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Occupational Health

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Editor's Note

With the efforts of Hong Kong Workers' Health Centre and the various stakeholders, Hong Kong has finally imposed an across-the-board ban for the use of asbestos. Members of the Centre are certainly encouraged for this ban, but we have noticed that loopholes still exist in the passed legislation. For this bimonthly, we have invited different stakeholders to comment on the promulgation and implementation of the relevant legislation, so as to help readers keep track of how the ban on asbestos is being implemented.

Also featuring in this issue is the excerpt of a recent investigative report by the Centre – Occupational Health Study Report for the use of Display Monitors by Clerical Staff in Non-government organizations, which includes the conclusion and relevant suggestions from the report. Also, for the special topic on major occupational incidents, we have summarized the facts from the fire that ravaged Watson's Industrial Building in 1973, to help our readers learn more about the cause and implications of the incident.

Total Ban Asbestos in Hong Kong: The Air Pollution Control (Amendment) Bill 2014 – the Role of Stakeholders and related influences

Foreword

The Air Pollution Control (Amendment) (No. 2) Bill 2013 (hereafter "The Bill") was published in Gazette on 27 September 2013 with plans to expand the existing provisions regarding the "ban on import and sale of brown and blue asbestos" under section 80 of the Air Pollution Control Ordinance (Cap.311). The Amendment Bill expands the existing control regime to include the banning of the import, transhipment, supply and new uses of all types of asbestos and asbestos-containing materials, an internationally recognized carcinogen. On 23 October, the Bill passed its first reading in the LegCo and a bill committee was formed. After five meetings and detailed discussions of the content of the draft bill, the bill passed its second and third readings on 22 January 2014 in LegCo and was promulgated as The Air Pollution Control (Amendment) Bill 2014 and entered into effect on 4 April 2014.

Asbestos is a WHO-identified carcinogen. Inhalation of asbestos fibres may cause such incurable diseases as asbestosis and mesothelioma. Because asbestos is highly tensile, pliant as well as sound and heat-proof, in the mid-1980s and earlier Hong Kong has seen the wide adoption of asbestos materials in construction.

The passing of the bill realizes a more comprehensive ban of use of asbestos in Hong Kong. It further protects the Hong Kong public against the harmful effects of asbestos. However, the government has retained as in the original articles the exemption of asbestos as a Chinese materia medica ingredient. Also included was the exemption of machinery containing asbestos parts. This has elicited concern from a number of organizations and legislators who were worried that the exemption would endanger the health of the workers and the public. Before the enactment of the legislation, the Centre has interviewed various stakeholders to understand how they respond to and were affected by the amendment.

The Honorable Fernando Cheung Chiu-hung, Legislative Councilor (New Territories West Geographical Constituency)

As a member of the bill committee, Mr. Cheung has raised numerous suggestions and revisions for the amendment bill during its review.

Mr. Cheung believes that although the legislation has been enacted, it is not comprehensive enough and there are loopholes in the coverage of the ban, so that the public might still be exposed to asbestos. During the interview, Mr. Cheung mentioned that many old buildings contained asbestos, but residents were not sufficiently warned about the hazards of damaged structures.

During the meeting, Mr. Cheung has requested the government to prepare a list of structures that contained asbestos, so that residents might know whether they are affected; the government responded by saying that such data did not exist. Mr. Cheung believes that the Government should conduct a survey to acquire the data or even fund relevant concern groups, so that actions such as demolition of asbestos parts could be taken.

Lastly, Mr. Cheung wishes that he will be future opportunities to exchange and work with various asbestos concern groups, with a view to broadening the coverage of the legislation and achieve the goal of "zero asbestos".

Commentary

The Honorable Leung Ka-lau (Medical Functional Constituency)

Also a member of the bill committee, Dr. Leung has offered his professional opinion on many occasions during the meetings. He believes while the amendment bill helps to lower the health risks of asbestos, propriety Chinese medicines containing asbestos should be appropriately labelled to warn users of their risks. He hopes that the Chinese Medicine Council will issue guidelines after a study and that the Department of Health will monitor the disposal of asbestos-containing propriety Chinese medicine and whether additional measures should be taken besides treating them as ordinary chemicals.

