

# Occupational Health



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



## Commentary

32<sup>nd</sup> Annual General Meeting of the Hong Kong Workers' Health Centre cum Occupational Health Seminar on “Balancing work hours and health” – a summary

## Occupational Health Education

Review of Major events of Occupational Health in Hong Kong – Accidents in Confined Spaces

## Rehabilitation

Professional medical consultation service at the Centre – Rehabilitation for injured workers



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# 32<sup>nd</sup> Annual General Meeting of the Hong Kong Workers' Health Centre cum Occupational Health Seminar on “Balancing work hours and health” – a summary

Since its inception, The Hong Kong Workers' Health Centre has always been focused on protecting workers' health through promoting Occupational Health and Safety (OHS) and offering diverse work injury and occupational illness prevention services. Our extensive experience has taught us that support and cooperation from the Government, the employers, and the employees are crucial to achieving sustainable improvement of OHS. A key social issue crucial to OHS – legislation on Standard

Working Hours (SWH) – has been under discussion for years, and requires collaborative efforts among all stakeholders to address the health problems created by long work hours.

The SWH policy came into discussion after the minimum wage legislation came into effect. After a few years of consultation, the Standard Working Hours Committee (SWHC) submitted a report to the Government suggesting that legislation should be implemented on regulating the “Contractual Hours” of employees, with the focus on addressing overtime work without pay. Although the SWHC has fulfilled its obligations after submitting the report, much controversy remained regarding the report's suggestions. Overall, doubts were cast about whether employer's rights can be protected. Also, the health issues caused by long work hours have been neglected by various parties[1].

On 11 June 2017, the Workers' Health Centre organized our AGM cum Occupational Health Seminar on “Balancing work hours and health”, in a bid to explore the issues in the policymaking of SWH. Attendees included representatives from partner organisations, as well as speakers from different sections: Dr. Edward Leong, former Chairman of the SWHC; Mr. Joseph Lee, Legislative Councillor; Dr. Leung Ka-lau, former chairman of the Hong Kong Public Doctor's Association; Mr. Chan Shiu-wah, Chairman of the Motor Transport Workers General Union; and Mr. Wong Chun-kwan, project manager at the Hong Kong Workers' Health Centre.

This article will serve as a summary of suggestions, perspectives and experiences from speakers and guest respondents, exploring the factors of consideration and concerns about implementing standard working hours and the practicality of contractual hours.



## Summary of keynote address

**Dr. Edward Leong, former Chairman of the SWHC**, shared the factors of consideration in the legislation on implementing SWH. He shared the factors the SWHC considered at the time: definition of work hours, exemption arrangements for certain industries, employer-employee relations, among others. He believed the Government had yet to reach a consensus with employer and employee bodies, thus wished to leverage “contractual work hours” and “legislation to mandate overtime compensation” as a middle-ground, to focus on addressing no-pay overtime work.

**Mr. Joseph Lee, Legislative Councillor** – Joseph approached the insufficiencies of the SWH system from the perspective of malpractice. Take the medical industry as an example, nurses are already subject to 44-hour work week requirements, and if SWH are to be implemented it would greatly increase the workload of workers, forcing them to “complete 10 hours of work in just 8 hours”, causing a drop in service quality. The excessive workload would also lead to loss of manpower, causing a vicious cycle. Similarly, once SWH is implemented, employees of other industries may also face a sudden increase in workload. He suggested attention should be given to the workload of frontline workers even as we continue to explore the implementation of SWH.

**Dr. Leung Ka-lau, former chairman of the Hong Kong Public Doctor’s Association** – Dr. Leung focused on sharing his suggestions about overtime compensation and improving service quality. He concluded from his years of experience that overtime compensation should be handled with flexibility, allowing employees to the freedom to choose. He pointed out that employers should offer different arrangements, including “monetary compensation” and “compensatory leave”. On the issue of increased workload from reduced workhours, Dr. Leung supplemented Joseph’s concerns saying that different walks of society may address the issue through juggling resources and manpower, suggesting the employers and the management level should review the distribution of internal resources to reduce impact and wastage.

**Mr. Chan Shiu-wah, Chairman of the Motor Transport Workers General Union** – Mr. Chan spoke of the health impact of long work hours (such as musculoskeletal disorders and digestive system disorders) and, citing the union’s experience in implementing work hour limitations, suggested viable methods and directions of establishing SWH. He shared how years ago, in an effort to address common health issues faced by professional drivers, the government worked in tandem with three franchised bus operators to create a set of guidelines tailored to Hong Kong’s operation model, with one article clearly stipulating “maximum 14 hours of work per day”. He believed the success of this guideline reflected the flexibility and viability of the SWH policy, and that there is no such thing as an “impossible” policy if the authorities give thorough consideration to the actual needs and operational characteristics of different industries.

