

Occupational Health



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

**Is money all-important?
Occupational health and safety
for youths**

Global Frontlines

- Review of 2016 Occupational Safety and Health Statistics



Occupational Health Education

- Summary of research on respiratory protective equipment



Rehabilitation

- How injured workers are returning to work



香港公益金會員機構

Issue 188

June 2017

Content

Global Frontlines

02 Is money all-important? Occupational health and safety for youths

05 Review of 2016 Occupational Safety and Health Statistics

06 World Day for Safety and Health Work 2017

Rehabilitation

09 How injured workers are returning to work

Occupational Health Education

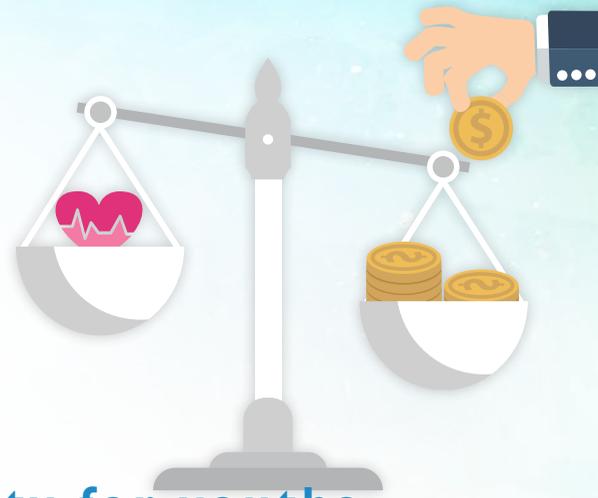
11 Summary of research on respiratory protective equipment

Publisher	Hong Kong Workers' Health Centre Ltd.
Professional Consultant	Prof. Ignatius Tak Sun Yu
Chief Editor	Sabrina Wan
Editor	Kay K. K. Lau
Contact Address	Room 1429-1437, 14/F., 87-105 Chatham Road South, TST, Kowloon, Hong Kong, SAR China
Contact Method	info@hkwhc.org.hk Tel: (852) 27253996 Fax: (852) 27286968
Website	www.hkwhc.org.hk
Acknow-ldgement	<i>English version of this magazine is provided by the Centre for Translation, Hong Kong Baptist University.</i>

“Occupational Health” is the publication of Hong Kong Workers' Health Centre (WHC). The purpose of this newsletter is to share our concerns, issues and initiatives on occupational health with the general public in Hong Kong and Mainland China. The information and comments that appear in this newsletter do not necessarily represent the official position of WHC, and WHC will not assume any legal liability or be responsible for damages caused by use of the contents in this newsletter. For those who want to use the contents of this newsletter for their own writings, please quote references to this newsletter accordingly.

Hong Kong Workers' Health Centre ©2017 copyright





Is money all-important?

Occupational health and safety for youths

According to statistics from the Hong Kong Government, recent local economic downturn has driven economic growth to its lowest point since 2014. As demand for labour dwindles, youth unemployment continued to climb[1]. Nevertheless, technological developments are providing the soil for job-seeking channels to flourish, with recruitment apps the latest fad in providing short-term and temporary work opportunities[2][3]. With many youths now looking for extra income and flexible hours, part-time jobs are a great way of gaining extra income, experience and even new friends[4]. But even as more join the labour force at an increasingly tender age, whether it was summer job, part-time work or a graduates first job, how many would be aware of the occupational health and safety (OSH) risks that temporary work may pose – even to the young and physically robust?

The definition of youth may differ across cultures, systems, economies and political entities. For China, youth means the age of 14 to 28[5]; for Singapore 15 to 30; for the US 15 to 24[6]; and for Hong Kong there has yet to be a recognised definition. Globally however, the United Nations define “youth” as those aged between 15 to 24[7]. According to statistics published in the Hong Kong Annual Digest of Statistics, the labour population between age 15 to 24 in 2015 was 324,100, or 8% of the total local labour force[8]. However, given the changes in the local economy, the inflation-adjusted remuneration for the majority of fresh graduates has seen a sharp decline[9], with average income even lower than post-financial-crisis levels in 1999[10]. Past information from the Census and Statistics Department reveal that overall monthly income median has seen zero growth over the past decade, making it increasingly difficult for youths to afford existing living standards. As the time spent has not translated into fair remuneration, more youths are looking to increase their income through part-time work.

