



香港工人健康中心  
Hong Kong Workers' Health Centre



香港公益金會員機構

# Occupational Health

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## 28th Annual General Meeting (AGM) cum Occupational Health and Safety (OHS) Symposium

### Commentary

- ▶ Suggestions for enforcing protection of the occupational health of workers
- ▶ An industry-based approach to opening a Work Injury Rehabilitation Centre

### Occupational Health Education

- ▶ An updated review on asbestos and related diseases in China
- ▶ Review of Major Worker's Health Incidents
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### Motion in the Legislative Council concerning the strengthening of occupational safety of local workers

In February a motion has been moved in the Legislative Council (LegCo) concerning the strengthening of occupational safety of local workers. An opportunity thus arose for all LegCo members to speak on the motion, which also required government officials to respond to Legislators' various queries about the current status of occupational safety in Hong Kong. While we are grateful to hear that Legislators concerned about the increase of cases of deaths due to occupational accidents, we find it regrettable that such "accidents" continue to happen in such a modern, world-class city as Hong Kong.

Certainly, the Government is used to responding by launching promotional schemes for occupational injury prevention, and quoting local statistics about the generally dropping work injury figures. This leads us to recall the what Dr Kazutaka Kogi, an international health expert, has said about the state of occupational health in different countries and communities in his sharing e on a mainland symposium: He stressed that a good occupational health strategy should focus on reducing deaths and major casualties; on the contrary, by focusing on promoting occupational health messages and occupational rehabilitation measures, one would expect an increase, during a certain stage, in the reports of occupational injuries of light to medium severity. This is entirely normal. Therefore, some experts have reservations about the so-called "zero accident" promotional campaigns, as this may create the side effect where employers and contractors refrain from reporting injuries in order to meet the standard.

Right now, the situation for Hong Kong is: severe (death-causing) industrial accidents happened every month; the improvements that government has claimed seemed to focus on the relatively minor cases of work injury. The reason may be that certain high risk industries in Hong Kong has been promoting the idea of "zero accidents", and the result is that everyone "cooperates" by "reducing" reported work injuries. Most ironic was that, as certain legislators that represent the interests of the employers mentioned: how is it that the government keeps insisting that the occupational health situation in Hong Kong is improving, and yet the expenses for labour insurance are increasing exponentially? What kind of social issues such a contradictory message reflects is a point worth our readers' consideration.

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## Occupational Health Issue167 Newsletter

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## Commentaries

# Suggestions for enforcing protection of the occupational health of workers

The Legislative Council (LegCo) has on February 20 2013 conducted discussions on the local state of protection of occupational safety and health (OSH) and the regulatory measures on industrial safety. The Centre presents the following positioning and recommendations with regard to OSH before the meeting:

1. Given the launch of a number of large scale infrastructural projects and the Mandatory Building Inspection Scheme, the construction industry is faced with severe challenges in respect to OSH. The most pressing issues are that of rushing of work caused by aging human resources and lack of allocable project time. According to the latest statistics released by Construction Workers Registration Authority, over half of effectively registered workers are over the age of 45. Although in recent years government departments and organizations have launched various measures to attract more new talent to the construction industry, the industry is besieged by a lack of manpower due to the higher physical demands and the greater dangers involved. Given the pressing work schedules, the lack of communication during various procedures has caused accidents and possible loss of human life. The Centre strongly recommends the authorities monitor with due stringency the work schedules of various construction projects, and requires contractors to make appropriate arrangements in regard to daily work hours, time slot and total work days of the workers, and make room for redundancy in case of weather changes and other factors affecting the work schedule, and in turn requiring workers to rush the project along.



