



The implementation of standard working hours and the issues of occupational health and safety thus incurred

Occupational Health Education

- ▶ Review of major occupational health incidents in Hong Kong:
 - The outbreak of the SARS (Severe and Acute Respiratory Syndrome) epidemic
 - Stonecutter island sewage treatment plant incidents in 2009 and 2010

What's New

- ▶ 29th Annual Grand Meeting cum Occupational Health Symposium – Successful conclusion of the “Training and development of occupational health profession”
- ▶ The Workers' Health Centre has received the OHSAS 18001:2007 certification



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Editor's Note

With long working hours affecting the occupational health of employees, over the past two years the Centre has been monitoring closely the formulation and legislation of the policy of standard working hours, and has tendered suggestions to the standard working hours committee. Key points of the suggestions are summarized in this issue so that readers will better understand our positioning.

Also, on the topic of major occupational health incidents, we have compiled cases from the SARS epidemic in 2003, and taking the perspective of occupational health of medical workers, we investigate how the SARS epidemic affect the medial workers of that period and attempt in bringing about renovation in the medical system and facilities in Hong Kong.

The implementation of standard working hours and the issues of occupational health and safety thus incurred

In 2012, the Labour Department conducted a study on the policy of standard working hours (SWH) with a detailed analysis of how different countries implement SWH and the impact of such a policy on Hong Kong. The Centre has always been concerned about the consequences of long working hours of the occupational health of frontline workers, and has hence tendered our suggestions for the Standard Working Hours Committee about the items of consideration for implementing SWH mentioned in the study. Below are the positioning and suggestions of our Centre:

1. Legislating for standard working hours

The Centre believes that SWH legislation is vital. The act of legislation helps to laid down a standard for employers and employees to follow and a framework with which to regulate employers and handle non-compliance. The centre also suggests that after legislation, the government should give employers and employees one buffer year to arrive at agreement regarding work-hour standards. Should the employer violate the standard, he/she would be committing a criminal offence and be susceptible to a minimum penalty of an effectively deterring amount.

2. The policy should focus on “preventing negative health impact in workers caused by overworking”

SWH policy should balance worker health and their right to work overtime. If the policy only focuses on overtime remuneration but neglects regulation of work hours, this would normalize overtime work as a part of the worker’s salary and welfare, allowing workers to earn extra income through overtime work.

The Centre therefore suggests that besides compensation for overtime work, the policy should also make provisions for overtime duration and impose a special levy on “overtime compensation” tax, so that workers would not take on too much overtime work. Employer and employee should also sign an agreement on overtime work detailing the actual arrangements for overtime work including “voluntary overtime work hours per work day”, “total voluntary overtime work hours per month”, “requested overtime work hours per work day”, “total requested overtime work hours per month”, to be effective upon signing by both parties.

3. Provide a clear definition of working hours and mandate rest hours for workers

The Centre suggests that the government should offer a clear definition of work hours so as to fully guarantee worker’s rights and avoid employment disputes. The policy should also include rest and meal times during work period as paid hours, so that workers have a chance to rest their body and mind. The centre also suggests that the government clearly define work hours for workers by setting required rest hours in the one working day and in two consecutive working days, and one day-off every week, so that workers have sufficient personal time to balance work and family duties.

4. Setting suitable work hours for self-employed workers and those from different fields of work

The Centre suggests that the government should establish suitable working hour standards for self-employed workers, with the practice and monitoring to reference that of the MPF regulations. Also, because of the nature of certain professions (on-call work including firefighters and doctors) and workers with special needs, for example pregnant women and youths, the Centre suggests that the Government should formulate separately flexible and special work hour arrangements.

The Centre hopes that the SWH committee and the government will take into consideration the above suggestions when conducting discussions about and formulating SWH policies, with a view to protecting the occupational health and work-life balance of workers across different fields of work in Hong Kong.