The same report in 2011 indicates that the majority of youth working population chose service or clerical work[11] including as waiters, retail sales and typists. However, the increasing trend of part-time work has made it less likely for youths to grow attached to employers in turn neglecting the adequate protection offered for a position. It also makes it even more difficult to monitor and regulate youth OSH in a society that emphasises only on monetary returns.

According to the Occupational Safety and Health Administration of the US, on average 1 youth worker suffers an occupational injury every 9 minutes; workers aged below 25 has double the chance of visiting the hospital emergency room as a result of occupational injury then those above 25. Like the US, many new-to-work youths take up jobs in the food & catering industry, especially in fast food restaurants. Both catering and retail industries are notorious for high risk jobs, and given employers may not provide sufficient pre-work training or on-the-job monitoring, generally inexperienced youths

are at elevated risk of coming into contact of risk and being injured. Repetitive action and kitchen work are occupational risks for youths working in the catering industry all around the world[13]. The US Government has taken action to address rising youth injuries and public health issues, review and make policies adjustments, planning and promotion activities – for example the Health People campaign conducted every 10 years. Starting with 15 objective scopes listed in “Health People 1990” in 1980, to 42 scopes listed in “Health People 2020” in 2010[14], among which policies targeting youth OSH are proposed; resources are allocated to health education and public health aiming for all-rounded improvement in health figures. In England, the National Occupational Standards also publishes a National Occupational Standards for Youth Work[15] listing in detail useful advise and practical tips for youth workers, supplemented by essential knowledge, attitudes and employer’s resources on youth OSH. Undeniably, knowledge about these laws and regulations, or the available resources have been lacking even among “adults”, which is why the US government conducts regular promotional campaign in the social media targeting youth workers and the information may include occupational injury statistics particular to a line of work, case sharing and legal tips[15]. Meanwhile, local governments also use the social media to share an array of information on youth OSH[16].



The World Health Organisation has proposed a Disability-Adjusted Life Year (DALY) metric [17] to measure the burden that work imposes on individual longevity and society as a whole. The higher the DALY metric, the more severe the impact to health. If youths suffer occupational injury early in life, and even becomes afflicted with chronic occupational illnesses, his/her DALY metric will increase prematurely, make it less likely for him/her to reach the ideal health state for that age. This is why prevention is key and inculcating appropriate concepts in school can help protect youth health.



In Hong Kong, the school curriculum – no matter post-secondary, university or vocational education – do not cover OSH, such that most students remain clueless about the concept of occupational risk and personal protection, even as OSH knowledge is essential to preventing work injury. The Youth Employment and Training Programme [18] run by the Labour department is one example where the government may include OSH knowledge for a particular line of work in curriculum design, strengthening student’s awareness while bolstering their competitiveness through a better understanding of their future work. Meanwhile, relevant OSH knowledge may be selectively included in secondary and primary curriculum, for example the new senior secondary school curriculum may incorporate basic OSH and relevant activities under “Other Learning Experiences”. This cultivation of awareness will be immensely helpful to preventing real-life occupational injuries in the future. OSH information should also be mentioned on the recruitment events at universities, which should serve to raise OSH awareness of youth job-seekers.



We hope that this feature will arouse the awareness of youths, the government, education institutions and different industries about the importance of OSH – even among parents. We also call for the authorities to implement policies to cultivate in youths an awareness against occupational hazards, to bring about positive change to youths, employers and the labour force as a whole.



References :

