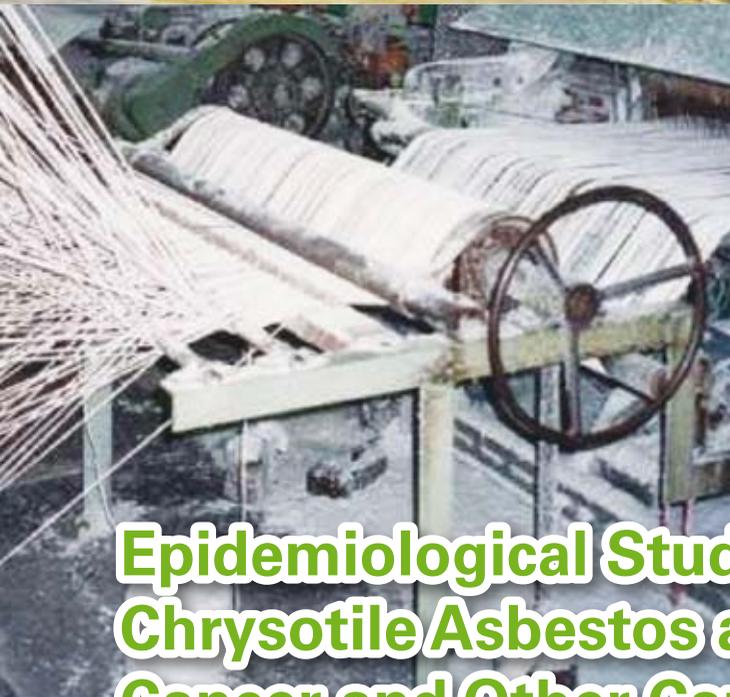




OCCUPATIONAL HEALTH

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“Occupational Health” is the publication of the Hong Kong Workers’ Health Centre (WHC). The purpose of this newsletter is to share our concerns, issues and initiatives on occupational health with the general public in Hong Kong and Mainland China. The information and comments that appear in this newsletter do not necessarily represent the official position of WHC, and WHC will not assume any legal liability or be responsible for damages caused by use of the contents in this newsletter. For those who want to use the contents of this newsletter for their own writings, please quote references to this newsletter accordingly.

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Requiring The Labour Department to Review Its Statistical Methods Regarding The Number of Occupational Death Cases Each Year

The Hong Kong Department of Health released its first survey report on the statistics of Hong Kong residents having accidental injury on 13th September, 2010. The survey was held throughout April to July in 2008, interviewing face-to-face a sampling of more than nine thousand people regarding their “unintentional” injury which affected their daily lives in the past twelve months, including the injured body parts, the venue, the reason and so on.

On the other hand, statistics regarding occupational injury have shown that more than 130 thousand cases of injury having occurred during paid work, involving around 120 thousand people (Department of Health, Survey 2008 ,P.128). However, according to the Occupational Health and Safety Statistics published in 2007 and 2008 by the Hong Kong Labour Department, the total number of occupational injuries and deaths in all work places in Hong Kong only amount to 43,979 cases and 41,900 cases respectively (Hong Kong Labour Department “Occupational Safety and Health Statistics 2008”P.3). These numbers differ greatly from those released by the Department of Health, enlarged approximately 3 times.



So why do the statistics from the two government departments differ so much? Which set of statistics from the two departments can accurately reflect the occupational health and safety among different industries in Hong Kong? Now let us go further into this issue.

Different Definitions, Different Results

In the statistical method list in the Labour Department's report, we found that only "cases reported of work accidents leading to death or loss of working ability for 3 or more days according to Employees Compensation Ordinance" will be recorded and calculated in their statistics (Employees Compensation Ordinance P.1). However, in the surveying process of the Department of Health, they emphasize that all injuries that happen during paid work will be counted in their report, and the reflection of the real situation by these numbers will not be affected by the severity of the occupational injuries.

In its Injury Survey 2008, the Department of Health has actually enquired about this issue, and they directly pointed out that the statistics released and methods used by the Hong Kong Labour Department basically "cannot fully reflect the problem, as the severity of a lot of occupational injury cases may not be fully reported according to the Employees Compensation Ordinance (Department of Health "Injury Survey 2008" p.128). This shows that the Department of Health also views the Hong Kong Labour Department's method of calculation inappropriate.

