



Occupational Health

Occupational Health Education

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- Review of major Occupational health incidents in Hong Kong — Sharing by the Victims of Occupational Deafness

Rehabilitation

- Occupational Health Seminar – Discussion of “Initiation of Re-capacitation and Return-to-Work Fund”

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Summary of the Result and Suggestions of Survey on Occupational Health and Safety Awareness Among the Youths in Hong Kong

When the annual summer holiday officially begins, youths start seeking job to gain work experience and graduates officially begin a new phase of their lives. However, there are questions on whether teenager pay attention to and carefully consider the health and safety of the duties when they are eager to apply for job.

In the past, there was almost no research project on occupational health among young people in Hong Kong. Hong Kong Workers' Health Centre therefore had conducted this survey to understand concerns of the youths, how important they rank occupational safety and health when they are seeking job, and various conditions of occupational safety and health they face etc., for the purpose of obtaining valuable information to make recommendations for feasible improvement to employers, youths, government authorities and different stakeholders.

Summary of the Results

We successfully collected 130 questionnaires (82 valid questionnaires, the effective rate: 63.1%) through online questionnaire survey. The respondents were youths age 15 to 24 years who were currently working (except for private tutoring); two male and two female youths who served in the service industry (including catering, customer service, and warehouse management) were invited to conduct focus group interviews. We have consolidated the results from the two aspects as follow:

1. Inexperienced youths are vulnerable to injury, and management pays attention to performance but not youths' safety

Nearly 40% of the interviewed youths had been injured or suffered from physical discomfort due to work, but only 26% expressed that their superiors would offer assistance to follow up. More than 55% of the respondents believed that management pays more attention to work progress and performance than the occupational safety and health of employees, so they did not seek assistance from their superiors. They also thought employers would only ignore them after they made comments. This reflects management's neglect of the health and safety of employees, and the communication culture within the team is weak.



2. Lacks of preventive training and information, and there are unrealistic situations

More than half of the respondents reported that their company did not provide any preventive training on occupational safety and health. On every working day they were only told how to work faster and did not receive any information on occupational safety and health prevention. Even if they had received the information, it was limited to written form and directly decreased their incentive to read. Moreover, the content of the information was often empty and unrealistic, the respondents felt that there was only little help or even no help at all. They failed to implement the measures effectively in accordance with the information for the real daily work. As a result, it was difficult for the youths to be vigilant against occupational hazards; it also made the youths fail to receive any support and protection. This reflects that many employers and management in the market disregarded the statutory requirements and did not provide training and information on the basis of "protecting employees' health and safety". The information was so shoddy it could not help.

3. The youths who seek job pay little attention to occupational safety and health, and their own awareness should be improved

Youths' awareness of and attention to prevention regarding occupational safety and health need to be strengthened. Although 73% of the respondents expressed their wish to discuss more about workplace safety and health issues with their supervisors, teenagers would not take the initiative to pay attention to and read the information on occupational safety and health unless obvious symptom or pain occurs. They do not have ideas of the relevant information that was produced and published by the Labour Department and the Occupational Safety & Health Council; the criterion for their job seeking was generally "remuneration and welfare" and "personal interest". Only one respondent told us that the primary factor in the choice of job is "the company's emphasis on occupational health and safety". This demonstrates the failure of occupational safety and health education and publicity strategy adopted by departments of Hong Kong government and public organizations. As a result, the youths who had just entered the job market tend to ignore their own health and safety.



4. Hong Kong Government should step up enforcement and instruct information on occupational safety and health to students as early as possible

As for how to encourage the youth to take a more proactive approach on occupational safety and health and to take preventive measures, the respondents believed that the government must "enhance the monitoring and step up enforcement of the occupational safety and health legislation" and their companies "should provide adequate support" and "conduct regular monitoring of the working environment". In addition, many of the interviewed youths felt that "promoting occupational safety and health prevention information in high schools" can increase their awareness and understanding of occupational safety and health. This shows that youths play passive roles in their jobs and there are limited areas on occupational and safety that they could improve on their own. They hope that the government, employers and management can provide more support; It can also be seen that the current Hong Kong education policy has not provided any assistance and preparation for the future development of the youths.