Review of major occupational health incidents in Hong Kong : The outbreak of the SARS (Severe and Acute Respiratory Syndrome) epidemic

In the past issues, this section has reviewed some major fire incidents in Hong Kong that occurred in the late 20th century, and explored the potential risks of fire hazards for employees. This issue, we will turn our attention to the hazards posed by diseases and review the global pandemic caused by a new virus strain – the SARS (Severe and Acute Respiratory Syndrome) virus.

Besides fire and industrial incidents, biological hazards poses potential health threats to worker's health, especially medical workers coming in close contact with the sick. During community outbreaks, there is a chance that the infected will spread the virus in the hospital. If the hospital has not installed suitable ventilation and isolation facilities to stop the spread of the virus, or that the authorities do not have in place suitable infection control measures, or that medical workers do not have suitable protective gear, frontline workers will be exposed to great hazard. In the following we will review the SARS epidemic and investigate the issue of occupational health of medical workers.



299 unfortunate deaths among 1755 persons infected with SARS^[1]

The SARS pandemic has affected different countries and regions. According to reports from the World Health Organization (WHO) and from the Government's expert committee, the epidemic first broke out in Guangdong province in January 2003 and later spread to different regions. In 21 February a retired professor of Guangzhou University brought the infection to Hong Kong when he checked into a local hotel. Without little understanding of the epidemic the government and the Hospital Authority (HA) failed to take effective infection control measures, causing the disease to spread with new infections among medical workers and the general populace^[2]. On 10 March, multiple cases of infection broke out in ward 8A of Prince of Wales Hospital (PWH). Later, the government identified that one patient has visited at the hotel where the professor from Guangzhou had stayed, making him patient zero of what was to become 143 cases of infection at Prince Wales hospital.^[3] Besides hospital infections, two weeks after the outbreak at PWH a community outbreak occurred at Amoy Gardens. A former patient of PWH who had received treatment during the prior outbreak visited his brother on March 14th and 19th, and spent the night at his apartment at block E. Later he was diagnosed with SARS and became patient zero of the Amoy Gardens community outbreak. The virus, spreading by air in Amoy Gardens, infected 329 residents of the estate^[4]. As the epidemic continued to spread, WHO issued a travel warning to Hong Kong on 2 April, which at the time had 708 confirmed cases and 16 deaths. On 23 June WHO removed Hong Kong from the list of epidemic regions, signalling the end of the 4-month epidemic^[2]. A total of 1755 cases of infection and 299 deaths were recorded^[1].

Social concern for high infection rate among medical workers

According to data from the WHO and the Centre for Diseases Control of the US, a total of 386 medical workers were infected with SARS – 20% of the total infected. 6 among them did not survive^[3]. The infection rate of SARS of medical workers in Hong Kong and of other epidemic regions were higher than that of other transmissible diseases, for example tuberculosis and hepatitis B^[3], and this was cause for concern. Legislators, relevant workers' unions and professional groups all expressed concern and views calling for improvement in ventilation and isolation facilities in hospitals, formulation of better infection control measures, and sufficient protective gear to protect the occupational health of medical workers.

According to the report from a Government appointed expert panel, the work environment in the hospital including poor ward designs and ventilation, and close proximity of beds facilitates the spread of the virus in the hospital, increasing the risk of infection among workers. Another study also points out that in the wards where the majority of worker infection cases occurred, the air flow of the air vent in the work station was far inferior to other vents in the ward, so that there was insufficient positive pressure near the station to block out the air carrying the virus, increasing the chances of infection. Besides the above engineering measures, infection control was unsatisfactory in the hospital. Although a guideline was provided by the HA, it focused on preventing the contraction of infectious diseases during the patient's stay in hospital and did not address the possibility of infection and prevention measures for medical workers. Also, the HA guidelines of infection control for example quarantine procedures and specifications of personal protective gear were not fully implemented during the outbreak, so that the patient zero was not identified as a high risk individual and quarantined. This also increased the chance of infection among medical workers.^[2]

Not only has the HA failed to implement the above engineering and administrative measures to minimize risk of infection among medical workers, hospitals have also failed to provide sufficient protective gear to workers in accordance with the infection control guidelines issued by the HA. According to the guideline, basic gear for example the stock of N95 masks should be sufficient for 7-day use for all medical workers, but the stock in most hospitals were lower than this standard and not enough to be issued to all medical workers^[2]. Only those in contact with high risk patients were issued full protective gear and many workers had to use the same mask for several days, and goggles were often reused after sanitation. This lack of protective gear heightened the risks of infection among medical workers^[8]. During periods when stocks of N95 masks were insufficient, some in the medical field has mistaken surgical masks as offering equal level of protection as N95 masks^[7], which further weakens the sense of preventive awareness among medical workers.

