

For information on
14 July 2015

Legislative Council Panel on Manpower
Occupational Diseases and
Occupational Health Performance in 2014

Purpose

This paper briefs Members on occupational diseases and occupational health performance in Hong Kong in 2014, and the related promotion and enforcement work of the Labour Department (LD).

Occupational Diseases

2. The Employees' Compensation Ordinance ("ECO"), Occupational Deafness (Compensation) Ordinance ("ODCO") and Pneumoconiosis and Mesothelioma (Compensation) Ordinance ("PMCO") prescribe a total of 52 occupational diseases. According to the International Labour Organisation (ILO), occupational diseases are diseases having specific or strong relationship with occupations, generally with only one causal agent. In considering whether certain diseases should be prescribed as occupational diseases or whether the coverage of some occupational diseases should be expanded, LD makes reference to ILO criteria and takes into consideration whether a causal relationship exists between the disease and the type of work, including whether there is medical evidence proving a significant relationship between the disease and certain occupation, as well as the local pattern of the disease. LD has produced guides and guidance notes on occupational diseases for the public and registered medical practitioners respectively.

3. In 2014, the number of confirmed cases of occupational diseases was 243. The common occupational diseases included occupational deafness, silicosis and tenosynovitis of the hand or forearm. The details are set out in paragraphs 4 to 9 below and the relevant statistics are at Annex.

Occupational Deafness

4. Occupational deafness is a permanent hearing loss arising from at least five to ten years of exposure to noisy environment at work in specified occupations. Most of these cases are related to rock grinding, chiselling, cutting or percussion and working in close proximity to internal combustion

engines, turbines or pressurised jet engines. In 2014, there were 78 confirmed cases of occupational deafness.

Silicosis

5. Silicosis is a chronic disease with fibrosis of the lungs owing to inhalation of silica dust. Its latent period could be as long as 10 to 20 years. The patients of most cases are construction workers who have exposure to silica dust many years ago, some of whom have been engaged in high-risk hand-dug caisson work. The number of confirmed cases of silicosis was 68 in 2014.

Tenosynovitis of the Hand or Forearm

6. The ECO prescribes six musculoskeletal diseases (including tenosynovitis of the hand or forearm) as occupational diseases, because epidemiological evidence reveals that these diseases have specific relationship with certain occupations. For example, prolonged repetitive actions or excessive force exerted by the hand at work could cause tenosynovitis. In 2014, there were 64 confirmed cases of tenosynovitis of the hand or forearm, with patients engaged in service industries and sales, clerical support, elementary occupations etc. LD will continue to conduct publicity for duty holders and workers of relevant industries to enhance their awareness on prevention of upper limb musculoskeletal diseases.

Mesothelioma

7. Mesothelioma is a cancer of the lining of the chest wall caused by inhalation of asbestos, with a latent period as long as 30 to 40 years. In the 2014, there were 14 confirmed cases of mesothelioma.

Tuberculosis

8. In 2014, there were seven confirmed cases of tuberculosis in workers having close and frequent contacts with a relevant source of infection by reason of their employment. These patients included nurses, doctors and personal care workers.

Other Occupational Diseases

9. Other occupational diseases confirmed in 2014 included six cases of gas poisoning, two cases of asbestosis, two cases of compressed air illnesses, one case of Streptococcus suis infection and one case of occupational dermatitis.

Occupational Health Situation

Initiatives of LD in Enhancing Occupational Health

10. LD has been promoting the awareness of employers and employees on the prevention of occupational and work-related diseases by organising health talks and seminars, distributing educational publications, broadcasting Announcements in the Public Interest (APIs) on television and radio, publishing feature articles in newspapers, and showing educational videos on mobile advertising media from time to time. Besides, LD organises outreaching health talks. In 2014, over 1200 occupational health talks on various topics, including occupational health of cleansing workers, manual handling operations and prevention of back injuries, occupational health of professional drivers, occupational stress and occupational health of catering workers, etc., were organised with over 40 000 participants. In the first five months of 2015, over 470 occupational health talks on various topics were organised with over 15 000 participants.

