

Occupational Health



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



Retrospective of Major Historical Events in Occupational Health –

an Expert Commentary on Industrial Fires



Occupational Health Education

Action Research on the Knowledge and Preventive Measures of Electric and Mechanical workers against Occupational heat diseases

Rehabilitation

Community-based Occupational Rehabilitation Services – from the Perspective of Medical Professionals

What's New

The 31st Annual General Meeting, Hong Kong Workers' Health Centre Symposium on Occupational Safety and Health "From Compensation to Recovery – the Way to Enriching Human Resources"



香港公益金會員機構

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Retrospective of Major Historical Events in Occupational Health – an Expert Commentary on Industrial Fires

In the previous issues we have reviewed a number of Occupational Safety and Health (OSH) incidents involving different areas, such that the public may learn more about the cause and background of these incidents. Starting with this issue, we will share the views of professionals in different fields regarding different OSH incidents.

As show by the numerous work place fires we reviewed in the past, even the tiniest sparks can be lethal and their dangers cannot be understated. This is why in this issue we have sought expert advice from professionals in the field, including Mr. Godfrey Lai, president of Hong Kong Association of Occupational Health Nurses and member of the Guidance Committee on Occupational Health Education Services of the Workers Health Centre, who will share with us his views on the topic.

Leveraging his experience as an Occupational Health Nurse, Mr. Lai will analyse the cause of a number of major industrial fires and suggest ways to prevent similar future incidents from happening. His comments are summarised as follows:

Lack of knowledge and social awareness for fire prevention in the past

Some 3 to 4 decades ago Hong Kong saw an industrial boom, and during that period industrial fires of different severity happened from time to time. Mr. Lai believes these incidents share three similar causes: loose regulations, lack of preventive awareness, and insufficient knowledge about OSH – all of which left indelible marks on the society.

As Mr. Lai recalls, it was a time of booming economic growth and employers and proprietors were used to sacrificing the “lower priorities” for profit, including OSH and labour welfare. With government regulations and monitoring unable to keep up with manufacturing activities, absence of fire prevention training for frontline workers,

and weak fire prevention knowledge about hazardous chemicals – either combustive or toxic – in the work place, fire prevention awareness was generally lacking and employees tended to remain silent about potential hazards in their surroundings. The result: repeated occurrence of these tragic fires.

Modern day insufficiencies in preventing work place fires

Has fire prevention knowledge and awareness progressed in tandem with social development? Mr. Lai believes while some progress have been made, the situation remains a long way from ideal. He finds the lack of progress intimately tied to the lack of deterrence in existing OSH legislation.

He points out, “Excluding a few employers who place great emphasis on OSH, most employers only fulfil the basic requirements and have a general disregard for employee wellbeing, such that they dedicate only minimal resources to fire prevention. According to the Occupational Safety and Health Ordinance, the highest penalty for causing immediate danger to employees in the work place is a fine of HK\$500,000 and 12 months’ imprisonment. [1] Statistics however showed over 60 percent of successful prosecutions between 2011 and 2015 involve fines of less than HK\$50,000, and the one and only imprisonment ended in 2 years’ probation. [1]

Mr Lai also proposes, “Besides the government, the management and supervisors should take responsibility for fire prevention. However, most employers only offer training to frontline workers but not to middle-to-senior management. Perhaps they believe the latter is already equipped with relevant OSH knowledge (treatment of chemicals and using of fire extinguishers), but it is not so in reality. I've heard about cases where workers could not gain support from management and were unable to put their OSH knowledge into practice, inadvertently undermining OSH.”

Continued monitoring of work place safety essential to fire prevention

Mr. Lai has the following suggestions to help prevent work places fires: first, the government should increase the penalty under existing legislation to “provide effective deterrent reminding workers to be more vigilant at work”. Also, as work place and work nature change, for example new materials and partitioning in new buildings leading to different combustive attributes, the legislation should be regularly reviewed to ensure effective monitoring and regulation. Material storage and blockage of fire escapes may also pose fire hazards and as such regular government inspections are a necessity.