1. Press releases: Youth employment support
<http://www.info.gov.hk/gia/general/201606/01/P201606010480.htm>
2. Apple App Store mobile app: WorkKing
<https://itunes.apple.com/hk/app/chao-san-wang-workking/id1024484481?l=zh&mt=8>
3. Google Play Store mobile app: CDB casualDB
https://play.google.com/store/apps/details?id=com.casualDB.Frontend003&hl=zh_HK
4. 'From School to Work: A Hard Journey' - Hong Kong Youth Employment Research
http://www.hkccla.org.hk/article/RI_200208.pdf
5. Youth Policy - China
<http://www.youthpolicy.org/factsheets/country/china/>
6. "Definition of youth set at 15 to 30 Youth organisations object to rushed implementation"
<http://www.chinapress.com.my/20141118/%E9%9D%92%E5%B9%B4%E5%AE%9A%E7%BE%A9%E6%AD%B2%E8%87%B3%E6%AD%B2%E9%9D%92%E5%B9%B4%E7%B5%84%E7%B9%94%E5%8F%8D%E5%B0%8D%E5%80%89%E4%BF%83%E8%90%BD%E5%AF%A6/>
7. United Nations Youth Events
<http://www.un.org/zh/events/youth/>
8. Hong Kong Annual Digest of Statistics 2016 Edition
<http://www.statistics.gov.hk/pub/B10100032016AN16B0100.pdf>
9. Research report on income of university graduates across different eras
<https://thestandnews.com/society/%E9%A6%99%E6%B8%AF%E5%90%84%E4%B8%96%E4%BB%A3%E5%A4%A7%E5%AD%B8%E7%94%9F%E6%94%B6%E5%85%A5%E6%AF%94%E8%BC%83%E7%A0%94%E7%A9%B6%E5%A0%B1%E5%91%8A/>
10. Local Press: Average income of university graduates less than 15,000 per month, lower than post-97 financial crisis levels
<http://www.localpresshk.com/2016/08/graduate-salary/>
11. Census and Statistics Department – 2011 Population Census
http://www.censtatd.gov.hk/hkstat/sub/sc170_tc.jsp
12. U.S. Department of Labor – Occupational Safety and Health Administration: Young Worker
<https://www.osha.gov/youngworkers/index.html>
13. U.S. Department of Labor – Occupational Safety and Health Administration: Young Worker Safety in Restaurants
<https://www.osha.gov/SLTC/youth/restaurant/index.html#eTools>
14. Healthy People 2020
https://www.cdc.gov/nchs/ppt/hp2020/hp2020_ivp_osh_progress_review.pdf
15. U.K. National Occupational Standards for Youth Work
http://www.youthworkessentials.org/media/2859/national_occupational_standards_for_youth_work.pdf
16. "Getting Hurt is not on your job description"
<http://www.mass.gov/eohhs/docs/dph/ohsp/young-worker-campaign-toolkit.pdf>
17. WHO: Metrics: Disability-Adjusted Life Year (DALY)
http://www.who.int/healthinfo/global_burden_disease/metrics_daly/en/#
18. Labour Department – Youth Employment and Training Programme
<http://www.yes.labour.gov.hk/ypty/home.aspx?lang=tc>

Review of 2016 Occupational Safety and Health Statistics

As an international financial hub, Hong Kong still sees its fair share of severe industrial accidents and occupational illnesses that injure, even kill our workers. As an organisation dedicated to protecting occupational health, we attempt a review of work incidents that happened over the past year.



1) Statistics of Cases of Work Injury and Occupational illness for the first half of 2016

	Cases in the first half of 2015	Cases in the first half of 2016	Percentage of accidents
1) Industrial accident			
Construction Industry	1681	1764	+ 5
Catering Industry	2594	2352	-9.3
Manufacturing Industry	812	697	-14.3
Others	256	253	-1.2
2) Occupational illness	112	149	+33



♦Source: Summary of Occupational Safety and Health Statistics – First Half of 2016

According to statistics published by the Labour Department in August 2016, construction industry – a high risk industry – recorded 1764 industrial accidents in the first half of 2016, up 5% compared to 1681 accidents in the same period of 2015. Cases of occupational illness recorded was 149 in the first half of 2016, up 33% year-on-year.

1. Construction Injuries boom tied to construction of Hong Kong-Zhuhai-Macao Bridge (HZMB)

Statistics from the Labour Department and OSH-related headlines both indicate that the high risk construction industry remains top of the list for occupational injury numbers, which is likely attributable to the construction of the HZMB and the high-speed rail link. As the Centre has mentioned in the 2016 June issue of Occupational Health, measures to speed up project progress such as prolonged and rushed work, skimping on safety procedures, cutting of resources for maintaining emergency equipment all endanger worker’s OSH causing recurring accidents in a vicious cycle. Despite the traditional emphasis on the worker’s personal protective equipment and implementation of suitable preventive measures on site, the construction industry still generates the highest number of work-related injuries. We call upon the government and employers to go beyond the mere slogan of “Zero accidents” and explore further how worker’s OSH can be protected.