## Commentaries

2. Many Local and international studies have proven that the greater the age of the injured/sick workers, and the lower their education level and socio-economic status, they would often require more support – both medical and economic – to achieve full recovery. As was said previously, the local construction industry is facing “population aging”, and most workers are also the sole breadwinners in their family. Once they suffer injuries from accidents, their families are bound to face financial peril. Right now, injured workers in Hong Kong rely mostly on public health care for rehabilitation, but without adequate resources allocated by the government to relevant structural units, such rehabilitation services require long queue times. The result is these experienced workers could not achieve a speedy recovery and return to work; such delays in treatment may even affect their work capabilities upon return to duty. This further aggravates the manpower shortage in the industry. Right now, quite a number of non-profit, social welfare organizations offer professional occupational injury case management services of various kinds to help injured workers overcome physical and psychological hurdles in the critical period after injury, and return to work under suitable arrangements. The Centre suggests that the Government should increase resource allocation to the public health network to shorten queue times for recovery services. Various government agencies can also liaise with non-profit social welfare organizations to minimize unnecessary delay and maximize resource utilization through active case referrals, all in all to achieve better case management.
3. According to the documents submitted by the Labour Department to the Commission, government departments in charge of OSH has launched a number of measures which include requiring workers to undergo sufficient training, organizing large scale promotional activities, and distributing promotional and educational material. However, besides making an annual tally, there have been no other direct and appropriate methods of assessment to evaluate and review the efficacy of these measures. The Centre strongly recommends the government establish methods of assessment targeting monitoring, enforcement, promotion and education. This will help the authorities acquire data for setting long term policies. Such results should also be publicized so that the public will learn of the effectiveness of various measures while enforcing their awareness of OSH.
4. Asbestos was used widely in the mid-20th century in Hong Kong. Use of asbestos was particularly prevalent in the 1960s and 1970s. The buildings constructed during this period have the possibility of using asbestos materials. According to data from the Buildings Department (BD), up until end of 2009 there are over 27,000 privately owned buildings over the age of 20 in Hong Kong. According to the past records of demolition from the Environmental Protection Department (EPD), with regard to buildings over 20 years of age and flagged by the BD for mandatory removal of unauthorized building works, about 60% may contain asbestos materials. At the end of 2010, the EPD confirmed that in Hong Kong there were at least 1,100 buildings using asbestos materials. These buildings were mostly in Kowloon City, Yau Tsim Mong District, Central and Western Districts, Shen Shui Po, and Tsuen Wan.
5. With “Operation Building Bright” and “Integrated Building Maintenance Assistance Scheme” launched by the Housing Society and Urban Renewal Authority, the “Building Maintenance Grant Scheme for Elderly Owners” managed by Housing Society under the commission of the Government, and the “Building Safety Loan Scheme” and “Mandatory Building/Window Inspection Schemes” launched by the BD, all of which involve demolition and refurbishment/repairing works, asbestos materials in old buildings may be released by uncertified and untrained workers, unknowingly posing health threats to residents, workers (contractors), sanitary workers, truck drivers and security personnel. If they inhale the asbestos fibre, they may be susceptible to asbestosis and other related diseases.

Recently, there have been news reports about repeated illegal dumping of construction waste at a spot in the suburbs of Tsuen Wan. Mixed in the dumped waste was a large quantity of suspected asbestos roofing tiles. The affected area was, shockingly, the size of half a basketball court. Asbestos fibres may be released from the dumped construction materials and carried off by wind, causing irreparable health damage to workers and nearby residents. The Worker's Health Centre is deeply concerned about the possible occupational health and public hygiene issues thus caused.

6. Besides construction related OSH issues, through action research, the Hong Kong Worker's Health Centre has reflected social concerns about the need to promote OSH in workers of other industries.





# An industry-based approach to opening a Work Injury Rehabilitation Centre

Each year, over 40 thousand workers from various industries sustain work-related injuries, and some were even affected by long-term pains and depression. How can the society help these people with work injury handle their injuries? Now, like all ordinary citizens, people with work injury rely on outpatient and specialist recovery services provided by the Hospital Authority as which is totally funded by government. However, due to limited resources, many workers are required to queue for months before receiving much needed treatment, often exceeding the 6-month golden period of rehabilitation after injury. Hong Kong's Employees' Compensation Ordinance is also often faulted for being dated as it was enacted in 1953, and was incapable of accommodating the global need for helping people with work injury rehabilitate.

For this reason, in the past 20 years, Hong Kong Workers' Health Centre has been offering people with work injury a series of work rehabilitation and employment retraining programmes. We have also been borrowing from overseas experience and initiating a number of local pilot projects, by referencing to the Bio-Pscho-Social Rehabilitation Model. A case management approach has also been adopted where the medical personnel of the hospitals were also involved in our team as to provide work and social rehabilitation services to people with work injury. Besides providing work injury rehabilitation in Hong Kong, the Centre has also been working with the Guangdong Provincial Work Injury Rehabilitation Center since 2003 to train up local professional work and social rehabilitation staffs on the Mainland so that people with work injury in Mainland China may also benefit from an effective work rehabilitation programme. Recently, the Guangdong Provincial Work Injury Rehabilitation Center was designated officially as the National base for work injury rehabilitation training in China

During its 28th Annual General Meeting on 14 July earlier this year, Hong Kong Workers' Health Centre has organized a symposium on occupational health, titled, "New Developments in occupational injury rehabilitation in Hong Kong" Medical experts on occupational injury were invited to introduce to the audience the occupational health centre set up for civil servants with work injury. The centre was established with full funding from the Civil Services Bureau, aiming at providing one-stop work injury rehabilitation services for injured civil servants. The symposium also invited a rehabilitation specialist from a construction company who was responsible for managing work injury cases in the company. Lastly, professionals from Hong Kong Workers' Health Centre shared with the attendees the Centre's extensive experience in work rehabilitation, and introduced an industry-based model for running work injury rehabilitation centre, including the service interventions and costs.