Targeting the insufficiency of hospital facilities in curbing the spread of the virus, the Legislative Councillor (Medicine) cum President of the Medical Association Dr. Lo Wing Lok urged the HA to draw from the experience and strengthen the patient isolation facilities in hospitals to curb virus transmission^[9]. He pointed out that some hospitals can suspend non-urgent services, repurpose wards, reduce patient density in ordinary wards and SARS wards, and increase space between beds to minimize risks of cross-infection. Dr. Leung Ka-lau, the President of Hong Kong Public Doctors' Association, believe that prevention should be paramount, suggesting that the government build a transmissible diseases hospital that conformed to world standards, providing sufficient isolation wards and state-of-the-art ventilation systems, with space for medical workers to sanitize themselves and change protective gear^[10].

In infection control and training measures, Dr. Lo believed that strengthening the training for medical workers minimizes chances of infection in frontline workers. He pointed out that successful infection control did not reside in one or two seminars or in one-way training, but in having professionals spending a whole day monitoring the work procedures of frontline workers, pointing out the insufficiencies and errors so that all loopholes were rooted out and chances of infection were minimized^[9]. Also, President of the Hong Kong Nurses General Union Chan Kong Yeung also suggested worker training be reinforced. He pointed out that the medical knowledge of health service assistants and nurses in hospitals may not be sufficient to deal with infectious diseases like SARS. Targeted training to deal with infectious diseases



should be provided, and the HA should also laid down a long-term training plan so that medical workers are sufficiently equipped to face the challenges posed by infectious diseases^[10].

Improvement measures to safeguard occupational health of medical workers



The SARS outbreak revealed that our medical system and infection control system could not effectively cope with major epidemics. The Government and the HA hence started reforming the medical system and facilities and protect the occupational health of medical workers. The HA accepted suggestions from a government appointed committee and set up a Centre for Infectious Diseases at Princess Margaret Hospital, which would take in and isolate the first infected during an outbreak. The isolation ward is equipped with 108 beds which are all placed in discrete isolation rooms, with only one or two beds per room. The rooms are also equipped with negative pressure air condition and highly effective air filtration systems^[11]. Each ward is also given its own changing area to separate clean and contaminated areas, preventing cross infection^[12].

Also, to ensure there are sufficient trained workers to cope with major incidents, the HA has arranged job rotation programmes for workers so that more doctors and nurses can obtain experience in intensive care. Staff are also arranged to join infection control courses. In the 2nd half of 2003 1,900 infection control training sessions were held to boost infection control capabilities of hospitals^[11]. On another hand, the HA also mandates that all staff working in patient environments, including HA and contracted workers, must be proven on record to have received training on SARS handling. 10,000 basic employees would also receive basic infection-prevention training in each year thereafter^[12].

Targeting the occupational health of medical workers, the Legislative Council passed an amendment to the Employees Compensation Ordinance to list SARS as an occupational illness. Employees engaging in SARS-related high-risk occupations for example medical workers and lab technicians may be exempted from proving their work as cause of illness, hence speeding up the claim process^[13].

Overall speaking, after the SARS epidemic the Government and the HA has undertaken numerous reforms to protect the safety and health of medical workers and the general population. After the SARS epidemic there have been cases of infection involving the pig influenza and H5N1, N7N9 viruses, and the Government has been successful in isolating the infected and preventing community outbreaks. In the H7N9 outbreak last year, the Government and the HA have immediately raised the alert response level at hospitals to “serious”^[14], which meant strengthened infection control measures, sufficient stock of medicines and protective gear, and tightened checks at immigration^[15]. Up until April this year a total of 10 cases has been discovered and all are travellers from outside the region. No local infections or infections among medical workers occurred, hence proving the success of the infection control measures. The authorities should however remain vigilant against recurrence of major outbreaks.

