

Commentary

- Present Loopholes in Occupational Health and Safety – the case of industrial action by outsourced sanitary workers

Occupational Health Education

- Review of Major events of Occupational Health in Hong Kong – Expert commentary on chemicals

Rehabilitation

- Commentary on the services, policies and operation model of work injury rehabilitation



Content

Commentary

02 Present Loopholes in Occupational Health and Safety – the case of industrial action by outsourced sanitary workers

Occupational Health Education

06 Review of Major events of Occupational Health in Hong Kong – Expert commentary on chemicals

Rehabilitation

09 Commentary on the services, policies and operation model of work injury rehabilitation

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) 2725 3996 Fax: (852) 2728 6968
Web site	www.hkwhc.org.hk
Acknowledgement	<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 ©2018 copyright



Present Loopholes in Occupational Health and Safety – the case of industrial action by outsourced sanitary workers

The final week of each year - from Christmas leading up to new year's eve - is often the happiest time of the year for many, where we can come together with friends and family and enjoy a couple of days of well-deserved break. However, beyond the joyous celebrations, have we given any thought to the state of welfare and occupational health and safety (OSH) of frontline workers, who stay on the job and service the Hong Kong public dutifully, even through holiday times?

On December 27th last year, an instance of industrial action broke out as a result of the tendering and outsourcing system. According to news reports, with the transfer of the tender contract to a new company, about 30 outsourced sanitary workers who worked at Hoi Lai Estate signed "voluntary resignation" documents under coercion by the old company, giving up their welfare including annual leave and severance pay. [1] With the help of workers unions, the workers went on strike for 10 days until they reached a settlement with the employer on January 5th this year. [2]

Details of settlement aside, the industrial action brought into the limelight the long-standing loopholes in the city's system of service outsourcing, which result in of the erosion of the basic rights and welfare of frontline workers. Besides the sanitary industry, trades affected include property and facility management, security, clerical and building and construction. [3] In one such instance involving sub-contracting, a residential building's exterior renovation and scaffolding works involved as many as 8 contractors, 6 of which sub-contracted the project out without doing any work, resulting at the end in a labour dispute. [4] According to data cited by Prof. Paul Yip, among the 60,000 outsourced workers recently employed by government departments, 90% are employed by Housing Department, Food and Environmental Hygiene Department, and Leisure and Cultural Services Department. [5] It goes to show that as Hong Kong's biggest employer, the government is also the biggest culprit of promoting the practice of "lowest bid wins".

Victims are not just deprived of their deserved pay and benefits, but also their protection in the area of occupational safety and health (OSH). A questionnaire survey published by the Centre in 2010 regarding the state of OSH protection



for outsourced sanitary workers[6] shows that given the system of service outsourcing widely adopted in different industries, the chief contractor would outsource even the basic responsibilities of OSH oversight, and sub-contractors, to lower their operational costs, will skim on the welfare and protection of their workers. Inadvertently, the practice of "lowest bid wins" is encouraging unscrupulous employers to turn worker's entitled wages and protection into their own gain.

To effectively plug existing loopholes, both the government and employers have a crucial role to play. As a matter of fact, the Factories and Industrial Undertakings (Safety Management) Regulation (Cap 59AF of the laws of Hong Kong) includes provisions relating to the choice of sub-contractors and OSH management, but since being passed in 1990, the 3-decade-old legislation only require employers and contractors belonging to designated industrial undertakings to abide by stipulated management requirements under certain circumstances. [7] Meanwhile, the Occupational Health and Safety Ordinance (Cap 509 of the laws of Hong Kong) also prescribes OSH requirements that apply only employers, occupier of premises and employees. [8] Thus, all other employers or contractors that fall outside the scope of the above, or whose scale of operations do not fit in the prescribed requirements may avoid legally the responsibility of managing sub-contractors.

This is why the Centre is again urging the government to review existing legal provisions and expand the aforementioned "selection of sub-contractors and OSH management requirements" to all other industries, even including such requirements under the Occupational Safety and Health Ordinance, such that all frontline workers may fall under the basic protection of an OSH management system. Meanwhile, in its 2002 Code of Practice on Safety Management, the Labour Department listed under "Responsibilities of proprietors and contractors" that the Regulation will be reviewed one year after its enactment, to determine how all 14 elements of the safety management system should be implemented. [9] However, there has yet to be any update so far. We urge the authorities to deliver on their promise and implement all 14 elements, to give Hong Kong's employees the most comprehensive OSH protection.

