Occupational Health

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

Implementation of the Participatory Work Stress Management Programme

Occupational Health Education

Review of Major events of Occupational Health in Hong Kong:

- Musculoskeletal Disorders (MSDS)
- Pneumoconiosis

What's New

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Editor's Note

In recent years one of the hot topics of discussion about work is "work-life balance". The Hong Kong public should realize the importance to address personal and family needs outside of work. Concepts such as the often-mentioned "work-stress management" has thus come to the fore: how can one minimize and handle the stresses our daily work creates, so that such stresses are not brought home and allowed to impact personal moods and family relations negatively? This is an important topic in occupational health.

Currently, stress relief measures commonly adopted include courses or services targeting the relieving of personal stress for example positive thinking, breathing training, and Tai Chi or Yoga exercise. Such trainings rarely target the source of the stress but focus on improving one's abilities to cope with stress. However, in the spirit of occupational health, the prevention of occupation-related illnesses or problems are of greater importance. In this light, the Centre has developed a Participatory Model for Occupational Stress Management", which aims to help organisations to establish a sustainable occupational stress management model according to the actual situation and culture of each organisation. In this issue's "Occupational Health" section, we will introduce relevant method and the Centre's experience of implementing this method for readers' reference.

This issue also includes a retrospective on major occupational health problems in Hong Kong - Musculoskeletal Disorders, and Pneumoconiosis. Compiling articles on major occupational health incidents written over the past years, the Centre published a book titled Major Occupational Health Events in Hong Kong – a Review, so that readers can review the major occurrences of occupational illness and accident, explore their impact on Hong Kong's social and economic developments, while providing a record for developments in occupational health and safety over the past half century.

At this moment of social unrest, the Centre as a not-for-profit professional organisation shall continue to strive towards the goal we laid down 30 years ago: safeguard worker's health. Our entire staff will continue to implement various projects in Hong Kong and on the mainland, in the hopes of finding like-minded compatriots on the less travelled road toward promoting occupational health.

Content

Implementation of the Participatory Work Stress Management Programme

Occupational stress has received much attention in many developed countries because the cost of stress is a severe problem for any country or corporation. According to a study conducted by the American Institute of Stress in 2006, US companies spend as much as US$300 billion on stress (including absences, resignations, and productivity); and according to a 1999 study by EU nation Sweden, cost of mental stress incurred for the country was about 2.9 billion Euros, taking up 2.6% and 3.3% of the two nation's respective GDP. [1]

Occupational stress related studies has also been carried out in Hong Kong. In a 2001 study by Lingnan University, 41.7% of the interviewed subjects complained of over-stress. [2] In 2013, the Hong Kong Federation of Trade Unions conducted a study in relation to occupational stress, with the result pointing to over 70% of interviewed employees suffering excessive occupational stress. They also pointed out that among the 20 cases of suicides in the year, most are employees including teachers and senior corporate executives; their reasons for suicide are more or less related to occupational stress. [3] With the globalisation of the economy and change in work model, problems of occupational stress plague not only developed countries and regions but also developing ones. In Mainland China, reports of workers suffering "death by stress" feature increasingly regularly on the media, accompanied by tragic sudden deaths or suicides of successful entrepreneurs.[5] This is clear indication that occupational stress may inflict not only irrevocable damage one's health or life, and will even bring about huge losses for companies and societies.

In the past 5 or 6 years, a number of stress-relief courses or services have sprouted In response to the various stress issues, but is occupational stress really resolvable through adjustments and management of one's emotions? According to the definition by the World Health Organisation (WHO), work-related stress is often caused by various reasons, possibly including: inadequate job design and work system, inadequate management model, poor work conditions and lack of support from colleagues and superiors. [6] Meanwhile, a number of international studies also point out that changes in organizational attributes including clear guidance/leadership and work requirement/expectation, management and distribution of workload, work-life balance are directly associate with staff attendance, turnover, satisfaction for work and work performance. [7] Also, some studies also point out that with a strong leader in an organisation, staff attendance and retention rates will rise, and work performance, work satisfaction and financial performances will all improve. [1] This list of indicators is also closely related to occupational stress, hence illustrating that prevention and remedies on an organizational level is far more effective to lowering the stress of the staff than through personal stress relief services.