Occupational Safety and Health Tips

In this issue's tips we will share with you the occupational health hazards that medical workers face during their work. Besides the biological hazards mentioned above, medical workers face various hazards including physical and chemical hazards. The following table lists the possible hazards, their causes and preventive measures. Engineering and administrative control should first be implemented before implementing preventive measures, and combined with protective gear the hazards can be largely minimized.

Type of Hazard	Factor	Cause	Control measures
Biological hazard	- Pathogens (Viruses, bacteria, fungi)	- Inhaling droplets carrying pathogens from the air - pathogens entering the body through skin wounds or injections - pathogens entering the body through mucous membranes including eyes, noses and mouth, and the digestive tract ^[16]	- Engineering control: installing local exhaust facilities at the source of contamination, using highly effective HEPA filters or UV air decontamination equipment ^[17] - Administrative control: implementing personal hygiene guidelines for medical workers, infection control guidelines, and guidelines for using chemicals and radioactive equipment ^[17]
Chemical hazard	- sanitation chemicals, cleaners, toxic and carcinogenic medicines	- irritant liquids and gases entering the body through eyes, airways and skin ^[18]	- Using suitable personal protective gear: masks, goggles, protective suits and gloves ^[17]
Physical hazard	- Radiation	- Contacting stray radiation when using diagnostic or therapeutic equipment ^[16]	
Ergonomic hazards	- Carrying heavy loads - Moving patients	- Carrying heavy loads or moving patients with incorrect postures	- Using suitable tools to move loads (e.g. trolleys) ^[19] - Undergo training to improve postures of carrying loads ^[19]

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Review of major occupational health incidents in Hong Kong : Stonecutter Island sewage treatment plant incidents in 2009 and 2010

Another major incident we will review in this issue is the two incidences of poisoning that happened in a sewage treatment plant, both caused by hydrogen sulfide (H₂S). Inhalation of hydrogen sulfide causes irritation to airways and eyes, cause painful throats, coughs and tears. Inhalation of low concentration causes headaches and dizziness, and inhalation of high concentration causes loss of consciousness or even death (Safety and Health Topics | Hydrogen Sulfide - Hazards, 2014). Besides poisoning, hydrogen sulfide can also cause lethal fires and explosions.

As one of the world's largest and highest density sewage treatment plants of its kind (Drainage Services Department, the Stonecutter Island Sewage Treatment Plant, 2009), the Stonecutter Island Sewage Treatment Plant processes our sewage daily to reduce pollution for the Hong Kong waters. Occupational health and safety measures are crucial as such a plant could be a hotbed for industrial incidences. In February 2014, one worker lost his footing and fell into a 3-metre deep sewage reservoir (Apple Daily, 2014) at Shatin Sewage Treatment Plant. The incidents that occurred in 2009 and 2010 were remarkably similar; both caused by hydrogen sulfide. Why did such accidents repeat themselves? They were actually preventable if suitable engineering control, administrative control and personal protective equipment had been adopted.

Escape of poisonous hydrogen sulfide at sewage treatment plant causes workers to lost consciousness



According to the study report by the Drainage Services Department, the 2009 incident occurred at 11:25am of 16 November (Drainage Services Department, the Stonecutter Island Sewage Treatment Plant Deodorization Chamber, 2009). At the time, worker A was cleaning the residue waste at the bottom of the chamber. Before the worker entered the chamber, qualified individuals had conducted a risk assessment of the Confined chamber and installed ad hoc ventilation facilities, and given the green light for workers to go inside. As worker A step on the liquid pooled at the bottom of the chamber, he felt a sudden dizziness and lost consciousness.