Representatives from the labour sector including representatives from the Construction Workers Union and trade associations were invited to jointly discussed with rehabilitation professionals on how, by using an industry-based approach, a work injury rehabilitation centre may first be set up for the construction industry. This is so that construction workers with work injury may speed up their rehabilitation, allowing the industry to retain needed talent, and that the image of the industry may be promoted. It also serves as the basis for future industry-based work injury rehabilitation centres in Hong Kong.

Recently, with the increase in construction site accidents, there was a lot of concern from different parties. Although the industry has been working hard to improve its image, the recurring accidents has deterred many young people from joining the industry and had many parents worried about their children joining the industry out of fear of they being injured. While it is important to prevent construction-related accidents, it is equally important to care for workers who were injured in these accidents.

In the long term, Hong Kong Workers' Health Centre and all attendees who care for the welfare of workers hope the government would amend the Employees Compensation Ordinance by including work injury rehabilitation as one of the key points in the ordinance, so that grassroots people with work injury may be cared for and valuable talent may be retained for the employers, thus minimizing the social cost of work injuries.



## An updated review on asbestos and related diseases in China

### SOURCE:

Courtice, Midori N; Lin, Sihao; Wang, Xiaorong, 'An updated review on asbestos and related diseases in China', International Journal of Occupational and Environmental Health, Volume 18, Number 3, September 2012 , pp. 247-253(7).

### BACKGROUND:

Asbestos is an industrial mineral that can cause diseases such as asbestosis, lung cancer, and mesothelioma. Asbestos consumption in China has increased steadily since the 1960s and is currently at half a million tonnes per year. Work conditions in the asbestos-related industries are poor and exposure levels frequently exceed the occupational exposure limit.

### OBJECTIVE:

To provide an updated overview on asbestos production and consumption in China and discuss what is known about the resulting burden of asbestos-related diseases.

### FINDINGS:

China is the world's top chrysotile consumer and second largest producer. Over a million people may be occupationally exposed, yet reliable disease statistics are unavailable and the national burden of asbestos-related disease (ARD) is not well known. Nevertheless, ARD prevalence, incidence, and mortality are expected to be high and will increase for many decades due to the volume of asbestos consumed historically, and a long latency period.

### CONCLUSIONS:

Government policies to prevent ARD have been implemented but more actions are necessary to ensure compliance and ultimately, the complete elimination of asbestos to prevent a heavy future disease burden.

Acknowledge to Prof. Wang Xiaorong of Chinese University of Hong Kong, Hong Kong SAR, China.





## Review of Major Workers' Health Incidents - Arson at Shek Kip Mei Branch of Hong Kong and Shanghai Bank

Those who have been following our prevention topics would notice that our past reviews focus mainly on construction incidents. Occupational injuries and casualties, however, are not limited to the construction industry. Looking at the past news, we would discover that fires at workplace were common causes of casualties, and the hidden danger may be fatal even to white collar workers. The most notorious of such accidents was the fire caused by arson at the Shek Kip Mei Branch of Hong Kong and Shanghai Bank, which cost 12 staff members their lives.

We certainly understand that the accident was caused by an arsonist. No matter the preventive measures, there was no 100% guarantee that we could have stopped the fire. However, once the fire had started, the staff discovered that there were insufficient fire fighting facilities, and that the fire escape was blocked for security reasons, the accident turned fatal. Today, we take you back to 1994 to look at why the arson caused so many deaths and how we can actively reduce fire risks today.



### Arson caused 12 deaths among staff



According to the news, the accident happened at 11:30am on 10 January 1994 at the Shek Kip Mei Branch of Hong Kong and Shanghai Bank (HSBC) at Block 1 of Shek Kip Mei Upper Estate. <sup>[1]</sup> At the time, a 32-year-old man, with two 5-litre cans of thinner in hand, came to the branch and asked to meet a female staff member who was his wife's acquaintance. He got into an argument with the staff member, and later doused the thinner in the bank lobby and set it ablaze. A dozen or so customers in the lobby escaped the site, but the 13 staff members who were working behind the counter were unable to escape in time. <sup>[2]</sup> At the time, a man outside the branch was making a withdrawal at the ATM, and called in the incident. The arsonist was promptly apprehended upon police arrival and 3 minutes later the fire services also arrived. <sup>[2]</sup>

The counter and the office in the anterior were both sealed-off designs, and were partitioned from the lobby using walls and glass panes. According to data, automatic sprinkler systems were not installed in the building, and there was no usable fire escape in the rear – the only exit was the front door. The fire also caused a power outage which disabled the double security gates connecting the counter, the office and the lobby, so that the 13 staff members were unable to escape in time. <sup>[3]</sup> The scene was filled with smoke during the accident and the fire-fighters had to ascertain the location of the gates before breaking in. All these led to the tragic result of 12 deaths.



