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**Panel on Manpower**

**Background brief prepared by the Legislative Council Secretariat  
for the meeting on 12 July 2011**

**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. The Employees' Compensation Ordinance (Cap. 282) ("ECO"), the Occupational Deafness (Compensation) Ordinance (Cap. 469) ("ODCO") and the Pneumoconiosis and Mesothelioma (Compensation) Ordinance (Cap. 360) ("PMCO") prescribe altogether 52 occupational diseases. Section 36(1) of ECO provides for 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 52 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 2009**

3. According to the Administration, the most common occupational diseases confirmed in 2009 were silicosis, occupational deafness, tenosynovitis of the hand or forearm and tuberculosis. The relevant figures are set out in **Appendix I**.

## **Deliberations of the Panel**

4. The Panel has regularly discussed occupational diseases in Hong Kong since March 2004. The deliberations of the Panel are summarized in the following paragraphs.

### Criteria for prescribing occupational diseases

5. Some members were concerned that musculoskeletal disorders, such as back pain, tennis elbow and osteoarthritis of knee, which were common among domestic helpers, cashiers, computer operators and employees working in the airport had not been prescribed as occupational diseases. Members sought information on whether the Administration would collect statistics in these areas, with a view to analyzing the causal relationship between the diseases and the occupations and prescribing musculoskeletal disorders as occupational diseases. There was a suggestion 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. According to the Administration, Hong Kong followed international practices and would make reference to the 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) whether the disease posed a significant and recognized risk to workers engaged in a certain occupation in Hong Kong; and
- (b) whether the causal relationship between the disease and the occupation could be reasonably presumed or established in individual cases.

The Administration stressed that the second criterion was particularly important in differentiating occupational diseases from work-related diseases. The 52 occupational diseases specified in ECO, ODCO and PMCO were diseases having specific or strong relationship with occupations, generally with only one causal agent, and recognized as such. Musculoskeletal disorders, on the other hand, were diseases with multiple causal agents. Six musculoskeletal diseases, including tenosynovitis of the hand or forearm, had already been prescribed as occupational diseases. Other musculoskeletal disorders, such as low back pain and shoulder-neck pain, which were resulted from the interaction of multiple risk factors, including obesity, lack of exercise, excessive force and awkward

posture, were commonly found in the general population and not limited to workers engaged in a certain occupation. As these disorders could not satisfy the criteria for prescribing as occupational diseases, they were classified as work-related diseases instead.

7. Despite the Administration's explanation that the categorization of a disease as "occupational disease" was a scientific process based on high-quality corroborative studies on large numbers of cases in different populations, some members were of the view that the scientific process had posed hurdle to workers rather than helping them. There was a suggestion that the Administration should consider lowering the threshold for prescribing musculoskeletal disorders as occupational diseases so as to provide protection to more workers.

#### Occupational and work-related diseases among workers in the airport

8. Concerns were raised that many aircraft cleaning workers and cargo handling workers had developed musculoskeletal disorders after having worked in the airport for two to three years. Heavy workload was one of the factors leading to these disorders. For instance, a luggage labourer had to work 9.5 hours a day to handle luggage from 18 air flights. Some members called on the Administration to conduct more workplace inspections in the airport to ensure that employers took improvement measures to prevent occupational and work-related diseases among aircraft cleaning workers and cargo handling workers.

9. According to the Administration, LD attached great importance to work-related musculoskeletal disorders developed among workers engaging in aircraft cleansing or cargo handling work. LD had all along been urging airline operators and companies engaged in ramp operations to implement preventive measures to safeguard occupational health of their employees. It had also reviewed the risk assessments conducted by the three companies on cargo handling operations, with a view to ensuring that appropriate measures, such as the provision of mechanical devices and uniform with knee pads, had been taken to reduce the health risk caused by excessive exertion of the hands and forearms and prolonged kneeling. In addition, LD had organized health talks for the companies and their workers to enhance their awareness of the prevention of occupational and work-related diseases. As far as protection to cargo handling workers was concerned, the preventive measures implemented by the companies in Hong Kong were comparable to international practices. This notwithstanding, LD had conducted over 10 surprise inspections of the airport ramp operations in 2008-2009, either without prior notice and sometimes at night or by means of remote surveillance so that the employers concerned had no knowledge of the inspections and, therefore, could not make any preparation

on the working environment prior to the inspections. During the inspections, LD inspectors observed whether mechanical devices were provided to help workers lift heavy loads and whether the workers had adopted a proper posture in handling cargoes.

#### Measures to prevent occupational and work-related diseases

10. Concerns were raised about the measures adopted by the Administration to help workers diagnosed with work-related diseases, including the kind of medical advice to be given to them, whether LD would inspect the working environment of these patients, and whether rest breaks for certain work types would be made compulsory.

