

**LETTERHEAD OF HONG KONG SOCIETY OF OCCUPATIONAL
AND ENVIRONMENTAL MEDICINE**

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Dear Dr. Leung

Comments on proposed safety regulations

Thank you for your letter of 29 September 1998 asking us to comment on the two amendment regulations and sorry for the delay in responding. The new chairman of our society is Prof. TW Wong and he has asked me to respond to you on his behalf.

We are happy to see that the Labour Department is making an effort to improve occupational safety in Hong Kong by introducing better legislation. However, the proposed regulations can be further improved to provide better protection for the working population.

For the Confined Space regulation:

1. This regulation should be put under the new Occupational Safety and Health Ordinance (OSHO). There are many working situations in the non-industrial sectors that fulfil the definition of confined space. There is no reason why persons working in such situations should not be offered the same level of protection as those working in industrial undertakings.
2. There is no requirement for medical examination for workers working in confined spaces. Such work may be very physically demanding as well as having high risk. Furthermore, workers may be required to use respiratory equipment/respirators and respirator users should go through a proper medical assessment to assess their fitness to do so (legal requirement in the USA).
3. As the working environment can change during the span of work in a confined space, it should be stated clearly that continuous monitoring (by equipment) is required in order to safeguard the workers. Furthermore, the assessment/evaluation of the working condition in a confined space can be very complicated, and involves knowledge in chemistry, physiology, toxicology and engineering, one should make sure the so called competent persons are really competent or that proper training should be offered, and competency certified, by the appropriate academic or professional bodies for persons who want to act as competent persons under this regulation.

4. A proper respirator programme should be introduced and should be under the supervision of a proper competent person (occupational physician, occupational health nurse, occupational hygienist or appointed medical practitioner). Selection, purchase, fitting, distribution and maintenance are some of the issues involved.
5. Workers should be given the right of refusal to work inside a confined space if they have reasons to doubt whether adequate safety precautions have been taken by the employer. Such right of refusal to work should be protected by law.

For the Construction Sites (Safety) (Amendment) Regulation:

1. Although it was stated in the brief to Legco that the amendment is to spell out the legislative intention that, as far as possible, ***working at height should be kept to the minimum*** (item 7c), there is nothing in the proposed amendment that will help achieve this goal. We know that many “work at height” situations arise from convenience and cost-cutting and not really out of necessity and many of them can be avoided entirely by redesigning the work.
2. Working at height is not only limited to the construction sites and the general coverage should be extended to other workers, such as those in container terminals, renovation and E&M maintenance processes, etc. For the same reason, the provisions of the regulation should be more properly placed under the OSHO.
3. Many fatal accidents have occurred in the past due to faulty material on bamboo scaffolds. The amendment has not given enough thought to this fact. Now that most countries, including Mainland China, are using steel scaffolds, there is no strong reason why we should continue to use bamboo scaffolds which are more dangerous. We just need determination and sincerity on the side of the government to safeguard the lives of the workers. The eventual banning of hand-dug caissons (ironically, not by the Labour Department) has not been faced with un-surmountable opposition, but has been instrumental in preventing many serious occupational injuries and occupational diseases (including silicosis, lung cancer and deafness).
4. It has already been quite well documented that safety belts provide less protection than safety harnesses for persons falling from height and also that they might cause substantial harm to users during a fall. There is again no strong reason that such “third class” safety equipment should be allowed to continue and endorsed by the law.

I hope that the above comments will be of use for the debate in Legco. Please feel free to call me if there is any further point to clarify.

Yours sincerely,

Ignatius Yu

c.c. Prof. TW Wong, Chairman, Hong Kong Society of Occupational and Environmental Medicine