The alarm of the hydrogen sulfide detector he was carrying also sounded. Two other workers tried to help worker A but one fainted and the other was overcome by dizziness. The affected workers were later moved to a safe location to wait for the ambulance. After the fire services arrived they measured the gas concentration in the tank, founding the hydrogen sulfide concentration to exceed 60ppm, far higher than the 15ppm short-term exposure limit set by the Labour Department

Another incident occurred at 2:25pm of 7 May 2010 (Drainage Services Department, Industrial Incident Report, the Stonecutter Island Sewage Treatment Plant Sludge Dehydration Chamber, 2010), and four workers were working at ground level of the chamber. Before commencing work, safety personnel has conducted checking of the site and the portable gas detectors has cleared the area of dangerous levels of hydrogen sulfide. The ventilation fans were working normally and the lighting was sufficient. When the accident happened, one of the workers was working at the discharge hatch, but fainted as he bent to inspect the hatch. Another worker noticed the oddity of his posture and asked two other workers to check on him, but both felt dizziness and fainted. The only conscious worker notified his superior then called another nearby worker to help move one of the fainted workers to safety; later the superior came and helped move another fainted worker, though he too felt dizzy in the process. Later, with the help of other workers equipped with respirators, all dizzy or fainted workers were moved to open air spaces to wait for the ambulance. According to record, the nearest gas detector at the site recorded over 50ppm in hydrogen sulfide concentration, exceeding the safety limit.

Insufficient Occupational Safety and Health measures cause of incident

Occupational Safety and Health (OSH) measures include three levels: Engineering control, administrative control, use of personal protective equipment. In the successive gas leak incidents, there are inadequacies in all three levels leading to the accidents.

1. Engineering control: ventilation system not effective thus exposing workers to poisonous gases

Engineering control prevents harmful factors from entering the work environment, which minimizes worker exposure. In sewage treatment poisonous gases of repulsive odour are released including hydrogen sulfide. The plant has hence imposed numerous engineering measures for example installing mechanical exhaust systems to vent harmful gases.

In the 2009 incident the ventilation effect of the ad hoc exhaust system was unsatisfactory, which causes workers to be exposed to the poisonous gases. The incident review report of the Drainage Services proposed improvement suggestions for example using vacuum sweepers allows the procedure to be sealed and hence minimizes the need for workers to enter the chamber. They also suggested improving the design of the chamber to prevent liquid built-up and release of hydrogen sulfide. In the 2010 incident, engineering control was also inadequate. The incident report pointed out that all exhaust fans were working normally, but because hydrogen sulfide was heavier than air and tend to pool near the ground, when workers bent down to work they easily inhale excessive amounts of the gas and faint.

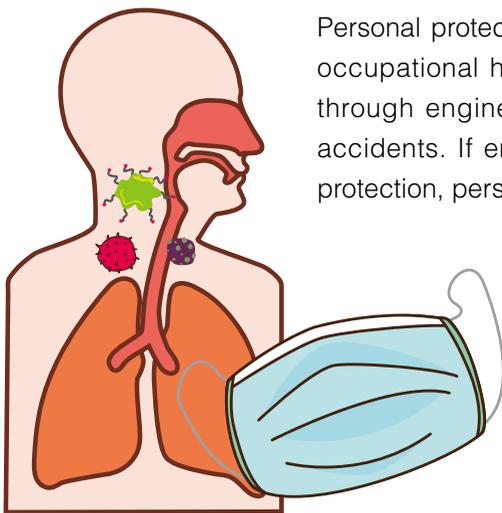
Another possible causes of the accident was the inadequate position of the exhaust fans, which were placed high up and could not clear out the pooled gases. Also, in installation of exhaust fans one should consider the potential gases in the area and the working principle of the fans, and install them correctly. Mr Patrick Yuen, President of the Hong Kong Society of Engineers, pointed out after the 2010 accident that the poisonous gases can be pumped out before workers enter the area, so that workers do not have to wear oxygen masks when working (hydrogen sulfide smells like rotten eggs and is easily detectable).