Occupational stresses faced by frontline staff come from daily work, corporate culture and peers, but is often misunderstood. Traditional mode of management adopts a "hierarchical" model where every decision and order from the senior management is cascaded downwards shaping the operations of the entire organisation, such that the mainstay of the operations – the frontline workers rarely had any opportunity to express their views or provide feedback to their superior. For this reason the Hong Kong Workers' Health Centre (the Centre) has adopted the participatory Work Stress Management Programme (the programme), [8-9] a prevention-oriented model designed by the former president of the International Commission on Occupational Health Dr. Kazutaka Kogi. The ultimate goal of the programme is to help organisations design a management model that manages work-related stress in a sustainable manner, while able to fit in with its own culture and background. Using a "staff participatory" model of management and operation, a two-way channel of communication is established between frontline workers and top management, and frontline workers are encouraged to participate in the formulation of stress-prevention measures, such that the measures will better serve the needs of the "end-users" and the staff will feel a greater sense of belonging to the organization. The programme is comprised from different service components.

The flow is as follows:

Upon the formulation of the programme, the Centre has conducted a pilot service by working with an international corporate brand to offer trial services for her vendors in the Mainland, with the goal of showing real results for future application in the industry. After about half a year of intervention, the programme has reported initial success: before intervention, staff turnover rate was 18.51%; after intervention, it was down to 29%, a drop of 13.23 percentage points (see Table 1). Staff absence for reasons of illness or injury was 3859 days before intervention, and 2569 days after intervention, a drop of 33 percentage points (see Table 2).

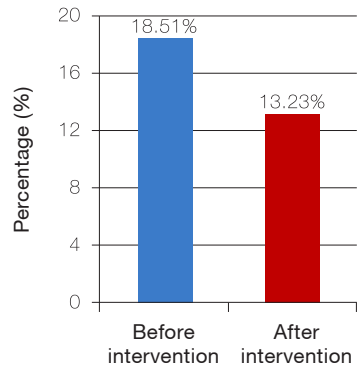

Table 1: Staff turnover rate before and after intervention

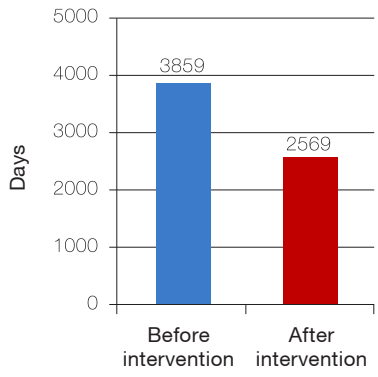

Table 2: Days Staff absence due to illness or injury

Also, "The Work Stress Prevention Panel" (The Panel) identified a total of 23 sources of occupational stress in the factory and addressed 16 of them within the intervention period. Through interviewing worker representatives including frontline workers, mid-to-senior level management, staff responsible for occupational health and safety and members of the Panel, we learnt about staff feedback regarding the whole project. Most of the interviewed believe that the new model can "contribute successfully to preventing and alleviating work stress". Most staff also welcome the establishment of the Panel believing that it "offers avenues and opportunities to voice their opinions".

The results of the pilot service show that the participatory model of work stress management has been recognised by a number of international and professional organisations and shows impact even among Chinese communities. Intervention from an organisational-level leads to a positive work culture that encourages mutual help and safeguards the mental and physical well-being of the staff.

Through the Centre's experience with implementing the pacticipatory work stress management programme, as well as sharing from workers about their occupational stress situation, we hope that organisations, employers and company management can be alerted to the importance of manging occupational stress, to promote health among workers just as the WHO has defined: "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." [10] Meanwhile, we also encourage and hope that more local organisations will accept and implement the participatory model that has won widespread international recognition and was recommended by various health and labour organisations, tackle occupational stress from an organisational level, and achieve a win-win scenario between organisation and worker.

Participatory work stress prevention training workshop

Meeting of The Work Stress Prevention Panel

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Review of Major events of Occupational Health in Hong Kong: Musculoskeletal Disorders (MSDS)

This article is excerpted from the publication "Major Occupational Health Events in Hong Kong – a Review."

According to definitions of international labour organisations, work-illness relations comes in three categories: occupational illnesses, work-related illnesses, and illnesses that affect the work population. Although the government has defined 52 kinds of occupational illnesses, many work related illnesses and illness that affect employees are excluded. [1] When we mention occupational health, the public is immediately reminded of serious industrial incidents involving injuries and deaths. However, amidst the breakneck pace and relentless pursuit for efficiency, many employees are forced to engage in certain repetitive work procedures using their limbs, leading to insufficient rest and relaxation and causing injury and inflammation of certain tendon tissues. The result is what is known as Musculoskeletal Disorders (MSDS).