Finally, the authorities may even set out standard sub-contracting contracts for different industries, stipulating OSH-related regulatory terms for chief and sub-contractors, both employers and employees. By setting an example and contracting model, the government can help lift the city from under the shadow of unscrupulous outsourcing practices.



References:

- [1] Stand News. "Industrial action by sanitary workers at Hoi Lai Estate of Cheung Sha Wan Outsourced contractor owed over 1M in severance pay Union blames government outsourcing for consistently low wages". 27 December 2017.
- [2] Oriental Daily. "Sanitary workers at Hoi Lai Estate reached agreement with employer Work to resume by tomorrow". 5 January 2018.
- [3] Hong Kong Federation of Trade Unions. "Urging the government to expand the coverage of wages owed in respect of services rendered to outsourced contractor". 23 September 2011.
- [4] Wen Wei Pao. "The poison of the construction industry - abuse of sub-contracting system". 3 June 2010.
- [5] Prof. Paul Yip, The Reality of Hong Kong's Poverty Issue. Chung Hwa Book, 2017.
- [6] Hong Kong Workers' Health Centre. Outsourced sanitary workers chemical hazard and occupational health questionnaire survey 2010. 2010.
- [7] Department of Justice. Hong Kong e-Legislation, Cap 59AF: The Factories and Industrial Undertakings (Safety Management) Regulation.
- [8] Department of Justice. Hong Kong e-Legislation, Cap 509: Occupational Safety and Health Ordinance.
- [9] Labour Department, Code of Practice on Safety Management. 2002.

Review of Major events of Occupational Health in Hong Kong – Expert commentary on chemicals



In the previous feature on prevention, one of our centre's honorary professional advisors Mr. S K Lam shared his views on how chemicals can impact occupational health. He believes the reasons for accidents include the following: employers and employees do not have sufficient knowledge and awareness of chemicals; and that training courses focus on theory such that employees do not understand why accidents happen and are not equipped with sufficient awareness of prevention. He also mentioned the importance of how employees, employers and the government should work together toward promoting knowledge of chemicals and accident prevention.

In this issue, we are pleased to have the Chairman of the Centre's Prevention and Education Steering committee, certified industrial hygienist (CIH), Mr. Percy To share his views with us on the issue of chemicals. During the interview, Mr. To expresses that every accident and illness is a tragedy, and prevention should be paramount no matter with the government, the employers or the workers themselves. He believes now the society in general emphasizes on occupational safety rather than occupational health, and that the government has not paid sufficient effort to regulate and enforce laws such that similar incidents continue to happen. At the end of his interview, Mr. To suggests that the government and regulatory authorities should promote risk assessment for use of chemicals, and strengthen monitoring and policy implementation, in order to more effectively promote occupational health and prevent incidents.

Increase of information circulation and promotional efforts is the key to address social neglect for Occupational Health

While social concern and awareness for Occupational Safety and Health (OSH) has been on the rise, Mr. To points out that occupational safety often prioritized over occupational health. International definition for OSH includes two key aspects: "Occupational Safety" and "Occupational Hygiene". When safety is lacking, accidents tend to happen; when hygiene issues – which includes health hazards in the work place - arise,

chances of acquiring occupational illness increase[1] [2][3]. What most Hong Kong people know about occupational health is actually the international definition of "occupational hygiene". Mr. To believes the use of chemicals to be a very important element in occupation health, "The impact of certain chemical is instantaneous, for others the effect is delayed. For example, according to the Employees Compensation Ordinance mercury poisoning is a kind of occupational illness. Ingestion of high concentrations can lead to acute poisoning and instant symptoms such as sore throat, vomiting and abdominal pain; long term contact with products with high mercury levels can also lead to chronic poisoning, in the long term leading to damage to the nervous



system, symptoms include numbness and deterioration of the five senses. If one has an idea of what the symptoms are, there are ways to control the illness before the damage becomes permanent.

