

**Legislative Council Panel on Manpower
Meeting on 15 February 2001**

Occupational Injuries to Hands and Arms

Introduction

This paper provides statistics on upper limb injuries including tenosynovitis and strain injuries and sets out the Administration's efforts in controlling the problem of such injuries and diseases. It also gives a brief account of the rehabilitation services and statutory compensation provided to workers who suffer from occupational injuries and diseases.

Statistics on upper limb injuries

2. The Labour Department (LD) compiles statistics on occupational injuries. Upper limb injuries account for nearly 50% of all occupational injuries. While such injuries occur in all major economic activities, the construction, catering and manufacturing industries have accounted for 65% to 70% of such injuries.

3. There were 27 100 and 25 843 reported cases of occupational injuries to upper limbs in 1998 and 1999 respectively. The breakdown by major economic activities is provided in the **Annex**. 71 and 55 cases of tenosynovitis and strain injuries were confirmed in the two years respectively.

Prevention of upper limb injuries

4. There are many factors contributing to the development of upper limb injuries and diseases. These include highly repetitive work, work demanding a certain amount of exertion, awkward postures, insufficient recovery time leading to fatigue and aging with less resilience to wear and tear. Health hazards associated with such factors should best be controlled at source by engineering control measures, complemented by health education, personal protective equipment and environmental and medical surveillance programmes, etc.

5. Prevention of occupational injuries and diseases is a shared responsibility of employers, employees, relevant professionals and the Government. To help control the problem, the Government has put in place

different preventive measures, with emphasised efforts in the construction, catering and manufacturing industries, in which the majority of the injuries occur -

(a) Publicity

6. As part of its on-going efforts, LD has organised different activities to promote occupational safety and health. To spread the safety messages widely throughout the community, LD has placed advertisements on public transport carriers and terminus and has erected 250 pamphlets-distributing publication stands in 182 major business outlets.

7. In the past two years, LD has focused its major promotion campaigns on occupational safety and health in small and medium-sized enterprises, safety in the construction and catering industries, and personal protective equipment. Three Announcements of Public Interests on personal protective equipment, safety in the catering industry and good housekeeping on construction sites have been produced for broadcast on radio and television. Echoing with the enactment of the Factories and Industrial Undertakings (Safety Management) Regulation, LD has strengthened the promotion on improving occupational safety and health standards through the establishment of safety management systems and adoption of self-regulatory safety measures.

(b) Training and public education

8. LD has conducted a series of training and education programmes to help the workforce acquire occupational safety and health knowledge. For the prevention of upper limb injuries, a total of 481 health talks were delivered to 11 762 workers in 1999 and 2000. The talks covered health hints on the use of visual display unit, prevention of upper limb disorders, occupational health of office workers and occupational health in the catering industry, etc.

9. LD has also prepared a wide variety of publications such as newsletters on construction and catering safety, guides to legislation, guides on safety at work in different trades and occupations and codes of practice. In total, over 200 publications on occupational safety and health have been published. These publications assist duty holders to fulfil their legal obligations and promote occupational safety and health at their workplace.

10. In addition, LD set up the Occupational Safety and Health Centre at Cheung Sha Wan in May 1999 to provide employers and employees with information and advisory service on all aspects of occupational safety and health including prevention of occupational injuries to hands and arms. On

average, 100 clients visit the Centre every day.

11. At its Occupational Safety and Health Training Centre, LD conducted a total of 1 225 training courses on safety legislation for 12 935 participants and 365 tailor-made briefing sessions to 22 517 employees in private and public sector organizations in 1999 and 2000.

(c) Legislation

12. Part VII of the Occupational Safety and Health Regulation provides for the protection of occupational safety and health in relation to manual handling operations which are important sources of upper limb injuries. To further control the problem of upper limb injuries and other health disorders, the Administration has introduced the proposed Occupational Safety and Health (Display Screen Equipment) Regulation in late 2000. LD has also published a variety of guidebooks on manual handling operations and visual display units assisting employers and employees to comply with the legislation and advising them how to prevent tenosynovitis and strain injuries.

13. For 2001, LD has planned to prepare more new leaflets, guidebooks and codes of practice. In particular, a CD-ROM will be produced for promoting understanding and compliance with legislation and codes of practice on safety and health at work. More frequently asked questions concerning occupational safety will also be uploaded onto LD's homepage.

Rehabilitation Services

14. Rehabilitation for workers suffering from occupational injuries or diseases aims at enabling the workers to reach an optimal physical, mental and social function level, thereby allowing them to return to work.

15. The Hospital Authority is the main provider of medical rehabilitation services. In-patient and out-patient comprehensive rehabilitation services are provided through a network of some 50 hospitals, rehabilitation centres and clinics by multi-disciplinary health care personnel, including clinicians, physiotherapists, occupational therapists, prosthetists and orthotists. Medical social workers in Hospital Authority hospitals and clinics render counselling and assistance to patients and their families with social and emotional problems arising from their illnesses. They also provide support to enable the patients to make the best use of medical and rehabilitation services.

16. As for vocational rehabilitation services, the main providers of such services are the Vocational Training Council and the Employees Retraining Board. The Selective Placement Division of LD also provides employment services to disabled job seekers including those suffering from upper limb injuries.

Compensation

17. Under the Employees' Compensation Ordinance, an employer is liable to pay compensation in respect of injuries sustained by his employees as a result of an accident arising out of and in the course of employment. A total of 49 occupational diseases including tenosynovitis and strain injuries are compensable under existing legislation.

18. The compensation items under the Employees' Compensation Ordinance include compensation for death, permanent incapacity as assessed by the Employees' Compensation Assessment Board, temporary incapacity in the form of payments for sick leave allowances, medical expenses and prostheses and surgical appliances, etc.

Annex

Major Economic Activities	Number of Occupational Injuries to Upper Limbs*	
	<u>1998</u>	<u>1999</u>
Manufacturing Industry	3555	3143
Construction Industry	6988	5443
Catering Industry	8385	8077
Wholesale trade	241	292
Retail trade	874	1171
Hotels and Boarding Houses	352	516
Transport & Related Services	1469	1521
Financial Institutions	49	41
Business Services (Including import and export)	880	1019
Education services	166	180
Medical, dental & other health services	731	972
Civil Service	922	941
Other economic activities	2488	2527
Total	27100	25843

* Such injuries include finger, hand, palm, forearm, elbow, upper arm and shoulder.