2.The importance of Disability Management and promotion

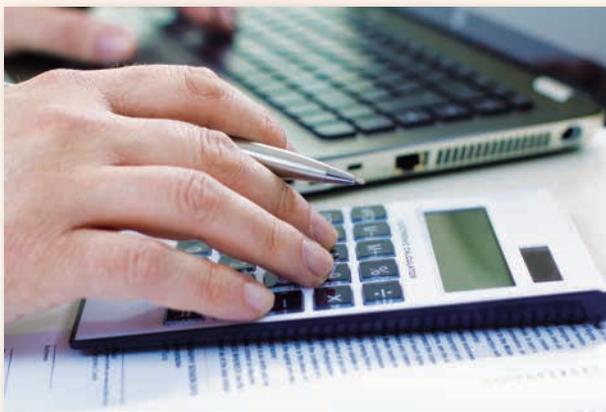
The outdated Employer’s Compensation Ordinance have led to a host of issues for example increasing the difficulty of injured workers to return to work. In recent years, the concept of disability management has been proposed ensuring impairments to health caused by work injury or illness may be diagnosed and treated in a timely manner, with the key being to inspire in such patients a desire to recover and return to work. In the AGM of 2015, the Centre has invited Dr. Liz R. Scott, CEO of Organizational Solutions, to share how regulations and policies in Canada facilitate the implementation of a disability management system. The case management model is useful in helping injured workers undergo the rehabilitation process and return to work. This is why the Centre actively promotes the case management system with a view to more efficiently help workers return to work and help employers establish effective deal with injury cases.

World Day for Safety and Health at Work 2017

To promote general awareness for Occupational Safety and Health (OSH), the International Labour Organization (ILO) organised the annual World Day for Safety and Health at Work on 28 April. This year, in line with developments of information technology, ILO is hoping the world's nations and regions can work together toward more reliable and comprehensive collection of data relating to occupational injuries and accidents. This year, under the theme of "Optimize the collection and use of OSH data", ILO promoted



the building of a centralised notification and record system which can help to reduce the chances of insufficient or repeated reporting and enhance the statistical data pool, so as to strengthen enforcement and review of OSH preventive measures and ensure adequate OSH protection for the workforce. [1][2]



Over the years, ILO and the World Health Organisation (WHO) has collated annual statistics and projections for occupational injuries and accidents from over 100 countries and regions around the world (including the US, China, India, Brazil and Hong Kong) [3][4], providing concrete reference for distribution of OSH resources. The United Nations (UN) also set a goal of development in its 2030 Agenda for Sustainable Development promulgated on 25 September 2015, asking participating countries and regions to actively review its regulatory system, improve identification

for potential hazards in the workplace, prevent accidents during commutation, and address trends for quasi occupational injuries. The aim is to "Protect labour rights and promote safe and secure working environments for all workers" (A target under Sustainable Development Goal 8). [2][5]

Comprehensive and centralised collection and utilisation of OSH data is thus essential to building effective OSH policies, systems and preventive measures, and to identifying and evaluating occupational risks. All manners of economic activities, organisations of different scales and natures, and labourers of different

occupational status should be covered. [2] In reality, however, the system implemented in different countries are lacking in four areas: “coverage”, “accuracy”, “comparability” and “timeliness”, not only making the formulation of said centralised notification and recording system a challenge[6] but also introducing possibility of loopholes, leading to resource mismatch or wastage.



Take Hong Kong as an example, system-wise local OSH matters and post-injury labour relations are all handled by the Labour Department. Ordinary citizens rely on public medical care for treatment and rehabilitation after suffering occupational injuries. Should there be any difficulties in returning to work, assistance from the Social Welfare Department is required. While this may seem a comprehensive system, isn't the appearance of such “one-stop” service deceiving? First, like everywhere else, not all workers are eligible to be counted as “employees” under the Employment Ordinance. Moreover, only 54 types of occupational illness are compensable under the law, leaving thousands of labourers unprotected and injuries and accidents undocumented, severely dampening the effectiveness of the system.