Dr. Leung opines that the legislation is lacking in that it does not have provisions for regulating asbestos-containing machinery/products. He believes that after the Environmental Protection Department compiles a list of asbestos-containing machinery/equipment, further amendments to the legislation may be proposed according to the worker's awareness for asbestos hazards and the impact/popularity of the machinery/equipment on the list.

As for the government's failure to give a list for asbestos containing buildings, Dr. Leung believes that the principle of universal precaution can be adopted – precautionary measures should be taken during maintenance by assuming that all buildings contain asbestos.

Dr. Leung invites all concern groups to exchange ideas on the matter to discuss further action.

Dr. Feng Yi-bin, Assistant Director (Education), School of Chinese Medicine, The University of Hong Kong

Regarding the medical properties and clinical applications of asbestos-containing propriety Chinese medicines, we interviewed the HKU expert Dr. Feng Yi Bin. Dr. Feng informs us that asbestos is a form of silica salt, and in Chinese medicine it is used to treat reproductive deficiencies in both male and female. It is, however, only occasionally used, and its effects can be replicated through the use of other medicines. He says that new Chinese medicines must pass stringent chemical, pharmacological, pharmaceutical as well as clinical tests to evaluate its clinical effects, adverse effects and pharmaceutical stability. It is thus entirely feasible to replace asbestos with other kinds of medicine to reproduce the effects of traditional formulae.

As asbestos is not a regular clinical medicine, Dr. Feng tells us that the School has yet to have a plan or follow-up actions in place.

Ms Ho Chiu-yee, Manager (Council Affairs), Construction Industry Council

The amended legislation offers exemptions for asbestos containing machinery, allowing their continued use until end of life. Asbestos parts are commonly used in construction equipment, mostly in brakes and gaskets. Ms. Ho says that the Construction Industry Council is supportive of this amendment which should help protect the health of frontline workers and the public. With the legislation to be enacted, Ms Ho says that there the Council has yet to be any plans or actions to be taken, but will keep a close eye on the development of asbestos related legislation.

Chow Luen-kiu, President of the Hong Kong Construction Industry Employees General Union

The Hong Kong Construction Industry Employees General Union (HKCIEGU) has always been keeping a close eye on the occupational health of frontline construction industry workers, who have the most contact with asbestos machinery parts. According to Mr Chow, construction industry workers may not know that the machinery they operate contains asbestos parts and the employer may not alert workers to those parts. Many workers, however, would attempt to do maintenance on the machinery on their own, unwittingly breaking the asbestos parts and exposing themselves to asbestos fibres.

Besides urging the government and construction industry to make a list of machinery containing asbestos parts, put up labels and enforce monitoring and checks, Mr. Chow says that the union also plans to organize various worksite safety promotional programmes and hopes the government and the business sector will provide resources and utilize the union network for more community promotions so that the public and workers may be alerted to the hazards of Asbestos.

Ms Cheng Yee-man, Consultant Pharmacist, College of Pharmacy

As pharmacist, Ms Cheng has always kept an eye on the use of pharmaceuticals in Hong Kong. She believes that with the dangers of asbestos a full ban of its use in construction is necessary; when purchasing or ingesting propriety Chinese medicine containing asbestos, a prescription from a medical professional is a must and the dosage, use and disposal must be made known.

Ms Cheng points out that the government has yet to have a mechanism in place for the disposal of pharmaceutical waste, leading to improper disposal and contamination of marine life and the human food chain. To address the issue, she and the College has been organizing a "pharmaceutical waste recycling programme" to encourage the public to enquire with pharmacists the proper way to dispose of expired and unused drugs, to minimize environmental and social impact. Only 5 pharmacies have been engaged as additional manpower and finances are required to examine the pharmaceutical waste and to apply for pharmaceutical waste disposal license from the authorities.