Mr. Lai also points out, “Employers should provide regular training for use of fire extinguishers to ensure employers know how to read the labels. Regular drills should also be conducted so that all employees know what actions and procedures to follow during a fire.” He remains employers to conduct training “not just at the beginning, but regularly”, as one-time training is insufficient to reinforce the knowledge.

Employer and employee should work in tandem to ensure optimal OSH in industrial fire prevention. Mr. Lai suggests, “Employees should enhance their knowledge about actions to take during a fire, through such ways as reading up on the internet and taking part in training. Employers should do the same so that they are more aware of potential fire hazards in the workplace.” Mr. Lai reminds firefighters to be vigilant about their own safety, and to act only after a full evaluation of the circumstances (environment, manpower, method, equipment), as only by protecting themselves can firefighters effectively serve the public.



We should remember our past lessons and stay vigilant in face of future OSH hazards. As the local construction and manufacturing sectors shrink and most employees work low-risk clerical or service-related work, the dangers are still everywhere despite many believe their work place to be safe. This is why Mr. Lai reminds us to stay “alert, vigilant, safe and healthy” even as we dedicate ourselves to work– keys to maintaining our wealth, our lives and our well-being.

Reference:

1. News announcement, Labour Department Occupational Safety and Health Ordinance (Chapter 509 of the Laws of Hong Kong), Labour Department, 2013.





Action Research on the Knowledge and Preventive Measures of Electric and Mechanical workers against Occupational heat diseases

Summers in Hong Kong are growing increasingly hot. In summer of 2015, the highest outdoor temperature was 36.3°C - the highest in the past 130 years. Over the past 5 years, at least 9 cases of heat-stroke related deaths were recorded, showing that working in high temperature environments are an issue worthy of our concern. With numerous infrastructure projects commencing work in the recent years, workers are increasingly faced with high temperature work environments though little research has been conducted in relation to the occupational health of workers in the electrical and mechanical (E&M) field.

To better understand how well E&M workers know about heat diseases and their prevention, the Hong Kong Workers Health Centre (the Centre) collaborated with The Federation of Hong Kong Electrical & Mechanical Industries Trade Unions (EMF) to conduct a Participatory Action Research between November 2015 and March 2016 through questionnaires and focus groups. The aim is to two-fold: to reveal to the government and society the state of occupational health among E&M workers and raise public awareness, and to urge for government action to improve the work environment of E&M workers in a bid to protect their health.

Discussions and Key Suggestions

This study sent questionnaires to 250 E&M workers in Hong Kong, among which 201 were returned – a 80.4% response rate. 7 E&M workers were also invited to participate in a focus group interview. Upon consolidation of answered questionnaires and case interviews, the discussion and suggestions are summarized as follows:

1. E&M workers work at high temperature environment without sufficient support for heat dissipating arrangement

The study discovered that nearly 60% of respondents suffered symptoms of heat syncope, heat cramps, heat exhaustion or heat stroke; nearly 70% of respondents said that their employers placed air blowers in the work environment but according to the case interviews, the elevated temperature in the surroundings made heat dissipation ineffective. For E&M workers who work outdoors and are mobile, their frequent movement not only led to higher body temperature but have also made the use of tents impossible, such that they can only rely on safety helmets and clothing to shield from the sun, which makes lowering of body temperature ineffective.

This is why the Centre recommends adopting the Participatory Model advocated by the International Labour Organization (ILO) for improving occupational health. Through setting up a platform similar to an OSH committee, both sides may communicate and exchange views and suggestions about the work environment, and formulate policies helping to mitigate the risk for heat diseases - such as placing hygrometers in the work place to alert workers of heightened relative temperature. Meanwhile, employers should take an active role in promoting employee well-being by for example adding transitional periods to work arrangements. The Centre also encourages government, scientists and OSH organisations to work together toward developing lighter sun shielding equipment for outdoor work, to help minimise the risks of heat stroke.