Mr. To also believes current training and education with regard to the OSH of chemical use to be lacking. The Occupational Safety and Health Council (OSHC) is a statutory organisation established under the Occupational Safety and Health Ordinance. It helps to promote safety and health at work through promotion in the community; education and training; consultancy services; research and strategies development, and publication of information on prevention[4]. However, Mr. To points out that even as the Council is required to balance safety and health in their work, its training courses are generally lacking the elements and concepts of occupational health. Take its Occupational Safety and Health Supervisors Course as an example, only 1 among the 4 compulsory units focuses on occupational health - which only teaches knowledge at introductory level, not industry specific occupational health knowledge[5]. Moreover, certificate courses on occupational safety and health, which are the prerequisite for becoming safety officers, are predominantly about occupational safety rather than occupational health [6][7][8]. Mr. To gives an example, "Safety officers and safety supervisors are a necessity in the construction industry. The emphasis on safety over health is the reason why awareness for occupational health has been generally lacking no matter in construction or other industries." He also observed that most courses only focus on the consequence of accidents - such as fire and explosions - but not health issues or impact, such as allergies, suffocation, poisoning or cancer caused by chemicals.

Meanwhile, government efforts on promoting knowledge of occupational health and prevention is lacking, such that employers and employees remain largely unaware of the severity of the health issues and accidents related to chemicals. OSH statistics given by the Labour Departments indicate that in 2015 and 2016, there were 237 and 196 respective incidents of injury or death caused by exposure to hazardous materials[9]. After the accidents however, the government never actively notify the public of such injuries and deaths or provide the details. Among all the monthly work safety alert published by the Labour Department since 2015, only one mentioned about discarding of chemical waste, and that report has only 2 lines: "a worker discarded chemical waste in a metal barrel, which exploded a few minutes later, injuring two workers." [10] There is no mention of why and how it happened, for example the kind of chemical involved and its properties, and

at what environmental condition the barrel is placed in. Consequently the industry in general was unable to benefit from the alert. Moreover, the Labour Department is required to complete a report after each accident but it is not available to the public. The Labour Department did compile and publish a report analysing fetal occupational accidents over a decade ago, but have not published any similar report in recent years. Mr. To suggests that the Labour Department should publish quarterly or annual reports and case studies of various work accidents or on occupational health related topics, including accidents caused by chemicals and their health impact.

Government should review existing legislation and enforce regulations to protect workers' safety and health

According to the preventive and control measures of OSH, "personal protection" refers to gear used or worn on the person at work (including clothes worn during adverse weather), which is to protect a person against one or more OSH hazards[11]. Mr. To says, "Personal protection should be treated as the last line of defence for OSH, supplementing other safety measures. In Hong Kong, there is excessive reliance on the use of personal protection, and many accidents actually caused by issues with personal protection - for example choosing the inappropriate gear or inappropriate use of gear - leading to inadequate protection."

Legislating for personal protection will be helpful towards protecting workers' health and avoiding accidents. Right now, the Factories and Industrial Undertaking Ordinance has supplementary articles stipulating that factory owners should provide personal protective equipment for employees involved in work processes with safety risks. This article



however does not apply to outside industrial work, for example the sanitary industry which chemical use is common. Mr. To remembers, "The government started discussing a legislation on personal protection in 1997, but there has yet to be any progress." Records indicate that on 27th January 2000, the government introduced to the Panel on Manpower the Occupational Safety and Health (Personal Protective Equipment) Ordinance, suggesting to add new regulations under the existing Occupational Safety and Health Ordinance to regulate the provision of personal protective equipment to employees in both industrial and non-industrial undertakings[12][13]. However, after the briefing, the panel members have not further discussed or raised questions about the proposal, and the government did not table the amendment proposal to the legislative council for review. The result of such lack of legislative action on the government's part is that right now, non-industrial employees remain unprotected in terms of their use of personal protective equipment.