The categories and causes of MSDS and their symptoms and influences

MSDS include damage to muscles, tendons and nerves, caused mainly by repetitive and brisk action, improper work postures, prolonged immobility and exertion only by certain body parts[2], for example lifting and transporting objects hurriedly and regularly, washing and ironing clothes repeatedly, regular cleaning work (e.g.: cleaning windows, sweeping and mopping the floor) and others. [3] Affected parts may become painful, swollen and heated, and if the affected is during activity, not only will the pain increase but weakness, numbness and even muscle cramps may also occur. In severe cases, patients may even experience joint stiffness.

Although 52 occupational illnesses are listed under the Employees' Compensation Ordinance, only part of the MSD symptoms are listed as occupational illnesses as below: [5]

Summary of occupational illness	Nature of work, industry or manufacturing process
Forearm cramps caused by repetitive action	Any occupation involving long periods of handwriting, typing or requiring repetitive action by fingers, hands or forearms.
Bursal synovitis or subcutaneous cellulitis in the elbow or its surrounding tissue caused by prolonged chaffing or stress	Any occupation that involves physical labour causing prolonged chaffing or stress to the elbow or surrounding area
Inflammation caused by injuries to the tendon or epitenon in the hand or forearm (including elbow)	Any occupation that involves physical labour or frequent or repetitive action in the hand or wrist.
Carpal tunnel syndrome	Any occupation that involves the use of power tools with internal vibrating parts the vibration of which will be transferred to the hand – but excluding occupations using exclusively manual tools.

Table 1: MSD related occupational illnesses listed in the Employees' Compensation Ordinance

According to statistics from the labour department, from 2004 to 2013 a significant number of MSD cases have been recorded with between 36 to 75 individuals suffering tenosynovitis (taking up 20.3% to 29.3% of all occupational illnesses), and surpassed the numbers for patients of occupational deafness and pneumoconiosis. MSDS thus deserve our proper attention. [4]

Besides bringing about considerable inconveniences, MSDS also impact the health and quality of life of those who suffered the symptoms. Also, the inability to resume work brings about significant economic and psychological burden, and this burden will extend to the family whom will be required to care for the sick in additional to the housework. On an organizational level, workers affected by MSDS will suffer lowered productivity or even work absences, which will in turn affect manpower arrangements and daily operations. After the affected individuals resume work employers may need make special arrangements or provide retraining for employees, which will require additional resources. Lastly, workers suffering MSDS translate into a loss of social workforce and economic productivity. Overall speaking, MSDS constitute a negative impact on the patient, their family, employer and even the society, and thus its prevention is of paramount importance.

How existing legislation / system addresses the issue of occupational illnesses / injuries

According to Employees' Compensation Ordinance (ECO), Cap 282 of the Law of Hong Kong, if an employee suffering incapacity arising from an occupational disease, if the disease is one due to the nature of any occupation in which he was employed at any time within the period immediately preceding the incapacity caused as prescribed, he is entitled to compensation as stipulated in the ECO. [5]

If you believe yourself to be affected by an occupational illness, you should seek help at any Government occupational health clinic or obtain a referral from a general practitioner. Once the illness is confirmed to be occupational related and compensable under the ECO, the clinic will help you apply for compensation and Labour Department will offer suggestions to the employer regarding the improvements to the work environment and work arrangements, to prevent more employees falling victim to occupational illnesses. [5]

Currently, workers suffering occupational illnesses are protected under the ECO, and the amount of compensation payable is similar to that of occupational injury. The ECO lists six types of MSDS as occupational illness, while other types of MSDS including that of the back and waist, neck and shoulder and upper limb pains, adhesive capsulitis, and osteoarthritis of the knee are all "health problems" but not "occupational illness". [6] One can thus see that the laws related to occupational illnesses are conservative and the protection only extends below the elbow; Musculoskeletal pains of the shoulder and upper arm are not included under occupational illnesses. Also, sufferers of carpal tunnel syndrome are only included and considered when the illness is caused by usage of power tools. Other lines of work that involve prolonged and repeating action of the hand, including clerical workers and laundry store workers, are not covered by the ECO.

Occupational Illness	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Tenosynovitis of the hand or forearm	43	75	63	35	40	39	48	70	69	38
Carpal tunnel syndrome	1	0	1	1	0	0	0	0	1	1
Total:	**44**	**75**	**64**	**36**	**40**	**39**	**48**	**70**	**70**	**39**

Table 2：Diagnosed cases of MSDS between 2004 and 2013 [7]

Response from the Government and concern groups in the society with regard to Occupational Illnesses

The issue of MSDS has long been prevalent in Hong Kong, with various responses and actions undertaken by the government and various social concern groups, for example research studies and public education.