2. Existing policies are lacking and E&M workers are not under-protected at work

Studies indicate that despite the heat, about 70 percent employers may not arrange for employees to work at cooler hours. Although Labour Department suggests employers to follow guidelines laid out in "Risk Assessment for the Prevention of Heat Stroke at Work" (Risk Assessment) and to arrange work at cooler hours, such guidelines are non-compulsory and certain employers and management may ignore them to speed up work progress. We also find out that junior E&M workers may withhold their opinions for fear of reprimand or ridicule, and would risk the heat and humidity and work long hours under undesirable conditions, increasing the chance of suffering heat diseases.

We therefore suggest the government to review the existing guidelines to adapt to the changing landscape of the industry, and review the existing non-binding guidelines to mandate risk assessment by trained professionals – in accordance with the suggestions in "Risk Assessment" – before employers can arrange for employees to work in hot environments. A special committee should also be set up comprising employers, employees and government representatives with meetings conducted before (from May to September) and after summer season, to make preparatory arrangements as well as follow-up review. By incorporating the views industry professionals, policies will better suit the OSH needs of the E&M industry.

3. Lack of support for OSH training in relation to working at hot environments

Currently, only safety officers and the management have access to the information and assessment methods of heat diseases, but employees have no way of knowing whether such assessment has indeed been conducted. Also, as government promotional materials currently in publication have neglected to mention the symptoms of heat diseases and emergency aid measures, workers may not know how to assess their health conditions and may continue to work despite the symptoms, creating potentially life threatening situations. As such, the Centre suggests the government and relevant OSH organisations to allocate more resources for smaller E&M contractors and support them through promotional and equipment subsidies. We also suggest that topics about heat diseases be included in training courses to help workers identify, prevent and treat heat diseases. Face-to-face courses – which tend to work better for E&M workers – should also be arranged instead of simply handing out leaflets. The government should also promote channels for obtaining information such that E&M workers will have access to suitable information preparing them for work in hot environments and avoiding heat diseases.

Conclusion

Through this study, society should better understand the OSH situation of the E&M industry. The results are expected to provide useful reference for policy setters in laying down future OSH policies, while alerting local employers of their role and the importance in improving work place OSH for frontline employees.

For the full report on the Action Research for "Knowledge and Preventive Measures of Electric and Mechanical workers against Occupational heat diseases", please visit the Centre website or contact our staff at our **OSH Promotion and Training Unit** at 2725 3996.

Community-based Occupational Rehabilitation Services

- from the Perspective of Medical Professionals

Foreword:

Since the founding of the Workers Health Centre in 1984, our service mission has been to protect workers' health, support work resumption for sick and injured workers, and promote community inclusion. In our last issue, the Centre has concluded our lobbying and advocacy work with regard to work injury rehabilitation over the past 3 decades. In this issue, we will briefly introduce our rehabilitation services and share the views of our partners regarding current work injury rehabilitation services.

Introduction to Work injury Rehabilitation Services:

Since its adoption of the case management model, the Workers Health Centre (the Centre) has been striving towards helping more injured workers return to work. For years, the Centre has spearheaded work injury rehabilitation services through a "multi-disciplinary" model at community centres, and in 1992, the Centre received funding from the HKJC Charities Trust to set up the first community-based "vocational rehabilitation Centre" equipped with the only set of vocational rehabilitation equipment in Hong Kong (Valpar). In May 1994, the Centre and the Employee's Retraining Board organized the "Return-to-work" retraining program targeting work injury rehabilitees. The Centre is also the first organisation to provide "Work Hardening" work injury rehabilitation follow-up service.