As the adage goes: prevention is better than cure. The UN, ILO and WHO are all looking to identifying trends and risks, establishing professional cross-disciplinary management model to share information and minimise occupational risks, so as to achieve primary prevention. [3][7] However, similar systems have not been implemented in Hong Kong to truly implement precautionary actions, such that the social perception is a human life is only worth a few thousands; or that certain organisations with bad OSH practices have already counted statutory fines as part of their operational costs – if “fortunately” nothing happens, the unpaid fines go into profits[9]. Such practices are a perversion of the statutory spirit and a despicable disregard of the health and value of life of frontline workers and their family.



The international society has already formed the consensus that if OSH is to be taken as a discrete area, disregarding its connection with health and hygiene, insurance system and medical care and allowing different departments to handle each aspect, the result can easily be indifference and diffusion of responsibilities.[6] However, if cross-departmental information sharing is achieved on a government and policy level, a more comprehensive “bonus and penalty” system can be implemented. For example, if the employee of one corporation is injured because

of OSH mismanagement, the senior management of the organisation (not just the safety officer or the “organisation” itself) will be penalised, and the Inland Revenue Department will charge the organisation additional heavy levies for the public expenses incurred. Of course, if the organisation acted responsibly on OSH prevention, and that no accidents or injuries have been recorded in the past year, the government may provide financial incentives through tax exemptions and discounts on insurance premiums to

encourage sustaining of best practices, such that all employees may receive the most comprehensive of protection. This is one example where the Labour Department, the Inland Revenue Department, the public health care system and the insurance sector can share resources.

In conclusion, global practices are no longer confined with just collecting OSH data – which is only the minimum requirement – but are stressing the quality of the data collected and how such data may be properly used to continuously promote OSH level. With foresight, targeted measures can be implemented to handle system insufficiencies in a bid to achieve primary prevention. As one of the most developed cities in the world, if Hong Kong keeps its ground for OSH system and refuses to take a proactive step forward, we may be left behind by the tides of change and our frontline workers will be left insufficiently protected.

References :

1. World Day for Safety and Health at Work
<http://www.ilo.org/safework/events/safeday/lang--en/index.htm>
2. Factsheet: Good Practices for the development and implementation of National Notification and Recording Systems
http://www.ilo.org/safework/events/safeday/WCMS_546701/lang--en/index.htm
3. ILO – Statistics of Occupational Injuries (1998)
http://www.ilo.org/wcmsp5/groups/public/---dgreports/---stat/documents/meetingdocument/wcms_088373.pdf
4. WHO - Global estimates of fatal occupational accidents
http://www.who.int/quantifying_ehimpacts/methods/en/takala.pdf
5. Sustainable Development Goals – 17 Goals to Transform our World: Goal 8
<http://www.un.org/sustainabledevelopment/economic-growth/>
6. Factsheet: Challenges for the collection of reliable OSH data
http://www.ilo.org/safework/events/safeday/WCMS_546702/lang--en/index.htm
7. Improvement of national reporting, data collection and analysis of occupational accidents and diseases
http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---safework/documents/publication/wcms_207414.pdf
8. Factsheet: Data Sources for Optimizing the Collection and Use of OSH data
http://www.ilo.org/safework/events/safeday/WCMS_546703/lang--en/index.htm
9. "The Bridge of Blood and Tears" – Light penalties means a life can be valued at thousands'
http://www.orientaldaily.on.cc/cnt/news/20170403/00176_015.html

How injured workers are returning to work



Foreword

It is the aim of the Worker's Health Centre to help injured workers return to work and reintegrate into society!

Since 1994, with the subsidy of the Employee's Retraining Board, the Centre has been providing injured workers in recovery one-stop retraining and employment support service. Each worker who completed the course will undergo work ability evaluation and pre-occupational preparatory training provided by our professional team, receive tailored suggestions on work resumption and career matching, to prepare them for reintegration into society.

The difficulties injured workers face when returning to work, and how they overcome them:

Upon full completion of the work injury rehabilitation process, workers may still encounter numerous difficulties in returning to work, including: a lack of confidence, doubts in choosing jobs, chronic pain, adapting to new work and line of work, and handling interpersonal relations at work. With training from the course and continuous follow-up from case managers, workers learn to address issues, acquire confidence, overcome stress, tackle financial challenges, learn to work with people and overcome adversity, and in general become more capable in life and work. They also acquire interview skills which can boost their chance of finding employment and returning to work.