To ensure employees are properly protected, besides legislation, the Labour Department can take the lead by enforcing the regulations. However, Mr. To finds the department put little effort into enforcement. He said, "In terms of enforcing 590 (Cap 509 the Occupational Safety and Health Ordinance) or on the health issues caused by handling of chemicals, little effort has been dedicated and very few cases of prosecution are on

record." He urged the government to encourage employers or organisations to learn more about OSH through enforcement and in so doing better protect employee's health and safety.

Addition of new regulation on risk assessment to minimize accidents

Lastly, Mr. To believes to effectively prevent chemical accidents, all work processes involving chemical use should undergo risk assessment. Through risk assessment, employers can learn

at the source about the possible OSH risks that employees face, and formulate suitable measures to avoid or reduce risks. He mentioned that in existing legislation, assessment of work processes involving chemicals general fall under the scope of general duties, and is not required under any independent regulation or caption. Take work in confined spaces as an example, the Factories and Industrial Undertakings (Confined Spaces) Ordinance requires employers to conduct workplace assessment for the confined space to ensure employee safety[14]. In terms of use of chemicals, the Occupational Safety and Health Ordinance and The Factories and Industrial Undertakings (Dangerous Substances) Ordinance has provisions for regulation, though the employer only has a general duty to ensure the health and safety of their employees, as well as the labelling requirements of chemical containers; no health assessment requirement is stipulated[15] [16]. Mr. To believes this is the reason why OHS experts are often thought to be unnecessary as part of the supervision structure in many industries, unlike in certain industries such as construction, shipyard, or container handling which require the presence of registered safety officers and safety and health supervisors to protect the OSH of employees, causing the prevention against chemical related accidents and illness has been less than effective.

Besides government initiatives, Mr. To also believes company management should also take responsibility. Risk assessment is a fundamental part of safety management, and a company should regularly conduct risk assessment for various work processes. If it is not capable to do so by internal staff, then employees can first enrol in relevant courses organised by the Labour Department, the Occupational Safety and Health Council, or other registered institutions; or even to commission professional consultants to provide such service. In addition, Mr. To said, "The OSHC remains immature in terms of developing and promoting risk assessment, which they should put more effort into. We also wish the OSHC to provide financial incentives to employers to conduct risk assessment such that the practice becomes widely adopted across different industries; we also urge the government, the OSHC and employers to work in concert to promote a risk assessment culture."When employers are legally bound to conduct risk assessment for workplaces and work processes, they will seek out assistance and services, and service providers will adjust according to meet market demand. Collaboration among the three will ensure the development of work-related chemical risk assessment and to ensure the OSH of employees.



Summary

To sum up, Mr. To again advises employees to pay heed to occupational health - not just safety. He said, "A lot of times the consequences of accidents are immediately visible and catch attention easily, but the impact of health issues is less readily visible. As such improvement measures and treatment are delayed, and when illness ensue it is already too late. We do not want this to happen which is why we must learn about the symptoms and progression of occupational illnesses. We also urge employees to make a habit of checking up regularly and closely monitor their physical conditions." Also, promotion of OSH requires concerted efforts on all fronts - but the government's central, coordinating role is indispensable. Mr. To hopes the government can develop a management platform for the development of OSH in Hong Kong so that employee health and safety can be managed more comprehensively.



References:

- [1] Occupational Health, World Health Organization
http://www.who.int/topics/occupational_health/en/
- [2] Safety and Health at Work, International Labour Organization
<http://www.ilo.org/global/topics/safety-and-health-at-work/lang--en/index.htm>
- [3] Professor Ignatius Yu (1991), Occupational Safety - Occupational Illnesses and Workplace Accidents, CUHK Press.
- [4] Occupational Safety and Health Council Profile
http://www.oshc.org.hk/eng/main/about_us/oshc_profile/
- [5] Occupational Safety and Health Council, Combined Certificate for Safety and Health Supervisors (Industry-based)
<https://eform.oshc.org.hk/course/tchi/course/ShowPackage.asp?PackID=1>
- [6] Occupational Safety and Health Council, Professional Diploma in Applied Occupational Safety And Health
<https://eform.oshc.org.hk/course/tchi/course/CourseDetail.asp?TopicID=8&CouID=579>
- [7] Hong Kong Baptist University School of Continuing Education, Professional Diploma in Occupational Safety and Health
<http://www.sce.hkbu.edu.hk/future-students/part-time/cert-dip/CP0283/>
- [8] Hong Kong Polytechnic University, Occupational Safety and Health Programme
<http://www2.ic.polyu.edu.hk/oess/OSH/index.htm>
- [9] Labour Department, OSH Statistics 2016
http://www.labour.gov.hk/tc/osh/pdf/OSH_Statistics_2016_NEW_TC.pdf
- [10] Labour Department, OSH Alert - Mishandling of Chemical Waste
http://www.labour.gov.hk/tc/osh/pdf/WSA_Mishandling_of_Chemical_Waste_Dec2016_TC_Final.pdf
- [11] Occupational Safety and Health Council, Personal Protective Equipment
<http://www.oshc.org.hk/tchi/main/hot/ppe/>
- [12] LegCo Panel on Manpower, Minutes of Meeting (27 January 2000)
<https://www.legco.gov.hk/yr99-00/chinese/panels/mp/minutes/mp270100.pdf>
- [13] LegCo Panel on Manpower, Occupational Safety and Health (Personal Protective equipment) Ordinance,
<http://www.legco.gov.hk/yr99-00/chinese/panels/mp/papers/b927c05.pdf>
- [14] Factories and Industrial Undertakings Ordinance, Factories and Industrial Undertakings (Confined Spaces) Ordinance
https://www.elegislation.gov.hk/hk/cap59AE!zh-Hant-HK?INDEX_CS=N&xpid=ID_1438403503193_002
- [15] Occupational Safety and Health Ordinance (Cap 509)
https://www.elegislation.gov.hk/hk/cap509!zh-Hant-HK?INDEX_CS=N
- [16] Factories and Industrial Undertakings Ordinance, The Factories and Industrial Undertakings (Dangerous Substances) Ordinance,
https://www.elegislation.gov.hk/hk/cap59AB!zh-Hnt-HK?INDEX_CS=N



Commentary on the services, policies and operation model of work injury rehabilitation

What does work injury remind you of? Pain? Death? Compensation? Neglect? Obligations?

And what does rehabilitation remind you of? Health? Return to work? Recovery? Chronic pain?

Many employees look forward to receiving suitable treatment as soon as possible after being injured, and return to work after recovery. [1] Different walks of society are also trying to implement different work injury rehabilitation policies and models, helping employees get the treatment they need and return to work. In this article, we will try to analyse the benefits and drawbacks of different rehabilitation arrangements under different policies and models.

In Hong Kong, the Employees Compensation Ordinance[2] protects injured workers by stipulating that both employer and employee has to bear responsibility for injuries or death suffered by employees at work, or when employees are diagnosed with occupational illnesses stipulated in the ordinance. However, even as the employee may be wrongful or neglectful when such incidents happen, employers are still obligated to make compensation as per the requirements of the legislation.

Article 15 of the ordinance stipulates that when work accidents occur or when employees are diagnosed with listed occupational illnesses, whether it leads to any compensable legal liability, employers should report the injury to the Commissioner of Labour within a certain time period. If the employer is notified of the incident after this time period, the follow-up report should be done 7 or 14 days immediately after. If an employer fails without reason to report the incident within the stipulated time period, or provide fake or misleading information, he / she commits an offence and is liable to a fine of HK\$50,000.

The Employee's Compensation Ordinance was first implemented in Hong Kong in 1953, during the colonial times. Both its framework and content were adapted from the UK's Workmens Compensation Act of 1943. The Act was a statutory law aiming to address the arbitration and compensation needs of work injuries, providing an employee's compensation system for work injuries, regardless of negligence and without contribution requirements. This compensation system has been in use for over 60 years in Hong Kong, and many injured workers and related stakeholders have noticed the loopholes inherent in the system, such that the Employees Compensation Ordinance can no longer keep up with the socio-economic development of Hong

Kong. The current legislation focuses on monetary compensation for injured workers, and neglect post-injury occupational rehabilitation and return to work arrangements:



1. A lack of timely post-injury occupational rehabilitation support

The existing Employees Compensation Ordinance stipulates that injured workers may claim medical expenses of HK\$300 (outpatient treatment) to HK\$370 (hospitalisation and in-patient treatment) per day, and restrict workers to receive rehabilitation treatment only at public medical institutions. Physiotherapy and other professional therapy services provided by private medical institutions can cost as much as HK\$500 to \$700, compared to HK\$80 to \$135 for similar services at public medical institutions. As the claimable amount stipulated in the compensation ordinance is relatively low and the injured worker has to pay the expenses out of pocket first, most injured workers decide to seek basic rehabilitation treatment from the already overcrowded public medical institutions, such that they often need to wait months before receiving specialist treatment and rehabilitation service. This often leads to workers missing their "golden period" for rehabilitation, leading to delayed recovery and return to work progress. It also causes a vicious cycle where pain and loss of function can exacerbate the disability. Also, the longer the workers are left disabled, the less the chance they will be able to return to their original work post.

2. A lack of return to work arrangements after rehabilitation from work injury

The current system provides injured workers with services that are fragmented and disjointed. Injured workers receive rehabilitation treatment at the public medical system, where the specialist doctors take charge of injury treatment, surgery and referral to physio or occupational therapists. After workers recover, doctors refer them to the Labour Department for assessing the percentage of loss of earning capacity permanently; the department then collect medical reports and schedule assessment. After the assessment is complete and the worker receives the compensation, the case is closed. Throughout the process, whether or not the injured worker can return to work is of no concern. In reality, even after the injured worker completed the treatment, and the doctor would stop issuing sick leave certificates or issue a work trial certificate, workers face huge difficulties in returning to work as the existing ordinance do not cover post-injury return to work arrangements and there is no systematic intervention or support in place. Most employers take a passive attitude to return to work arrangements for injured workers, some even decline to offer "transitional work arrangements" - which is permissible under existing legislation - turning return to work into a tug-of-war, impacting labour relations and worker's confidence in picking up their job again.

In fact, there have been different voices in the society - from unions, legislators and NGOs - urging for the review and amendment of the dated legislation. However, we all understand that this would take years to achieve, which is why besides the Hong Kong Workers' Health Centre, different professionals and organisations have attempted to implement various work injury intervention frameworks and schemes, to ensure workers receive timely treatment and promptly return to work. Some examples are:

Labour Department's Voluntary Rehabilitation Programme

In 2003, working with the insurance industry, the Labour Department launched a Voluntary Rehabilitation

Programme[3] as a free rehabilitation programme to facilitate timely rehabilitation of injured workers and resume work under safe circumstances.

Participating insurance companies would choose suitable work injury cases, actively contact the injured worker and invite the worker to participate in this plan. The insurance company will arrange a rehabilitation plan and rehabilitation services so that the worker will receive timely and suitable treatment after suffering the injury.

The Voluntary Rehabilitation Programme is available free of charge to injured workers. They can receive rehabilitation and treatment services at private medical or rehabilitation institutions, as arranged by insurance companies. The programme also makes arrangements for suitable transitional work for participants, keeping them engaged and helping them regain confidence in their abilities, making it easier for them to land a job after recovery. However, with a general mistrust in insurance companies, reception of the programme is mediocre among injured workers.

Occupational Medicine Care Service by Hospital Authority

Upholding the philosophy of Care Service, the Hospital Authority (HA) launched the Occupational Medicine Care Service in 2005 to provide injured HA staff with rehabilitation service, arrange follow-up consultations and coordinate rehabilitation progress, so that they can receive all-rounded care and promptly return to work. Injured workers receive joint consultations and rehabilitation care from physiotherapists and occupational therapists - even psychological counselling. Each injured staff member will be assigned a care manager for timely follow-up.

Multidiscipline Orthopaedic Rehabilitation Empowerment (MORE) program from Chinese University of Hong Kong

In 2010, the Multidiscipline Orthopaedic Rehabilitation Empowerment (MORE) program was carried out by the Department of Orthopaedics and Traumatology at CUHK [4] [5] MORE is founded upon the orthopaedic methodologies of rehabilitation and coordinated by the hospital's orthopaedic department. It works with all hospital departments and connect hospitals, injured workers and employers, helping injured workers return to work and have a speedy recovery.