In 2005 and 2007, the Centre conducted 2 studies in collaboration with the Department of Rehabilitation Sciences of Polytechnic University of Hong Kong, gathering evidence to prove that the psychosocial barrier presents a major hurdle for work injury rehabilitees looking to re-join the community. Using the case management model, we can tailor employment support services suited to individual needs, helping to boost their competitiveness and confidence.

Therefore, all services offered for rehabilitating injured workers by the Centre are provided on case management basis, and psychosocial intervention will be conducted based on individual situation of injured workers. Among them, rehabilitation professionals are most familiar with the following:

1) Vocational Rehabilitation Retraining Program – Helping work injury rehabilitees develop skills and return to work



The course addresses issues of unemployment and return to work, tailored to help workers who are injured or inflicted with occupational illnesses adapt to post-injury life, plan for future work targets, and be prepared for returning to work. The 87-hour-long course involves job seeking skills, employment trends, post-recovery physical and psychological adjustment, employment support, job matching and referral, and employment follow up 6 months after the course. Meanwhile, accounting for the interests of injured workers, the Centre regularly invites industry partners such as security companies, cleaning companies and packaging agents for sharing sessions allowing workers to learn more about these industries, helping them to accurately select suitable work. Since 1997 over 1,000 injured workers have taken our courses, with over a 70% success rate in regaining employment.

2) “A Better Tomorrow” Volunteer Scheme – Promoting confidence and maintaining social engagement



Anxiety, helplessness denial and depression often accompany chronic pain symptoms, diminished capabilities affecting work resumption, and financial problems from being laid off. To support these individuals, the Centre launched a “Show Your Strength” volunteer program to engage work injury rehabilitees in volunteer activities, helping them to strength their capabilities as well as sense of self-worth and confidence. Through participating in voluntary work, injured workers turned from being “beneficiaries” into “helpers” and realise the spirit of “help oneself through helping others”. Most of the volunteers have successfully returned to work.

3) Social Psychological Adjustment Group – Learning to face life’s limitations with a positive attitude



After an injury, workers may find their regular lives becoming unhinged, with all their time spent on treatments and treatment related activities; there is precious little to enjoy and be positive about in life. In 2007, the Centre received funding from Community Chest to launch the “My happiness, my way –Injured worker community inclusion care scheme”. Through the “life reorganisation group”, injured workers learn to embrace changes brought about by their injury in positive light, adapt to new limitations in life, and actively prepare for future life and career. Participating workers have all seen positive change after the scheme, which is why the “life reorganisation group” is now a regular social psychological adjustment service provided at the Centre.

4) Return to Work Coordination Program – Community-based, early-stage intervention for injured workers



Having accumulated years of experience in providing rehabilitation services, the Centre understands that long injury leaves may leave workers with various medical after-effects, financial and emotional stress, and strained personal relationships. From 2010, the Centre has implemented a “community based” early-stage work injury pilot scheme for injured workers, with the aim of coordinating and supporting work resumption efforts for early-staged work injury rehabilitees - i.e. those who suffered an injury less than six months ago. In 2015, the Centre successfully applied for funding from the HKJC Charities Trust to organise a 3-year Return to Work Coordination program for injured workers.

The program offers not just timely intervention for early stage work injury rehabilitees, but also actively liaises with the employer and human resources units of injured workers, helping them return to work through coordination and support under the multi-disciplinary model of intervention.

Sharing from Partners:

For years, through working with rehabilitation professionals from different sectors, the Centre has developed a service model of “multi-disciplinary intervention”. Rehabilitation professionals have also made referrals based on the individual needs of injured workers. With the publication of this issue, we are sharing the valuable views of several of our long-term partners in work injury rehabilitation, as well as their opinion of the Centre’s services.