Response of Labour Groups:

Responding to the issue of MSDS, many labour organisations have conducted surveys in relation to MSDS. In a 2011 health survey targeting grassroot employees, The Society for Community Organisation found out that over 60 per cent of interviewees suffer from ailments that are not covered by the ECO. The survey report also points out that the Labour Department neglects the possibility of "repetitive action" and "prolonged work hours" leading to occupational illnesses, and that there is a need to review Labour Legislation. [13]

The Federation of Hong Kong and Kowloon Labour Unions conducted a questionnaire survey in early 2012 regarding the "health situation of lower limbs of Hong Kong employees". The result shows that over 30 per cent of workers in the catering industry suffer pain symptoms, while about 20 per cent of service industry workers are affected. This indicates that the employees of the two industries are heavily affected by pain related symptoms. The questionnaire survey also indicates that many employers may not necessarily take suitable preventive action, showing that employers neglect the serious consequences of lower limb MSDS. [8] Also, other groups such as Arms Care hold regular rehabilitation workshops and join events promoting public awareness for hand strain, including requesting the government to include adhesive capsulitis as a compensable occupational illnsess.

Workers' Health Centre has conducted action research in partnership with various labour groups about MSDS, so as to promote awareness and improve workers' health. Such research cover various industries including security guard, supermarket staff, clerical staff and airfreight cargo loaders. After the action research, various groups have continued to follow up on the matter of MSDS. Just like former legislative councillor Yip Wai Ming has pointed out, the listed occupational illnesses in the ECO has not covered the MSDS suffered by airfreight cargo loaders and has requested the Labour Department to include general MSDS in the official list of occupational illnesses and implement strict monitoring. [14]

HKSAR Government

On the topic of MSDS, the HKSAR Government signed the Occupational Safety Charter promising a safe and healthy work environment through labour-employer cooperation. The Charter stresses that "Prevention is better than treatment. Both employer and employee should under the cause of occupational illness, be alert and take effective preventive measures." [15] Over the years, the Government has focused their efforts in funding various departments to promote occupational safety and health (OSH). However, on a policy level, for fear of increasing resources expenditure the Government has refused to include lower limb pain symptoms in the list pf occupational illnesses. The government has also refused to conduct in-depth research into lower limb MSDS across various industries – all of which are an indication of government neglect of the issue of OSH.

One can see that the ECO has failed to protect employees effectively such that employees who suffer MSDS are not adequately compensated. The scope of compensations should be reviewed such that more manifestations of MSDS are included as official occupational illnesses and offering affected employees adequate compensation.

Case sharing

Yee is now in her 20s and started working as a secretary at a trading firm two years ago. Her work mostly consisted of typing and documentation, and lasted from 9am each morning to late at night. One day during work, Yee felt pain and numbness in her right hand, which persisted even after she returned home. She sought advice from a physician, and was diagnosed with tenosynovitis caused by improper work posture. She was advised to stop work and receive treatment. Yee was shocked to hear the news and after ceasing work for a period, she was forced to resume work at her employers urging even though she has yet to fully recover. Suffering the pain she failed to even perform delicate tasks including using the stapler and puncher, and later was let go for her pain issues.

Suffering chronic pain and loss of work, Yee was forced to adapt to a new life. With the pain, she was forced to dine with plastic utensils and wear light clothing. When using the computer, listening to the phone and writing, she has to complete her work in 5 mins. Tenosynovitis brought her great inconvenience and presented a great obstacle for work.

Yee is now recovering with the help of pain medication and physiotherapy. With treatment, her arms have recovered some strength and nimbleness which allows her to make preparations for work resumption.

Yee's case is just a tip of the iceberg. Besides forearm tenosynovitis and carpal tunnel syndrome, many employees suffer RSI but were not compensated because of the nature of their work or the limitations to the list of official occupational illnesses. This is why we must address the full extent of the impact of RSI in order to minimize its negative impact on the labour population.

OSH Tips: Common MSDS

The following are some of the common MSDS and their descriptions：[3]

Illnesses	Description
Tenosynovitis	Pain happens at the wrist and near the thumb. Daily activities including pouring water will cause pain
Carpal Tunnel Syndrome	The nerves at the centre of the palm malfunction because of prolonged stress. Palm or fingers felt numb, swollen or stinging.
Tennis elbow	Outer elbow pain; heat or pain during activities. Pain can be caused by all activities.
Mechanical lower back pain	Working with improper postures for prolonged periods, e.g. sitting, retrieving documents or phone by turning, prolonged stress to lower back through sitting in a vehicle (professional driver)
Knee strain injury	Excessive climbing or descending stairs, prolonged squatting or kneeling during work, causing wear and tear of cartilage in the joint leading to chronic pain.