Occupational Health Centres (OHCs) – Work injury follow-up for Civil Servants

In 2011, the Civil Services Bureau allocated funds to establish Occupational Health Centres (OHCs) dedicated to servicing injured civil servants. OHCs are run by a cross-disciplinary team of medical experts, formed by doctors from occupational, orthopaedic and pain divisions, as well as nurses, physiotherapists and occupational therapists. The centres provide one-stop service where injured individuals can gain access to multiple treatments in a day to speed up their recovery.

Delayed treatment can mean lowered chances of successful return to work, which is why the service users at OHCs are usually early injury cases, so that injured workers can gain access to intensive rehabilitation and treatment in the golden period of recovery (i.e. 3 months after suffering an injury) and achieve the best outcome. The case manager in OHCs are nurses who take charge of the treatment and return to work arrangements. For returning to work, OHCs provide clear guidance such as limitations for weight of loads and walking distances, such that the supervisor will have a clear idea of the physical limits of the employees and make suitable arrangements. If supervisors have any queries about the occupational rehabilitation progress, they may pose questions to doctors and therapists through the case managers.

Return to Work Coordination program by the Hong Kong Workers' Health Centre

The Hong Kong Workers' Health Centre (the Centre) has accumulated decades of experience helping injured workers. Our observations indicate that the longer a worker is away from his / her job, the more issues he/she may suffer in respect of emotion, personal relationships and physical complications. To help more workers suffering early-stage injuries return to work, the Centre launched a pilot, community-based return to work coordination programme, providing early intervention for workers injured within 6 months, helping them understand the possible hurdles they face post-injury, and be equipped to recover and return to work. The Centre successfully applied for funding from the HKJC Charities Trust in 2015 for a 3-year Return to Work Coordination program [6], which not only provides case-based management but also adopts motivational interviewing as a key method of intervention. Each year, the programme provides timely intervention for 360 early-phase injured workers with the aim of helping them return to their original work post. The programme's scope includes 1) work injury rehabilitation case management, and 2) individual return to work coordination and support services. Aside from providing relevant work injury rehabilitation information, consultation and counselling, the programme also aims equipping injured workers to overcome hurdles, which is why case manager and injured workers would work together to discuss return to work arrangements, and maintain communication between injured workers and employers to discuss work trial or transitional work arrangements - which may include work site visit and work environment assessment. With employment support, the programme aims to customize suitable return to work arrangements, job matching and employment referral.

Besides the aforementioned organizations, large corporations also provide work injury rehabilitation programmes to injured workers in a bid to help them return to work - in so doing also contribute to advancing work injury rehabilitation policy.

Commentary

The Employee's Compensation Ordinance is designed for compensation rather than providing active rehabilitation and return to work arrangements for injured workers. Such legal shortcomings make victims out of injured workers. Over the past decade, the society has seen a welcoming trend of different sectors actively pursuing rehabilitation services, but there have been little coordination and communication which slows down rather than speeds up the rehabilitation processes.

- **A lack of coordinated and cross-disciplinary collaboration**

According to Dr. Patrick Loisel's Work Disability Prevention Model, work injury cases require intervention in Healthcare, Workplace, Legislative and Insurance and Personal aspects. However, the programmes now in implementation only provide service around their own area of expertise, rather than providing all-rounded intervention targeting injured worker's needs. Meanwhile, a centralised coordinating role is absent leading to a lack of coordinated collaboration.

- **Individualized and fragmented practices**

It certainly deserves a round of applause that The Hospital Authority and the Civil Services Bureau launches work injury rehabilitation programmes and helps employees return to work; their services are also one-stop shop. However, only their own employees benefit from these services. Work injury rehabilitation programmes organised by certain hospitals also benefit only a small group of injured workers, while other hospitals adopt individualised practices.



- **A lack of coverage means employers can stay uninvolved**

After work injuries happen, doctors focus on arranging therapy and referral to physiotherapists or occupational therapists, who focus on providing rehabilitation, treatment, fitness training and assessment. Support for return to work, including trial work and light duty work, remain lacking. Even as the Centre takes the role of coordinating return to work arrangements for injured workers, employers remain uninvolved making it difficult to effectively arrange return to work matters.