Because of a common lack of understanding about the dangers of asbestos, the same kind of contamination may happen when disposing of asbestos-containing propriety Chinese medicine. Ms Cheng believes that the Government should dedicate more resources – or even amend the legislation – to reinforce regulation of pharmaceutical disposal. Also, because of the dangers of asbestos on human health, medicines containing asbestos may be added to the list of "drug waste recycling scheme" to promote correct treatment of such waste.

Conclusion

Hong Kong Worker's Health Centre is supportive of the implementation of the amended legislation. We are also grateful to all individuals and organizations that has offered their opinions and worked toward the passing of the legislation. From the interviews we see a general welcome for the passing of the legislation despite some considering the exemptions inappropriate in implementing a full ban on the import and use of asbestos.

As such, the Centre hopes the passing of the amended legislation to serve as a beginning for a series of tasks. We hope the government will laid down a more concrete schedule for a full ban on asbestos, and that the legislation shall be revised so that the areas of exemption will be tightened or even abolished. The Centre also looks forward to working with legislators to monitor the government's implementation of the legislation, as well as to tender proposes at suitable times. We also hope to engage in a joint monitoring effort with professional organizations regarding the use of asbestos containing propriety Chinese medicines and machinery parts, to see whether the users of such medicines or workers operating the machinery have been suffered from the consequences of asbestos exposure, while providing professional information and training for the sectors to promote awareness.

Our society has suffered the dangers of asbestos for many long years. Today, the Government has taken a step toward the right direction by promulgating the legislation. Nevertheless, there still exists a lot of follow-up work that requires the Government and all walks of society to work together and help eliminate the dangers posed by asbestos.

Review of major Occupational Health Incidents: Fire at Watson's Industrial Building in 1973

In the last two issues we reviewed two major fifth alarm fires that happened in the 1980s and 1990s: the 1984 Tai Sheng Factory Fire at Tin Wan in 1984 and the Garley Building Fire in Jordan in 1996. In as early as the 1960s and 1970s Hong Kong has become the "world centre for light industries"[1] , but how were the fire safety measures in factories in the 1970s? This issue we bring you to the eve of the Lunar New Year in 1973 to investigate how a fifth alarm fire in Watson's Industrial Building killed 5 female workers and injured some 40 people including 7 firefighters. The incident has again reminded us that accident fires occur mostly because of inadequate safety awareness as well as a lack of understanding and preparedness in employers, whom have not provided sufficient training for workers during fires. The laws have also failed to keep up with the times.

Fire at Watson's Industrial Building burned over 36 hours killing 5 workers

According to the news archives, the Watson's Industrial Building (now Seaview Mansion, 2-8 Connaught Road West) Fire occurred on 9 January 1973, just before the Chinese New Year. The fire occurred at 2 pm when most of the workers were just returning to work after lunch. The origin of the fire was at room 1303 of 13/F, the location of the assembling unit of the Taylor Radio factory. It stored raw materials including turpentine and thinner water. During work, one of the workers discovered that the tin melting oven beside him has caught fire, and burning tin has splashed into the two turpentine cans on the floor, igniting both. During the first stages of the fire the workers have tried to use water-based extinguishers to put out the fire, but not only did it fail to douse the flames the water has dispersed the turpentine and in turn spread the fire [2] [3] . As the fire burned, workers crowded toward the exits and panic ensued [3] . Later, after the fire services arrived, the fire was once under control, but because of the various inflammables stocked in the factory the blaze reignited again at 4pm and a fifth alarm was raised at 6pm. The fire was finally extinguished after 36 hours [4] , thus earning it the name "marathon fire" [5] . Although the fire did not cause extensive losses in human life and properties, five young female workers succumbed in the blaze [6] .