States of workers returning to work

Since the launch of the training programme, each year over 70% of workers can successfully return to work, whether in the form of substitutes, part-time or full-time work. Their jobs are wide-ranging: pest-control specialist, security guard, driver, server, meal deliverer, cleaner, waiter, warehouse keeper, noodle maker, and packager. Workers enjoy their renewed career and treasure the satisfaction they found in work.

Factors and support to enable on to successfully return to work

The Centre believes each successful case requires not just self-motivation and hard-work in worker, but also: 1. A tailored return-to-work programme; and 2. Support and opportunities offered by employers.

1. Intervention of case manager motivates and helps injured worker:

Each worker may react differently to post-injury challenges, and thus continuous encouragement and guidance from the case manager is key to help them return to work. In one case, an injured worker hurt his leg and had to walk with a crutch, and he believed he could never find work given his condition. With the encouragement of the case manager, he built up his physique and completed the career pilot certificate programme. However, chronic pain still affected his confidence. The case manager understood his difficulties and thus tailored arrangements to suit his needs – from work location, transport, work duration, and job nature and requirement – and finally the worker was willing to attempt to return to work.



2. Employers offering support and opportunities:

As Hong Kong's population continue to age, rehabilitated injured workers can constitute a valuable workforce. Stability and loyalty are also attributes that make these workers attractive to employers, which is why certain employers who are willing to hire rehabilitated injured workers have built up a partnership with the centre and is willing to notify us of vacancies. They even organise industry overview sessions to introduce the nature of work and requirements.

Conclusion

Self-motivation and employer support are certainly crucial in helping injured workers return to work. Meanwhile, matching policies can increase the chances of a successful match. One example is Labour Department's Selective Placement Division, which can help injured workers find suitable work. On another hand, the Employee's Compensation Ordinance only provide monetary compensation but do not cover rehabilitation and work resumption; if employers can be incentivised and encouraged to implement policies to help workers return to work, more injured workers can be benefited. In recent years, the Family-Friendly Employers Award Scheme co-organised by the Home Affairs Bureau and the Family Council aims at recognising employers who implement family-friendly policies and measures at the workplace. We look forward to a future where more employers will support injured workers return to work.



Summary of research on respiratory protective equipment

Summary of action research on construction workers' practice of using dust-filtering respiratory equipment and the effectiveness of related OSH promotional activities

Pneumoconiosis refer to a broad spectrum of fibrosis diseases of the lung caused by the inhalation of respirable dust(1) through prolonged exposure to environment of fine dust. These lethal short to long term diseases include silicosis, asbestosis and mesothelioma, among which silicosis is the most common in Hong Kong, caused through inhalation of powdered silica dust[1].

If frontline workers fail to adopt suitable dust-reduction measures or use appropriate respiratory protective equipment, they are prone to inhaling health-threatening silica dust. According to statistics from the Pneumoconiosis Compensation Fund Board (PCFB), from 2005 to 2014 a total of 682 persons are diagnosed with silicosis, among whom over 80% were employees of the construction industry.[2]

According to a local study conducted in 1996 on worker's habit of using respiratory equipment, only a small percentage (8%) of respondents made a habit of wearing dust-filtering respiratory equipment. [3] However, no other similar study have been conducted subsequently to document the change in worker's knowledge and work habits. This study aims to remedy this by investigating worker's exposure to dust and their habits and selection of protective respiratory equipment. It also aims to evaluate the effectiveness of promotional and educational activities in the construction industry, evaluate the effectiveness of such and provide suggestions accordingly, so as to help the authorities and organisations more effectively promote OSH and protect worker's health.

Research methodology

This study is conducted through distributing questionnaires to the Construction Workers' Registries to learn about the OSH status of the respondents over the past 12 months. Convenience sampling has also been adopted between May and October 2015 with questionnaire issued to 300 construction workers, of which 274 effective responses have been received – a 91.3% effective response rate.