Suggestions

In many developed countries (e.g. the UK, Australia and Canada) and even China, new work compensation system includes occupational rehabilitation in the scope of work injury insurance. Rather than focusing simply on monetary compensation, their systems help workers regain work and living abilities. In his 2004 paper, Dr. Patrick Loisel proposed a Work Disability Model that outlining how four systems - Workplace system, Personal System, Healthcare System and Legislative and Insurance System - are necessary to help workers return to work. Even as certain hospitals are beginning to emphasise on timely occupational rehabilitation, return to work support still relies on employer's initiatives. In the longer time, there is a need for the government to review and revise the 1953 Employees Compensation Ordinance by referencing China's and international policies and practices and including post-injury rehabilitation and return to work in the legislative scope. Only with legislative support employers be prompted to take greater responsibility and role in work injury rehabilitation and return to work, and provide full support to injured workers.

Targeting the issues of fragmentation in rehabilitation and return to work services, the Centre suggests that the government may allocate funds to private organisations to take on a monitoring and coordination role, establish a framework for work injury rehabilitation services so as to provide one-stop medical, employment and community rehabilitation services for injured workers, assisted by dedicated case managers who intervene and coordinate suitable rehabilitation services, provide information, and keep channels of communications with employers open to facilitate return to work arrangements. Through cross-professional collaboration, workers can receive better rehabilitation services and return to work in a more efficient manner.

However, the government has expressed on multiple occasions that the existing Employees Compensation Ordinance is effective and its review and revision is not on the agenda. We understand that amendment of legislation requires prolonged discussion and study, as such we propose that short term measures can be implemented to address the current shortcomings. As centralized coordination has been lacking in the existing work injury services, some workers find it difficult to gain access to correct information about rehabilitation and claim procedures, with some falling into legal traps making the issue even more complicated. The Labour Department takes an key role in work injury case management and is a trusted support organisation for injured workers seeking assistance. We suggest that the Labour Department take on a more active role, setting up dedicated teams to handle all matters relating to the rights and compensation of injured workers. It should also provide work injury rehabilitation training to frontline workers such that they have access to suitable information

ensuring the existing laws are correctly implemented. Meanwhile, the department may also speed up the procedures of dealing with work injury related applications, for example medical reports, injury assessment and others, in the hopes of shortening waiting times for injured workers and help them regain return to work in a speedier manner.

References:

- [1] Labour Department - Press releases - 23 April 2004. Welcoming Speech by the Permanent Secretary for Economic Development and Labour Mr Matthew Cheung Kin-chung at Seminar on Work Injury Management
<http://www.labour.gov.hk/tc/major/230404.htm>
- [2] Labour Department - A Concise Guide to the Employees' Compensation Ordinance - April 2017
<http://www.labour.gov.hk/tc/public/pdf/ecd/pco360.pdf>
- [3] Labour Department - Voluntary Rehabilitation Programme for Employees Injured at Work
<http://www.labour.gov.hk/tc/public/ecd/WorkInjuries2.htm>
- [4] Sing Tao Daily - CUHK's Multidiscipline Orthopaedic Rehabilitation Empowerment program helps double return to work rate -15 December 2015
<https://hk.news.yahoo.com/%E4%B8%AD%E5%A4%A7%E9%AA%A8%E7%A7%91%E5%B7%A5%E5%82%B7%E5%BA%B7%E5%B%E%A9%E8%A8%88%E7%95%AB-%E5%BE%A9%E5%B7%A5%E7%8E%87%E9%80%BE%E5%80%8D-221117593.html>
- [5] University of Hong Kong - "From Compensation to Rehabilitation - A Social Review of the Employees' Compensation Insurance System in Hong Kong" research findings released - 14 December 2015
https://www.hku.hk/press/press-releases/detail/c_13734.html
- [6] Hong Kong Workers' Health Centre www.hkwhc.org.hk



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.



OCCUPATIONAL SAFETY & HEALTH COUNCIL

19/F, China United Centre, 28 Marble Road, North Point, Hong Kong SAR, China
SHIPS Enquiry : 2739 9000 Email : oshc@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, 2018 - 31st Dec, 2018

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