The Actual Situation should be more Strictly Reflected

The Hong Kong Workers' Health Centre (HKWHC below), since its establishment in 1984, has always showed concern towards occupational health and safety problems among Hong Kong's industry. We are dubious towards the statistical methods in calculating the number of occupational injuries and deaths by the Hong Kong Labour Department, and have many times hoped that the government can make improvements in order to more appropriately reflect the actual situation in Hong Kong. According to the



definition of the International Labour Organization (ILO), “an unexpected and unplanned occurrence, including acts of violence, arising out of or in connection with work which results in one or more workers incurring a personal injury, disease or death” can be defined as “Occupational Accident”, and “Occupational Injury” is defined as “any personal injury, disease or death resulting from an occupational accident”, which does not ignore the severity of injury. From this, we can see that the current statistics from the Hong Kong Labour Department only reflect the comparatively more serious accidents, and totally neglect the comparatively less serious ones, severely indifferent to and twisting the international objective standard definitions of “occupational injury”. This is not only suspected of reported smaller numbers on purpose, and will also create a false image that Hong Kong is at a “very safe” operating environment and thus people will overlook or neglect the importance of the prevention of occupational diseases and injuries and the promotion of related measures and policies. This will directly increase the burden of Hong Kong’s medical system, and therefore affect the long term development of the plans for prevention of occupational hazards and the occupational safety level of Hong Kong citizens.

HKWHC strongly requests that the Hong Kong Labour Department discard its current wrong standard of determining a work injury by the number of days of injury. They ought to follow the survey of the Department of Health this time, and include all types of injury during work inside to enable the public, employers and all government bodies to reflect at all times and reexamine different aspects of occupational health and safety in order to raise the cultural level of Hong Kong’s occupational health and safety.

Reference Materials:

1. Department of Health, Hong Kong, *Injury Survey 2008*
(Website: http://www.chp.gov.hk/files/pdf/Injury_Survey_2008_eng_20100913.pdf)
2. Hong Kong Labour Department, *Occupational Safety and Health Statistics 2008*
(Website: http://www.labour.gov.hk/tc/osh/pdf/OSH_Statistics_2008.pdf)
3. International Labour Organization, *Resolution Concerning Statistics of Occupational Injuries (Resulting from Occupational Accidents)*, Adopted by the Sixteenth International Conference of Labour Statisticians (October 1998)

Calling for Concern for Potential Occupational Health Problems Brought by The Use of Chemicals by Outsourced Cleaners



On 18th April this year, a chemical related large scale industrial accident happened. A batch of street cleaners from a Government outsourced company, while preparing for cleaning work in an back alley on Jaffe Road in Wanchai, were believed to mix several kinds of detergent together like bleach and sodium hydroxide, which led to a chemical reaction and an explosion, causing four workers to be either hurt by the explosion and/or have inhaled chemical gases and required hospital treatment as they did not feel well. One of the female workers was unconscious as she was hurt by the explosion, and died afterwards due to heavy injury. This tragedy happened mainly because cleaners lack knowledge towards the use of chemicals, and it also reflects that employers and related government bodies neglect the potential dangers of industrial chemicals towards cleaners, causing the cleaners to be exposed under the threat of industrial chemicals and affect their health.

In order to understand more in depth the problems on industrial chemicals that cleaners generally face and the reasons behind, HKWHC and the Cleaning Workers Union have conducted a survey named "A Questionnaire Survey about Chemical Hazards and Occupational Health Status among Hong Kong Outsourced Cleaners" from July to September, 2009. There were more than 100 interviewees were successfully interviewed. They work in various locations such as large scaled public housing estates, private housing estates, wet markets and streets. We aimed through revealing the results of the survey, the level of concern by members of society and cleaners towards safety in the use of chemicals can be raised.

Results from the survey show that cleaners have to use various types of chemicals (e.g. bleach, thinner) for long periods, but lack efficient ventilation systems and thus often smell strong chemical gases. 20% of the interviewed workers even said that they had eye discomfort, itchy and swollen skin as well as coughing. Even though the environment for cleaning work is full of hazards, more than half of the employers did not carry out any safety assessments or set clear working guidelines. 80% of employers did not provide appropriate trainings for their workers to learn about ways to safely and correctly use chemicals. On the other hand, results also show that most employers fail to provide sufficient chemical safety materials that are appropriate for the education level of the cleaners, making it hard for them to understand. Personal protective equipment provided by part of the employers are also of poor quality, some even cannot provide enough of the required equipment.