Discussion of results and key suggestions

1. Employers fail to follow basic legal duty with insufficient dust monitoring equipment and information - Worker's at elevated risk of contracting silicosis

The Occupational Safety and Health Ordinance (Cap 509 of the laws of Hong Kong) stipulates that the employer should ensure the OSH of workers in the workplace where possible[4], including ensuring safe dust levels through air measurement and risk assessment. However, as seen from OSH-related

Remarks

(1) Dust that reach areas of gaseous exchange through the trachea

promotional materials and publication published by the labour department and other organisations, such information focus mostly on prevention but carry little information on risk assessment, for example there was no mention about air monitoring [5,6,7]. Also, without monitoring, employers that have adopted dust prevention measures may mistakenly believe dust levels to be safe while the actual levels are hazardous, hence increasing the risk of workers contracting silicosis. Meanwhile, 30% of respondents indicate that their employers have not provided adequate protective respiratory equipment as the law requires; and less than 30% received training from their employers about the use of such gear. The OSH of workers are inadequately protected.



It goes without saying that employers should comply with the law and workplace requirements. They should set up air quality monitoring equipment at the work place to measure dust exposure levels and arrange for dust prevention measures accordingly. When measures fail to fully protect workers, suitable respiratory protective equipment should be provided; training and daily monitoring should also be arranged to ensure correct use. Finally, we encourage employers and workers to increase the depth and breadth of exchange using a worker participation model. Through encouraging exchange between frontline workers and management, as soon as workers discover dust hazard but control measures fall short, employer and management can work together to come up with effective on-site dust reduction measures to protect workers' health.

2. Insufficient monitoring from government; current standards do not fully protect construction workers and need refinement

The study also reveal that dust reduction measures are often neglected at dusty work environments. However, Labour Department statistics[8] indicate that over the past 6 years the authorities have rarely fined offending employers, so that such negligence – whether deliberate or unintended – was not penalised reflecting a loophole in government monitoring. Meanwhile, the local time-weighted average (TWA) (2) of silica dust is 0.1 mg/m³, which is relatively lax compared to international standards. In June 2016, the Occupational Safety and Health Administration (OSHA) of the US reduced the TWA for silica dust to 0.05 mg/m³ to further protect worker's health. [9] However, the existing Occupational Exposure Limit (OEL) in Hong Kong puts the TWA for silica dust at 0.1 mg/m³ [10] – a standard that dated back to 2002, meaning that there is ample room and need for improvement.



Remarks

(2) Occupational Exposure Limit – Time Weighted Average (OEL-TWA) refers to the weighted average concentration for chemicals for 8-hour work days in a 5-day work week. Under this concentration, even when all workers are exposed to said chemicals every day, their health will not be harmed.

Therefore, we suggest that the government should legislate to require employers conduct risk assessment for dust as well as air monitoring, and to enhance promotion for dust risk assessment. Meanwhile, the authorities should enforce monitoring with spot checks and dust measurement work at sites, and request sites that exceed the regulatory limit to make immediate improvements. Employers should also be required to adopt primary prevention measures to reduce risk factors in the environment and to prevent the occurrence of pneumoconiosis. We also suggest the government reference standards of other countries and tighten the TWA for silica dust to 0.05 mg/m³ – as a further effort to eliminate illness inducing factors for silicosis.

3. Current promotion focuses on quantity but not quality; unhelpful toward fostering correct attitude among workers in the use of protective respiratory equipment

Despite efforts from the Labour Department and other OSH concern groups to promote awareness, over 60% respondents consider such training and promotion insufficient, and health information relating to pneumoconiosis is not covered in full. Without understanding of the full picture, frontline workers may be unaware of the dangers in the environment and the consequences of misuse – for example not wearing suitable respiratory equipment out of “discomfort”, or neglecting dust control measures such as spraying water. “Fit test” for first-time wearers of respiratory equipment are mandatory[11], and so are “fit check” for every subsequent wearing, though over half of the respondents have not heard of the latter.

The Centre suggests that employers and relevant departments strengthen training for example teaching simple dust exposure evaluation skills during Mandatory Basic Safety Training Course (green card training). Information such as the consequence of misusing protective respiratory equipment, skills of conducting positive and negative pressure tests, skills of fit test, as well as maintenance of gear should also be included. More advanced professional training relating to dust assessment and control should also be conducted targeting safety officers or industry professionals, to elevate overall professional standards. Finally, workers should be encouraged to take regular chest exams, such that they become more aware of their own physical health conditions.