Ways to prevent MSDS:[3]

1. Stretching/warm-up exercises before work
   I. Increase bodily nimbleness to effectively prevent MSDS of muscle and joints
   II. Allow muscle thorough rest and prevent accumulation of stress
2. Proper work postures
   I. Avoid improper postures for example bent wrists or over-stretching
   II. Avoid excessive, prolonged, and rapid action

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Review of Major events of Occupational Health in Hong Kong: Pneumoconiosis

With the rapid development of the construction industry over the past decades, a significant area of hilly regions are levelled to provide building ground and the granite produced are used in civil engineering and building projects. However, without suitable control measures, silicon dioxide(SiO2) was widely released into the air. Workers at shipyards, construction worksites and caissons suffer greatly heighted risk of suffering pneumoconiosis upon extensive inhalation of harmful dust. [1]

After years of work, including improved legislation, risk awareness and personal protective gear, workers are much better protected against harmful dust and hence pneumoconiosis. In 2012, 12 new cases of pneumoconiosis are recorded in Hong Kong, ranking 3rd on the list of common occupational illnesses. The situation requires our renewed attention. [2]

Pneumoconiosis

Pneumoconiosis is a disease caused by prolonged inhalation and retention of harmful dust in the lungs, causing fibrosis of the lung. Common manifestations of the disease include silicosis and asbestosis. These illnesses may have an incubation period of over a decade, and may cause other respiratory illnesses including tuberculosis, lung cancer and bronchitis. [3]

Silicosis and Asbestosis is caused by silicon dioxide and asbestos dust respectively. As both lead to the fibrosis of the lung, symptoms include a choking sensation in the chest, difficulty in breathing, chest pains, reduced appetite, and shortness of breath. Most cases of silicosis are caused by prolonged exposure to silica dust, common in construction worksites. High risk industrial processes include quarrying, well drilling, tunnelling, rock processing and sand spraying using quartz materials and building and maintenance of bitumen surfaces. Maintenance and dismantling of boats, elevators, old wiring, piping, boilers, and old buildings are prone to contact with asbestos. [3]

Silicosis and asbestosis are incurable. WHO and its International Agency for Research on Cancer pointed out the harm of silicon dioxide and asbestos dust to the human body and stressed the importance of taking precautions. [2, 4, 5]

The Founding and Milestones of the Pneumoconiosis (Compensation) Ordinance

Passing of the Employees Compensation (Amendment) (Second) Ordinance in 1978 offers compensation to pneumoconiosis patients

In 1956, a voluntary mechanism is implemented at the Tuberculosis and Chest Service Centres to enhance the registration of silicosis cases. Later, a cross-departmental committee was founded in 1957 to tackle the issue of silicosis in Hong Kong. With new cases raising every year, the Government established a pneumoconiosis clinic in 1974 to deal with suspected pneumoconiosis cases.

Until 20 April 1978, the Government suggested amending the labour ordinance to make it mandatory for workers (and their relatives) of specified sectors,

industries or work processes to be compensated for part of total disability or death from pneumoconiosis. [8] The ordinance also suggests the founding of a Pneumoconiosis Compensation Fund and mandatory insurance to be managed by the Pneumoconiosis Compensation Fund Committee appointed by the Governor. Workers will be compensated upon diagnosis of pneumoconiosis, and those diagnosed before the designation of pneumoconiosis as an occupational illness will be issued a special subsidy based on the latest diagnosed level of disability.

As pneumoconiosis has a long incubation period and can be diagnosed at different stages of life, and thus the worker may have changed jobs multiple times before confirmed diagnosis. Therefore, the employer responsible for the compensation is often unclear. Also, if the worker has switched line of work before pneumoconiosis was designed an occupational illness, non-statutory compensation will be offered to the worker if the worker is diagnosed within ten years after the date of designation. Lastly, the Employees Compensations Ordinance (amendment) (second) bill was passed on 7 June 1978 offering compensation to workers suffering pneumoconiosis. [9]

Pneumoconiosis Compensation Formally Implemented

Although the drafted pneumoconiosis compensation ordinance was passed in 1978, the then Director of the Labour Department cited two practical difficulties delaying the actual compensation. [10]

First, according to the scheme only after obtaining proof of employment in a certain industry can a worker be qualified for compensation. However, the affected worker often found it difficult to obtain proof of employment. Secondly, workers suffering pneumoconiosis were often employed in the construction industry, but with the huge mobility of the industry employers found it difficult to follow the regulations. Thus, the Labour Department has coordinated with relevant groups and proposed the founding of the Pneumoconiosis Compensation Fund to be supported by fees tendered by employers of construction and quarrying industries.