## The tragedy led to public concern about fire safety regulations

The many deaths caused in the fire sparked widespread social discussion. The Government established a cross-department special investigation panel led by the Chief of Fire Services, who were tasked not only with investigating the cause of the fire and the many deaths, and also with examining whether there was room of improvement in fire prevention facilities and fire escapes of similar commercial buildings. <sup>[2]</sup> Meanwhile, the HSBC decided to close off the branch and review the fire safety measures of over 200 branches under the group. <sup>[4]</sup> The Hong Kong Association of Banks conducted a joint meeting with the Fire Services Department, the Police Department and the Housing Department to discuss improvements in fire safety measures in banks. <sup>[2]</sup> The police emphasized that banks were not encouraged to enforce security by blocking the fire exits, and reminded the banking industry that a balance must be strike between security and fire safety. <sup>[5]</sup>

After the accident, the Hong Kong Clerical and Professional Employees Association strongly demanded the government to include all non-industrial operated workplaces into the legislation so as to protect the occupational safety of clerical workers. <sup>[5]</sup> Lau Chin-shek, the legislative councilor, criticized the government for refusing to expand the scope of the Factories and Industrial Undertakings Ordinance to include all professions in Hong Kong. This tragedy reflected that the work environment of clerical workers was also fraught with danger, and the government should promptly legislate to protect the occupational safety of all employees in Hong Kong. <sup>[6]</sup>

Another legislative councillor James To, deputy chairman of the Legislative Council (LegCo) Panel on Security, pointed out that the bank in the accident was built in the 1960s and such buildings often were not equipped with sprinklers and smoke detectors – the legislation has no provisions for installation of automatic sprinklers in buildings built before 1973. He believed that after this tragedy, the fire services department should review whether the design of buildings built before the enactment of the fire safety ordinance were under risk and that whether their fire safety facilities could be improved. <sup>[5]</sup> Deputy Chief of Fire Services replied that the existing legislation did not afford the Chief of Fire Services the power to enforce upgrading of fire safety facilities in old buildings. For example, the automatic sprinkler system requires a large water tank and there were often insufficient space in old buildings to accommodate such tanks. This has prevented the upgrading of fire safety facilities in such buildings. <sup>[2]</sup>

Targeting the 1994 HSBC fire and the Garley Building fire which also caused many deaths, the Workers' Health Centre criticized the employers in the 1996 December Issue of Occupation and Health for their lack of concern over the safety of work place. The centre also found that staff members were often passive concerning the safety facilities in the workplace. It was highly irresponsible for the employer to focus only on security but ignore the workplace safety. The government was also to blame for its lack of legislation, enforcement and education in relation to workplace safety. Similar accidents could only be prevented through legislation and enforcement and establishing new standards. <sup>[7]</sup>



## Urging the government to amend relevant legislation to protect safety of employees

The investigation panel for the HSBC fire discovered that the fire safety facilities at the commercial building were highly insufficient, and the fire escape fell short of requirements.<sup>[8]</sup> There was a need to enforce fire safety measures and boost the fire safety standards of the escapes. Later, upon considering the suggestions, the government found it necessary to boost the fire safety facilities at such buildings to lower their fire risks.<sup>[8]</sup> There was, however, much delay in passing fire regulations related to commercial buildings, and another severe fire accident happened in 1996. The Garley Building fire that happened at Nathan Road, Yau Ma Tei caused 40 deaths and 81 injured, with most being on-the-job employees.<sup>[7]</sup> The Garley Building fire again highlighted the inadequacies and outdated standards regarding the fire safety facilities in old buildings.

On 5 March 1997, the Fire Safety (Commercial Premises) ordinance was finally passed after the Garley building fire. Relevant legislation is applicable to buildings with total floor area exceeding 230 sq. meters, as these buildings usually have a high people flow, for example banks, betting stations, jewelers, supermarkets and shopping malls. According to the legislation, the Chief of Fire Services and the Director for Housing are both given the executive power to compel the building owners to implement fire safety measures, which would cover fire safety facilities, fire escapes, rescue passages and use of fire-resistant materials.<sup>[8]</sup>

With the improvements in technology, the government has the duty to regularly review and amend fire safety regulations. With the diversity of commercial activities, businesses often change addresses and there is a chance that the unit owner or occupier may make changes to the original premise or combine several smaller premises to make a bigger one.<sup>[9]</sup> Therefore, the government should constantly review the legislation and enforce monitoring and regular updating so that the fire safety measures at these commercial premises are up-to-date; otherwise tragedies may again happen.