In order to solve the occupational health problems faced by cleaners when using chemicals, the Centre requires:

1. Employers must fulfill their basic responsibility of protecting workers' health and safety by carrying out assessment of all work places and announcing corresponding protection procedures, as well as improve the safety of the working environment. Clear and standardized safety guidelines must be set, and appropriate training given to workers in different jobs. Employees must be assisted to understand and be provided with sufficient and suitable chemical knowledge, as well as enough tools and protection equipment. Regular body checks must be carried out for the workers to detect the damage caused on workers by chemicals as early as possible.
2. The government, as the biggest contractor in the cleaning industry, has the absolute responsibility of protecting the occupational health and safety of cleaners. Here we urge the government and other contractors to list clearly in detail in their outsourcing contracts the responsibilities of the companies in protecting the occupational health and safety of their employees, which is what we mentioned above. Contractors have to carry out regular examinations of whether the outsourcing companies have implemented measures to protect their cleaners. If the companies do not meet the requirements in this area, there ought to be punishment in the form of mark deduction, and this will directly affect the chance of getting a contract in future.

Apart from the two points above, we would also urge the Labour Department to fulfill its obligations as a supervisor and increase its level of monitoring the protection of workers' occupational health and safety of workers by employers. The Occupational Safety and Health Council, as a related statutory body, should make more efficient use of the current resources to actively promote occupational health and safety in the cleaning industry. Lastly, we sincerely hope that related government bodies, employers and the public can have more positive attitudes and actions to help improve the occupational health of the cleaners and prevent tragedies from happening again.

Epidemiological Study on Exposure to Chrysotile Asbestos and Mortality from Lung Cancer and Other Causes



Background:

Asbestos is a group of naturally occurring fibrous silicate minerals which is already well known as a carcinogenic material to human health by World Health Organization (WHO). There are 3 most common types of asbestos named chrysotile, amosite and crocidolite. Although the latter 2 types are banned in use and trade by many regimes because of their hazards, in some counties and places, including Hong Kong, chrysotile is still available in the market as some people believe that it is less hazardous to human.

To provide more convincing scientific evidence for cancerous outcomes resulting from exposure to chrysotile, Professor Wang Xiaorong of Chinese University of Hong Kong was undergone a research sponsored by Pneumoconiosis Compensation Fund Board (PCFB) on the title as "Epidemiological Study on Exposure to Chrysotile Asbestos and Morality from Lung Cancer and Other Causes" and the research report was published in August 2011.

Hong Kong Workers Health Centre (HKWHC) is a non-government organization founded since 1984 and advocating the total ban of all kinds of asbestos in Hong Kong. We are permitted to publish the abstract of the final report to share the treasured findings to the public.

Study subjects and methods

Asbestos worker cohort: We followed 577 male asbestos workers from January 1972 to December 2008 (37 years in total), who worked in an asbestos product manufactory. Meanwhile, we followed 435 male workers in original cohorts from an electronic equipment plant located in the same city

of China, as external control. The follow-up rate was 99% in the asbestos worker cohort and 73% in the control cohort. We further categorized asbestos workers into high, medium and low exposure levels based on their job titles and workshops, where asbestos dust/fibre measurements were available.



Asbestos miner cohort: Another cohort consisting of 1539 male workers who worked in the largest chrysotile asbestos mine in China was established and followed from January 1981 to December 2006, making up 26 years. We divided these workers into two groups based on their job titles: miner group, consisting of 1080 workers who were directly engaged in asbestos mining and milling; internal control group, including 459 workers who were not directly exposed to asbestos in their job.

We collected employment data from plants and smoking information from workers and their family members. Workers' vital status was ascertained from plant personnel records and the municipal death registry. We calculated mortality rates of lung cancer and other selected causes based on person-years of observation, and constructed Cox proportional hazard model

to estimate hazard ratios (HR) of cause-specific mortality associated with asbestos exposure (namely, asbestos workers vs. external controls; miners vs. internal controls), while taking into account age, smoking and asbestos exposure level (in the asbestos worker cohort). In addition, we estimated standardized mortality ratios (SMR) in both miner group and internal control group using national mortality rates in males.