The "Marathon Fire" sparked social concern over electrical safety and adequacy of fire safety equipment

The Government and relevant organizations had little to say about the incident, perhaps because it was near the Lunar New Year. At the time, on the second day after the fire broke out, the Director of Fire Services Alfred Wood and Police Commissioner Charles Sutcliffe visited the site, and Alfred Wood claimed that the fire at the scene had already died down [7] . Later, the Fire Services concluded the findings about the fire and pointed out the only issue was the presence of physical obstruction at the scene causing difficult in firefighting efforts. At the time Sir John Clague, President of the Hutchison Hong, also visited the site during the firefighting efforts [8] . Later, however, the public notice issued by Hutchison pointed out that the Watson' Industrial Building Fire was not as severe as many had claimed [9] . Although the incident failed to draw sufficient government concern, there was some discussion about electrical safety, and the bolstering of fire safety equipment and fire safety awareness among employees. There were also newspaper commentaries pointing out that many electrical supply facilities and wiring installation were not compliant with electrical safety requirements. Such sub-standard wiring was installed mostly by non-professionals who were not trained electricians, but by the factory staff. They were mostly apprentices and had not undergone professional training and lack related knowledge, so that after installation the wiring heated up from the resistance and short-circuited, causing a fire. There were also reports about how the company failed to take their annual checks seriously, and as such human error was also one of the causes for the accident [11] .

On another hand, the reports also pointed out the need for improvement in fire safety equipment and technique. As society and economy advanced, factories and residential buildings have grown skyward and yet the fire safety equipment was only suitable to cope with buildings of less height; when fire broke out at higher levels, nothing could be done [11] . Also, the fire corridors at the factory were often used as warehouses, blocking the way out. The factory owners also did not offer sufficient fire safety training or basic fire extinguishing knowledge to employees. These are all areas of concern for the society [11] [12] .

Tragedy reveals issue of child labour

Among the five workers deceased in the fire, one reported her age to be 16 when she applied for work, but her identity was falsified by borrowing the ID card of a friend [13] ; she was actually 13 and 6 months old at the time of the accident. In fact, according to the Industrial Labour Ordinance in 1922 the age of child labour was 10 at the minimum; this age was raised to 14 in 1937 [14] . At the time, with the industrial boom and the subsequent lack of labour forced many factories took the risk and hired child later. In 1978, with the implementing of 9 year free education, most children were only eligible to work at 15 after they completed secondary 3. It was then the issue of child labour was alleviated [15] [16] . Later, the government continued to amend laws with regard to youth and child labour to protect their occupational health and safety. These include: The Employment of Children Regulations under Cap.57 Employment Ordinance, which prohibits persons under the age of 15 to work in all industrial undertakings; the Employment of Young Persons (Industry) Regulation also limits the maximum work hours and work days in industrial undertakings so that they can work in safe conditions and environments.

The outdated fire safety system failed to catch up with the industrial developments

Apart from the issue of child labour, in the 1950s and 1960s there were numerous fire outbreaks that prompted the government to study various issues related to fire squad and to reform it into the Fire Services Department [17]. In 1964, the Department also implemented the alarm system that rated a fire according to its severity and impact, so as to determine its scale as well as the measures and equipment needed. In the same year, the Department also published the Initial Version of the Codes of Practice for Minimum Fire Service Installations and Equipment and Inspection, Testing and Maintenance of Installations and Equipment [18] to set a reference fire safety standard for new buildings. However, buildings completed before the 1960s were not required to upgrade to the relevant safety standards, such that they lack many of the basic fire safety facilities of the modern day for example automatic sprinkler system and smoke lobby doors. This explains why fifth alarm fires [19] had happened to many of the factory buildings in the 1970 – the cause was that the outdated fire safety facilities were inadequate to deal with the fast industrial development.

The slowness in amending relevant legislation caused the fires

The Watsons Industrial Building Fire of 1973 exposed many inadequacies in the relevant legislation. However, with many social concern groups founded only later in the late 1970s and early 1980s, there was little social awareness about the promotion of occupational safety and health and as such little was said about the tragedy. Also, the lack of civic monitor during the legislation made for slow progress and led to multiple accidents, for example the wig factory fire in 1981 (Issue 165), the Factory Fire in Tin Wan in 1984 (Issue 166), the Arson in HSBC Shek Kip Mei Branch in 1992 (Issue 163) and the Garley Building Fire in Jordan in 1996 (Issue 168), among others.