**Mr. Wong Chun-kwan, Project Manager at the Hong Kong Workers’ Health Centre** – Mr. Wong spoke about the negative impact on personal health, company and social wellbeing of extending work hours, estimating the financial losses Hong Kong could suffer through long work hours by citing examples of the US and UK. He called for both employer and employee to break away from past short-sightedness, take steps to safeguard their own health and that of their employees over the long term. He believed work policy should focus chiefly on “protecting employees’ occupational health” and “ensuring work-life balance for employees”, and avoid forgoing regulations on work hours for compensation for overtime work. If overtime compensation becomes a norm, employees may run the risk of relying on overtime work to

maintain a reasonable income.

All five keynote speakers agree on the same thing: SWH policy should be implemented on the basis of protecting workers' occupational health – not only balancing the interests of employer and employee, but also the issues arising from increased workload for frontline workers. To allow more opportunities of exchange with the audience and to explore viable options, the Centre's director – Dr. Ignatius Yu chaired a discussion session after the keynote speeches. Guest respondents were also invited to attend this session including Mr. Lam Chun-sing, Chairman of the Federation of Hong Kong and Kowloon Labour Unions; Dr. Kwok Ka-ki, Legislative Councillor; and Mr. Wong Chun-kit, representative of Asia Pacific Security Services Limited, who together enriched the breadth and depth of discussion on the SWH policy, analysing the concerns and considerations in its implementation.

## Implementation of SWH raises concerns for SMEs

In the past, there have been accusations that employers were to blame for the resistance in implementing SWH. Mr. Wong Chun-kit, representative of Asia Pacific Security Services Limited – an SME – believed the reason was more market driven, that if there were no changes to how the market operates, SWH policy would only make business more difficult for SMEs. He shares the experience of his company, “Take the security and guarding services industry as an example, it is possible for us to arrange security guards on the basis of three 8-hour shifts per day, but the operating expenses would certainly rise significantly. To maintain our bottom line, we have to quote a higher service fee – but our clients will not understand. If we were priced higher than our competitors – who operate by two-shift days – we would be less competitive as most customers only assess their budget in the short term. Larger companies may survive, but SMEs have no choice but to follow the market.” Right now, SMEs take up over 98%<sup>[3]</sup> of all of Hong Kong's commercial operators, meaning if like Mr. Wong said, the business always go to the cheapest vendor and no consideration is given to a company's OSH responsibilities to its employees, the conscientious companies who are willing to give employees sufficient rest time will be forced to bear the high costs and eventually be forced out of business, or become like the rest of the bunch – and adopt less scrupulous practices. Attendees took a moment to reflect on whether workers' health should be a top priority in the formulation of SWH policy, and the role the government can play in changing the market's existing model of operation.

In addition, there were concerns over how policy should be implemented. Although the government and SWHC has always maintained that the “one rule for all” approach did not help the formulation of SWH policy, the report submitted in January was inclined toward this approach. Mr. Chan, as a union chairman, agreed that the “one rule for all” approach is impossible to employ in any country, region or situation, as each industry has its own traits and thus SWH must be designed with flexibility in mind and with consideration for necessary exemptions, such that public service will not be affected. Take professional drivers as an example, problems like traffic congestion make it difficult to follow SWH policy to the letter, “a driver cannot simply ask passengers to get off simply because they are stuck in traffic, and his/her work



hours are up". Various standards and guidelines must be included in the SWH policy formulation so that the industry will be able to follow.

## Employee rights may be harmed from limitations to actual deployment of SWH

Most seminar attendees cast doubts over Dr. Leung's contractual working hours proposal, questioning its effectiveness as to guaranteed overtime compensation for frontline workers. Dr. Leung shared his own experience, "Back in the day, although the employment contracts of public doctors specified 44-hour work weeks, we usually worked 60-hour weeks. Our attempts to redress this through the judiciary system were turned away." Mr. Chan also shared a similar case, "there was a case where a professional drivers' contract stipulated 10-hour work days, but a dubious clause of 'reasonable overtime' was attached leading to the accumulation of over 1,000 hours of uncompensated overtime in one year – all because of the word 'reasonable' was never defined." Thus, even after contractual work hours are implemented, if loopholes exist in contractual clauses, the employer will still enjoy the upper hand creating many more cases of uncompensated overtime.