2. Administrative control: questionable effectiveness of the safety procedures and alert system

Administrative control refers to the implementation of administrative measures: setting of alerts, arranging training, job rotation, reinforcing supervision, so as to minimize the risks faced by workers. According to the industrial incident report by Drainage Services, the gases originated from an accidental opening of the inspection valve of the centrifuge. The inspection valve was removed by another team that worked at the site, but have forgotten to replace it. This indicates the work team may not be following the standard work procedures and that the later team have not conducted a thorough checking before starting work. Hence, for work that involves OHS, supervisors should monitor closely the work procedures and guidelines and enforce better communication between teams.

In the two separate incidents, workers were equipped with portable hydrogen sulfide detectors; and in the 2010 accident the site was installed with 7 fixed hydrogen sulfide detectors. In both incidents not one detector has warned the workers about the excessive concentrations of hydrogen sulfide. Although the detectors were tested and proven to be in working order, the incidents called into question the accuracy of such detectors and whether workers were using them properly, for example placement and angle. There are also suggestions that fixed detectors can be installed in the dehydration chamber in addition to portable detectors.

3. Personal protective equipment: the final line of defense



Personal protective equipment is, in theory, the last line of defense in preventing occupational hazard. If possible, hazards should be separated from workers through engineering and administrative measures and minimize the risks of accidents. If engineering and administrative controls fail to provide adequate protection, personal protective equipment is a must.

In the 2009 and 2010 sewage plant incidents, workers were not equipped with adequate personal protective equipment hence they succumbed to the poisonous gases. In the 2010 incident the site was designated a potential hydrogen sulfide hazard area, meaning workers must be equipped with respirators in accordance with the safety notice at the entrance, which they had obviously failed to comply. The reasons may be two-fold: management personnel failed to provide adequate supervision

and the workers were insufficiently aware of the hazards; or the workers were not given protective equipment. At the end, workers wearing respirators helped to move their affected colleagues to safety. Clear guidelines for work procedures and good supervision are keys to a safe work environment. In the accident report Drainage Services said it would organize regular lectures for workers and enforce the implementation of safety procedures and the monitoring to ensure all workers are aware of the hazards and suitable personal protection. Workers should also wear personal protective equipment as required by the guidelines, and should wear them properly to ensure adequate protection.

The gas concentration (60ppm) measured after the 2009 incident already exceeded the safety limit, and the concentration at the time of the incident should be higher. Such a concentration poses great hazard to workers, and thus without respirators others should not attempt to enter the site or perform rescue operations. Drainage Services should also reinforce training for handling accidents to lessen burden of rescue workers.

Risk assessment is essential whether or not the space is confined

The two incidents provide cause for concern about the worker's occupational health in confined environment, especially when poisonous gases are involved. According to the Factories and Industrial Undertakings (Confined Spaces) Regulations (Chapter 59AE), anyone entering or working in a confined space should be of at least the age of 18 and bearing a certificate authorized by the Commissioner to prove his competence. The proprietor or contractor shall also appoint a competent person to carry out an assessment of the working conditions in the confined space and determine the potential hazards, for example: fire or explosion, loss of consciousness because of raised body temperature, suffocating gases, smoke, vapour, insufficient oxygen, drowning from rising liquid levels, suffocation because of flowing solids (sand, mud), and make recommendations on measures to be taken in relation to safety and health of workers while working in that space.

However, the Factories and Industrial Undertakings (Confined Spaces) Regulations (Chapter 59AE) applies only to confined spaces. Non-confined spaces are only regulated by "Ordinary responsibilities" clauses under Factories and Industrial Undertakings Regulations, requiring that the proprietor "ensure occupational safety and health of the industrial undertaking". "Ordinary responsibilities" clauses did not require the proprietor to take concrete action to ensure occupational health and safety, for example taking risk assessment or necessary measures.

The work place in 2009 was a confined space and the one in 2010 was not; similar incidents happened in both. It is evident that the hazards of a space are not determined by whether it is a confined one; hazards can happen anywhere but tend to be neglected in non-confined spaces. One should thus target the real cause of the accident rather than the nature of space. If the government can legislate to regulate work spaces by the nature of hazards they pose, worker's health and safety can be protected and risks minimized.