Suggestions

1. Employers should comply with statutory requirements and provide employees with training on occupational safety and health using effective means: For adults and teenagers, full-time employees and part-time summer job employees, their employers should strictly abide by the requirements of the Occupational Safety and Health Regulations and provide occupational safety and health trainings with both quality and quantity before and during the employment. The content of the training should cover the areas such as potential work hazards, preventive measures to eliminate hazards, internal working rules and safety rules needed to be observed, and proper use of work equipment and personal protective equipment; it is also recommended to regularly arrange management personnel to participate in the lectures and courses related to occupational safety and health management to ensure that they have the basic concept of occupational safety and health to implement and monitor occupational safety and health measures.
2. We urge the government to strengthen the execution of occupational safety and health legislation and to enforce laws more actively. The government should send a clear message to the society and never tolerate any "black sheep" to deter anyone from committing the same mistake, improve the sense of crisis among employers and management, and actively



deal with occupational safety and health hazards. All of these actions shall prove to the public that the laws are valid.

3. Establish specific and significant protection policies and indicators to continuously improve and strengthen the occupational safety and health protection for youths: Many countries in the world have set specific and clear occupational safety and health policies and indicators for youths. For example, the Health People 2020 (HP2010) program of the United States has introduced youth-related safety and health objectives and indicators since 2007. Since then, the statistical indicators of death and injury of all 24 year-old or younger workers in the nation have dropped significantly from the year of 2007 to 2013; the United Kingdom has also established National Occupational Standards for Youth Workers, and require employers to establish a youth employee protection policy to reduce harm and provide them with a safe environment. We recommend the government to refer to the good practices of other countries and establish reasonable and feasible targets and timetables, and review them regularly like HP2020 to achieve maximum results.



4. The occupational safety and health education should be gradually introduced to the secondary school curriculum for the purpose of cultivating youths' prevention awareness as early as possible: The Queensland government of Australia has clearly stated that the youth employees often do not have enough experience to recognize unsafe factors. Therefore, employers and management should not wait passively for their questions about occupational safety and health. They should encourage youth employees to recognize and manage risks on their own through early education and learning because this protects them from harm. We suggest that the government should change the mindset and put more effort on the future career development and education of the youth. Occupational safety and health education should be included in the career planning of secondary school students. In this way, students will have a basic understanding of common hazards in various industries, a correct concept of occupational safety and health prevention, and understanding of the consequences and seriousness of occupational injuries before they enter the actual workplace. Equipping students with occupational health and safety knowledge can significantly reduce the chance of work injury or discomfort when they officially enter the labour market, and reduce family and economic burdens caused by work injuries and occupational diseases in the long run.
5. Young people need to raise awareness for occupational health and safety protection: "Although the peony is beautiful, it depends entirely on help from the green leaves". We advise young people to pay more attention to occupational safety and health prevention. They should not choose job only by "money" and "interest". It is important for them to understand that work injury can cause irreversible and far-reaching impact for decades so they should consider the nature and safety of the job and not just the monetary value and level of interest that can be offered by the job.



Review of major occupational health incidents in Hong Kong — Sharing by the Victims of Occupational Deafness



In the previous issue, we mentioned the causes of chemical accidents, their negative impact on health, and related prevention measures. In this issue we are going to discuss an occupational disease that is as difficult to detect and severe as chemical accidents: occupational deafness. Earlier we invited Mr. Tam To-kwong, the then Chairman of the Hong Kong Occupational Deafness Association, Mr. Chan Kai-wing, the then vice Chairman and Mr. Liu Wai-ming to share their views on this topic.

Occupational deafness is a kind of neurological deafness. Many workers are exposed to noisy working environment for a prolong period and their auditory cells of their inner ears are paralyzed or even destroyed. Once destroyed, these cells cannot regenerate, resulting in permanent deafness^[1]. Acoustic damage usually occurs at high frequency sounds, depending on the exposure time and intensity of the noise. According to the statistics of the Labour Department, although most occupational disease cases have shown signs of decline in recent years, the number of the cases of occupational deafness has not fallen and has risen. Since 2010, the number of people suffering from occupational deafness has exceeded that of silicosis to become the most common occupational disease every year. According to the statistics of occupational safety and health in 2016, the number of confirmed cases of occupational deafness increased from 98 in 2013 to 184 in 2016^[2]. This situation is worrying.