1) Helping workers return to work

Professional area	
Orthopaedic specialist	Mainly provides diagnosis, medical treatment and rehabilitation referral
Physiotherapist	Pain alleviation, muscle strengthening, maintaining or improving range of joint movement
Occupational therapist	Job assessment, work hardening training, career counselling

2) Difficulties faced

As specialists making the diagnosis and providing rehabilitation services, physiotherapists and occupational therapists need to cope with heavy workload and all they can do is provide suitable training and medical advice. However, whether or not an injured worker can return to work is beyond their control, and can involve factors including: patient cooperation, speed of recovery, worker-employer relations, compensation system, personal expectations and grasp of information/misinformation. If an injured worker fails to return to work, he or she has not recourse by to seek continued treatment.

3) The way forward

Our collaborative partners understand that given the existing system, the work injury rehabilitation services provided by the Centre is an option and a viable way forward. In particular when all medical and rehabilitation options are exhausted, what injured workers need are career and work resumption support. Nevertheless, medical professionals can only provide treatment-based services. Through “Vocational Rehabilitation Retraining Program” and “Career Path Navigation Foundation Certificate”, the Centre can bridge the way for injured workers to transition from hospital discharge to re-joining the community.



The 31st Annual General Meeting, Hong Kong Workers' Health Centre

Symposium on Occupational Safety and Health "From Compensation to Recovery —the Way to Enriching Human Resources"

Introduction:

As our population continues to age, the in dwindling of working force has become a topic of much concern. One factor in this issue is the inability for employees to resume work on time after accidental work injury. The Employees Compensation Ordinance, promulgated in 1953, has been criticised by different stakeholders – employee organisations and rehabilitation professionals alike – for being outdated and lacking in helping employees rehabilitate and resume work.



Sadly, the government and Labour Department do not consider the review of the ordinance and promotion of Occupational Safety and Health (OSH) a priority. The Hong Kong Workers Health Centre (the Centre) is committed to promoting OSH, and per the occasion of our 31st AGM, we have organised an OSH Symposium on “From Compensation to Recovery – the Way to Enriching Human Resources”, with guest speakers including:

Mrs Ivy Chen, Senior Manager (Occupational Safety and Health), Human Resources Division, Hospital Authority; Mr. Roy Ng, Senior Safety & Environmental Officer, China Aircraft Services Ltd (CASL); Dr. Chan Kan Kam, Associate Professor, Social Work Programme, Macau Polytechnic Institute.

In their sharing, the speakers addressed issues including: Hospital Authority’s support for work injury prevention and return-to-work; challenges faced by local employer CASL about implementing rehabilitation schemes; and a human resources perspective on work injury compensation and rehabilitation system. Key highlights in their speeches include:

- 1) The impact of an aging population especially how it affects the health of physical labourers;
- 2) Formulation of legislation to provide guidance to stakeholders and ensure injured workers can resume work at opportune moments;
- 3) creating suitable rehabilitation schemes for high-risk industries and encouraging employee and employer participation;
- 4) Setting up a centralised occupational injury compensation fund scheme. Discussion sessions were also held with Ms. Ng Wai-yee, President of The Federation of Hong Kong and Kowloon Labour Unions, Ms. Janus Lee of Hong Kong Catholic Commission for Labour Affairs, and Tang Man-yee, Project Manager for Rehabilitation of the Workers Health Centre, fomenting in-depth exchange with guest speakers.

Suggestion to Establish a Centralised Compensation Fund

Ms. Ng Wai-yee, President of The Federation of Hong Kong and Kowloon Labour Unions (Ms. Ng) says union organisations has requested the formulation of a centralised insurance compensation system in the Chief Executive Election of 2012, and this has been included in the political platform of the candidates, with suggestions to form special panels on work injury compensation, rehabilitation and injury prevention for high risk employees. However, even as Legislator Poon Siu-ping has twice urged the government to deliver on the promise, nothing has been done so far.

