of the ability to work due to injury, self-employed persons are not eligible for an assessment by the “Employees Compensation Assessment Committee.” Furthermore, a self-employed person’s progress in recovery from injury, their social psychological adjustment, and return to work arrangements, will not get any attention. As a result, the self-employed often must become dependent on society’s resources to help them return to work and re-integrate into their community.

Rehabilitation

As in the case of “Ming”, the healing process is often a long one, and workers like these who have no insurance find the financial burdens that result to be an additional hardship. All their medical treatment, physical therapy, occupational therapy, etc., are expenditures for which they are liable. The inability to work even temporarily not only affects their physical recovery, but may affect their mental health and even their desire to continue with treatment.

The emergence of “fake” self-employed workers

Since 2000 year and the implementation of the Mandatory Provident Fund Scheme, more and more employers have sought to avoid MPF contributions and the provision of labor and insurance expenses, by asking employees to sign “self-employed” statements. Often out of fear of being fired, employees often agree to become “self-employed workers.” Unfortunately, many employees do not realize what this change in status means since their work and pay remain the same. They are not aware of the consequences in terms of the loss of protection in the case of accident under the “Employment Ordinance,” or even the “Employment Compensation Ordinance.” Such practices are particular widespread in the transport, decoration, and beauty industries. The case of “Ming” is a typical example. Some public light bus operators require their employees to sign a “rental contract” or “self-employed contract,” so that drivers will no longer enjoy labor holidays, sick leave, employee benefits, and other allowances. In the decoration and maintenance sectors, there have no practice of signing a contract. When there have project, the boss will call the workers to report duty. Their practice is to employ self-employed persons to work, thus workers didn’t entitle the rights of employees. The “fake” self-employed workers may not be covered by “the ECO” if they suffered from work accidents.

Summary

In light of the above, it is clear that self-employed persons, deprived of preventive measures and help in time of injury, face much higher risks as a consequence of the lack of support and protection for their basic rights. Without adequate support, their process of rehabilitation, re-integration into community, and return to work all may be both lengthy and less successful than those who are granted adequate insurance coverage.
It has been one year since the 512 Sichuan Earthquakes. With the assistance from the community partners, the Guangdong, Hong Kong and Sichuan Project for the occupational rehabilitation & community re-integration of injured victims from the Earthquake which was initiated by the Hong Kong Workers’ Health Centre, Guangdong Provincial Work Injury Rehabilitation Centre and Chengdu Work Injury Rehabilitation Centre was officially launched in February 2009. Its target clients included: injured victims who live in areas like Dujiangyan in Chengdu and who have received medical services in Guangdong Province, and those who were working when the earthquake occurred and were thus considered as occupationally injured.

To have actual understanding and real participation in the project, the members of steering committee of the China Rehabilitation Projects of Hong Kong Workers’ Health Centre, which includes Dr. Ip Fu Keung, Dr. Yu Tak Sun, Dr. Hung Leung Kim and other staffs went to Sichuan Chengdu from 19 to 21 March, 2009, and held a meeting with colleagues from mainland China, discussing about the rehabilitation situation of victims of the earthquake and how to help them re-integrate into the society.

The case management model has been employed together with the following services provision: disability adjustment, rehabilitation counseling, home-based rehabilitation training, home environment modification, emergency financial assistance, re-employment training etc. Through the promotion of this project, we aim to improve the quality of life of the injured victims, and strengthen their adjustment & coping to disability so as to allow them to be re-employed or identify different sustainable livelihoods in the community.

The initial summary report for the half year is shared in this newsletter.

**Occupational Social Rehabilitation Hotline**

The services are mainly carried out by rehabilitation therapists and social workers which include rehabilitation training, emotional support, and case management follow-up with injured victims after their being discharged from the hospital. Within the past six months of work, a total of 325 patients were contacted by the hotline services.

**Outreach Community Rehabilitation Training**

In accordance with the needs of the injured victims of the earthquake, rehabilitation therapists and social workers responded by providing an outreach community rehabilitation training and support. During the community visits, injured victims were facilitated to plan future sustain livelihood and consider modify their home environment as to compensate for their functional limitations.

**Community Resource Liaison**

In addition to providing front-line interventions, the scheme also made use of community resources and referrals, so that the injured victims could receive appropriate assistance. We also gathered community resources to provide secondary medical care or surgical referral for some of the clients.

