

**LegCo Panel on Manpower  
(Meeting on 18 December 2002)**

**Voluntary Rehabilitation Programme  
for Work Injuries in Construction Industry**

**Purpose**

This paper sets out a new initiative which will be launched by the Labour Department (LD) to facilitate the provision of rehabilitation services by individual insurers to injured employees in the construction industry on a voluntary basis.

**Background**

2. In early 2002, the Provisional Construction Industry Co-ordination Board (PCICB) set up the Working Group on Employees' Compensation Insurance (WG) to study matters relating to employees' compensation (EC) insurance in the construction industry. Members of the WG include contractors and representatives of trade unions, Hong Kong Construction Association, Hong Kong Federation of Insurers, Office of the Commissioner of Insurance and LD.

3. In the course of deliberation by the WG, LD has proposed to start a Voluntary Rehabilitation Programme (VRP) on a pilot basis for injured employees in the construction industry.

**The Voluntary Rehabilitation Programme (VRP)**

4. At present, injured employees have access to rehabilitation services in hospitals under the Hospital Authority (HA). However, some of them might have to wait for a period before such services are available. Such situation may not be in the interests of all the parties involved in an employees' compensation claim. For the injured employee, the recovery process might be prolonged. For employers and insurers, the claim costs might be increased as a result.

5. The objective of the VRP is to provide timely rehabilitation services to injured workers for better and speedier recovery, and to facilitate their safe and early return to work. Individual insurers joining the programme will

provide free rehabilitation services to injured workers, as appropriate, without affecting the workers' statutory entitlements. Such rehabilitation services may include specialist treatment, physiotherapy or occupational therapy.

6. The construction industry is selected to launch the pilot scheme because construction workers are more likely to suffer from serious injuries for which timely rehabilitation services would bring the greatest benefit.

### **Framework of the Programme**

7. Having studied the experience of other countries, LD has drawn up a framework of the VRP embodying five major principles. These principles are:

- (a) **Voluntary participation** by injured workers under the auspices of individual insurers;
- (b) **Mutual responsibility** by insurers, injured workers and employers;
- (c) **Professionally administered** by qualified rehabilitation service providers (RSP);
- (d) **Management** through clear and objective goal-based rehabilitation plan, with co-ordination and support from insurers to both injured workers and employers; and
- (e) **Transparency** to allow injured workers access to information on the progress and operation of the rehabilitation services provided to them.

8. Insurers who join the VRP have to subscribe to the basic framework and submit their service plan to LD for record. They could decide on the appropriateness of rehabilitation services in identified cases. More details on the framework are provided in the Annex.

9. One of the major features of the VRP is the arrangement for early return to work in appropriate cases. Under this arrangement, employers will be encouraged to provide, wherever possible, work trial opportunities to their injured employees who are certified by a medical practitioner to be fit for early return to work.

10. The statutory entitlements of injured employees will not be affected by the VRP. Injured employees could decide whether to join the programme. When they have opted to join, they should participate in the programme actively, such as by following the advice of the rehabilitation service providers.

11. LD will play a co-ordinating role to help the parties involved work together to achieve the objective of VRP and review the effectiveness of the programme over time.

### **Consultation**

12. We have secured the support of the PCICB, major construction trade unions, Hong Kong Construction Association and Hong Kong Federation of Insurers to the VRP. LD has also briefed the Tripartite Committee for the Construction Industry and the rehabilitation professionals who are supportive of the programme.

13. In order to solicit the support of individual insurers to join the VRP, LD has approached all the major insurers who are active in underwriting EC insurance for the construction industry. So far, eight insurers have confirmed that they will take part in the VRP.

14. LD has also presented the VRP's framework to the Hospital Authority's Co-ordinating Committee in Orthopaedics and Traumatology (the Co-ordinating Committee) to gain their support. With the support of the Co-ordinating Committee, LD is working on the details of the interface between the hospitals treating the injured employees and the insurers which provide rehabilitation services to such employees. This would help to ensure that the treatment or rehabilitation services for the injured employees could be provided in a co-ordinated and orderly manner without unnecessary duplication.

15. We have also informed the Labour Advisory Board and [*obtained members' support to the initiative (this will be confirmed after the LAB meeting on 11.12.2002 am ]*].

### **Economic Implication**

16. Participating insurers will incur expenditure in providing rehabilitation services to injured workers in appropriate cases in the construction industry. However, they understand that the rehabilitation programme would bring about beneficial effect on the claim costs if the injured employees are able to recover better and faster. None of the

participating insurers have indicated that they would raise the premium level because of their participation in the VRP.