After suffering from occupational deafness, workers are affected physically, psychologically and socially for a long time. This disease affects the quality of their life seriously. For physical health, in addition to weakening hearing, sufferers would develop symptoms such as tinnitus, dizziness, rising blood pressure, and insomnia. Furthermore, they would face huge psychological burden at the same time as they are prone to emotional irritability, anxiety, decreased self-esteem and so on. From social perspective, Mr. Tam pointed out: "Because sufferers often fail to hear from their friends, communication is becoming more and more difficult. Their friends would alienate them gradually. For family, since their hearing weakened, they need to increase the volume when listening to media such as radio. This greatly affects their family members especially if they have to prepare for exam. Owing to



communication difficulties, the number of quarrels with family would also increase. At the same time, people in general would think patients suffering from occupational deafness are rude because they speak loud. This would eventually make their social circle narrower and narrower." The work efficiency of the sufferers may decline, mainly because they could not properly communicate with other workers, and could not receive instructions clearly from their supervisors^[3]. Hearing loss probably prevents them from hearing the sound of machines, danger notices or alarm bells. A study by the Hong Kong Society for the Deaf in 2015 indicated that high-frequency hearing loss would prevent patients from hearing high-frequency hazard alarms^[4], which would increase the risk of accidents and pose a threat to their own safety.

Occupational deafness in the old Hong Kong

In the middle of the 20th century, Hong Kong's manufacturing industry was booming. Cloth, clothing, rubber shoes, plastic products, electronic parts and hardware dominated its industrial development. At that time, the occupational safety and health was still not emerging in society. There was no regulation on occupational safety and health. Both employers and workers lacked safety awareness and industrial accidents sometimes occurred. In view of this, the government set up a position of factory inspector in 1953 to replace the health inspector of the Department of Health and they are responsible for inspecting the safety of the factory^[5]. The Labour Department, however, had a shortage of resources and manpower. In 1967, for example, there were only around 20 factory inspectors to supervise over 10,000 factories in Hong Kong^[6]. Social welfare was not the focus of the colonial government at that time^[7], so even if policies and manpower were available the law enforcement was extremely difficult.

Mr. Lau recalled the situation of vessel repairing industry in Hong Kong from the 1950s to the 1960s, "At that time my duty was to repair the machine in the machine room. I stayed in the machine room throughout the working time. Since there was no information on occupational deafness or noisy working environment in society at the time, workers only paid attention to the work procedures, or just used newspapers to plug their ears but this performed practically no function. Worse more, workers mistakenly thought that they have were protected and good to stay in the noisy workplace for a long time." On the other hand, Mr. Tam was impressed by



a weaving factory. He recalled, "My duty was in the high noise category. Even if the employer had bought earplugs, I had to put down one earplug when I needed to communicate with my colleagues. This severely impaired the unprotected ear. In addition to the earplugs, the factory did not provide personal protective equipment for the workers at all." Until 1982, the Labour Department came to investigate, and at that time Mr. Tam had already worked at this position for more than ten years. There was a period of 29 years of time gap from the year having the factory inspector to the year they went to investigate Mr. Tam's workplace. This demonstrated that the government's intervention rate for occupational health issue was slow, and it also showed that the government failed to make full use of legislation and law enforcement to protect workers' safety and health.

There is a loophole in the compensation mechanism for occupational deafness. Deaf people are isolated and helpless.

Under the Occupational Deafness (Compensation) Ordinance, a claimant can be compensated for his monthly income and deafness if he meets the requirements of occupation and deafness. As mentioned in Appendix 3 of the Occupational Deafness (Compensation) Ordinance, applicants must engage in 29 types of work that are considered to involve the production procedures of high noise or use of noisy machines in Hong Kong for at least 10 years, or engage in four types of work that involves highly noisy work procedures (mainly the construction industry and firearms operations) for at least five years; and work for the same employer for at least four weeks within the 12 months prior to the application. Those who have obtained compensation for occupational deafness may apply for re-compensation if they continue to suffer from deteriorating deafness (which leads to an increase in the percentage of their permanent incapacity) due to the work performed on designated high-noise work in Hong Kong^[8].



In addition to the above monthly income-based compensation, people who are eligible for compensation for occupational deafness can apply for hearing assistive devices aids. In response to the current Hearing Aids Subsidy Scheme, Mr. Tam said: "the application procedure is too complicated and time-consuming. The purchase of batteries for hearing assistive devices must be approved by the Commission and the workers can be compensated after the invoices are issued. The whole process can be as long as two months. From the standpoint of the workers, it is really too troublesome to apply for a subsidy of several tens of dollars." He suggests that the authority should simplify the application process to avoid situations that may delay workers to replace or maintain hearing assistive devices due to inconvenience.

Many sufferers cannot accept such major change from normal hearing to deafness. Mr. Chan pointed out, "the patients of occupational deafness can no longer hear any voice, and would isolate themselves because they had not adapted to the problem. Since the hearing ability weakened, patients often could not hear his peers calling and they would speak louder because they could not hear their own voice. But such behavior had been often misunderstood as rude." In fact, family members and friends of the patient can take a more active attitude and make simple actions for them. Mr. Chan took his friend as an example, "I have a good friend around me. Once he knows which ear I am being deaf in, he would consciously go to the other side to talk to me, making it easier for us to communicate."

