



**Labour Department (Headquarters)**

**勞工處（總處）**

Your reference 來函編號：

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28 September 2010

Clerk to the Panel on Manpower  
Legislative Council Building  
8 Jackson Road  
Central  
Hong Kong  
(Attn: Mr Raymond Lam)

Dear Mr Lam,

**Panel on Manpower Meetings  
Follow-up Issues**

We refer to the meetings of the Panel on Manpower on 21 January 2009, 21 January 2010, 23 February 2010 and 20 May 2010 and the corresponding items 7, 8, 9 and 13 in LC Paper No. CB(2)1785/09-10/(01). As requested by Members, we write to provide additional information on the following issues –

**Meeting on 21 January 2009 – Review of the guideline on lift maintenance**

The Electrical and Mechanical Services Department had, after consultation with lift contractors' associations and workers' union, issued in March and April 2009 respectively two circulars to all registered lift contractors, notifying them of the amendments to the *Code of Practice for Lift Works and Escalator Works* under section 27G of the Lifts and Escalators (Safety) Ordinance. The amendments included the designation of specific tasks to be carried out by two or more lift workers and took effect on 1 June 2009.

**Meeting on 21 January 2010 – Details of the case involving a fine of \$150,000**

The case involved an industrial accident in January 2006 when a worker was engaged in repair work of a building in a housing estate of the Housing Department in Tin Shui Wai. In the course of work, the worker fell about 4m from the edge of an unfenced canopy to the ground and sustained serious injury. Investigation by the Labour Department (LD) found that the principal contractor concerned had failed at the material time to take adequate steps to prevent workers from falling from a height of two metres or more. We therefore brought prosecution against the contractor under regulation 38B(1) of the Construction Sites (Safety) Regulations. After trial, the contractor concerned was convicted and fined \$150,000 by the court.

**Meeting on 23 February 2010 – Discussion on employees working at the airport, Occupational Health Clinics and part-time domestic helpers**

(a) Prevention of occupational and work-related diseases of employees working at the airport

LD attaches great importance to the occupational safety and health of employees working at the airport. We conduct regular inspections to workplaces at the airport, including ensuring that employees engaged in luggage-handling are safeguarded from musculoskeletal disorders and adequate measures are taken to protect cabin cleansing workers from heat stroke at work in summer. We also provide advice to the employees and their employers on improvement measures as necessary.

According to our recent inspections, the ramp handling service providers had, in accordance with the Occupational Safety and Health Regulation, conducted risk assessments to the luggage-handling operations and adopted various measures to minimise the risk of musculoskeletal disorder, such as provision of appropriate information and manual handling training to their employees, provision of suitable mechanical aids such as plastic rollers to reduce manual handling of luggage, provision of knee pads for employees to protect their knees when kneeling, and adjusting manpower deployment on a need basis during peak hours. In respect of preventing employees engaged in cabin cleansing work from heat stroke at work in summer, the contractors concerned had taken appropriate measures such as scheduling long cleaning operations to cooler periods in the daytime, provision of cool air to



the cabin or air blowers to increase air flow therein, and provision of potable drinking water for employees.

These inspections were complemented by promotional activities to raise the awareness of employers and employees concerned on the prevention of musculoskeletal disorders and heat stroke at work. We have partnered with relevant stakeholders including the Hong Kong Airport Authority (HKAA) and its service providers in organising health talks for the management and front-line workers. In the first half of 2010, a total of 12 health talks were conducted, covering risk assessment of manual handling operations, back care, simple stretching exercises at the workplace and heat stroke prevention. Moreover, HKAA had organised an experience-sharing session recently with the ramp handling service providers and cabin cleansing contractors to raise their awareness of the prevention of work-related musculoskeletal disorders and heat stroke at work in summer. In fact, these companies had taken various steps to enrich their respective occupational safety and health promotional programmes, e.g. encouraging workers to do warm-up exercises before work to reduce the risk of injury at work and safeguard them from musculoskeletal disorders, installing an e-board or posting a memo on notice boards to provide workers with up-to-date weather information and to alert them to protect themselves from heat stroke at work, etc.

(b) Operation of the Occupational Health Clinics in determining whether a causal relationship could be established between a disease and an occupation

LD's Occupational Health Clinics aim to enhance the occupational health of the working population through prevention, diagnosis and treatment of occupational and work-related diseases. Patients suspected to be suffering from such diseases may attend the clinics for consultation. In a consultation, the Occupational Health Officer will obtain a detailed medical history and a comprehensive occupational history from the patient, covering the work processes and associated potential health hazards that may be relevant to the patient's medical condition. A thorough physical examination will then be conducted, together with any relevant investigations, if necessary, e.g. blood tests and X-ray examinations, to determine the clinical diagnosis. If the patient has consulted other doctors, medical reports will be obtained from them for reference upon consent of the patient. Appropriate medical treatments will also be



given to the patient.

In order to determine whether a patient's medical condition could be caused by his/her work, the Occupational Health Officer will conduct a workplace investigation with an Occupational Hygienist to identify relevant health hazards in the workplace and assess the risks of such hazards. In the workplace investigation, both the responsible person and workers of the workplace will be interviewed to obtain relevant information, with potential health hazards of the work processes and work environment identified and their risks thoroughly assessed, and the effectiveness of the control measures in place determined. Appropriate advice will be given to the responsible person and the workers to improve the control measures where necessary. On the basis of all the available information, particularly the patient's medical condition and the risks of relevant health hazards in his/her workplace, the Occupational Health Officer will then determine whether a causal relationship could be established between the patient's disease and his/her occupation, i.e. whether the patient is suffering from an occupational disease prescribed in the Second Schedule to the Employees' Compensation Ordinance (ECO).

(c) Procedures for claiming insurance for part-time domestic helpers suffering from an occupational disease when working for a number of employers

According to the ECO, an employee suffering total or partial incapacity arising from an occupational disease is in general entitled to claim compensation from his or her employer, if the disease is one due to the work nature of any occupation in which he/she was employed at any time within the prescribed period immediately preceding the incapacity caused. The employee should claim compensation from the employer who last employed him/her in the occupation concerned during the prescribed period. If the employee has been employed by more than one employer during the prescribed period, all employers may be responsible for paying compensation, though not necessarily to the same extent. If a domestic helper is confirmed to have contracted an occupational disease prescribed by the ECO, he/she should inform his/her employer as soon as possible such that the employer could notify LD. He/She is not required to lodge claims directly with the insurance company in which the employer has taken out employees' compensation insurance. If he/she has been employed under one or

more employers or has been engaged by more than one different employer preceding the incapacity, he/she should furnish to the employer relevant information in detail, if so required. If an employee encounters difficulties in claiming employee compensation, LD is ready to provide him/her with appropriate assistance.

**Meeting on 20 May 2010 – “injured by hand tool” accidents**

In 2009, the construction industry recorded 2 755 cases of industrial accidents, out of which 137 cases were related to “injured by hand tool”. As compared with 97 cases of such injuries in 2008, the increase was 40 cases (41%). Nevertheless, this kind of accidents was mostly minor in nature. For the 137 cases in the construction industry in 2009, for instance, about 80% of them were caused by cutters, hammers, spades and crowbars and 81% resulted in minor lacerations and contusions. The common causes of these accidents are carelessness or improper use of hand tools.

Yours faithfully,

  
( TSO Sing-hin )  
for Commissioner for Labour