Thus, amendments to the Employee's Compensation Ordinance was restarted after two years and the pneumoconiosis compensation scheme was implemented in two phases. The first phase was implemented on 10 July 1980, and stipulated that if sufferers of pneumoconiosis diagnosed before 1 January 1981 were uncompensated, they would receive a special subsidy from the Government. The amount of the subsidy will depend on the level of disability and approximately equal to the provisions in the ECO. The second phase of the ordinance was passed in the Legislative Council on 23 July 1980. [11] Starting from 1 January 1981, the authorities will levy a tax from construction and quarrying industries to support the Pneumoconiosis Compensation Fund. The Pneumoconiosis Compensation Fund Board will be responsible for levying the tax and compensating the sufferers. [12]

1993 Pneumoconiosis (Compensation) (Amendment) Ordinance – Lifetime monthly payments in place of a lump sum compensation

Between 1 January 1981 and 8 July 1993, there were 2,398 cases of confirmed silicosis and asbestosis under the ordinance. Those affected received a lump-sum compensation according to their level of permanent disability. [13] However, with faults in the compensation system silicosis and asbestosis patients often had to rely on their family or public welfare.

Between 1988 and 1990, with the huge surplus in the Pneumoconiosis Compensation Fund, many groups and Pneumoconiosis sufferers urged for the revision of the ordinance. Some legislators believed that the surplus should be used for prevention and redressing purposes, and long term support might be considered for pneumoconiosis sufferers to help with their medical and life expenses. Annual health checks might also be considered for sufferers. [14] Other non-profit organisations have also been proposing similar suggestions to provide subsidies for sufferers until they pass away. [15]

In 1990, the Government implemented a full review of the Pneumoconiosis Compensation Ordinance to calculate the amount of compensation according to loss of work ability or lung function with monthly payments. However, two years had passed with no progress made on the amendment. [13] Finally, with pressure on all fronts the Government passed

the amendment of the ordinance on 7 July. The most important aspect of the amendment is that pneumoconiosis sufferers may be entitled to monthly compensation instead of the one or two lump sum payments, and the compensation offered to certain sufferers are adjusted. [13]

Silicosis patients petitioning outside the LegCo for a review of the compensation ordinance [16, 17]

1996 Pneumoconiosis (Compensation) (Amendment) Ordinance – amount of monthly compensation unpegged from degree of loss of work ability

In the 1993 amendment bill, pain compensation has been added to monthly compensation though the calculation has pegged the amount to the degree of loss of work ability. However, this degree was determined by the highest lung capacity test method, and did not reflect the actual loss of work ability. The compensation is also deducted from the death compensation of the patient. The result was a staggering 51.6% of patients receiving no additional compensation as they did not suffer an additional degree of "loss of work ability", which was at odds with the intention of the amendment. [18] This caused wide spread discontent with concern groups and patients petitioning outside the Governor's House.

Up until late 1994, after the review of the compensation scheme, pain-related compensation is categorized into two levels, i.e. above 50% in loss of work capacity and lower than 50%. There were objections in the society urging the government to follow the suggestions of the medical society and all silicosis patients should be categorized as losing 100% of their work capacity, with compensations calculated accordingly. [19]

Pneumoconiosis (Compensation) (Amendment) Ordinance took effect on 1 April with the important amendment being that all patients joining the scheme after 9 July 1993 will be compensated for "pain, suffering and loss of joy in life". [20] In 1998, concern groups and legislative councillors suggested the compensation should be raised such that the a greater amount will be compensated for the aforementioned area. [21, 22]

Silicosis patients petitioning at the Governor's House to strive for monthly suffering-related compensation[19]

Mesothelioma included in the 2008 Pneumoconiosis (Compensation) Ordinance as compensable illness

Besides pneumoconiosis, there was growing social concern about frontline workers suffering mesothelioma, a malignant tumor that was difficult to diagnose and had severe health consequences. Each year there were about 4 to 5 mesothelioma patients and over 85% contracted the illness through contact with asbestos. As such, construction workers and ship builders were among the most severely affected. [23, 24]

Certain mesothelioma patients did not exhibit symptoms of asbestosis and was thus not covered by the Pneumoconiosis Compensation Ordinance. As it was not included in the list of compensable occupational illness, and also the disease may have an incubation period of up to 30 to 40 years, requesting compensation from individual employers may prove impossible. [23, 24]

In June 2006, the Workers' Health Centre requested the Labour Department to amend the ordinance to include mesothelioma in the Pneumoconiosis (Compensation) Ordinance. [23, 24] On 18 April 2008, the Pneumoconiosis (Compensation) Ordinance was renamed Pneumoconiosis and Mesothelioma (Compensation) Ordinance and the scope of compensation is extended to patients suffering mesothelioma because of contact with asbestos dust. [25, 26]

What can be learnt from the Pneumoconiosis and Mesothelioma (Compensation) Ordinance?