Future development of occupational safety and health depends on social efforts

Occupational deafness is a chronic occupational disease. The rate of hearing loss is slow and difficult to detect, so workers often fail to immediately recognise the impacts on the body of being exposure to noise. Regarding such invisible obstacles, others sometimes question whether they are deaf. Mr. Lau mentioned, "deafness is different from other occupational diseases such as pneumoconiosis. Pneumoconiosis is known only by X-ray, and it is contrary to occupational deafness. Deafness is only diagnosed by relying on the subjective feelings of the workers. For this reason, the doctors who diagnose the workers would sometimes doubt whether they are really deaf or attempt to deceive." However, the consequences of deafness have far-reaching effects. It is imperative to protect the auditory work. To effectively prevent occupational deafness, it depends on the cooperation of workers, employers, the government and the whole society.

As far as workers are concerned, it is particularly important for them to take a positive attitude, whether they have normal hearing or have suffered from occupational deafness. However, many workers, especially men, are very resistant to hearing assistive devices because of the appearance problems or because they do not want to be labeled as weak. Mr. Chan said frankly, "some workers have not worn the devices because they feel it is a trouble. When the devices are broken, they don't want to have them repaired. They often think of obtaining more compensation. In fact, they can do more for an active and positive life." In general, workers should wear appropriate earmuffs or earplugs during high-noise operations to better protect themselves. They should always pay attention to the changes in hearing ability and conduct regular hearing tests in order to detect occupational deafness early and receive appropriate treatment as soon as possible.

Mr. Chan emphasized, "the awareness and initiative of workers can play an important role in preventing occupational deafness." Employers should offer appropriate personal protective equipment and related training to workers, or provide incentives to encourage workers to protect themselves. For working environment, employers should display warning signs in high-noise workplaces to remind workers to take preventive measures. Meanwhile, they should identify the source, degree of noise, frequency and scope of influence through workplace



risk assessment and close discussion with workers. In this way, the right control measures can be applied to create a healthy working environment for workers. As for society as a whole, we can try to be considerate and avoid talking to patients' weaker side of ear. We can also remind friends and relatives who are working in the high-noise industry to be vigilant at all times, and take precautionary measures to protect their hearing.

Lastly, Mr. Tam said: "through government's close supervision and workers' awareness to occupational deafness and appropriate use of personal protective equipment, deafness due to work shall alleviate in the next decade."

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Occupational Health Seminar - Discussion of “Initiation of Re-capacitation and Return-to-Work Fund”

Introduction

The Employees Compensation Ordinance was first implemented in Hong Kong under British colonial rule in 1953. The entire framework was formulated on the basis of the Workmen’s Compensation Act 1943. This ordinance is a statutory law on arbitration and compensation for work-related injury. This establishes an employee compensation system for employees who suffer from work-related injury and the system has no regard for their mistakes nor requires contribution. Both the employer and the employee have liability for the casualties caused by workplace accident during the employment and for occupational disease specified in the ordinance; however, the employer is still in general required to assume the liability for compensation under the ordinance, even when the employee may make a mistake or neglect when the accident occurs.

Many stakeholders engaging in work-related injury rehabilitation and injured workers have been long aware of numerous loopholes in the compensation system which has been adopted in Hong Kong for sixty years and more; and they realize that it fails to cope with the overall socio-economic development of Hong Kong.

On 24 June 2018, Hong Kong Workers’ Health Centre (the “Centre”) held its 33rd Annual General Meeting in the Cityview Hotel. On that day, apart from the celebration of the Centre’s step toward the 34th years of her continuous service, it was also an honour to invite representatives of different labour organizations to attend the Occupational Health Seminar – Discussion of "Initiation of Re-capacitation and Return-to-Work Fund" held after the Annual General Meeting.



We were grateful to have the following people to be the guests addressing the audience: the Acting Occupational Health Consultant of the Labour Department, Dr. Woo Wai Man, Senior Labour Officer of the Labour Department, Mr. Ma Kwok Kuen, Orthopaedic and Traumatic surgeon in private practice, Dr. Ho Chin Hung, Executive Director and Chief Executive Officer of Chinachem Group, Mr. Choi Wun Hing, member of the Legislative Council of Hong Kong, Dr. Kwok Ka Ki, Chairman of Accident Insurance Association of Hong Kong Federation of Insurers, Mr. Kwan Kee Yip, Vice Chairman of HKFTU Occupational Safety and Health Association, Mr. Ip Wai Ming, and Chairman of the Federation of Hong Kong & Kowloon Labour Unions, Mr. Lam Chun Sing.