After the many fatal fires in the 1980s and 1990s, Fire Safety (Commercial Premises) Ordinance, Chapter 502, Laws of Hong Kong [21] and Fire Safety (Buildings) Ordinance, Chapter 572, Laws of Hong Kong [22] were only passed in 1997 and 2007 respectively. The articles require buildings to, at the time of construction, include adequate fire safety facilities and arrange for timely checks or maintenance to protect the safety of staff and resident of the building.

Besides fire safety ordinances, the Government has also promulgated the Factories and Industrial Undertakings (Amendment) Ordinance to protect the health and safety of factory workers in 1955. In the 1960s and 1970s during the industrial boom, the Government has failed to amend the laws in line with Hong Kong's industrial developments, such that employers have not adopted adequate measures to protect the workers. The lack of safety awareness and fire safety facilities caused the workers being underequipped during fires, and casualties ensued. The ordinance was only amended in 1989 to include articles on ordinary responsibility for employers and employees, with particular provisions on the responsibility of the owner to make arrangements whenever possible – including providing fire safety information and training for using fire safety facilities.

Although the legislation has come into effect, tragedies still occur. In 2010, a fourth alarm fire broke out at Lai Cheong Factory Building in Cheung Sha Wan, causing injuries and deaths. Later, a number of academics pointed out that although the Fire Safety (Buildings) Ordinance was enacted in 2007 that all buildings must be comply with modern fire safety standards, they do not necessary include factory buildings. As such many factory buildings built back in the day only adopt the fire safety standards of the 1960s, and if accidents happen the consequences will be dire[23] . In overview, although the Government has imposed more stringent regulations for fire safety and occupational health and safety with promulgation of a series of guidelines and laws, relevant measures have not been updated and implemented adequately. The lives of the public are still under threat.

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Excerpt of Occupational Health Study Report for the use of Display Monitors by Clerical Staff in Non-government organizations

Foreword

As technology develops, display monitors have become increasingly crucial to work applications. In a study on occupational health issues related to the use of display monitors by clerical staff in non-government organizations (NGOs) conducted in 2011, the Centre discovered that clerical staff faces severe occupational health (OH) issues, including musculoskeletal disorder, and insufficient support from superiors. Because of the relative restrictions in resources at non-government organizations, clerical staff in these organizations faces similar OH issues which affect their work and life. The Centre has conducted this study to gain a deeper insight into their situation.

Aim and Methodology

The study aims to study the OH issues related to the use of display monitors by clerical staff in NGOs. It hopes to provide the industry and the society with concrete data to draw upon, and to work together to offer suggestions of improvement. On one hand, we hope to promote awareness among organizations and staff for the issue, so that they may work to prevent the formation of musculoskeletal disorders; and on another hand urge the government to consider amending the legislation or adopt other measures to further safeguard the OH of clerical staff.

A Participatory Action Research model is adopted and data is collected via two channels: questionnaires (136 clerical staff working in NGOs successfully interviewed) and case interviews with relevant staff members (focus groups conducted with frontline and management workers at 6 NGO organizations). We collect information on their regular work conditions, work environment and facilities, monitor-related OH preventive measures and health issues arising from its use, conduct analysis and obtain conclusions, and come up with feasible suggestions for improvement.

Results of study

Consolidating the quantitative and qualitative results of the questionnaire and the focus group interviews, we discover that staff of non-government organizations tends to suffer from a certain degree of musculoskeletal disorders – the longer their hours of work the more severe their degree of disorder. The bodily areas that suffer such disorders are mostly their cervical vertebrate and shoulder. The cause is mostly a lack of work space, causing sub-optimal monitor placement and work posture. The most common example is a small keyboard drawer causing the keyboard and mouse to be placed separately – the mouse on the desk and the keyboard below. This causes the arms to be raised than necessary for long periods causing muscle wear.