Mr. Lam Chun-sing, Chairman of the Federation of Hong Kong and Kowloon Labour Unions, was worried that the contractual work hours would lead to even longer work hours for grassroots workers, rationalising overtime work and enabling employers – using contract wordings - to evade overtime compensation. Thus, legislating for contractual work hours may not necessarily lead to result in fairer compensation for employees, and regular review is necessary to ensure effectiveness and timely amendment.

## Overtime compensation should be arranged per employee's preference

Under the SWH framework, if employees work longer than the designated hours, the employer must provide overtime compensation or compensatory leave. With these two approaches, many respondents pointed out that mandating compensatory leave may not be a suitable arrangement. Most frontline workers who are required to work overtime come from labour-intensive industries facing manpower shortage, thus compensatory leave may not fit in with worker's schedule. It may also limit their weekly or monthly work days, inadvertently adding to their work load and work stress.

Moreover, employees of different seniority or age may choose differently, thus the authorities should not impose "one rule for all" overtime compensation arrangements.

Different respondents suggested that overtime compensation should be handled flexibly, and arrangements be made per employee's preference.

## Balancing income and health – factors to consider for SWH legislation

Right now, 101 countries around the world impose SWH limits. Most countries such as Korea, Japan, Taiwan and Canada also have provisions for both SWH and maximum working



hours (MWH). The aim is to protect the health and personal lives of workers, preventing excessive overtime work. [2] Although many countries have passed legislation for MWH, attendees were divided whether such legislation should be passed for Hong Kong. Legislator Joseph Li believed while working hour policies aim to protect the health of frontline workers, any MWH legislation should also balance the quality of life for frontline workers. He cited minimum wage as an example, “high income workers do not care about minimum wage legislation; but for low income employees, minimum wage means a lot as it ensures a basic guarantee for their income and quality of life.” Thus, he believed a similar rationale should apply to MWH legislation. Limiting MWH would limit the overtime opportunities for employees looking to earn more through working longer, and may negatively impact their income and thus quality of life.



Legislator Kwok Ka-ki believed the type of industry should be considered when determining the MWH. By limiting the maximum number of hours employees can work, Legislation for MWH is intended to ensuring employees get sufficient rest, especially for work types where safety is paramount. “Take the guarding and security services industry as an example, most security workers work 12-hour days, which can amount to 16 hours including traffic. That means they only get 8 hours of rest outside of work.” He made it clear that without sufficient rest, security guard may not be able to perform optimally at work, and the service users will suffer in the end – for example break-ins can happen when the security guard fails to stop suspicious individuals. It thus stand to reason that the government should first consult the employees when determining the MWH,

learn about their preference regarding compensation for overtime work, and achieve a balance between income and health on this basis.

## Summary

Long working hours and uncompensated overtime work is common for our labour force, and whether the SWHC’s proposal of legislating for “Contractual Working Hours” can be effective remains unknown. Both speakers and attendees in this Occupational Health Seminar on “Balancing Work Hours and Health” agreed that protecting employees’ health should form the basis of formulating and implementing SWH policy, and that a balance should be achieved between the views of employers and employees. The Centre believes

the contractual working hours approach may form the first step towards addressing long working hours and uncompensated overtime work, and that the situation will continue to improve if the government, employers and employees can continue to work closely.



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# Review of Major events of Occupational Health in Hong Kong – Accidents in Confined Spaces

In the special topics of the past 3 issues, we have invited Dr. Y Y Wong, Mr. Wong Wai Yin and Mr. Ho Shum Wang to share their views on work site accidents, analysed the contributing factors for different work site accidents, as well as the role of various stakeholders in preventing work site accidents. Amongst various contributing factors and environmental variables, confined spaces are of the more unpredictable kind, and the slightest lapse of care can lead to dire consequences. A case in point is the severe accident in early July this year where 3 workers died working in a confined underground space

in Hung Hom, Hong Kong. Statistics from the Labour Department indicate that 636 inspections have been conducted by Department officials over the past 3 years in relation to works conducted in confined spaces, with 138 written warnings and 9 suspension notices[1] issued – meaning there is a problem found in one out of every four inspections. This constitutes a 7-time increase[2] compared with the results of the regular inspections by the Department, with one instance of misconduct in every 28 inspections. One can see that the risks of working in confined spaces require our urgent attention.