**Production of Community Rehabilitation Publicity and Education Materials**

To promote an understanding of the needs of the injured victims, and the need for community-based rehabilitation training among the local population, plans are in place to produce five sets of leaflets on community-based rehabilitation. Two sets of pamphlets, one on “home environment modification” and the other on “usage of rehabilitation aids” have been completed. A resource manual will be produced and distributed by mail or delivery by hand during visit community to the injured victims.
Future plans and objectives

The provision of community rehabilitation services for injured victims of the earthquake is a meaningful work. In addition to existing services currently provided, we plan to gather some injured victims as to provide a group rehabilitation training and intervention. In addition, more rehabilitation leaflets will be published and distributed to other rehabilitation agencies, community health centers or directly to the target victims, including the “fracture rehabilitation guidance,” “amputation rehabilitation guidance”, “spinal cord injury rehabilitation guidance”.

An overview of the 24th AGM of Hong Kong Workers’ Health Centre And Occupational Health Symposium on the evaluation of Manual Handling Operation

Hong Kong Workers’ Health Centre has successfully held its 24th AGM and the Occupational Health Symposium with focus on the evaluation of Manual Handling Operation (MHO) Regulation on 21 Jun 2009. Working partners, and guests from various fields were invited to celebrate our anniversary and experts in various disciplines also honored us in delivering keynotes speeches at our occupational health symposium. The experts are Mr. Woo Ming Lau, Senior occupational hygienist from the Labour Department, Dr. Simon Yeung, Associate Professor from Department of Rehabilitation Sciences of the Hong Kong Polytechnic University, Mr. Chu Yuk Ching, Director of right committee of the Federation of Hong Kong and Kowloon Labour Unions, and Mr. Trevor Sun, Project Manager of the Hong Kong Workers’ Health Centre. Their speeches drew into opinions and experience in different perspective with regard to the current local scenario of MHO. The symposium also provided a platform for exchange of ideas and discussions about the best strategy in the implementation of MHO regulation in Hong Kong.
This article aims to summarize the key issues addressed by these experts, and main focus will be directed to Dr. Yeung’s presentation which is about the MHO regulation in different foreign countries and scientific evidences on his concepts of worker based evaluation in manual handling assessment. It is hope that this background information can enable us to have a better understanding of the global issues of MHO and would that apply to the situations in Hong Kong.

Historical development of manual lifting guidelines and standards

Dr. Yeung began his speeches by introducing the evolution of MHO guidelines and standards worldwide. Since the first establishment of maximum lifting limit for the prevention of weight lifting injuries by the U.S. in the time of World War II, MHO guidelines and standards had been revised a number of times according to evidences provided from the scientific arena. He especially put emphasis on the introduction of psychophysical approaches as a method for measuring acceptable lifting weight in the 60s, and this laid the foundation for worker based evaluation in manual handling risk assessment in the future. Starting from the 90s, the EU States started to implement the Council Directive 90/269/EEC on the minimum health and safety requirements for the manual handling of loads progressively. In Hong Kong, MHO regulation was enacted in 1998, following the corresponding legislation in the UK.

Comparison of Hong Kong, UK and Australia Regulations

Dr. Yeung then gave a brief comparison of MHO regulations between Hong Kong, the UK, and Australia. He chose these countries for comparison as Australia is the first country which enacted MHO regulation under OSH Act (in 1988), and the UK’s MHO regulations was the basis of that of Hong Kong.

Table 1 listed out some of the characteristics of MHO regulations of the 3 regions. While regulations of the UK and Australia have extensive coverage on areas regarding duties of employers, coverage of workplaces, internal OHS policy and safety committee, powers of safety representatives, welfare of employees and enforcement power, our MHO regulations only stipulated the duties imposed on the employers, coverage of workplaces and enforcement power. Moreover, Dr. Yeung also mentioned that MHO regulation of Australia emphasized on employee’s participation such that workers’ opinions can be taken into consideration in the process of risk identification and implementation of risk control measures at the workplace.

Table 1. Comparison of MHO regulations between Hong Kong, the UK, and Australia. The regulations of the UK and Australia are much more comprehensive than that of Hong Kong.

<table>
<thead>
<tr>
<th></th>
<th>Hong Kong</th>
<th>UK</th>
<th>Australia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Act</td>
<td>OSH ordinance 1997</td>
<td>HSW Act 1974</td>
<td>OHS Act 1985</td>
</tr>
<tr>
<td>Comprehensive duties imposed on employers</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Comprehensive coverage of workplaces</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Written OHS policy required</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Safety Committee required</td>
<td>Only in construction industry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety representative</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Extensive powers of safety representative</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Tip artisan</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Welfare of employees noted</td>
<td>Not stated</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Enforcement power</td>
<td>Yes</td>
<td>Yes</td>
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Evaluation of effectiveness of MHO regulations

Dr. Yeung also introduced to us the research report on the evaluation of MHO regulations conducted by the HSE of the UK. The report explores the reasons for the inconsistency in compliance and assessment of the economic impact of the regulations. Results showed that while expenditure for carrying out practices requested by the regulations was inexpensive in terms of medium spent per organization or per employee, still some organizations were not motivated to comply with it. Recommendation for improving compliance was generated, and it was suggested that the regulations and guidance should provide more advice and best practice on how to implement the requirements, for example, the setting up of the management system and the involvement of employees in risk management and communication of risk.