Ms. Dorothy Lee of the Hong Kong Catholic Commission for Labour Affairs (Ms. Lee) points out the Employees' Compensation Ordinance has not been revised since its promulgation, and as such the areas and focuses of compensation are no longer fitting with the times. Take the daily medical expenses claim limit of HKD\$200 as an example, such an amount was insufficient to pay for private diagnosis and treatment. Meanwhile, employees are questioned for loyalty and honesty because of the length of their sick leave. Certain insurance companies arrange for employees to undergo treatment at private practices, but some workers were denied paid sick days as the length of their sick leave was deemed unnecessary. These and many similar instances were incredibly stressful for injured workers, who finally sought redress through legal means. This goes to show not only is the outdated legislation insufficient to protect injured worker's rights, it also negatively impacts Hong Kong's human resources.

One way to improve the outdated legislation and enhance human resources is by setting up a centralised compensation system. One may follow the example of overseas countries by establishing a statutory right of adjudication for work injuries, such that when the legitimacy of a work injury is called into question, the government instead of the insurance company will adjudicate and eliminate needless squabble.

How can employers get pass work injury compensation and encourage workers to resume work and promote human resources?

Prolonged sick leave and lawyer's suggestions to not resume work have made certain injured workers unwilling to resume work for fear of reduced compensation.

According to Ms. Ng, certain workers are loyal and wish to resume work, to help alleviate their employer's manpower shortage. Companies also facilitate worker's recovery through special follow up, home visits and transitional work arrangements including shorter work hours (e.g. 3 to 4 hours daily) or lighter work load, with the aim of creating an atmosphere of acceptance and avoidance of further injury. Ms. Chan from the Hospital Authority also stresses that early follow-up, suitable diagnosis and care, and contact and assistance from professionals are essential. Case managers may arrange for employees to work at different positions while caring for their mental wellbeing such that a lawsuit can be avoided. Meanwhile, throughout the process of work resumption, the direct superior or supervisor should also express concern for the injured employee.

Mr. Roy Ng, Senior Safety & Environmental Officer of China Aircraft Services Ltd (CASL) also stresses the importance of caring for workers and understanding their background. For workers who need to care for children, summer holidays can also affect their willingness to resume work. CASL leverages cross-departmental collaboration to help workers resume work, such that injured workers can be allocated suitable work depending on their degree of injury and recovery, while helping to alleviate manpower shortage.

Summarising from the sharing of 3 guests, revising the legislation is key to enhancing human resources; other important factors include care and concern for injured employees, support among colleagues, suitable company policies and departmental collaboration, as well as communication between the injured worker and his/her direct supervisor.

How to encourage local companies to tackle work injury cases and enhance human resources?

Ms. Lee believes Hong Kong companies only care about the bottom line; and only large corporation who take social responsibility seriously will set up internal policies to implement work resumption schemes and enhance human resources. In order to encourage companies tackle work injury cases, government should implement policies and allocate resources for example setting up a centralised compensation fund, building support services and evaluating injured workers to make suitable work resumption arrangements and help them take up suitable positions.

The Workers Health centre have collaborated with certain companies to assist and follow up on the work resumption progress of their injured employees. Certain companies had negative experience with regard to work resumption, and thus tend to avoid going into such “trouble”. This is why they may invite experienced companies or organisations to provide training or sharing, which may help create an atmosphere of caring for injured workers. More importantly, suitable policies should be in place such that the company and employers may make suitable arrangements for injured workers.

As companies and NGOs work toward enhancing human resources, what role can the Labour Department or the Government play?

Dr. Chan Kan Kam of Macau Polytechnic Institute believes that the Government should invest in setting up a rehabilitation resources centre to share experience and guidance. Through switching from a policy of non-interference to active concern, injured workers may improve their quality of life instead of being pushed out and becoming the “disadvantaged”.

Ms Ng of The Federation of Hong Kong and Kowloon Labour Unions believes that injury prevention and occupational rehabilitation are equally important. Once during a visit to Guangzhou, she witnessed a local restaurant whose supervisor arranged for workers to do daily stretching exercises – an effective way to foster an OSH culture and atmosphere. In Hong Kong, standard working hours should be implemented and workers should be encouraged to do stretching exercises in the work place to help prevent work injury.