For this reason, for this issue we talked to Mr. Tsin Tai Wa, honorary consultant of the Centre, who shared his views on the topic. During the interview, Mr. Tsin believes that although regulations have placed greater focus on inspections, and work conditions of confined spaces have improved, there remain persisting loopholes leading to recurring work accidents in confined spaces. He believed that there is room for improvement not only in the duties and requirements of “competent persons”, but also in the safety awareness of workers themselves. Different stakeholders should also and to more effectively improve occupational Health and Safety (OHS) standards.



## Limitations to ventilation lead to accidents – despite regulatory changes

According to Factories and Industrial Undertakings (Confined Spaces) Regulation, confined spaces mean “any place in which, by virtue of its enclosed nature, there arises a reasonably foreseeable specified risk”, including any tank, caisson, sewer, tunnel, boiler and hatch[3]. Confined spaces are different from ordinary industrial and manufacturing conditions in that the

unique environment limits ventilation and heat dissipation, thus posing a greater danger should accidents happen. According to Mr. Tsin, most workers do not specialize in working in confined spaces, as such most enter these spaces only out of necessity. As they do not regularly work in such spaces, the slightest carelessness can lead to accidents. Take sewers as an example, sewers built decades before are very different from modern sewers, meaning as cities develop the configuration of confined spaces keep changing. Such changes may include work model and other environmental factors – even the salaries of the workers. Thus if workers or contractors are not sufficiently aware of or informed of the risks, accidents could happen.

Mr. Tsin recalled in the 1960s and 70s, Hydrogen Sulphide (H<sub>2</sub>S) poisoning in sewer works and suffocation in cabin works were a regular occurrence. These deadly incidents were partially contributed by the absence of “competent persons”, and that the industry were largely unaware of hazards, such that rescue was often delayed because the victim was not immediately discovered, causing numerous deaths. As the public become increasingly aware of the hazards of working in confined spaces, the authorities further reviewed and amended relevant regulations. Following the first amendment in 1973, then the second and third amendment in 1981 and 1989, the government finally abolished the old regulations in 1999 to be replaced with the present Factories and Industrial Undertakings (Confined Spaces) Regulation. Under this regulation, before workers can enter and work in a confined space, contractors must arrange for “competent persons” to conduct risk assessment and implement any suggestions for improvement. Meanwhile, only “certified workers” who have completed a course on working in confined spaces may work inside such spaces. These practices aim to minimize accidents due to negligence.

Even after the new regulations become effective, tragic accidents still happen in confined spaces. Over the past 13 years, 5 incidents involving manholes happened over the past 13 years[4]. One can see that regulatory amendments alone cannot fully address the issue – more improvements and remedial measures are still required.





## “Competent persons” training course lacking in depth, for room for expanding the duties and requirements

Mr. Tsin believed that current legislation and policies have bolstered protection for workers. In the old days, training was mandatory as newcomers tended to be unfamiliar with work processes and the work environment, and were less sensitive towards the hazards; moreover, with the introduction of

“competent persons” system, OHS measures are

recommended and implemented through risks assessment by the qualified person, which theoretically can significantly lower the risks.

However, as Mr. Tsin explained, the determining factor is whether the “competent person” has sufficient experience, and has exercised his/her duty to perform comprehensive safety checks for workers. Mr. Tsin stressed that “competent persons”, like all other workers, can be effective only after they have accumulated sufficient experience. According to the curriculum of course organisers – the Occupational Safety and Health Council and Construction Industry Council – “competent persons” need only to take a course lasting 16 hours, which covers only general information and not actual operation of equipment and instruments. Common confined spaces (such as tunnels, sewers and tanks) are not mentioned or studied during the course[5] [6]. One has to question how much “graduates” can contribute to minimizing accidents in confined spaces.

In addition, even though Mr. Tsin agreed that “competent persons” play a key role, there remains an amount of uncertainty regarding the scope of their authority. All workers follow the instruction of employers or the management, and if the latter has a difference of opinion with the “competent person”, and the worker is not sufficiently aware in respect of OHS, safety may be sacrificed in place of following orders. Meanwhile, existing legislation do not require “competent persons” to bear legal responsibilities commensurate with the importance of their role. Penalties doled out in relation to recent confined spaces accidents target employers and contractors, with fines of 50,000 to 100,000, while competent persons were neither disqualified nor prosecuted[7] [8] [9]. Should the above situation happen on one irresponsible “competent person”, the lives of frontline workers may be put in jeopardy.