Development and prospect of occupational rehabilitation system in Hong Kong

It was 1953 when the Employees Compensation Ordinance was adopted. It is obvious that the Ordinance, which has not been reviewed and amended for many years is outdated. Found in 1984, Hong Kong Workers’ Health Centre first discussed the loopholes in the Employees Compensation Ordinance in the publication “Occupational Health”. Thanks to the grant from the Charities Trust of the Hong Kong Jockey Club and a ground floor vacant space in Nam Cheong Estate granted by the Housing Department, the Centre set up the first occupational rehabilitation centre in Hong Kong, which was equipped with the only occupational rehabilitation equipment (Valpar) in Hong Kong at that time. In 1994, the Centre collaborated with the Employees Retraining Board of Hong Kong on organising a retraining course for injured workers. The Centre is also the first organization which provides "Work-hardening" as a subsequent handling of rehabilitation for work-related injury patients.



The rehabilitation department of hospitals eventually adopted the relevant programme for the purpose of subsequent handling of rehabilitation of work-related injury. As of October 1998, the Centre proposed the establishment of a central compensation fund of occupational injury in the publication. In addition to compensation, work injury rehabilitation services and occupational health services shall also be included in the system. In 2000, Hong Kong Workers' Health Centre, Hong Kong Society of Occupational and Environmental Medicine, Hong Kong Occupational Therapy Association and Hong Kong Physiotherapists Union formed the Alliance of Professionals for the Rehabilitation of workers with Occupational Injuries, and published "Proposal on Occupational Rehabilitation" which highlighted the problems occurred in the occupational rehabilitation services in Hong Kong.



In March 2003, the Labour Department and the insurance industry launched a pilot project named "Voluntary Rehabilitation Programme". Its initial target was employees in the construction industry, and insurance companies employed private rehabilitation companies for subsequent handling of rehabilitation and compensation. The Hospital Authority began launching Occupational Medicine Care Program in 2005. The number of the clusters the programme cover is extended from three at the initial stage to seven. This service was however limited to the benefit of the staff of the Hospital Authority. In 2009, the Centre and the Hong Kong Federation of Trade Unions held a seminar on "Prevention, Compensation, Rehabilitation - How Hong Kong's Work Injury Insurance System Should Develop". All of the participants agreed that the work injury issues involve the three aspects of prevention, compensation and rehabilitation and they are inseparable. In 2010, Department of Orthopaedics and Traumatology of the Chinese University of Hong Kong launched a research project entitled MORE (Multidisciplinary Occupational Rehabilitation Empowerment Program).

In 2011, Hong Kong Workers' Health Centre co-organised the "Employees Compensation Exchange Forum for Mainland China, Taiwan and Hong Kong" with three Labour Legislative Council Members and six Labour Advisory Board employees to discuss the development of the Hong Kong Employees' Compensation System. In the same year, the Government launched a special service for civil servant. The Civil Service Bureau has set up a Civil Service Centre in Queen Elizabeth Hospital and Pamela Youde Nethersole Eastern Hospital. In 2012, the Centre and her partners organized the International Work Injury Prevention and Rehabilitation Symposium at Shanghai Sunshine Rehabilitation Centre, and set up a roundtable meeting for relevant professionals and stakeholders to discuss the intervention mode of work-related injuries and rehabilitation, and explored the "industry-based" work-related rehabilitation intervention model.

In 2015, the Centre was funded by the Jockey Club Charities Trust to implement a three-year "Return to Work Coordination Program". In addition to the case management model adopted in the programme, Motivational Interviewing was also introduced as the main intervention method. In 2018, the Occupational Safety and Health Council launched a pilot scheme on return-to-work for injured workers in the construction industry and designated industries.

Views and positions of stakeholders on the current system

Mr. Kwan Kee Yip, Chairman of Accident Insurance Association of Hong Kong Federation of Insurers, stated that the Association represented 150 insurance companies in Hong Kong and if the Employees' Compensation Ordinance is amended, the insurance industry will be willing to cooperate. He shared the situation in the industry. At present, there are more than 80 companies in the insurance industry offering labour insurance and approximately 20 companies follow up work rehabilitation issues. Mr. Kwan shared that the mutual trust between doctors and nurses designated by insurance companies and workers was weak. Some workers believed that the insurance companies arrange for particular kinds of treatment and diagnosis in order to reduce the amount of compensation and ultimately to shorten sick leave. In the past, there were many cases in which there is prolonged sick leave, waiting for diagnosis of the injured. In these cases, the applicants



were still depressed after receiving compensation and became difficult to return to work. In the end, they might need to apply for Comprehensive Social Security Assistance and their recovery of work-related injuries is pessimistic. Mr. Kwan believed that it is necessary for neutral institutions to undertake the coordination work of “Re-capacitation and Return-to-Work” to shorten the waiting time for diagnosis and treatment. It is also possible to have a specialised person to assist in handling the injured workers to return to work.