Major results

Asbestos worker cohort study: we identified 259 (45%) deaths in the asbestos cohort and 96 died of all cancers. Lung cancer ($n = 53$) and nonmalignant respiratory diseases ($n = 81$) were major causes of deaths in asbestos workers, in contrast to 9 lung cancers and 11 respiratory diseases in the controls. Age and smoking adjusted HRs for mortality for all causes and all cancers in asbestos workers were



2.05 (95% CI, 1.56, 2.68) and 1.89 (1.25, 2.87), respectively. The risks for lung cancer and respiratory disease deaths in asbestos workers were over threefold that in the controls (HR = 3.31, 1.60, 6.87; HR= 3.23, 1.68, 6.22, respectively). There was a clear exposure response trend of lung cancer mortality with asbestos exposure level in both smokers and nonsmokers.

In the stratifying analysis by three exposure levels, the greatest cancer mortality was observed in the high exposure level, with 1.5-fold age-adjusted mortality from all cancers and 2-fold from lung cancer compared to the low exposure level. Age and smoking adjusted hazard ratio in the high exposure group was 2.99 (95%CI, 1.30, 6.91) for lung cancer and 2.04 (1.12, 3.71) for all cancers. Both smokers and nonsmokers at the high exposure level had a high risk for lung cancer death, with a clearer exposure response trend seen in smokers. The results indicated

an increased mortality from lung cancer and all cancers in asbestos workers, and the cancer mortality was associated with asbestos exposure level.

Asbestos miner cohort study:

All mortality rates of selected causes, particularly lung cancer, were substantially higher in the miner group than in the internal controls. SMRs for lung cancer and nonmalignant respiratory diseases in the miners were 4.71 (95%CI, 3.57, 6.21) and 3.53 (2.78, 4.48), respectively. When compared to the national level (an external comparison), the controls had similar mortality rates of all causes, lung cancer, all cancers as national rates, but a higher mortality from non-malignant respiratory diseases. Asbestos exposure was related to a 4.6-fold mortality risk for lung cancer and over 3-fold risk for all cancers and respiratory diseases, after smoking and age were adjusted. There was a trend

that SMRs of all selected causes were increased with exposure years, especially at entry. SMR of lung cancer was 7.46 for those with exposure years of 20 or more at entry, in contrast to 4.92 and 1.40 for those with less than 20 and less than 10 years, respectively. The greatest SMR of lung cancer (7.05) was observed in those with total exposure between 20 and 30 years. A similar trend was seen in respiratory diseases.

In the stratifying analysis by smoking status, greater SMRs for lung cancer were found in the miner group, regardless of smoking, though the greatest rate (5.45; 95% CI 4.11, 7.22) was observed in smoking miners. Synergy index of asbestos exposure and smoking was 3.26 with a statistical significance, indicating a significant interaction between the two factors, which was more than additive.

Conclusions

The data from the 37-yr prospective cohort of asbestos workers and 26-yr historical cohort of asbestos miners provided consistent results, showing substantially excessive cause-specific mortality, in particular for lung cancer and respiratory diseases, in asbestos exposed workers/miners. The study provides additionally strong and valuable evidence for the association between mortality of lung cancer (and all cancers and non-malignant respiratory diseases) and exposure to chrysotile asbestos. This study has a strong implication to the current and future practice in Hong Kong and mainland. Chrysotile has not yet banned in Hong Kong, as well as in the mainland, although amphibole has been banned for more than a decade. The central and local government and public health agencies should take fast and active steps toward the ban of using all types of asbestos, so to achieve the goal of protecting the health of workers from occupational exposure and of general population from environmental exposure.

(Article Provider: Pneumoconiosis Compensation Fund Board)
(Acknowledgement: Prof Wang Xiaorong)

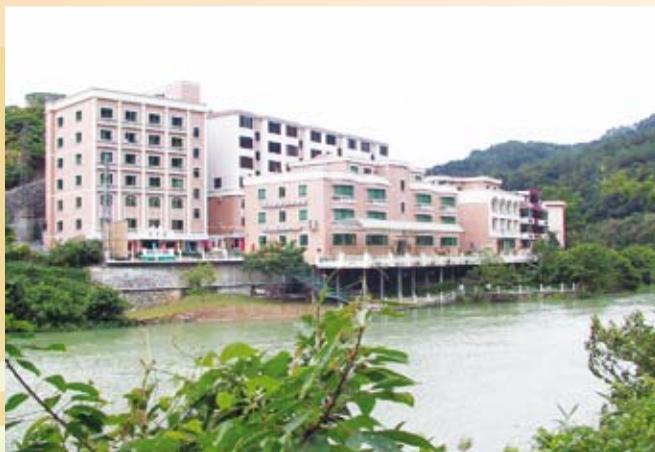


The new building in Baiyun District in Guangdong city is the first national integrated work injury rehabilitation base.