Since the passing of the ordinance in 1980, the ordinance has been subject to multiple amendments to become its current form today. Besides a lump-sum payment, the Ordinance also covers the needs of living, treatment and death of the patients. The compensation fund is managed and distributed by the Pneumoconiosis Compensation Fund Board and supported by taxes tendered by construction and quarry industries. Pneumoconiosis Compensation Fund Board comprises of members of the labour, employer, government and professional groups, and ensures compensation for patients while urging the government to expand the scope of coverage and compensation through amendment of the law, while allocating resources for the prevention, rehabilitation and research of the occupational illness. The operations and experience of the compensation fund have set an example for other occupational illnesses.

The Government may take reference from the success of the Pneumoconiosis Compensation Fund and further tie the employee compensation with the related occupational illness, forming a "centralized compensation fund" to save unnecessary costs and raise the amount of compensations. Further, monitoring for employee compensation should be enforced to ensure the implementation of the law. Also, more effective resource allocation to the Occupational Safety and Health Council, institutions, research institutions and hospitals to focus on the research, preventive education and rehabilitation of various occupational illnesses. In the short term, "central compensation fund" will offer suitable compensation for all employees of Hong Kong, and in the long term will promote OSH awareness among employee and employer, strengthen rehabilitation and treatment services, and allow affected employees to promptly return to the workforce.

Real Life Case of Pneumoconiosis

Kam (pseudonym) came to Hong Kong in the 1970s. He worked for a time as metal polisher and later joined the construction industry, both of which involved dusty work environments. He once considered the health consequences of working in such environment, but had little choice as he had to earn a living. He was also hesitant to complain as he saw that his co-workers did not even don a protective mask.

Later, Kam began to feel a shortness of breath and became easily fatigued with light work. Later, he was forced to rest at home. He was unaware of his condition until receiving a letter from the Labour Department one day saying he was suffering from pneumoconiosis. He was entitled to compensation as it was an incurable disease and could only be managed through medication.

Since suffering pneumoconiosis, Kam suffered poor health and had to hire domestic help. When going out, he needed to rest at every street corner and had to carry a prescribed inhaler. Because of this, he stayed mostly at home.

For aged pneumoconiosis patients, their condition has deprived them of normal leisurely life which affected their family relations. With his physical conditions, Kam had to stay home and all matters of family fall to his wife. He has no idea how to get along with his children, and his physical condition stops him from going out or joining family gatherings.

"I don't want to be a burden. I don't know how long I can live, and the wellbeing of my family is my greatest wish." This is also the wish of many pneumoconiosis patients.

Kam passed away from respiratory failure – a complication of pneumoconiosis – in 1999 at the age of 71. [6]

OSH tips: effective ways of controlling dusty environment

Silicosis and asbestosis are incurable, thus it is important to prevent the illness through taking suitable dust control measures. Employers and management should try to minimize the generation of dust in the workplace through measures including "engineering control and ventilation", "administrative control" and "personal protective equipment (PPE)". [5]

In "engineering control", material replacement, change in manufacturing processes, sealing and wet method may be adopted to minimize contact with dust. Also, using local ventilation, contaminants may be removed at the source to minimize pollution. Care should be taken to ensure the ventilation machinery is properly and regularly maintained.

Also, by taking suitable administrative measures including work rotation, environment monitoring, preventive education and regular cleaning, workers can be protected from the harms of dust. Regular health checks should be conducted to ensure workers are protected from such illnesses as pneumoconiosis and mesothelioma.

If these measures fail to control dust generation or lower exposure, personal protective equipment such as respirators should be used. Such gear should be checked to ensure its effectiveness, comfort and compatibility with other protective gear, and also whether they are properly used. Personal protective equipment is the last line of defence. If failing to use or used improperly, workers may be exposed to dust and their health may be in jeopardy.

If workers suspect they are suffering from pneumoconiosis, they should visit the Occupational Health Clinic under the Labour Department or obtain a referral from Tuberculosis and Chest Clinic for a detailed check-up at the Pneumoconiosis Clinic.