### **Financial Implication**

17. There is no financial implication on the Government.

### **Implementation**

18. We plan to launch the programme formally in January 2003. LD will arrange publicity on the programme.

Economic Development and Labour Bureau  
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## Framework of the Voluntary Rehabilitation Programme

### Objective of the Programme

To provide timely rehabilitation services to injured workers for better and speedier recovery, and to facilitate their safe and early return to work.

### Programme Features

#### (i) Voluntary Basis under the Auspices of Individual Insurer

- Each insurer shall work out its own programme and decide the coverage of such programme.
- Injured workers who would benefit from rehabilitation shall be identified and invited by individual insurer to join.
- Injured workers could decide whether to join or not. They could also opt to drop out of the programme at any time.
- The programme will not affect the statutory entitlement of injured workers.

#### (ii) Mutual Responsibility

- To facilitate better injury management, *insurers* should provide a well managed and professional rehabilitation programme to participating injured workers:
  - ◆ The programme should be financed by the insurer and provided to injured workers free of charge.
  - ◆ It should aim at facilitating injured workers' early recovery and, where suitable, return to work.
  - ◆ Rehabilitation services in the programme could be provided in-house or from a third party service providers.
- For better recovery, *injured workers* should actively participate in the programme if they have opted to join:

- ◆ Injured workers should attend the rehabilitation sessions arranged and follow the advice of the health care professionals in charge of the programme.
- ◆ They should give consent for the release of medical reports to employers and insurers so that their conditions could be properly assessed and appropriate rehabilitation services rendered.
- To speed up recovery and better adaptation in returning to work, *employers*, wherever possible, should provide Work Trial (WT) opportunities for injured workers.
  - ◆ The WT should be recommended by the responsible health care professionals, and the injured worker must be certified fit to take up the WT by a medical practitioner.
  - ◆ If the injured worker earns less than his pre-accident earnings in WT, he shall be entitled to periodical payments calculated in accordance with the ECO, i.e. 80% of the difference of the two earnings (example: an injured worker having a pre-injury monthly earning of \$10,000 attended WT with a monthly earning of \$6,000. His receivable amount for that month will be calculated as  $\$6,000 + [\$ (10,000 - 6,000) * 4/5] = \$9,200$ ).

### **(iii) Professionally Administered**

- The rehabilitation services may include some or all of work/occupational rehabilitation, physiotherapy, and medical treatment services.
- If WT is recommended, the concerned injured worker must be examined and certified fit by a medical practitioner.
- The health care professionals providing services should be appropriately registered under the relevant ordinances. For example, physiotherapists participating in the programme should be registered under the Supplementary Medical Professions Ordinance (Cap. 359).

### **(iv) Management**

- Each insurer participating in the programme should appoint an Injury Management Coordinator (IMC) to act as a focal point of

communication between the insurer, employee, employer and the Labour Department.

- An initial meeting/assessment/examination should be conducted with a view to drawing up a rehabilitation plan.
- The rehabilitation plan should be objective and goal-based. It should specify the present situation (such as degree of ankle flexion and walking distance tolerance etc.) of the injured worker with prognosis. If rehabilitation is recommended, the plan should specify the following which are subject to review during the course of rehabilitation:
  - ◆ types of services (such as medical treatment and physiotherapy etc.);
  - ◆ the number of sessions of each type of treatment;
  - ◆ duration of each session;
  - ◆ duration of the whole Programme; and
  - ◆ the anticipated outcomes in quantifiable/measurable terms, such as the increase of elbow flexion from 40 degrees to 75 degrees in two weeks etc.
- During rehabilitation, progress report should be provided by the health care professionals to all the parties concerned on a regular basis, specifying the achieved outcomes. Where appropriate, the progress report may state if WT is recommended.
- If WT is recommended, the progress report should indicate the type and duration of work that could be taken up.
- The IMC should coordinate with the employer and injured worker on WT related matters.
- Rehabilitation services should not be continued if no additional progress is anticipated.
- At the end of the Programme, the health care professionals should prepare a case closure report where the achieved outcomes should be stated clearly.

**(v) Transparency**

- Administrative procedures of the rehabilitation programme should be set out clearly by the insurers and made available to the participating injured workers.
- The rehabilitation plan should be explained clearly to the concerned injured worker.
- Injured workers should have access to their reports by giving written requests to the insurers concerned.