The First Integrated Work Injury Rehabilitation Base in China – Guangdong Provincial Work Injury Rehabilitation Center

In December 2008, the state council released its “Framework for PRD Region’s Development and Reform Planning (2008-2020)”, and proposed to “build a national work injury rehabilitation base”. In March 2009, the Ministry of Human Resources and Social Security of the People’s Republic of China signed a memorandum with the Guangdong provincial government, deciding to rely on the Guangdong Provincial Work Injury Rehabilitation Center, taking the models of the Ministry to build a national work injury rehabilitation base in Guangdong. This is done to further explore the establishment of rehabilitation systems with characteristics of China as well as explore the standard system of work injury rehabilitation policy.

The Guangdong Provincial Work Injury Rehabilitation Center is the first “integrated pilot work injury rehabilitation unit” in China, and has been confirmed as the



The original Guangdong Provincial Work Injury Rehabilitation Center located in the Conghua District in Guangzhou city

“National Integrated Work Injury Rehabilitation Base” by the Ministry of Human Resources and Social Security of the People’s Republic of China in 2009. The Centre is the first non-profit hospital in the country to specialize in work injury rehabilitation, and improve or revive the physical and mental functions of injured employees by the greatest degree, with the aim of helping employees with work injury to return to their work. Since its establishment in 2001, it has mainly provided medical rehabilitation, vocational rehabilitation, social rehabilitation, prosthetics and orthotics, and assistive device services for employees with work injury. Till now, it has provided integrated rehabilitation services to almost ten thousand injured workers, in which 78% returned to their work. Thus, the Center has brought benefit to society.

As a professional medical organization for work injury rehabilitation, the Guangdong Provincial Work Injury Rehabilitation Center has focused on developing medical rehabilitation services for employees with work injuries since its establishment. Till now, it is given the function of a national integrated work injury rehabilitation base, and has to construct a technical system for rehabilitation of professional and international standard and receive and treat the most severely injured workers over the country. It also has to continuously explore, research on and set professional technical standards and specifications to have a leading and demonstration effect towards other work injury rehabilitation pilot organizations all over the country.

In April 2009, the Guangdong Provincial Work Injury Rehabilitation Center started its new construction project. This project is the first phase in the national work injury base constructions; it is the major construction event in the “ten new projects” in the Framing for Guangdong Provincial Economic and Social Development Eleventh Five-Year Plan. The phase 1 project is completed by the end of November 2011; There are now 400 extra beds in operation in the Guangdong Provincial Work Injury Rehabilitation Center. The newly constructed rehabilitation center will be built into a national medical and vocational rehabilitation base for work injury, as well as a base for training local professionals in rehabilitation, and a depot for rehabilitation research and international exchange.

(Information Provider: Guangdong Provincial Work Injury Rehabilitation Center)

Work Stress Management Workshop: Application of the Mental Health Action Checklist



The “Work Stress Management Workshop: Application of the Mental Health Action Checklist” co-organized by the Hong Kong Workers’ Health Centre and the Department of Rehabilitation Sciences of the Hong Kong Polytechnic University was successfully held on 11th June

2011. We are very glad to have invited Dr. Toru Itani, former director of the ILO Department of Labor and Social Security to introduce the use of the “Mental Health Action Checklist” in helping organizations reduce the negative effects of work stress on employees. In the workshop, Dr. Toru Itani explained, in layman terms, the advantages of using action-oriented checklist over traditional checklist in work stress management. Then, he did a demonstration of how to use the, enabling participants to further understand the flow of using the checklist. During the workshop, the participants all actively engaged in group discussions and raised questions, and had deeper understanding and exchange with Dr. Toru Itani in work stress management areas.

The HKWHC will continue to promote this Checklist to different organizations in hope of helping them improve their work stress management measures, and thus reduce the impacts of work stress on employees.