When asked whether previous incidents have changed the work culture of the industry, Mr. Tsin believed confined spaces to be no more than a work environment, and related works are undertaken by companies from different industries and backgrounds, thus was not easy to tell conclusively. However, from his observations over the past decades, he agreed that works conducted by public organizations and government departments have seen greater change, with relatively comprehensive precautionary measures; private or commercial organizations vary in the measures taken, and more work is required. The key difference is that currently contractor of public works and large companies will appoint a safety officer to impose one more layer of supervision on top of “competent persons”, making the monitoring process more secure and more systematic. Thus, he believes the government may explore the possibility to expand this arrangement to all works in confined spaces.

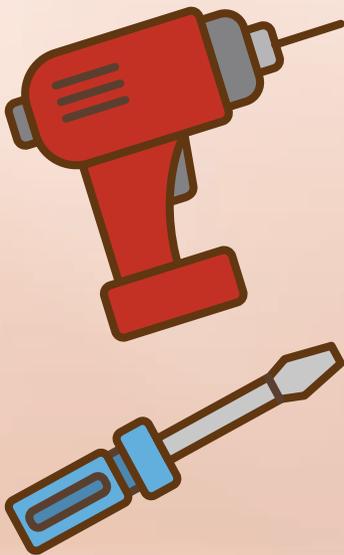


## Workers need to raise awareness for wearing protective gear

Meanwhile, workers need to improve their OHS awareness. A case in point is the incident on 7 May 2010 in Stonecutters Island Sewage Treatment Works, where 3 workers fainted after inhaling H<sub>2</sub>S. The site of the incident was already marked as a potential H<sub>2</sub>S danger zone, with safety guidelines posted at the entrance of the work site warning workers to wear respirators before entry. However, the workers involved neglected the warning, which led to the accident[10]. If workers have been using suitable respiratory protective equipment, they would have been protected from harm.



Mr. Tsin said, “When major incidents happen, workers will take particular note of safety measures for a period, but after a while they return to their erroneous ways. To make such measures stick, we need to improve our work model, improve crisis management, and raise workers’ awareness through training and supervision, such that future accidents in confined spaces can be prevented.” To boost workers’ OHS awareness for confined spaces, Mr. Tsin believes that regular training and continuous education and promotion is key, the implementation of which should also consider the actual needs of workers by for example providing suitable reference scenarios. He suggested that training for works in confined spaces should be updated with case studies for individual work environments, and that on-the-site training should be provided. Taking Australia and certain European countries as an example, after 5 days of training the “graduates-to-be” must undertake on-site practicum for a certain number of hours, before they can obtain the license – a stark contrast to the 16-hour courses in Hong Kong.



## Enhance collaboration among stakeholders with reference to overseas policies

Lastly, Mr. Tsin pointed out that prevention of accidents in confined spaces requires various stakeholders to take responsibility in every step – as each is crucial to maintaining a safe work environment. “Employers and the management should provide sufficient resources and training to workers, plus full support for “competent persons” to implement their recommendations in the risk assessment report. “Competent persons”, in turn, should continue to enhance their knowledge of the risks of confined spaces, stay vigilant during assessment, and ensure the report is detailed and comprehensive. Workers should take the recommendations in the risk assessment to heart, and be mindful of safety practices.” Mr. Tsin summarized, “When all stakeholders discharge their duties, communicate and interact in a responsible way, they can build up an OHS culture internally and achieve their shared goal – minimize the chance for accidents.”

Policy-wise, Mr. Tsin also suggests professionals from different industries can exchange more and borrow from the policies, laws and attitudes of other countries with regard to OHS, and work together to help the government close existing policy loopholes. Take the United States as an example, organisations involved in OHS policy making include the Occupational Safety and Health Administration (OSHA) under the United States Department of Labor, as well as the National Institute of Occupational Safety and Health (NIOSH)



under the Centers for Disease Control and Prevention (CDC). The former is responsible for formulating and implementing industry safety standards; the latter specialize in research and recommendations with regard to work-related injuries and illness, providing education and training in areas of OHS and public hygiene, such that the people enjoy hygienic and safe work conditions[11] [12]. Owing to the collaborative interaction and mutual correction between the two organisations on various levels, the United States remains one of the leading nations in the world with regard to OSH and work safety.