Another key point in the accident is that the the Factories And Industrial Undertakings Ordinance was no longer applicable to non-factory or non-industrial operated professions, such that clerical workers were not protected. The labour sector had been criticizing the outmoded legislation for some time. With the change in economy, there was a vast increase in the number of workers in clerical and service industries, and their safety had not been guaranteed by the existing legislation. After the Garley Building Fire, relevant government departments responded that they would promptly review the Occupational Safety and Health Bill, and the relevant legislation was passed on 14th May 1997 by the LegCo after the two fires<sup>[10]</sup> and promulgated on the 23rd of the same month to protect the occupational health and safety of workers of all professions.<sup>[11]</sup>

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### **28th Annual General Meeting (AGM) of Hong Kong Workers' Health Centre cum Occupational Health and Safety (OHS) Symposium – New Developments in occupational injury rehabilitation in Hong Kong**

Since its founding, Hong Kong Workers' Health Centre (WHC) has been committed to providing support to workers recuperating from occupational injuries, including helping them resume work and reintegrate into society. WHC believes that for injured workers, work is therapeutic. Timely and early intervention is thus essential to helping injured workers return to their work positions. However, currently work rehabilitation is provided mainly by public medical institutions, and the limited resources have affected the type, quality and quantity of services offered. Currently, the Employees Compensation Ordinance focuses only on compensation and lacks provisions on social-psychological, work-resumption and reemployment services. Even if various public, welfare and private institutions have developed many effective models of work injury rehabilitation, there simply was no effective coordination and promotion.

To study the issues in work injury rehabilitation systems, Hong Kong Workers' Health Centre has chaired a round-table discussion at the International Symposium on Work Injury Prevention and Rehabilitation 2012. Participants at the Symposium were supportive of the centre's work in exploring different avenues to address the difficulties in work injury rehabilitation. Thus, at the 28th Annual General Meeting of Hong Kong Workers' Health Centre cum Occupational Safety and Health Symposium – New Developments in occupational injury rehabilitation in Hong Kong, experts from different areas were invited to speak and offer advice on the topic.

This article shall consolidate the views, suggestions and experiences from the speakers and guests, attempting to explore new developments in models for work injury rehabilitation and shed new light on the issue.

### **One stop occupational rehabilitation services - Occupational Health Centre for Government Employees**

Dr. Wong mong-sze, the director of Occupational Health Centre (hereafter OHC) in Pamela Youde Nethersole Eastern Hospital introduced the Occupational Health Centre for Government Employees. OHC was established with funding from the Civil Services Bureau, to provide one-stop occupational rehabilitation services for government and Hospital Authority employees in order to help workers with occupational diseases or work injuries to return to work timely, and also promote occupational health and safety. The OHC is comprised of different medical professionals, including orthopaedists, occupational medicine doctors, doctors from pain clinic, physiotherapists, occupational therapists and case managers (nurses). OHC provides clinical services, workplace assessment, prevention and training services.

The OHC adopts 2 kinds of evidence-based interventions. Workplace-based return-to-work (RTW) intervention, which return-to-work coordinator liaise with injured worker's supervisor as soon as possible in order to arrange workplace assessment and discuss modified duties for injured workers. Healthcare provider-based RTW interventions, which multi-discipline medical team provides instructions and recommendations for injured workers to return to work and prevent re-injury. Also, they discuss with injured workers about the concrete return to work plan and date. Their recommendations facilitate employers to handle relevant work-related health issues.

There are differences between OHC and Hospital Authority on rehabilitation services, OHC can provide medical assessment and rehabilitation treatments for injured government employees within 2 weeks, and it helps to shorten the waiting time. Also, OHC can arrange multi-discipline medical team to implement personalized rehabilitation plan for injured worker and recommend modified duties for them according to their physical functioning. The outcomes of OHC are significant, the return to work rate of their service users is 98.6% and there are 96% of injured worker can return to work within 3 months.



### Company support for injured workers - Leighton Contractors' return-to-work programme

Ms. Fanny Ho, the rehabilitation coordinator of Leighton Contractors, introduced the work injury rehabilitation programme of their company. In 2007, following the Labour Department (LD) first launched the Voluntary Rehabilitation Project, Leighton employed the first Rehabilitation Administrator to look after work injuries cases. The main task is to understand the injured worker's condition and liaise with other stakeholders to provide support, and report to the senior management about the injury cases. Now, each project will employ a professional person with medical background as a Healthcare officer (HCO). The Healthcare officers are project base and mainly provide first aid and medical care to injured worker. Role of the healthcare officers is to carry out regular health check to workers, provide Health Talk and Health promotion events. Meanwhile, regular meeting of all team members will be held to review all the injury cases, develop health promotion program and to improve service.

Moreover, Leighton Work Rehabilitation Program was in voluntary basis and it involves early intervention with adequate and timely services based on assessed needs. The program helps injured person return to work at appropriate time, keep him in touch with workplace and remain productive.