11. LD has been collaborating with the Occupational Safety and Health Council (“OSHC”), Pneumoconiosis Compensation Fund Board, Occupational Deafness Compensation Board, employers’ associations and workers’ unions in promoting occupational health through a variety of activities which include health talks, carnivals, occupational health award presentations and experience-sharing sessions, as well as workplace hygiene charter signing, etc.

Occupational Safety and Health (OSH) of Container Terminal Workers

12. Some Members have expressed concern about the impact of emissions from vessels at container terminals on the occupational health of workers and the potential musculoskeletal hazard to crane operators in controlling the lifting and lowering of containers. The work undertaken by LD in these areas is set out in the ensuing paragraphs.

13. The OSH of container terminal workers has always been a matter of concern to LD, including the potential occupational health hazard of emissions from vessels at container terminals to quay crane operators. In this regard, LD has been conducting surprise inspections to observe the working conditions of quay crane operators and measure the level of air impurities inside crane control cabins; and undertaking follow-up actions with employers/duty holders concerned as to whether appropriate measures have been taken to protect OSH of workers.

14. In April 2015, LD issued letters to the container terminal operators to remind them again to conduct risk assessments from time to time on the

potential health hazard of vessel emissions to quay crane operators, and take corresponding preventive measures. These could include immediately requesting duty holders of the vessels to stop emissions that may be hazardous to the health of crane operators when necessary, instructing and supervising crane operators to close the windows and turn on the air-conditioning facilities inside the control cabins, moving the crane control cabins backward as far away from the sources of emission as possible, and reporting to the management as soon as possible, etc.. During the inspections, LD noticed that crane operators were aware of these measures, and the proprietors of container terminals had also implemented these measures when necessary. LD also measured the level of air impurities inside the control cabins and observed the emissions from vessels during the inspections. The results showed that the levels of nitrogen dioxide, carbon monoxide, sulphur dioxide and dust were far below the relevant legal limits in Hong Kong, and the health risk of vessel emissions to the crane operators was considered to be low. Nevertheless, LD reminded the management of container terminals again to ensure continued implementation of the control measures in an effective manner. In order to further enhance OSH protection for the crane operators, LD also recommended the management of container terminals to install high-efficiency filters in the air-conditioning facilities inside the control cabins or install air purifiers therein to further improve the air quality. LD will continue to monitor and follow up implementation of these improvement measures.

15. The neck and back strain of gantry crane operators in controlling the lifting and lowering of containers is also a matter of concern to LD. LD has been urging service operators to implement measures to protect the health of the crane operators, including proper maintenance of cranes and ensuring the integrity of operators' seats, provision of extra back rests for operators as well as encouraging and guiding workers to take appropriate stretching exercises during breaks. LD noticed in recent inspections that the above measures had already been implemented. Notwithstanding that, LD advised the concerned service operators to conduct risk assessments with respect to the working posture and work practice of the crane operators, and take appropriate engineering and/or administrative measures to reduce the potential hazard, including improving the inappropriate working posture of crane operators and providing necessary information, instructions, training and supervision to the crane operators. To facilitate the service operators in implementing improvement measures, LD provided them with recommendations on improving the working posture and work practice of the crane operators. LD will continue to follow up with the management of container terminals on the implementation of these improvement measures.

Prevention of Heat Stroke at Work

16. In collaboration with OSHC, the Construction Industry Council (CIC), and relevant employers' associations and workers' unions, LD launched a series of publicity and educational activities from April to September 2014, targeting at workplaces with a higher risk of heat stroke (e.g. construction sites, outdoor cleansing and horticulture workplaces, kitchens and airport ramp cargo handling areas, etc.) to enhance the awareness of employers and employees on prevention of heat stroke at work. These activities include distributing relevant guidelines and risk assessment checklists, organising health talks, issuing press releases in light of weather conditions, publishing feature articles or broadcasting publicity videos and APIs through various media, and conducting promotional visits to outdoor workplaces. During the aforementioned period, LD conducted 30 036 inspections targeting at outdoor workplaces with a higher risk of heat stroke, with 106 warnings and two improvement notices issued.