While the UK government was proactive in identifying problems in implementation of the regulations, it seems there is no formal evaluation of the effectiveness of our MHO regulations which had been enacted for more than a decade. Dr. Yeung presented local statistics which showed the increasing proportion of occupational injuries caused by inappropriate manual handling in the past 10 years (Figure 1). In spite of the MHO legislation in 1998 and the government's continuous effort in workplace inspection, public education and promotion, the injuries figure did not show a significant drop but gradually rose to 20.6% (9,074/43,979) in 2007. He also expressed that it is not hard to find literatures describing low back pain (LBP) as a prevalent musculoskeletal problems in Hong Kong, and he presented that the LBP statistics in some industries had not declined to a satisfactory level (point prevalence 31.5% vs 39.3% in nursing profession between 1975-1990 and 1990-2000). In order to figure out reasons for the elevating occupational injuries caused by inappropriate manual handling and the inconsistent effect of the MHO regulation, Dr. Yeung suggested that it is necessary to carry out a review of the implementation of MHO regulations in HK, just like what had been done in the UK.

Figure 1. Proportion of occupational injuries caused by inappropriate manual handling in the past 10 years

The importance of worker based manual handling assessment

Dr. Yeung believed the worker-based approach (or participatory ergonomics) had not yet properly utilized in manual handling risk assessment. Worker-based approach can capitalize workers knowledge and expertise in the evaluation of their own workplace. Workers also commit more easily to the work environment that they help create.
He presented a past study which measured the effectiveness of manual handling assessment when employing worker’s perception and linguistic presentation (e.g. light, moderate, heavy) of lifting variables. Results demonstrated that worker’s linguistic presentation of characteristics of lifting operation were similar to that in NIOSH lifting equation, and it helped identify musculoskeletal problems. On top of this, Dr. Yeung presented several researches which documented work-related risk factors of musculoskeletal problems of nurses and staff in Non-emergency Ambulatory Transportation Service in Hong Kong. The findings suggested that job satisfaction and self-perceived workload were significant factors associated with the occurrence of musculoskeletal symptoms. All these researches showed that worker’s psychological characteristic and self perception should duly be considered in assessing manual handling risks.

In conclusion, Dr. Yeung expressed that researches showed that there are always too many factors to be considered when doing a proper manual handling assessment. While a checklist is inadequate to accommodate all these factors and develop appropriate solutions, participatory approach which emphasized on worker’s feedback and perception should be considered when we wanted to assess manual handling risks accurately.

Besides Dr. Yeung, other speakers also gave inspiring speeches and provided us many valuable opinions regarding current MHO situations in Hong Kong. Mr. Woo from the Labour Department gave his speech on the implementation of MHO regulation and the review of occupational safety and health statistics in Hong Kong. He introduced the content of Hong Kong’s MHO regulations and showed us the occupational safety and health statistics of recent years. Besides, he presented to us the government’s effort, i.e. the number of inspections, investigations, promotion and education done, in implementing the regulation and promoting public awareness of the issues. In accordance with Dr. Yeung’ views, Mr. Sun from the Hong Kong Workers’ Health Centre supported participatory model and he shared with us the Centre’s experience in promoting participatory training and the use of worker based approach to improve manual handling condition of organizations. Furthermore, we had Mr. Chu Yuk Ching from the Federation of Hong Kong and Kowloon Labour Unions for sharing the problems of MHO and the situations of the enforcement of the law in Hong Kong.