According to the assessment result of the health checking for the programme members, the health consultant provided the timely intervention to accelerate the process to return to work. The injured workers will be expected returning to work in an appropriate way and time, so that the injured worker and the work place should keep contact to update the progress of the both sides in the helping process. Hopefully, it can minimize the productivity of the work place if the good communicate was made. Actually, there are four parts involved in this programme: They are i) Early reporting and medical treatment, ii) Early contact and intervention, iii) Labour-management collaboration and iv) Important stakeholders are involved

Ms. Ho pointed out that there were a number of difficulties to be addressed in dealing with work injury cases. For example, prolong sick leave, the mismatch of the workload to injured workers, lacking of communication among worker and rehabilitation staffs and the project deadline etc. Therefore, various measures had been adopted by the company side. Including: Prompt specialist service such as Orthopedic doctor, ENT doctor, MRI investigation is provided to injured employee when healing is not improving. Secondly, Modified work location or job will be provided when their job has finished. Lastly, the contingency plans for the worker who was failed to return to original position were provided to maintain the lifespan of worker, such as the ways to join retraining for other qualifications' competency.

### Industry-based approach - Establishing a work injury reahabilitation centre

The above speakers shared experiences from a government occupational health centre and a return-to-work programme at a private company. They share a common element of being one-stop, industry-based (civil service and HA employees, construction industry) service programmes, and focus on early intervention through multi-professional collaboration. Follow these two, Tang Man Yee, project manager of the Workers' Health Centre, introduced the feasibility of setting up a one-stop, industry-based work injury rehabilitation centre.

Given the existing provision of work injury rehabilitation services in Hong Kong, the Workers' Health Centre offers injured workers a one-stop, personalised community occupational rehabilitation and follow-up services. In order to improve their quality of life, the centre adopts a case-management approach which helps injured workers adapt to post-injury changes, resume work abilities, and re-join the labour force through social and psychological support services. The return-to-work support services at the Centre have also been expanded from helping only injured workers at transitional-to-late phase of recovery, to those in early phase.

In order to support injured workers, the Centre suggests that non-government organizations can be enlisted to provide additional industry-based rehabilitation services to supplement the insufficiencies of such services provided by the HA.



## Special Report

Among the others, the construction industry is the most suitable industries for launching a work injury rehabilitation centre. The Worker's Health Centre suggests that funds can be raised from the industry to set up one (or more) community-based construction industry work rehabilitation centre which provide an all-rounded work injury rehabilitation services. These should include: work injury case management, supplementary specialist diagnostic services, supplementary medical rehabilitation services, rehabilitation educational talks co-organized with hospitals, work hardening program, rehabilitation information giving, psychosocial adjustment services, gradually return to work arrangements, ergonomics consultation services, post return to work support services, vocational retraining and resettlement services, and services to help employers conduct disability management and work injury prevention service. The elements listed had been proven to be crucial for helping workers return to work after year of experience in rehabilitation service of Worker's Health Centre.

There are around 3,000 accidents in construction industry a year. 10% of the cases are expected to be referred to the construction industry work rehabilitation centre, providing various degree of services to the injured worker. Ms Tang believes that the first year expenses of the rehabilitation centre would be around HK\$10 million, including rent, manpower, administrative costs, and case related expenditures; average cost per case would be \$30 thousand.

Through multi-discipline collaboration and coordination, an industry-based, one-stop work injury rehabilitation centre, injured workers can receive suitable rehabilitation treatments in a short period, facilitating them to return to work timely and successfully. Such a centre is recommended for all industry so that limited manpower resources can be reallocated to provide better rehabilitation services to injured workers.

The 3 keynote speakers have outlined a one-stop, early-intervention model for occupational injury rehabilitation. It is worth borrowing for setting up good practices for occupational rehabilitation.

The sharing also takes the audience back to the theme of the symposium: New Developments in Occupational Injury Rehabilitation in Hong Kong, allowing participants to exchange and learn more about the theme. A discussion session was also held where 3 guests responded to questions and participants from various professions – doctors, therapists, union and trade association representatives – discuss how an industry-based work injury rehabilitation centre may be set up, giving the audience illuminating insights into future possibilities.

## Opinions about setting up an industry-based work injury rehabilitation centre

Ms Ng Wai-yee, Chairperson of The Federation of Hong Kong and Kowloon Labour Unions, Mr Chow Luen Kiu, Chairman of the Hong Kong Construction Industry Employees General Union, and Donald Choi, Managing Director of Nan Fung Development, agreed unanimously to the setting up of a construction work injury rehabilitation centre. They believed that the organization to be contracted for operating the centre should be selected seriously so as to avoid conflict of interest. The rehabilitation centre should adopt case management approach, in coordinating and gathering resources to provide adequate and appropriate rehabilitation treatment to injured workers within the golden recovery period. Society should not only rely on socially responsible employers to set up the work injury rehabilitation centres. Laws should be passed to make mandatory such practice, for example setting up a Central Employees Compensation system which can be used not only on rehabilitation but also on injury prevention.

Participants support the setting up of an industry-based, construction work injury rehabilitation centre. They all discussed and made recommendations on establishing a work rehabilitation centre, including: the responsible organization, resources and facilities involved.