Overall speaking, both incidents were caused by hydrogen sulfide but the reasons were different: in 2009 it was the inadequate design of the deodorization chamber and the lack of sealing of risky work processes; in 2010 it was because of workers' failure to comply to work guidelines and to wear suitable respirators. This reflects that all three elements: engineering control, administrative control and personal protective equipment are closely knitted and complement one another. Only by adequately fulfilling all three aspects can workers' health be guaranteed.

OSH tips

This issue of OSH tips introduces three gases common to confined spaces. Inhaling them causes similar symptoms hence they are easily confused with one another – in the two incidents mentioned workers had been suspected to have inhaled hydrogen sulfide and carbon monoxide. Besides poisoning, the gases in confined spaces are also combustible. Having a basic knowledge of gases in confined spaces helps us to learn about the hazards of working in confined spaces and ways to prevent accidents.

Gas	Odour	Nature and dangers	Symptoms upon contact	High risk work
Hydrogen sulfide (H ₂ S)	Rotten eggs, but numbs olfactory organs at high concentrations	Hydrogen sulfide is heavier than air and is thus often concentrated at the bottom of confined spaces and even within sludge. Touching the sludge at the bottom of the space releases the gas. Lethal at high concentrations.	Painful eyes and throat, coughing, shallow breath	<ul style="list-style-type: none"> Workers cleaning sludge tanks or large chambers Workers cleaning septic tanks Workers cleaning sewage drains Workers at oil or natural gas fields or refineries
Carbon monoxide (CO)	Odourless	Upon inhalation carbon monoxide forms a tight bond with red blood cells preventing them from carrying oxygen. Victim die from suffocation. Being odourless carbon monoxide is hard to detect making it difficult to escape in time.	Headache, dizziness, nausea, fatigue	<ul style="list-style-type: none"> Welders Garbage disposal workers Firefighters Diesel engine operators Shovel tractor operators Working in close proximity to large amounts of vehicles e.g. tunnel toll collectors, policeman, customs officers, taxi drivers
Methane (marsh gas) (CH ₄)	Odourless	Methane is highly combustible when mixed with air and can be explosive in high concentrations. Methane is itself harmless but it displaces oxygen in a confined space and leads to suffocation.	Symptoms of oxygen deprivation: headache, dizziness, nausea, fatigue	<ul style="list-style-type: none"> Workers cleaning septic tanks Workers cleaning sewage drains Workers at landfills

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29th Annual General Meeting cum Occupational Health seminar – Successful conclusion of the “Training and development of occupational health profession”



The Workers' Health Centre organized the 29th Annual General Meeting cum Occupational Health seminar – “Training and development of occupational health profession” at the Cityview Hong Kong on 22 June 2014. Friends and partner organizations attended the event to celebrate the 29th birthday of the Centre, and a number of keynote speakers shared the current state and future developments of the occupational health profession from different angles. Guests of the keynote

addresses include: Mr. T. W. Tsin of the Hong Kong Institute of Occupational and Environmental Hygiene; Dr. Henry Kwok, president of The Hong Kong Society of Occupational and Environmental Medicine; Ms Y F Yim of the Hong Kong Association of Occupational Health Nurses, and Ms. C. H. Lee of The Hong Kong Ergonomics Society. Besides keynote speeches, we also invited Mr Ip Wai-ming of the Hong Kong Federation of Trade Unions - Occupational Safety and Health Association and Mr. Alex Lau of the Hong Kong MTR Corporation to share their views and exchange opinions with the speakers.

The symposium was well received and with this chance we hope to provide a platform of exchange for all individuals and organisations concerned about the training and development of the occupational health and safety profession in Hong Kong, and to encourage more widespread industry concern about the issue of occupational health.

The Workers' Health Centre has received the OHSAS 18001:2007 certification



As times advance, the society has placed greater emphasis on occupational health and safety aside from the pursuit of quality and quantity. In 1999, the Occupational Health & Safety Assessment series standard (OHSAS 18001:1999) was officially launched with the recognition of numerous international occupational health and safety academic bodies, national standard bodies, and professional certification organisations. With its comprehensive occupational health management system and stress on the concept of “prevention”, many multinational companies and government bodies have made it

a necessary requirement for products and service providers.