Although many organizations would apply for subsidies to implement OSH measures for employees, the themes focus only on physical work or rehabilitation-related, load-bearing tasks, and support for clerical staff were relatively lacking. Also, because of their heavy workload, clerical staff tends to ignore OH issues related to computer use. Even if some of the managing staff would arrange time for short breaks and stretching exercises, their subordinates tends to sacrifice the break for quicker completion of their work. Results from both qualitative and quantitative studies indicate that training is the most effective way to promote OSH awareness – more so than merely passing information.

Meanwhile, upon comparing the results of this study with that of a similar 2011 study, it was discovered that: although government clerical workers spend more time on the computer than their NGO counterparts, the former experience a more severe degree of musculoskeletal disorders. Nevertheless, government departments offer less support to the staff than NGOs, no matter in legal information, risk assessment or in training.

Conclusion and suggestions

The results of the study indicate that clerical workers at NGOs face certain OH issues in their daily work which may pose health problems. Thus, the centre has made suggestions for NGOs which they may adopt to improve the work conditions of their staff.

1. Actively arrange those who are trained to conduct monitor-related risk assessment for each staff member, and inform them of the immediate results and solutions.
2. Have the director or superior set breaks for clerical staff and engage in stretch exercise, so as to alleviate their physical and mental tensions.
3. Arrange for compulsory OSH training and encourage the staff to participate in such activities during work hours, to help promote OSH awareness.
4. Establish an OSH related model to optimize monitoring of OH status, promote staff participation and model of implementation, so that the staff has the chance to voice their opinions regarding the work place, to achieve staff participation and cater to the real needs of the staff.

Meanwhile, the Government plays an important role on the issue. The following are suggestions for the government in hopes that it will help to improve work conditions and awareness among staff and employer for the correct use of display monitors.

1. Enforce the promotion of Occupational Safety and Health (Display Screen Equipment) Regulation (the Regulation) and organize public exhibitions so that users may know their own rights. Also, targeting industries that require heavy computer use, the government should make sure the employers and the management know the laws and their responsibilities.
2. Review existing laws to see if the employers are given sufficient protection, and consider amendment of the Regulation to respond to current developments in science.

More comprehensive support for clerical staff including providing relevant information and training, so that any musculoskeletal disorders that have developed will not deteriorate, affecting their health and work efficiency.

A regulated lifestyle helps injured workers overcome the negative impacts of injury

More than 40 thousand cases of work related injuries happen each year. After an injury, workers hope mostly for suitable treatment and recuperation, and to resume their duties. However, the current Employee's Compensation Ordinance failed to cover the scope of recovery and resumption of duty. During the entire recovery process, the injured worker has to deal with all sorts of anxiety and hurdles: a lack of understanding for the injury, the recovery process, and the role played by physiotherapy; employers failing to take suitable measures and make work arrangements – these all constitute stress for the worker. The chronic pain also affects the daily life and work of the worker, impacting negatively their mood and thoughts. Suffering from depression, anger and negative emotions, the worker may argue with employers, doctors, friends and family over the injury or other matters. During recovery and treatment, the worker may lose their regularity and hence their sense of direction. These many factors may drive the injured worker to extremes: they may stay at home all day and lose the chance of successful return to duty.

To help injured workers cope with the change in life, Hong Kong Workers' Health Centre has organized a series of seminars on work injury recovery topics and services. They include: the addressing and adjustment of work injury issues; "how to befriend your pain", "adjust your mind-set for successful work resumption" and "procedures for medical recovery and work injury". Through regular seminars workers may not only get the opportunity to learn to face the challenges of injury, but also keep in regular contact with the outside world and rebuild a sense of regularity.

Seminars on work injury recovery and introduction of services offer workers:

1. Lifestyle Redevelopment

After injury, workers may be abruptly interrupted from their work life and suffer changes that they are not prepared for: worsening quality of sleep, mood swings, and others. In more serious cases, they will suffer from depression, become isolated, lose interest in their surroundings, become dispirited and lose regularity in life. This seminar series offers a chance for workers to meet their peers and provide a place for supportive gathering, where they can also expand their life circles, build communication channels with staff and other injured workers, build up a regulated lifestyle and regain their balance.