Participants suggested that work rehabilitation centre should be set up by the government or neutral organization so as to avoid conflict of interest and controversy. They believed that the Hospital Authority had allied health professionals and facilities and was a desirable choice. However, Hospital Authority is facing a long-term shortage of human resources. Participants suggest that we should work out the plan on work rehabilitation service plans for future 3 to 10 years. Universities can train up enough allied health professionals to meet the demand. Also, participants suggest that the Hospital Authority should apply for independent funding for setting up the rehabilitation centre(s), including the location of centre, allied health professionals and medical equipment, so as to distinguish the difference and nature from general rehabilitation centre and service.

Regarding the resources for setting up rehabilitation centres, participants suggested to make reference from the work injury compensation insurance scheme in Mainland. Coverage of the insurance include three aspects: compensation, recovery and prevention. However, levy from Hong Kong work injury insurance are allocated in three parts: Occupational Safety & Health Council, Employees Compensation Fund, and Occupational Deafness Compensation Board. The insurance is mainly emphasis on compensation, prevention and neglected the importance of rehabilitation. Thus, participants suggest that one percent of levy should be added on top of the current work injury compensation insurance, which could be used for supporting work injury rehabilitation projects and establish work injury rehabilitation centres.

Certain participants expressed that the insurance industry were willing to provide resources for work injury rehabilitation, for example the voluntary rehabilitation programme. Some insurance companies also hire case management companies to offer additional private rehabilitation services to injured workers. Therefore, develop a good occupational rehabilitation model can consolidate private and public medical systems and resources, and which also offers suitable and cost-effective rehabilitation services to injured workers.

Since there are no existing work injury rehabilitation centres or rehabilitation models as a reference, participants suggest that industry-based rehabilitation centres can be set up as a pilot project. With the higher risks of injury in construction work, and its contracts often have levy schemes which could support the costs of running rehabilitation centre. Construction industry is being suggested as a pilot for setting up work injury rehabilitation centre. If the pilot was proven to be successful and develop a good occupational rehabilitation model, Government should consider it as a model and apply further funding to set up rehabilitation centres for different industries.

Participants believe that work rehabilitation centres should be in voluntary basis, therefore the sustainability and social acceptance of this centre should be carefully considered.

## Conclusion

The Alliance of Professionals for Rehabilitation of Workers with Occupational Injuries was formed in 2002. The Alliance is composed of a number of professional groups, which review the existing system and services for workers with occupational injuries and to make recommendations on the formulation of a better system for Hong Kong. In the past decade, the Centre has developed and implemented various community-based work injury rehabilitation pilot projects. We also communicate with various stakeholders such as medical professionals, government departments and labor organizations about the importance of work injury rehabilitation. After 11 years, the Centre's proposal on setting up a Work rehabilitation centre is recognized by professionals, employers and representatives of labor unions. Now, the largest employer in Hong Kong – the Civil Services Bureau, enterprises are now offering systematic work injury rehabilitation services to injured workers. We all hope that the government shall review the Employees Compensation Ordinance and expand the coverage from compensation to prevention and rehabilitation.



Organizer :



香港建造業總工會  
H K C I E G U

Supporting Organization :



香港工人健康中心  
Hong Kong Workers' Health Centre

Sponsor :



肺塵埃沉着病補償基金委員會  
PNEUMOCONIOSIS COMPENSATION FUND BOARD

## Programme on Promoting Pneumoconiosis Prevention for Construction Workers

Construction Industry has long been an integral part of the Hong Kong economy and also one of the industries which most labour engaged in. With the recent economic recovery in Hong Kong, many infrastructure and urban renewal projects are currently in progress. In particular, the "Operation Building Bright" and the "Integrated Building Maintenance Assistance Scheme" projects have significantly increase the number of minor works in Hong Kong. However, if there are no appropriate precautions, or the occupational health and safety policies and laws are not strictly implemented and executed, frontline construction workers are put at risk, resulting in work injuries and occupational diseases.

To efficiently enhance workers' awareness on Pneumoconiosis (an occupational lung disease) and other occupational diseases, Hong Kong Workers' Health Centre, with the great support from the Pneumoconiosis Compensation Fund Board (PCFB), is going to initiate a series of education programs with the Hong Kong Construction Industry Employees General Union (HKCIEGU) in the districts where most constructions and building maintenances take place. This project aims at providing workers with knowledge of occupational risks to better protect their health and well-being.

**Duration:** 1st Jan, 2013 – 31st Dec, 2013

**Target :**

- Construction workers in small construction sites
- Construction workers and contractors from the Operation Building Bright project and other building maintenance and renewal related projects

**Details :**

- "Pneumoconiosis Prevention Ambassador" Training
- Pneumoconiosis Prevention Talks
- Exhibitions at construction sites
- Medical referral for Pneumoconiosis and other related diseases



香港工人健康中心  
Hong Kong Workers' Health Centre



香港建造業總工會  
H K C I E G U

## Community Programme on Promoting Asbestosis Prevention

Hong Kong Workers' Health Centre, with the sponsorship from the Pneumoconiosis Compensation Fund Board (PCFB), will cooperate with the Hong Kong Construction Industry Employees General Union in the implementation of a two-year trans-regional health promotion activity, namely "Community Programme on Promoting Asbestosis Prevention". The aim of the campaign is to raise public awareness regarding the hazards brought about by asbestos and to increase concern for the health problems brought by asbestos.