職安健訓練課程新推介

職安局致力為各界人士及企業，提供不同種類的職安健訓練課程。因應社會當時的需求，本局會設計合適的課程來配合。以下為 2012 年 1-3 月新增的職安健訓練課程：

1. 職業司機的職業安全與健康

香港是一個人口稠密的城市，地少人多車多是典型香港居住與交通的特色。當中不少駕駛者是職業司機，從事公共服務車輛行業，物流業及旅遊業等。職業司機的工作環境與其他行業很不同，職業司機整天的工作都是在車廂內駕駛車輛，除了要注應日常的駕駛安全問題，因工作關係亦容易引致健康問題如胃病、泌尿道疾病、筋骨勞損及工作壓力等。有見及此，職安局希望透過此課程向職業司機提供基本的安全及健康知識，以減少因工作而引致的意外。



2. 文職人員的工作健身操工作坊

辦公室人員長時間在工作間坐著工作，而需要使用顯示屏幕設備的人員更可能會長時間維持同一工作姿勢，導致健康出現毛病。為避免因工作而引致肌肉過份疲勞或其他更嚴重的筋腱問題，除了定時小休之外，辦公室人員可在工作一段時間後進行一些健身操，可有助舒緩骨骼肌肉不適。本課程是實用的工作健身操，讓學員在工作前或休息時段能夠學以致用，預防肌肉勞損。

3. 吊船工作安全概略 (管理階層)

吊船多用於建築物的興建或維修及大廈幕牆的清潔等工作。使用吊船時，重要的是確定吊船本身的適合性，及其構造上合乎安全要求；此外，亦要確保其在使用上的安全。而負責監督吊船工作的管工及管理人員在履行其職責時應負起督導的角色，對該工作具有相當的安全認知，以便能有效地制定相應的安全工作指引及進行合適的監察工作。此課程旨在為監督吊船工作人士而設，講解進行有關工作時須評估的風險及應採取的安全措施和緊急應變的準備。學員亦可透過意外個案分析，認識進行吊船工作的安全要點。



ERB「人才發展計劃」課程 —— 「新技能提升計劃」課程

1. 健康護理業

- 醫院危機處理及職業安全的基本知識單元證書
- 醫療護理職業安全及健康單元證書
- 醫院感染控制技巧單元證書

2. 零售業

- 市集營銷業個人衛生與職安健單元證書

3. 中醫保健業

- 推拿服務業個人職安健及預防職業勞損單元證書

4. 印刷及出版業

- 印刷業的危機處理技巧單元證書

5. 家居服務業

- 家居服務業職安健與個人衛生單元證書

6. 環境服務業

- 園藝業之職業安全及健康單元證書
- 環境衛生業緊急事故應變處理單元證書
- 環境衛生業職安健單元證書

7. 物業管理及保安業

- 防火訓練單元證書
- 物業管理職業安全及健康知識單元證書

8. 交通及支援服務業

- 客運車危機處理及職安健單元證書

9. 建造及裝修業

- 建造地盤小型工程 / 屋宇維修及裝修安全管理實務單元證書

基本報讀資格：香港合資格僱員；15歲或以上；副學位或以下教育程度及具備報讀課程所要求的能力、學歷及體格。



ERB是撥款及監管機構，委託培訓機構開辦「新技能提升計劃」課程



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Occupational Health Promotion for Display Screen Equipment Users



The Project addresses the health risks associated with the use of computer Display Screen Equipment (DSE) and the problem of musculoskeletal disorders (MSD) by increasing awareness of how to prevent MSD in the workplace. The project also promotes the importance of good DSE operation practices to prevent MSD. Further, it motivates workers to be actively involved in occupational health and safety (OHS) issues through various training workshops. These missions are accomplished through a health education and promotion programme and an OHS consultancy programme. The former includes educational publications, public exhibitions, talks, medical consultations for workers and hotline enquiry services. The OHS consultancy programme offers DSE assessments and participatory OHS training workshops.



Prior DSE assessments conducted in different organizations revealed that many employees, particularly in NGOs, are being caught in shoulders and arms pain with insufficient funding, these organizations have no other option but to sacrifice the well-being of clerical officers as they are not facing immediate danger in their work. However, these occupational health issues will have a long-term impact on the workers; the harm should not be underestimated. With the Jockey Club's funding, the Centre can now provide free services to the NGOs, so as to improve the occupational health and safety of its staff.



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