

立法會
Legislative Council

LC Paper No. CB(2)958/09-10(05)

Ref : CB2/PL/MP

Panel on Manpower

**Background brief prepared by the Legislative Council Secretariat
for the meeting on 23 February 2010**

A review of occupational diseases in Hong Kong

Purpose

This paper summarizes past discussions by the Panel on Manpower (the Panel) on occupational diseases in Hong Kong.

Background

2. In Hong Kong, the Employees' Compensation Ordinance (Cap. 282) (ECO), the Occupational Deafness (Compensation) Ordinance (Cap. 469) and the Pneumoconiosis (Compensation) Ordinance (Cap. 360) prescribe altogether 51 occupational diseases. Section 36(1) of ECO also enables the claim of compensation where a disease is not prescribed in these Ordinances but can be proved in individual cases to be a personal injury by accident arising out of and in the course of employment. All the 51 occupational diseases are also specified in Schedule 2 to the Occupational Safety and Health Ordinance (Cap. 509) as notifiable occupational diseases. Medical practitioners are required to notify the Commissioner for Labour of cases of these occupational diseases.

Confirmed occupational diseases in 2008

3. According to the Administration, the most common occupational diseases confirmed in 2008 were silicosis, occupational deafness, tenosynovitis of hand or forearm and tuberculosis. The relevant figures are set out in the **Appendix**.

Deliberations of the Panel

4. The Panel discussed occupational diseases in Hong Kong at its meetings on 20 May 2004, 16 June 2005, 15 June 2006, 21 December 2006, 21 June 2007,

20 December 2007 and 21 May 2009. The discussions are summarized in the following paragraphs.

5. Some members were concerned that musculoskeletal disorders which were common among domestic helpers had not been prescribed as occupational diseases. They asked whether the Administration would consider reviewing the definition of occupational disease. They added that the two Occupational Health Clinics (OHCs) of the Labour Department (LD) which provided occupational health services for workers in Hong Kong should enhance its medical services for people suffering from musculoskeletal disorders, such as providing acupuncture treatment.

6. The Administration explained that Hong Kong had followed international practices and would make reference to criteria adopted internationally in determining whether a disease should be prescribed as an occupational disease. Prescription of a disease as an occupational disease was based on the following criteria -

- (a) the disease posed a significant and recognized risk to workers engaged in a certain occupation in Hong Kong; and
- (b) the causal relationship between the disease and the occupation could be reasonably presumed or established in individual cases.

The second criterion was especially important in distinguishing occupational diseases from work-related diseases which were multifactorial in origin and in respect of which their causal relationship with occupations had to be considered on a case-by-case basis.

7. The Administration informed the Panel that occupational diseases were defined as diseases having specific or strong relationship with occupations, generally with one causal agent, and recognized as such. While tenosynovitis of the hand or forearm had been prescribed as an occupational disease, most musculoskeletal disorders, such as low back pain and shoulder-neck pain, resulted from the interaction of multiple risk factors, and given that these disorders were common in the general population and not limited to workers engaged in a certain occupation, they could not satisfy the criteria for prescribing occupational diseases.

8. The Administration added that musculoskeletal disorders of domestic helpers were often caused by improper working posture, the repetition of which would strain the muscles and joints. LD had requested the Employees Retraining Board to ensure provision of sufficient training on occupational safety and health for domestic helper trainees, particularly the proper posture and use of tools in carrying out housework. The Employees Retraining Board was reviewing the course content with a view to enhancing the occupational safety and health component.

9. Some members pointed out that as the service industry had become the mainstay in Hong Kong and the manufacturing sector was shrinking in recent decades, the Administration should review the list of compensable occupational diseases to see

whether its scope and coverage should be expanded in view of these changes. They asked about the number of people who had applied for compensation under section 36(1) of the Employees' Compensation Ordinance (ECO) in the past two to three years, as well as the number of successful claims made during the period.

10. The Administration responded that it reviewed the list of compensable occupational diseases from time to time and had updated the list in the light of international standards. When first introduced in 1964, the list contained 21 prescribed occupational diseases. Since 1991, LD had made four amendments to the list, which included the addition of 13 occupational diseases and expansion of the coverage of three occupational diseases. The latest amendment was made in February 2005 to include Severe Acute Respiratory Syndrome (SARS) and avian influenza A. The Administration would continue with such reviews. Although SARS was not on the list of compensable occupational diseases at the time of the outbreak in 2003, SARS patients could still claim compensation successfully under section 36(1) of ECO.

11. Some members enquired about the number of patients seeking consultations in OHCs and the number of patients who were confirmed to have suffered from occupational diseases.

12. The Administration responded that according to past statistics, about 85% of the patients seeking consultations from OHCs were diagnosed with occupational diseases or injuries caused by, related to or aggravated by work and the remaining suffered from diseases or injuries unrelated to work. The two OHCs received about 2 500 to 3 000 new patients every year. In 2006, 33 patients were diagnosed with occupational diseases.

13. Some members queried whether the small number of confirmed occupational disease cases was due to improved preventive measures or the high threshold adopted in the definition of occupational disease. They considered that the threshold imposed on the prescription of occupational disease was too high.

14. The Administration responded that in determining whether a patient was suffering from an occupational disease, a doctor in OHC would examine each case on its own merit, including the past occupations and medical history of the patient, and would conduct inspection to the patient's workplace, when needed. Although osteoarthritis of knee was not prescribed as an occupational disease, a worker suffering from that disease should be given proper medical treatment and hence OHC would refer him to a public hospital.

15. The Administration added that while it recognized members' concern, LD had to follow the principle that only diseases that were prescribed as occupational diseases would be considered for employee compensation. A disease should not be prescribed as an occupational disease merely because many workers suffered from it, as the disease might be caused by low awareness of occupational safety and health on the part of employees or inadequate preventive measures taken by employers.

Relevant papers

16. Members are invited to access the Legislative Council's website at <http://www.legco.gov.hk> to view the Administration's papers for the meetings of the Panel on Manpower on 20 May 2004, 16 June 2005, 15 June 2006, 21 December 2006, 21 June 2007, 20 December 2007 and 21 May 2009, and the relevant minutes of the meetings.

Council Business Division 2
Legislative Council Secretariat
17 February 2010

**Occupational Diseases Confirmed in Hong Kong
from 1999 to 2008**

Occupational disease \ Year	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Silicosis	137	105	122	110	74	69	68	109	67	65
Occupational deafness	388	206	121	114	74	52	60	51	47	58
Tenosynovitis of the hand or forearm	54	81	90	35	34	43	75	63	35	40
Tuberculosis	57	39	41	29	30	42	30	18	16	25
Asbestosis	15	11	9	9	6	4	2	7	2	5
Gas poisoning	57	36	11	30	26	28	4	5	1	4
Occupational dermatitis	21	17	24	29	10	7	10	8	7	3
Streptococcus suis infection	1	0	1	0	0	1	6	0	1	3
Others	4	9	11	8	4	5	1	3	1	1
Total :	734	504	430	364	258	251	256	264	177	204