In recent years, many demolition works were carried out on old buildings and these were accompanied by redevelopment projects, including building maintenance funded by the Operation Building Bright. These led to an increase in small to medium-sized engineering projects in Hong Kong. However, if these engineering projects were carried out using inappropriate methods which do not comply with the relevant legislation, asbestos-containing materials in the old buildings may be destroyed to release asbestos fibers, which may cause harm to workers and residents of the buildings.

Through activities such as organizing and training ambassadors in different regions, holding exhibitions, arranging training workshops and talks and distributing leaflets and posters, this promotional campaign allows front-line workers and residents of old buildings to learn more about asbestos and its harmful effects to human body, and also to locate such materials in old buildings. The campaign also teaches them the proper approach to treat materials that may contain asbestos so that they can take preventive measures to avoid inhalation of asbestos fibers released, which helps to lower the risk of these concerned persons suffering from asbestosis or other related diseases.

At the same time, the PCFB launched a project namely "Pneumoconiosis/Mesothelioma Medical Surveillance Programme" in November 2011. Not only is it a free programme for workers to participate, the PCFB will arrange voluntary participants who are working in the construction industry \* to do regular chest examinations, including chest X-rays and pulmonary function tests, in designate clinics. It is hoped that workers will learn about their own health situations as soon as possible, will be able to receive early treatments and make suitable arrangements in their living and working habits if they are unfortunately diagnosed with related diseases.

*\* Workers involved in production of silica dust will be given priority to the examinations while other workers may have to wait for a longer period of time; workers who are required by law to have regular medical examinations (e.g. workers engaged in asbestos works and tunneling works or mine workers and quarry workers) will not be allowed to participate in this programme.*

Sponsor :



肺塵埃沉着病補償基金委員會  
PNEUMOCONIOSIS COMPENSATION FUND BOARD



# 中小型企业職安健資助計劃

中小型企業（中小企）是香港經濟的支柱，更是推動本港經濟發展的重要動力。為了鼓勵全港的中小企進行職業安全及健康改善計劃，藉此提高企業的生產力及競爭力，職業安全健康局（職安局）推出中小型企業職安健資助計劃。

## 1 中小型企業密閉空間安全工作資助計劃

由於密閉空間工作危機四伏，職安局的「密閉空間安全工作資助計劃」津貼中小企購買氣體測試設備的費用，負責密閉空間的東主或承建商亦可選擇委任職安局認可的安全顧問進行一站式風險評估。



## 2 裝修維修及建造業高空工作防墮裝置資助計劃

職安局及勞工處推出這項資助計劃，旨在向裝修維修及建造業的中小企提供購買高空工作防墮裝置、金屬探測儀以及扭力扳手等設備的津貼，協助業界實施高空工作安全措施。



## 3 中小企安全梯具資助計劃

職安局推出「中小企安全梯具資助計劃」，旨在向各行業的中小企提供購買安全梯具的津貼，以協助業界使用安全梯具進行工作。



## 4 中小型企業易燃物品儲存櫃資助計劃

職安局推出「中小型企業易燃物品儲存櫃資助計劃」，以資助建造業、印刷業、汽車及機械維修業中小企購買易燃物品儲存櫃，改善儲存易燃液體的職安健情況，減少意外發生。



## 5 中小型企業上鎖掛牌套裝資助計劃

為改善機電設備維修從業員的工作安全，職安局推出「中小型企業上鎖掛牌套裝資助計劃」，資助中小型企業購買上鎖掛牌設備。



## 6 中小型企業電腦工作間腳踏資助計劃

職安局推出「中小型企業電腦工作間腳踏資助計劃」，主要為中小型企業提供購買電腦工作間腳踏的資助，以改善員工操作顯示屏幕設備時的職安健情況。



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# International Symposium on Work Injury Prevention and Rehabilitation 2014

**14-16 November 2014**  
**Guangzhou, China**

## **Main Themes:**

**Prevention of Work Injury and Occupational Diseases**

**Work Injury Risk Management**

**Medical and Occupational Rehabilitation for Work Injuries**

**Case Management for Work Injuries**

## **Conference Registration Fees:**

	From now until 15 October 2014 (Early Bird Registration)	From 16 October 2014 and onwards
Local Participants	HK\$1,400	HK\$1,600
Local Students	HK\$900	HK\$1,000
Oversea Participants	US\$220	US\$260
Oversea Students	US\$150	US\$180

Organizers :



香港工人健康中心  
Hong Kong Workers' Health Centre



Guangdong Provincial Work Injury  
Rehabilitation Center

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