Dr. Ho Chin Hung, Orthopaedic and Traumatic surgeon in private practice, expressed that priority is given to emergency treatment in public medical system, and the workload of doctors is so large that it is difficult for the injured workers to obtain timely treatment for work-related injuries. Dr. Ho shared that some institutions would like to cooperate with the emergency department in the past identify work-related injuries and to introduce work-related injuries and rehabilitation services. When the cooperation plan was launched, however, it encountered a lot of resistance in all departments of the hospitals. As a private medical practitioner, Dr. Ho said that most of the workers who came to the clinic did not get an immediate diagnosis after the injury. They knew little about their illness. Their situation is like traveling on the high seas. Dr. Ho also shared that the current waiting time for public medical specialist services is one year. Many workers missed the golden period of treatment (i.e, three months after the injury) due to the long waiting time. This caused a vicious circle and he believed that a team of like-minded and private practitioners can be assembled to provide effective treatment and coordinated rehabilitation programs for the workers. Dr. Ho said that stakeholders also agree on the importance of work-related injury patients in labour market. He agreed to the idea of setting up a fund, but it is necessary to clarify the main services of the fund and discuss how to manage the fund.



Dr. Woo Wai Man, the Acting Occupational Health Consultant of the Labour Department, attended the seminar and expressed his willingness to listen to the views of the stakeholders and to report to the higher authorities later.



Mr. Ip Wai Ming, Vice Chairman of HKFTU Occupational Safety and Health Association, said that the topic has been discussed for more than 20 years. Earlier on 19th June, Mr. Ip earlier attended the public hearing of the Legislative Council Panel on Manpower. He believed that local labour organizations had reached consensus and actively proposed to the government. The Deputy commissioner of the Labour Department, however, responded disappointingly. Although the Labour group have actively proposed a system review and the need to improve the current situation of the various stakeholders, the Government has yet to take concrete actions.

Mr. Ip Wai Ming believed that the current situation of lose-lose has led to other social chaos. For example, an agency assisting workers to recover compensation has emerged, and some of them collected 40% of the compensation to be agency fee; some employers tended not to recognize work-related injuries. Mr. Ip shared that 60% of the injured workers were required to receive psychiatric services. He suggested to invite officials from the Labour and Welfare Bureau to participate in the discussion of the issue.

Mr. Choi Wun Hing, Executive Director and Chief Executive Officer of Chinachem Group, responded that from employer and a member of the public's perspectives, he thought that the Ordinance has not progressed for many years. Mr. Choi agreed that injured workers need more psychological and social counseling. And have gained social consensus. The central compensation fund was proposed in 1998, but it is still at the discussion stage today. He believed that the issue is not taken seriously. Mr. Choi also believed that with the aging of the population in Hong Kong society, re-capacitation and return to work is an important issue, and timely support should be provided to those who have the ability to work to stay productive. Mr. Choi was also worried that the shortage of labor force will become a social problem in the future. At present, it is not ideal to push the responsibility for treatment and rehabilitation to public medical system.



Mr. Lam Chun Sing, Chairman of the Federation of Hong Kong & Kowloon Labour Unions, said that the existing Ordinance focuses on compensation and does not involve treatment and rehabilitation. It involves no long-term plan as well. Mr. Lam mentioned that although the Labour Department launched Voluntary Rehabilitation Programme in 2003, the participation was low because the workers might think that their physical condition was not suitable for returning to work. There are only about 20,000 cases within 10 years. As a representative of Labour union, Mr. Lam shared, from the employee's point of view, that the workers are worried about the conflict of interest involved in the medical arrangements of the insurance companies, and also be concerned about the situation of seeking public medical care with leaving it unsettled finally. Mr. Lam thought that the fund can play different roles in different cases. Cases of early work-related injuries require case manager services. Case of mid-term rehabilitation needs the coordination of the Authority. And the establishment of the central compensation fund can help some high-risk types of workers to purchase labour insurance in the long run.