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Hong Kong Workers' Health Centre Organized 30th Annual General Meeting cum the Inauguration Ceremony of the Hong Kong Occupational & Environmental Health Academy

The Hong Kong Workers' Health Centre organized its 30th Annual General Meeting cum the Inauguration Ceremony of the Hong Kong Occupational & Environmental Health Academy on 13 June 2015 at the Chinese YMCA of Hong Kong Bridges Street Centre. The Centre is honoured to have Dr. Edward Leong, Honorary Consultant of the Centre and President Dr. Chau Wing Shun offering speeches on the day.

The Hong Kong Occupational & Environmental Health Academy (the Academy) is founded to promote awareness of occupational and environmental health among the public and social development of these areas. In the future, the Academy will be engaged in occupational and environmental health prevention education, training services, research, publication and exchange programmes, and certified consultancy projects. Through implementation of various services, the academy aims to further education work relating to occupational and environmental health and prevention, encourage and train professional staff to participate in occupational and environmental health activities, raise industrial awareness, establish a working occupational health monitoring system, all in the hopes of early detection and diagnosis of work-related occupational health issues and redress such issues in a timely and active manner.

Dr. Ignatius Yu, Honorary President of the Academy, introducing the vision and work strategy of the Academy.

Dr. Edward Leong, Honorary Consultant of the Centre, speaking at the opening ceremony.

職業安全健康局
OCCUPATIONAL SAFETY & HEALTH COUNCIL

資歷架構
Qualifications Framework

持續進修基金
Continuing Education Fund
Institute Code : 806

應用職業安全及健康專業文憑
Professional Diploma in Applied Occupational Safety and Health

- Recognised by the Labour Department
- Application Deadline: 31 January 2016
- Programme Commencement: 1 March 2016

Programme Aims and Objectives

The Professional Diploma in Applied Occupational Safety and Health (PDAOSH) Programme is designed for those who are interested in acquiring professional knowledge in occupational safety and health (OSH). OSH is vital to the sustainability and success of modern enterprises. The law requires employers to provide safe working conditions through implementation of appropriate measures. This programme is most relevant to those who want to develop their career in occupational safety and health. At the same time, it is also useful for all professionals, including architects, engineers, managers, etc, who are interested in furthering safety and health practices in the design or operation of their enterprises. The PDAOSH provides well-structured and practical training which is unique in Hong Kong. Graduates of the programme will fulfil the training requirements for Registered Safety Officers under the Factories and Industrial Undertakings (Safety Officers and Safety Supervisors) Regulations.

Programme Structure

PDAOSH is a 9-month part-time programme. It comprises 6 modules including practical training with a total of 189 contact hours.

Medium of Instruction

The programme is conducted in Cantonese, supplemented by English. Course materials and assessments will be in English.

Venue and Time for Classes

The programme will commence on 1 March 2016. Classes will be held on Tuesday and Friday evenings from 6:30pm to 9:30pm, at North Point OSH Training Centre, 18/F, China United Centre, 28 Marble Road, North Point, Hong Kong.

Admission Requirements

1. HKDSE 5 subjects at Level 2 or above, including English Language and Chinese Language, or equivalent; OR
2. Mature applicants (aged 21 or above at the start of programme), with 3 years of work experience and pass in both English Language and Chinese Language in HKCEE (Grade E) or HKDSE (Level 2), or equivalent.

Fees

Application Fee : HK$100 (non-refundable) Programme Fee : HK$17,000

Qualifications Framework

This programme is recognised under the Qualifications Framework (QF) and has been listed in the Qualifications Register (QR) by the Hong Kong Council for Accreditation of Academic and Vocational Qualifications (HKCAAVQ).

QF Level : 4
QR Registration No. : 15/002489/L4
Validity Period : 1 March 2016 to 28 February 2019

Qualifications Register website: **http://www.hkqr.gov.hk**

Continuing Education Fund

For Continuing Education Fund application procedures and the application forms, please visit the website : www.wfsfaa.gov.hk/cef or call government's 24-hour enquiry hotline : 3142 2277.

Enquiries: 3106 5631 / 3106 5630 / 3106 2000 Email: trg@oshc.org.hk Website: www.oshc.org.hk

This programme has been included in the list of reimbursable courses for CEF purposes. Upon successful completion of the programme, eligible applicants will be reimbursed 80% of the programme fees, subject to a maximum sum of HK$10,000.

Enrolment Form

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 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.*

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

Sponsor:

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