The Workers' Health Centre (the Centre) has always been committed to furthering the development of occupational health in Hong Kong, and hopes that our team can work in an ideal environment. Through actively implementing forward-thinking preventive measures, we seek to minimize the chances of accident and occupational illnesses in our staff. The Centre's success in obtain this certification proves not only the management values of the Centre but serves also as motivation for our team. We hope to share with other partner organisations and stakeholders about the implementation and operation of the OHSAS 18001:2007 Certification, and together work toward securing better health for our staff and the general population of Hong Kong.

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, 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

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



香港建造業總工會
H K C I E G U



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

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2014/15年度部份新增的職安健訓練課程：



1. 健康心靈工作坊

都市人的生活節奏緊張，工作又非常忙碌，往往忽略心靈與健康的重要性。再加上現今世界發展迅速，科技不斷進步，職場管理人員除了要緊貼工作發展外，亦要懂得與上級及前線員工保持良好的雙向溝通。若管理人員欠缺良好的人際關係及溝通，又不善處理情緒，工作時必定產生不少磨擦及困難重重。

本課程旨在為管理階層的在職人士舉辦為期一天的工作坊，透過「心靈教育」的探討，學習健康心靈的建構及強調如何掌握情緒管理，改善及保持良好的人際溝通，減少不必要的磨擦，從而達致工作和諧共處及工作安全健康的目的。



2. 工作地點嚴重事故的緊急應變及救援演練

香港是一個先進的社會，市民可享有國際級水平的醫療和急救服務，這實在有賴香港的醫療及急救和災難救援的部門所作的貢獻。急救是災難事故應變，其中一個重要的環節，在過去十多年來，急救的工作已由搬運傷者往醫院，演變致由救援人員在現場為傷者提供即時的緊急醫療服務。



所謂防患於未然，工作地點必須有急救及緊急應變的安排。若工作地點發生嚴重事故，更必須要有周詳的急救處理及緊急應變計劃，來快速及有效地處理大量傷者的檢傷分類，並適當分配救援資源。因此，本局特別安排此課程，讓學員透過理論及實習，認識嚴重意外事故的應變原則及救援安排。



職業安全健康局
OCCUPATIONAL SAFETY & HEALTH COUNCIL

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Hong Kong Occupational & Environmental Health Academy (HOEHA)

The Hong Kong Occupational & Environmental Health Academy (HOEHA) is an independent, not-for-profit training and research organization. Our mission is to protect and improve occupational health for the working populations and environmental health for all. The main strategies include capacity building for occupational and environmental health professionals through integrated and specialized training, assessment of occupational and environmental health needs and challenges with evaluation of the strategies in addressing such needs through research, and facilitation of evidence-based practices in the field through knowledge transfer with accreditation and consultancy projects.

Background of HOEHA

In 2014, with the Hong Kong Workers' Health Centre (HKWHC, a non-governmental organization) entering her 30th year of commitment and services in protecting workers' health, members of the Board of Directors (including specialist medical doctors, occupational hygienists, rehabilitation therapists, social workers and other occupational health & safety professionals) decided to take a step forward in realizing their vision by setting up an academy (HOEHA) to provide quality training to professionals for enhancing professional standards and to facilitate the development of good occupational and environmental health practices in the field through research, accreditation and consultancy projects.

Objectives

1. To develop and provide professional training to occupational and environmental health (OEH) professionals in collaboration with various professional organizations. Training programs and courses emphasize capacity-building of OEH professionals in providing quality service to various stakeholders and the public.
2. To initiate or participate in research activities related to occupational and environmental health. Assessment of needs and challenges, as well as evaluation of the strategies in addressing such needs and challenges would provide support for evidence-based practices and developments in the field.
3. To develop and deliver accreditation and consultancy services in occupational and environmental health in support of knowledge transfer and exchange (KTE) in the field.

Our Services

1. Professional Training and Capacity Building
2. Research & Development
3. Accreditation and Consultancy Services