This symposium served as a platform for exchange of information from different stakeholders which pay close attention to MHO situations in Hong Kong. It is hope that different relevant parties can generate appropriate actions in the near future for providing a much healthier and safer work environment for Hong Kong’s worker.
職業健康推廣活動2009-10
職業健康講座

職業健康愈來愈受到僱主及僱員的關注，安全健康的工作環境不單可以保障員工的健康及生命，亦可以提高機構的生產力及競爭力。為了增進僱主及僱員對職業健康的認識，職業安全健康局聯同勞工處、肺塵埃沉着病補償基金委員會和職業性失聰補償管理局於2010年1月舉行五場有關職業健康講座，歡迎關心職業健康的僱主僱員踊躍報名。

<table>
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<th>日期</th>
<th>講題</th>
<th>講者</th>
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<tr>
<td>2010年1月11日 (星期一)</td>
<td>預防肌肉筋骨勞損</td>
<td>香港理工大學康復治療科學系助理教授司徒鼎玉博士</td>
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<td>2010年1月12日 (星期二)</td>
<td>職業病預防策略</td>
<td>勞工處職業健康服務處盧偉森護士長</td>
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<td>2010年1月13日 (星期三)</td>
<td>職業性失聰預防及補償計劃</td>
<td>職業性失聰補償管理局營運監督陳英偉先生</td>
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<td>2010年1月14日 (星期四)</td>
<td>肺塵埃沉着病及其預防方法</td>
<td>肺塵埃沉着病補償基金委員會教育及宣傳主任楊婉芬女士</td>
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<td>2010年1月15日 (星期五)</td>
<td>人體工效學在工作場所的應用</td>
<td>醫院管理局九龍西聯網職業醫學部主管蘇顯斌醫生</td>
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**地點** 九龍觀塘鴻圖道1號地下1室觀塘職安健訓練中心

**時間** 晚上7時至8時 (下午6時30分開始登記)

合辦機構:
- 職業安全健康局
- 勞工處
- 肺塵埃沉着病補償基金委員會
- 職業性失聰補償管理局

觀看表格

申請人姓名 (中文): __________________________ (英文) __________________________

公司名稱: ____________________________________________

職位: __________________________

地址: ____________________________________________

電話: (辦事處) __________________________ (手提電話) __________________________

(本地局可透過簡訊提供此講座的安排及資料)

傳真: (如傳真報名，必須提供傳真號碼)

電子郵件: ____________________________________________

如欲索取出席證明，必須填寫閣下之身份證號碼: __________________________

（），並請於講座當日帶備一個回郵信封 (11cm x 22cm)，信封面寫上收件人姓名及地址並貼上$1.4郵票，出席證明將於講座後一星期內寄出。

注意: 參加者如遲於到會二十分鐘或於講座完畢前提早離開，均作缺席論，將不獲發出席證明

個人資料聲明： 本局願保留閣下個人資料作推廣職業安全及健康，包括研究及統計。本局或會將資料轉予服務提供者，活動共同舉辦者及夥伴機構。

如閣下不欲收到職業安全及健康訊息，請填寫此聲明末段所列方格。

□ 本人不欲收到上述訊息。

職業安全健康局 中国香港北角馬寶道28號華匯中心19樓
電話: (852) 2739 9377 傳真: (852) 2739 9779 電郵: oshc@oshc.org.hk 網址: www.oshc.org.hk
International Symposium on Work Injury Prevention and Rehabilitation 2010

1st ANNOUNCEMENT

Main Themes:
- Work Injury Prevention & Occupational Health
- Work Injury Medical Rehabilitation
- Work Injury Occupational & Social Rehabilitation
- Work Injury Prevention and Rehabilitation Management System
- Factors affecting return to work and interventions

Pre-conference Workshop:
Workshops will be held on 25 Oct 2010 in Hong Kong and 26 to 27 Oct 2010 in Guangzhou with the following themes:
- Participatory Ergonomics Training
- Rehabilitation Counseling & Case Management
- Medical Rehabilitation

Organizing and Scientific Committee:
Prof. Zhuo Da Hong  Dr. Ip Fu Keung  Dr. Ou Yang Ya Tao
Prof. Yu Tak Sun  Dr. Kwok Hau Yan  Dr. Sun Qi Liang
Prof. Chetwyn Chan  Dr. Chan Kan Kam  Dr. Zhou Mou Wang
Prof. Hung Leung Kim  Mr. Leung Kwok Fai  Dr. Zhang Jun
Prof. Li Jian An  Dr. Chin Ping Hong  Dr. Yao Xian Hui
Prof. Li Jian Jun  Dr. Simon Yeung  Dr. Liu Hong Liang
Dr. Tang Dan  Mrs. Karen Lo  Dr. Aao Li Juan

Abstract submission
Papers are now invited on topics relevant to the main themes of the symposium. Abstracts should be submitted via the email of Hong Kong Workers’ Health Centre on or before April 2010.

Contact Information:
Contact for Overseas, Taiwan & Hong Kong Participants:
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Website: www.hkwhc.org.hk
Email: conference@hkwhc.org.hk (also for abstract submission)

Contact for Mainland China Participants:
Guangdong Work Injury Rehabilitation Centre
Website: www.gzrehab.com.cn
Email: gzrehab@vip.163.com