2. Disseminating Information

At the seminars, the presiding instructor presents on the theme, including: pain management, work prospects, issues of work injury and medical recovery, etc. On the seminar they may hear how other workers face and overcome challenges, study different cases and offer each other encouraging words. This offers a supportive and informative platform for injured and recovering workers.

3. Peer support

After joining the seminars workers may share with their peers the difficulties they are facing; they may also learn how other injured workers handle different situation, offering them concrete support and reference for possible future changes. They may be more equipped mentally and more ready to seek support when they are aware that there are those who share similar experiences.

4. Case management and follow-up

Besides being a source of information, the seminars also provide a chance for the centre to offer suitable case management services for participants to address the various issues in their recovery progress. The services cover: post-injury notification and compensation issues; work adaptation and changes or mood disorders; other resources referral and information provision. The aim is to provide workers with a support network.

Case sharing

Ms Ho, who was once injured herself, joined the seminar during her recovery. She shares with us her experience of the seminars:

"In the seminars I have met a group of peers facing the same adversity and staff members who have been very helpful. In the past our family and friends had their own circles of life, and during my recovery I had to face the challenges on my own, and sometimes it was lonely and difficult. I was fortunate that the Centre staff invited me to the seminar and I gave it a try. I acquired lots of useful information there, and as a result I joined the training courses at the Centre. In different classes we were taught to deal with various situations and we learned a lot. Our peers in the class spent many happy days together. Now that we have graduated, we miss the time we spent together and sometimes we would meet up for yum cha."

5. Conclusion

It is normal for one feel helpless in the face of adversity. One needs to understand that any one of us is limited in our capabilities; there are always times when we need support. We must try to take the first step forward and seek social support. We may be surprised to discover company on our paths to recovery.

News release for the Action Study on Occupational Safety and Health of post-natal care helpers

Hong Kong Workers' Health Centre (HKWHC), together with the Hong Kong Domestic Workers General Union, organized the media conference for the Action Study on Occupational Safety and Health of Post-natal Care Helpers. Recent years have seen a rising market demand for post-natal care helpers (PNC helpers). According to the study from the Employee's Retraining Board, in 2011/12 the number of persons having completed PNC helper training programmes was up 65% compared to 2009/10. HKWHC hopes that this study will help us learn more about the occupational health status of PNC helpers, and, through the media conference, publicize the results to the government and the public. We hope to raise public concern about the issue as well as urge the government to address existing issues.

The Government has taken a free market approach toward the PNC industry. Most PNC helpers come into contacting their employers through privately run agencies or community organizations. According to the HKWHC study, PNC helpers were affected by a number of occupational health issues; they may not be adequately protected for such issues because of a lack of government support or monitoring. HKWHC hopes that the Government and relevant institutions may reallocate community resources and establish policies and enforce OSH training for PNC helpers, while urging employers to improve OSH conditions at the world place, exercise social responsibility and protect the OSH of PNC helpers.

Conference on Joining Hands to Eliminate Asbestos Hazards cum Signing Ceremony for "Asbestos Risk Abatement Charter"

Asbestos is a carcinogen recognized by the World Health Organization (WHO). Over 50 countries and nations have implemented laws to stop the use of all kinds of asbestos and asbestos containing products. Because of a general lack of understanding about the hazards of asbestos, the Pneumoconiosis Compensation Fund Board (PCFB), as the statutory organization for conducting and funding asbestos prevention events and compensation work for asbestos victims, organized on 7 November 2013 the Conference on Joining Hands to Eliminate Asbestos Hazards. Participants of the conference were given the chance to learn more about the hazards of asbestos, the laws of Hong Kong regarding asbestos restrictions, preventive education experiences local and overseas, which will help us formulate future strategies of prevention.

Besides inviting Professor Ken Takahashi, renowned scholar in the field and Director of the WHO Collaborating Centre for Occupational Health to present a keynote speech, representatives from government and NGOs also shared their experience. The PCFB also took the occasion to jointly sign the "Asbestos Risk Abatement Charter" together with 13 Government Departments, professional bodies, labour and employer associations and social services groups. Hong Kong Workers' Health Centre has always been supportive of a full ban on asbestos in Hong Kong. It welcomes the PCFB's initiation of the signing of the charter and hopes that the government departments, stakeholders and collaborating groups will work closely together toward protecting the health of the public of Hong Kong.