Ms. Lee of the Hong Kong Catholic Commission for Labour Affairs believes that while revision of existing legalisation takes tremendous time and effort, labour organisations from different fields should work together and push it through. The society should be made aware of the backward legislation and its impact on injured workers, and why they deserve our empathy. In this year's LegCo elections, few candidates mention the need to care for workers' health, and as such it is essential to lobby the newly elected legislators to care about the needs of injured workers.

Large corporations have policies for work resumption, but how about workers of SMEs?

According to HKWHC's experience, employees of SMEs receive diagnosis and treatment by doctors under Hospital Authority's medical practices. Long queueing times lead to delayed treatment and affected work resumption. When these workers attempt light work or transitional work, they do not have the benefit of occupational therapists and as such employers are unsure about work resumption arrangements.

In Hong Kong, the Civil Services Bureau have in place one-stop occupational health clinics for civil servants, which coordinates work resumption through a medical team of professional physicians, occupational therapists and nurses. If a similar one-stop service can be arranged for SMEs, more injured workers may return to work. Ms. Ng and Ms. Lee both agree to this suggestion, and Ms. Lee further proposes best examples of collaboration between community rehabilitation network and the Hospital Authority, and suggests the Hospital Authority do the same for injured workers.

Dr. Chan agrees to the setting up of a one-stop rehabilitation service. He suggests that one-stop rehabilitation services for SMEs may operate differently than those provided by large corporations. As one of the organisations advocating occupational health, the HKWHC may collaborate with the Hospital Authority to establish a pilot programme with resource or policy support from the government to promote work resumption for injured SME employees.

Conclusion

As the population ages and the labour force dwindle, our human resources continues to shrink. With outdated employee compensation legislation and practices, injured workers are denied the aid they require to re-join the labour market. In the "From Compensation to Recovery – the Way to Enriching Human Resources" Symposium, both speakers and guests agree that changing the existing system and revising the legislation are the most effective ways to address the issue though it requires extensive time and effort. For the time being, education, exchange of experience, participation from stakeholders, and cultivating a culture of concern for employees are crucial to build up momentum toward a policy to assist injured workers return to work, and bolster our society's labour force.

Disability Management Seminar 2017

International Disability Management Tele-conference with Dr. Glenn S. Pransky

Date:	13 January 2017 (Friday)
Time:	10:00 – 17:00 (Registration start at 09:30)
Venue:	Room N001, Block N, The Hong Kong Polytechnic University
Fee:	HKDMPA member: Free of Charge Non-HKDMPA member: HK\$200
No. of Participants:	80 (First Come First Served)
Language:	English
Application Deadline:	30 December 2016 (Friday)
Keynote Speaker:	Dr. Glenn S. Pransky
Local Speakers:	Please see the details below



Content

	Topics	Speakers
	General situation and Early Return to work program in Hong Kong	
A.M Session	Opening Speech	Prof Hector Tsang Associate Head Department of Rehabilitation Sciences The Hong Kong Polytechnic University
	Review on General Situation in Hong Kong	Dr Lam Chor Yin Chairman of Hong Kong Disability Management Practitioner Association
	Teleconference with Dr. Glenn S. Pransky	Dr. Glenn S. Pransky Mediator: Dr Lam Chor Yin
	Disability Management for Work Injury in Hong Kong - Private Practice & Case Sharing	Ms Ida Yiu Associate Director Pierre Leong & Co. Ltd.
	Vocational Rehabilitation	Ms Karen Woo Registered Occupational Therapist
	Community-based Return to Work Program	Ms Tina Tang Registered Social Worker Hong Kong Workers' Health Centre
	Discussion	Dr Lam Chor Yin
	Legal issue and claims handling	
P.M Session	Mediation: Injury On Duty	Dr James Chiu Hong Kong Mediation Council
	Legal Perceptive: Claims Settlement and Case illustration	Mr John Joseph Clancey Solicitor
	Psychiatric Medical Assessment Board (MAB)	Dr Cheung Wai Him Specialist in Psychiatry
	Employee Compensation Ordinance : Present and Future	Mr KK Ma Labour Department
	Disability Management course and the Certificate Examination for Certified Disability Management Professional (CDMP)	Mr Toran Law Senior Consultant Occupational Safety & Health Council
	Open Forum	Chaired by Dr. Andy Cheng Department of Rehabilitation Sciences The Hong Kong Polytechnic University