## Conclusion

Mr. Tsing had one final advice for us, “The first step to accident and injury prevention is to understand and identify hazards.” To ensure workplace OHS, we should first learn about and identify hazardous elements in the workplace, then we can focus our efforts in controlling them, minimizing their occurrence and the impact of such risks to our health.”

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# Professional medical consultation service at the Centre – Rehabilitation for injured workers

In Hong Kong, medical treatment and rehabilitation of injured workers are mainly provided by public health care organisations. As accidents happen, workers receive treatment directly at the emergency room or of public hospitals, and, where necessary, receive referral for further specialist follow-up. However, the long queues for specialists mean that the waiting time can range anywhere from months to almost a year. During rehabilitation, general practice or specialists focus on treatment of injuries, for example whether surgeries are necessary. Rehabilitation, which is conducted through referral to physiotherapists and occupational therapists, focus on training of muscles and physical capabilities, as well as functional assessment.



Nevertheless, after some workers completed their treatment, the pain and other physiological and psychological issues remain. The most disturbing one is: Why is the pain still here after so much time? And also other questions such as: can I return to work? What can I do in the future if I can go back to my old job? Medical professionals, who deal with incredible stress on a daily basis, do not have the time to answer all these questions.

The “Professional medical consultation service” offered by the Workers’ Health Centre aims at: 1) Providing one-time medical consultation with professional OHS suggestions to working individuals to prevent deterioration of their symptoms; 2) Helping injured workers/those with occupational illnesses understand the situation of their ailment, and arrange referral to other rehabilitation services where necessary; 3) Offering one-time medical consultation service to those queuing for specialist clinic but still have a long wait to go; 4) Provide return-to-work recommendations as part of the professional medical consultation service.

## Return-to-work recommendations

Ms. Pao works as a security guard. During one floor patrol, she lost her balance and injured her ankle. Like other workers, Ms. Pao received treatment at outpatient clinics attended by general practitioners. After receiving occupational therapy for a time, the doctor believed her conditions had stabilised, and stopped issuing sick leave. However, Ms. Pao continued to suffer pain in her ankle, and had doubts about her ability to return to work. With the help of the Centre’s case manager, Ms. Pao undertook professional medical consultation at the Centre, where the doctor analysed the nature of her work, the state of her injury, and

points to take note if she were to return to work. With our help, Ms. Pao has regained the confidence to go back to work.

## Suggestions for rehabilitation

Joe is a welding worker at a work site. During work, he fell 2 meters from a place of height and injured his back. He received treatment at the emergency room, where the doctor declared him free from any bone fractures. However, as Joe continued to feel pain from his injury, he went to general practitioner who referred him to receive physiotherapy. After 2 months of treatment, Joe was unsatisfied about the progress of his recovery and feared that it would affect his ability to work. Joe had considered paying for a MRI scan to learn more about his injury, but he had metal left in his ear because of a childhood surgery, and he feared it would make him unsuitable for MRI. With the help of the Centre's case manager, Joe undertook professional medical consultation at the Centre, where the voluntary doctor explained to him his injury, and prescribed rehabilitation exercise to strengthen his back. The doctor also explained how Joe could still take the MRI scan if he wanted to, and recommended some viable options.



## Concerns for Occupational illness

Ms. Chan is a clerical worker, and her daily work involves typing at a computer and organizing documents as per the instruction of her superiors. Her typical work day lasts 9 hours. After 3 years on the job, one day at work Ms. Chan felt sudden pain, numbness and loss of strength in her right wrist. Ms. Chan attributed it to her busy days and a lack of rest. Nevertheless, the condition of her wrist did not improve. Ms. Chan was worried that the pain would last into her future and affect her ability to work. She came across the Centre's website and undertook professional medical consultation at the Centre. After consultation, the doctor believed Ms. Chan was suffering from tenosynovitis of hand and wrist, due to working long hours with an incorrect posture. With the doctor's recommendation, Ms. Chan contacted an occupational therapy clinic and obtained further diagnosis and follow-up.



## Ending remarks:

For injured workers, suitable and timely medical diagnosis and rehabilitation referral are essential. The professional medical consultation service offered by the Hong Kong Workers' Health Centre on a community level provide not just clinical rehabilitation and training, but work around the limitations of the existing medical system to provide professional medical advice helping injured workers return to work.



## Voluntary Accreditation Services for 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

### Contact Us :

The Hong Kong Safety and Health Certification Scheme

Hotline: 2116 5050 Fax: 2151 7433 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 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, 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  
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Hong Kong Workers' Health Centre



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