Mr To (3rd from the right) attends roundtable discussion on behalf of the Centre

Director of the Centre Mr. Percy To (3rd from the left) Signed the Charter on Behalf of the Centre

Organizer :

香港建造業總工會
HKCIEGU

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, 2014 – 31st Dec, 2015

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
HKCIEGU

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 prgramme 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

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。本局一向因應社會當時的需求，設計合適的課程來配合。以下為2014年4-9月新增的職安健訓練課程：

1. 供連接懸空式竹棚架個人防墮裝置的繫穩錨固裝置的選擇、安裝、使用、檢查及測試合格證書課程

懸空式竹棚架在香港廣泛地應用於大廈外牆修葺和僭建物拆卸工程中，以提供安全的進出口及工作台，使員工能夠安全地進行高空工作。在懸空式竹棚架工作時，防墮系統是避免在高處工作時墮下傷亡的最後防線，而繫穩錨固裝置是防墮系統的重要組成部分。

工作台的塌下及工人連同防墮設施或裝備從高處墮下的意外時有所聞。要確保防止下墮的危害，管理及相關人士應了解不同類型的繫穩錨固裝置的應用、安裝要求及限制。本課程的目的是使學員認識供連接懸空式竹棚架個人防墮裝置的固定繫穩錨固裝置的安全標準及類別，及如何正確選擇、安裝、使用、檢查和測試此等裝置及理解進行拉力測試的要求和程序從而避免意外。此課程適合從事建造工程、裝修及維修工程的人士修讀。課程的適用範圍只涵蓋懸空式竹棚架的搭建、拆卸及改裝和在這類棚架上工作時，供連接個人防墮裝置的繫穩錨固裝置。

2. 分析及預防嚴重工傷意外

本港的職安健水準不斷提升，而近年各方對工作安全的要求亦大大提高。作為職安健管理人員對促進職安健的工作亦不容鬆懈，尤其那些高危、易生意外的行業和工序，例如建造業、貨櫃處理作業、高處工作、電力工作、密閉空間工作等。此課程旨在透過一些嚴重或致命的工傷意外個案，提醒職安健管理人員和安全主任對職安健的關注，並借鑑合適的危害控制系統及措施，避免同類意外再發生。

3. 美容業的激光安全基礎及安全使用光學儀器

本課程旨在為美容師提供從事美容激光、彩光工作時常見的職安健危害及應採取的控制措施，提高他們於工作時對光輻射危害的警覺性。本課程適合相關醫護人員、美容院負責人及行政管理人員報讀。本課程內容根據香港特別行政區政府衞生署發佈的《私家醫院、護養院及留產院實務守則》第 22 章激光和強烈脈衝光服務，作為教學大綱，並由美國認可的激光安全顧問授課。

職業安全健康局
OCCUPATIONAL SAFETY & HEALTH COUNCIL

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International Symposium on Work Injury Prevention and Rehabilitation 2014

14-16 November 2014

Guangzhou Baiyun International Convention Centre, Guangzhou, China

Important Dates:

Pre-conference Workshops

12 to 13 November 2014 (Hong Kong)

Deadline for Abstract Submission

31 August 2014

Deadline for Early Bird Registration

30 September 2014

Main Themes

- Prevention of Work Injury & Occupational Diseases
- Medical Rehabilitation for Work Injuries
- Occupational Rehabilitation for Work Injuries
- Case Management for Work Injuries
- Disability Management for Work Injuries
- Social Policy for Work Injury Prevention and Rehabilitation

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

Hong Kong Workers' Health Centre

Guangdong Provincial Work Injury Rehabilitation Center

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肺塵埃沉着病補償基金委員會
PNEUMOCONIOSIS COMPENSATION FUND BOARD
(Hong Kong Sponsorship)

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