To address questions from various stakeholders, Mr. Ma Kwok Kuen, Senior Labour Officer of the Labour Department, explained in the seminar that the Employees' Compensation Division is an administrative department which is responsible for handling the assessment and compensation of work-related injuries cases. The Ordinance did not give other powers. At present, the Employees' Compensation Division handle more than 50,000 cases each year. Among them, there are more than 30,000 cases involving 3 or more days of work-related sick leave.

Moreover, many cases in the department need a continuous follow-up for a long time. At the end of 2013, the number of follow-up cases reached 14,000, and it increased to 20,000 at the end of 2017. Therefore, the workers always complain about the backlog of work and the shortage of staff. As far as the current administrative work on compensation for work-related injuries is concerned, Mr. Ma said that the resources of the department are seriously inadequate. There are too many difficulties to cope with, and human resources cannot afford to undertake the work of coordinating the workers' rehabilitation and returning to work.

Dr. Kwok Ka Ki of the Legislative Council of Hong Kong agreed that the current situation is that the workers await the diagnosis of injuries, and that when the treatment is provided by the public medical system, their situation is like traveling on the high seas. It is hard for them to receive the best rehabilitation effect. He believed that the doctors which are responsible for the diagnosis of the injured workers in the public hospitals are front-line positions. Lacking of training on occupational diseases, the doctors diagnose only according to the guidelines. Dr. Kwok reported the above situation to the Hospital Authority in 2004. The authority, however, considered that there is no need to improve the service. Dr. Kwok shared that in 2017, the issue of work-related injury rehabilitation was put on the agenda of the Legislative Council. The issue was considered to be less socially controversial and require less resources. It was easier to lobby the government. He also noted that there is a mandatory return-to-work order in Australia, but it is necessary to consider whether Hong Kong is applicable. He said that at present all stakeholders lose, and employers, employees and the insurance industry suffer losses.



Dr. Chau Wing Shun, Chairman of the Hong Kong Workers' Health Centre, concluded that all stakeholders have reached a consensus on the establishment of the fund. However, it is still worthwhile to discuss whether it should be the Government which set up an authority for coordination. Dr. Chau said that the various parties agreed that the fund is suitable for assisting workers to re-capacitation and return to work, but not just for handling compensation. He urged the Legislative Council members to refer the consensus of the respondents to the government to continue to study the feasibility. Dr. Chau believed that the coordination function of rehabilitation and return-to-work should not be borne by the Occupational Safety and Health Council because the law

does not empower the council. Regarding the mandatory return to work order, Dr. Chau expected to hear the opinions of the representatives of labour union.

Is Hong Kong suitable for mandatory rehabilitation? //

Dr. Kwok Ka Ki of the Legislative Council of Hong Kong responded and clarified that return to work is not the same as going to work. He suggested implementing the case manager system with reference to the elderly services. Under the system, professionals (who have received relevant training) such as therapists, doctors, ergonomists or hygienists can be the case manager. He shared that the existing legislation in Hong Kong lasted for a short period of four to five years from the initial formulation to the final legislation. Dr. Kwok thought that it is necessary to introduce legislation and involve all stakeholders (including the insurance industry and employers). Only in this way the case managers can coordinate the resumption of physical function and returning to work, for example, setting out the daily work to be undertaken and the adjustment of details according to the progress.

Mr. Ip Wai Ming, Vice Chairman of HKFTU Occupational Safety and Health Association, said that the union does not have detailed study on the mandatory return to work, but it should consider the following aspects for the supporting facilities: firstly the workers may need psychological counseling to adapt to the pain; secondly, the position that the employers can actually provide, and the worries about the adjustment of the work when returning to work, or about getting injury again. Mr. Ip believed that the above two aspects require education on the situation of workers and employers. He also shared that although doctors can provide sick workers with "Certificate of light duty", doctors fail to understand the actual working environment and the advice provided may not help workers to return to work.

Mr. Lam Chun Sing, Chairman of the Federation of Hong Kong & Kowloon Labour Unions, shared that most cases of the existing mandatory return to work orders involve labour disputes. The court sentenced them to assist a team to consider various return to work factors. He recalled that the platform of the previous government had mentioned the commencement of a comprehensive review of the employee compensation legislation and the words "treatment and rehabilitation". The current government has also pledged to follow up on occupational safety and aggravate the penalties, but these have not been implemented. Mr. Lam expects the community to pressure the government to fulfill its policy commitments.