Conclusion

The Centre wishes the government and relevant worker’s groups may adopt these suggestions and dedicate more promotion efforts toward primary prevention of pneumoconiosis among construction industry workers, such that they understand that work procedure and protective respiratory equipment are essential to preventing pneumoconiosis. We also hope the study above to provide useful reference for future amendments to OSH policy, with the view to comprehensively protect the health of construction workers.



References

1. Labour Department(2000). Guidance Notes on Protection of Quarry and Construction Workers form Silicosis. Retrieved from http://www.labour.gov.hk/text_alternative/pdf/eng/silicosis.pdf

2. Pneumoconiosis Compensation Fund Board. 2014 Annual Report. Retrieved from https://www.pcfb.org.hk/Publish/annualreport/20140205154832_24.pdf
3. Lam, T. H., & Chung, S. F. (1997). A Report on a Second Telephone Survey to Evaluate the Knowledge of Silicosis in the Hong Kong General Public. Department of Community Medicine, The University of Hong Kong.
4. Department of Justice. (1997, June 30). <Occupational Safety and Health Ordinance>. Retrieved from <http://www.legislation.gov.hk/chi/home.htm>
5. Pneumoconiosis Compensation Fund Board. (2016, June 1). Pneumoconiosis Compensation Fund Board 2013-... Advertisement [HD] [Video file]. Retrieved from https://www.youtube.com/watch?v=k8crROe_-Gs
6. Occupational Safety & Health Council. (2016). Publication/ Audiovisual production. Retrieved from <http://www.oshc.org.hk/index.asp>
7. Labour Department. (2004). TV Announcement – Safe Work in Building Renovation and Maintenance (Employers) [Video file]. Retrieved from http://www.isd.gov.hk/chi/tvapi/lremployer_c.html
8. Labour Department. (2016). Labour Department – Press Releases. Retrieved from http://www.labour.gov.hk/tc/major/content_2016.htm
9. Occupational Safety and Health Administration. (2016). OSHA's Final Rule to Protect Workers from Exposure to Respirable Crystalline Silica | Occupational Safety and Health Administration. Retrieved from <https://www.osha.gov/silica/index.html>
10. Labour Department. (2002). Code of Practice on Control of Air Impurities (Chemical Substances) in the Workplace. Retrieved from <http://www.labour.gov.hk/eng/public/oh/AirImpure.pdf>
11. The Government of the Hong Kong Special Administrative Region. (2012). N95 respirator donning & doffing video. Retrieved from <http://www.chp.gov.hk/tc/static/39855.html>



安全督導員(建造業)認可服務 Accredited Safety Supervisor (Construction) (ASS(CO))

Hong Kong Safety and Health Certification Scheme

The Occupational Safety and Health Council introduced the Hong Kong Safety and Health Certification Scheme (HKSHCS) in 2014, the scheme provides accreditation services to relevant OSH practitioners and competent persons to ensure that they possess the necessary qualifications and capability to perform the specified duties. The accreditation services would enhance their competency and safety performances, and at the same time provides a recognition to the industry.

Accredited Safety Supervisor (Construction) (ASS(CO))

In accordance with the provisions of the Factories and Industrial Undertakings (Safety Officers and Safety Supervisors) Regulations, a contractor must employ one safety supervisor on each site with 20 or more workers to assist the proprietor and the safety officer in promoting the safety and health of persons employed. The Regulations do not lay down the qualification of a safety supervisor but he / she is expected to be a person experienced in the work of the construction site and should have relevant knowledge. Therefore, the Hong Kong Safety and Health Certification Scheme offers a voluntary accreditation service to the Safety Supervisor (Construction) by implementing a standardised framework for recognising their qualifications. If you are interested for apply Accredited Safety Supervisor (Construction), you can contact the Hong Kong Safety and Health Certification Scheme for details.



Scheme Leaflet

聯絡我們 Contact Us :

香港安健認證計劃 The Hong Kong Safety and Health Certification Scheme

電話 Hotline: 2116 5050 傳真 Fax: 2151 7433 電郵 Email: certification@oshc.org.hk



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



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