Dr. Glenn S. Pransky has directed the Center for Disability Research at the Liberty Mutual Research Institute for Safety since 1999. His research group conducts scientific investigations on disability prevention and prognosis of work-related musculoskeletal disorders, work disability in older workers, methods to achieve safe and sustained return to work, and preventing work disability. He is an associate professor in the Department of Family Medicine and Community Health at the University of Massachusetts Medical School and a Visiting Lecturer at the Harvard School of Public Health and the University of Massachusetts / Lowell.

Academic Accreditation

Profession	College / Program	CME / CPD
Medical doctors	Community Medicine	Pending
	Family Physician	
	Orthopaedic Surgeons	
	Physicians	
	Psychiatrists	
	Surgeons	
Registered Occupational Therapists		4
Occupational Health Nurse		
Registered Physiotherapists		

Supporting Organizations (Names in alphabetical order):



For enquiry or registration, please contact Ms. Karen Woo at 5278 2434.



Safety and Health Improvement Partnership Scheme (SHIPS)

Good Housekeeping in Workplace



What is SHIPS

Member organizations participating in this Partnership Scheme will be identified as the Council's strategic partner for launching improvement projects to reduce hazards in work environment, and to enhance the safety management system. The strategic projects are initiated to cater for latest local OSH situation and to make use of new knowledge and techniques. The priority projects currently inviting partnerships is **Good Housekeeping in Workplace**.

Experience Sharing for Continual Improvement

Member organizations being identified as our strategic partner in the Partnership Scheme are required to share their experiences with the Green Cross Group network and the industry through seminars, publications or other forms of sharing organized by the Council. Lessons learned from the improvement plans would benefit the entire business community and would lead the industry towards continual improvement on their safety performance.

Contents of the Partnership Scheme

The "Good Housekeeping Partnership Scheme" includes the following three elements:

- **Site Visit**

Based on 5S concepts, a Consultant from the Council will make a site visit to the workplace of an enterprise, learn about the current housekeeping practice of the enterprise, and make practicable

recommendations for improvement. The enterprise will then implement improvement measures based on the recommendations. Meanwhile, the Council will keep close contact with the enterprise and give advice concerning the improvement process.

- **Good Housekeeping Training Course**

The Council will provide "Good Housekeeping Training Course" to staff members of enterprises joining the scheme to let them learn how to manage the workplace by using 5S concepts. Enterprises should set up a system for implementing good housekeeping and appoint staff members who have completed the training course to coordinate relevant matters.

- **Housekeeping Assessment**

The purpose of housekeeping assessment is to review whether the housekeeping of an enterprise is satisfactory. The scope of an assessment includes the workplace environment as well as the system for implementing housekeeping. An assessment will be conducted by a Consultant from the Council.

Eligibility and Enrollment

All members of the Green Cross Group may enrol in the "Good Housekeeping Partnership Scheme", which is free of charge. Enterprises employing fewer than 50 people in Hong Kong will be considered first. Enterprises wishing to enrol must also note that this partnership scheme applies to workplaces within Hong Kong only. Places are limited and applications will be on a first-come-first-served basis.



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 increased 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, 2016 – 31st Dec, 2017

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:



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



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