17. LD has already launched promotional activities and inspections on heat stroke prevention since April this year. In June this year, as the weather was getting warm, LD issued letters to relevant Government departments and construction contractors and associations to remind them that they should assess the risk of heat stroke of outdoor work and take effective preventive measures to protect OSH of employees. LD has also continued to step up the inspections of outdoor workplaces with a higher risk of heat stroke, including the construction sites of contractors of small-scale works, to ensure that the duty holders take adequate measures to prevent heat stroke. Up to the end of May, LD has conducted over 9 200 inspections, with four warnings issued.

18. As regards the rest break arrangement for construction workers, CIC published updated guidelines in 2013, recommending the industry to give an extra 15-minute rest break every morning for construction site workers in May to September every year. During inspections of construction sites, LD will ensure that the contractors of construction works have followed the guidelines to provide extra rest breaks for workers.

Clinical Consultation Service of Occupational Health Clinics

19. LD runs two occupational health clinics in Kwun Tong and Fanling, providing clinical consultation service to all employees in Hong Kong Island, Kowloon, and the New Territories. Employees who suspect their diseases to be work-related could make an appointment in these two clinics for diagnosis and treatment. Clinic doctors will gather the patients' comprehensive medical and occupational history, understand the circumstances of the work in

detail, conduct physical examinations and arrange relevant laboratory tests. Doctors may also arrange inspections to patients' workplaces if necessary to understand whether there are hazardous factors in their workplaces that are related to the diseases. Through a comprehensive analysis of such information, doctors can diagnose whether patients' conditions are consistent with occupational diseases or other work-related diseases, and provide suitable treatment for them. For the convenience of employees who have to work from Monday to Friday in seeking clinical consultations, the occupational health clinics are also open on Saturday mornings. In 2014, the clinics provided more than 10 300 clinical consultations. LD has been closely monitoring the usage of the clinics, especially the waiting time for new cases, in order to assess the demand of employees for the services of occupational health clinics, and will make appropriate adjustments if necessary.

20. LD also promotes the services of the occupational health clinics to employers and employees through health talks, large-scale public talks, seminars and distribution of pamphlets and posters, as well as broadcasting publicity videos in major public transport facilities from time to time. Besides, LD publishes advertisements in newspapers, LD website, and newsletters of unions and publications of OSHC to promote the services of the occupational health clinics.

Way Forward

21. LD will continue to actively promote the prevention of occupational and work-related diseases to enhance the awareness of employers and employees on occupational health, and will continue to ensure that employers comply with OSH legislation through enforcement.

Labour and Welfare Bureau
Labour Department
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Confirmed Cases of Occupational Diseases from 2010 to 2014

Occupational disease	2010	2011	2012	2013	2014
Occupational deafness*	70	157	99	65	78
Silicosis	61	63	44	51	68
Tenosynovitis of the hand or forearm	48	70	69	38	64
Mesothelioma	12	13	12	17	14
Tuberculosis	11	17	15	7	7
Gas poisoning	17	11	14	5	6
Compressed air illnesses	1	3	12	4	2
Asbestosis	1	9	3	2	2
Occupational dermatitis	5	7	3	2	1
Streptococcus suis infection	3	1	1	0	1
Others	0	2	8	7	0
Total :	229	353	280	198	243

Notes

*: The coverage of compensation under the Occupational Deafness (Compensation) Ordinance was extended in 2010 to employees suffering from noise-induced monaural hearing loss. In 2014, there were a total of 24 such cases.