Dr. Yu Tak Sun, Chairman of the Hong Kong Workers' Health Centre, said that he noted that the Occupational Safety and Health Council was conducting a pilot scheme. He also questioned the Labour Department that if the rumor of assigning the Occupational Safety and Health Council the role to implement work injury rehabilitation programme were true. Dr. Yu summed up the consensus of the stakeholders that the coordination of rehabilitation and return to work is a work that must be done and he believed that the OSHC should not be responsible for it. He mentioned that the functions of the OSHC do not include occupational rehabilitation. It is illegal for a statutory body to carry out functions other than those required by the laws. Moreover, the Occupational Safety and Health Council has been in existence for nearly 30 years and has failed to achieve the responsibility of reducing industrial accidents. The effectiveness of its duties was also controversial. There are no talents and relevant work experience in the council. He believed the effectiveness of their responsibilities will disappoint the public.

Dr. Wong Mong Sze, Director of the Occupational Health Centre of Pamela Youde Nethersole Eastern Hospital, agreed to set up the fund, but the fund needs to recognize the institutions providing treatment and rehabilitation services. He shared that the existing 30,000 cases were handled by the Hospital Authority. For example, for the services offered by other medical systems, it is necessary to consider functional conflicts and contradictions of diagnoses. Dr. Wong believed that the Hospital Authority is responsible for streamlining its internal practices and suggested following the trend to discuss the establishment of the Fund to rationalize the practices of different doctors within the Hospital Authority. For the insurance industry, it can provide interstitial services. For example, the magnetic resonance imaging in public hospitals requires a long waiting time and insurance companies may arrange such service at private medical institutions so services to obtain relevant medical

reports of workers as soon as possible. Dr. Wong said that the HA's expertise rehabilitation and rehabilitation and re-capacitation but they have no experience of helping patients to return to work. According to his outpatient experience, he believed it is more difficult for the frontline medical staff to coordinate return to work arrangement for injured employees not from Hospital Authority.

Dr. Lam Chor Yin, doctor consultant of Orthopaedic and Traumatic department of Tuen Mun Hospital, shared that most of the current work-related injuries involve pain problems, which affect medical care relationship and cause both doctors and injured workers to lose. He believed that the fund should support clinical research, understand the factors that prevent workers from returning to work, and promote occupational rehabilitation education. Mr. So Tsz Wah, occupational therapist at North Lantau Hospital, expressed his appreciation for the importance of educating the workers to return to work. He believed that the internal cooperation and coordination of the Hospital Authority could help improve the situation.

Summary

Although the establishment of Re-capacitation and Return to Work Fund is a new topic, the responses of all stakeholders are very positive and constructive. Our long-term goal is reviewing and reforming the Employees' Compensation Ordinance, which was established in 1953. It is also necessary to include occupational rehabilitation and post-injury arrangements for return to work within the scope of the Ordinance. The discussion at the annual general meeting just happened to allow stakeholders to re-examine the loopholes in the existing system. As Dr. Chau Wing Shun said at the meeting, hopefully the discussion becomes a catalyst that can lead to the establishment of Re-capacitation and Return to Work Fund under the existing system. It is hoped to implement a pilot scheme, and its effectiveness can be used as a reference for the occupational rehabilitation programme models in the future.



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Welcome
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Professional Diploma in Occupational Rehabilitation Management Program 2019

Occupational Safety & Health Council (OSHC) and the School of Continuing and Professional Education (SCOPE) of CityU have jointly organized the program of "Professional Diploma in Occupational Rehabilitation Management". This program aims to provide a systematic training in occupational rehabilitation management to students who would like to become a Case Manager helping individuals who have incurred injuries or illness to have a speedier recovery and return-to-work under safe circumstance.



Program Highlights

- Comprehensive coverage including the process of rehabilitation management, relevant legislations, fundamental knowledge in physical and mental health, job analysis, job accommodation, as well as communication, interviewing, and helping skills, etc.
- A professional teaching team including medical doctor, therapist, lawyer, social worker, occupational safety and health professional, human resource professional and experienced case manager.
- Fulfillment of the educational criteria for Certified Disability Management Professionals (CDMP) examination after completion of the program.
- Fulfillment of the training criteria for the Accredited Occupational Rehabilitation Specialist (AORS) accreditation after completion of the program.



For more details, please scan the QR code or visit www.cityu.edu.hk/ce/pdorm
For enquiries, please contact Mr. Tsang (Tel: 2116 5662) or Mr. Law (Tel: 3106 3735).



Program Details



Qualifications Framework (QF)

Professional Diploma in Occupational Rehabilitation Management

QF Level: Level 4 QR Registration Number: 17/000072/L4 Validity Period: On-going since 15 Feb 2017

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