11. According to the Administration, LD had been adopting a three-pronged approach, namely, education, publicity and promotion as well as law enforcement to safeguard occupational safety and health of the working population. It had proactively educated employers and employees about prevention of occupational and work-related diseases. For example, in response to members' concern about domestic helpers developing musculoskeletal disorders, LD had taken immediate action to follow up with the Occupational Safety and Health Council ("OSHC"), the Vocational Training Council and the Employees' Retraining Board on the provision of appropriate information, instruction and training for workers. OSHC had subsequently designed a new training course for lecturers of the domestic helper course to enhance their occupational safety and health knowledge. On the other hand, risk assessment on occupational safety and health hazards made during LD's site inspections, the issuance of suspension notices and improvement notices, and prosecutions instituted against employers' malpractices were direct, specific and effective measures to induce employers to improve the working environment. If the situation so warranted, the Administration would make recommendations on the policies to ban work processes or the use of materials which jeopardized the health of workers.

12. On the arrangement of rest breaks, members noted that LD had issued a "Guide on Rest Breaks" to encourage employers and employees to work out suitable rest break arrangements between themselves. If a worker's health was found at risk because of continuous work, the employer would be requested to provide appropriate rest breaks to his employees. If the rest break arrangement was unreasonable, workers could lodge a complaint against the employer and LD would follow up on the case.

13. Responding to members' query about the effectiveness of the Administration's publication and distribution of a "Guide on Rest Breaks" to prevent musculoskeletal disorders and the suggestion of making rest breaks a

compulsory requirement for certain work types, the Administration advised that it would be difficult to make rest break a statutory requirement because different industries had different work practices peculiar to their own operational needs. The "Guide on Rest Breaks" sought to provide general guidance for all industries.

#### List of compensable occupational diseases in the second schedule to ECO

14. 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. These members sought information on the number of people who had applied for compensation under section 36(1) of ECO in the past two to three years, as well as the number of successful claims made during the period.

15. According to the Administration, 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, there had been 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. As a matter of fact, 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.

#### Confirmed cases of occupational diseases

16. Members sought information about the number of patients seeking consultations in OHCs and the number of patients who were confirmed to have suffered from occupational diseases.

17. According to the Administration, the two OHCs had provided 13 200 consultations in 2009 for patients, among whom about 2 500 were new patients. About 85% of the patients seeking consultations from OHCs were diagnosed with diseases or injuries caused by, related to or aggravated by work, and the remaining suffered from diseases or injuries unrelated to work. Among the new patients, 24 were diagnosed as suffering from occupational diseases prescribed in ECO.

18. Members were concerned whether the small number of confirmed cases of occupational disease was due to improved preventive measures or the high threshold adopted in the definition of occupational disease. They noted 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 if necessary.

19. The Administration advised 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**

20. A list of the relevant papers on the Legislative Council website is in **Appendix II**.

Council Business Division 2  
Legislative Council Secretariat  
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## Appendix I

### Occupational Diseases Confirmed in Hong Kong from 2000 to 2009 \*

| Occupational disease                 | 2000       | 2001       | 2002       | 2003       | 2004       | 2005       | 2006       | 2007       | 2008       | 2009       |
|--------------------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Silicosis                            | 105        | 122        | 110        | 74         | 69         | 68         | 109        | 67         | 65         | 86         |
| Occupational deafness                | 206        | 121        | 114        | 74         | 52         | 60         | 51         | 47         | 58         | 77         |
| Tenosynovitis of the hand or forearm | 81         | 90         | 35         | 34         | 43         | 75         | 63         | 35         | 40         | 39         |
| Tuberculosis                         | 39         | 41         | 29         | 30         | 42         | 30         | 18         | 16         | 25         | 18         |
| Gas poisoning                        | 36         | 11         | 30         | 26         | 28         | 4          | 5          | 1          | 4          | 17         |
| Mesothelioma #                       | -          | -          | -          | -          | -          | -          | -          | -          | 1          | 15         |
| Occupational dermatitis              | 17         | 24         | 29         | 10         | 7          | 10         | 8          | 7          | 3          | 10         |
| Asbestosis                           | 11         | 9          | 9          | 6          | 4          | 2          | 7          | 2          | 5          | 5          |
| Streptococcus suis infection         | 0          | 1          | 0          | 0          | 1          | 6          | 0          | 1          | 3          | 0          |
| Others                               | 9          | 11         | 8          | 4          | 5          | 1          | 3          | 1          | 1          | 1          |
| <b>Total :</b>                       | <b>504</b> | <b>430</b> | <b>364</b> | <b>258</b> | <b>251</b> | <b>256</b> | <b>264</b> | <b>177</b> | <b>204</b> | <b>268</b> |

\* Source : Administration's paper entitled "A Review of Occupational Diseases in Hong Kong in 2009" for the meeting of the Panel on Manpower on 23 February 2010 (LC Paper No. CB(2)958/09-10(04))

# Mesothelioma was prescribed as a new occupational disease under the Pneumoconiosis and Mesothelioma (Compensation) Ordinance (Cap. 360) in 2008.

**Relevant papers on  
occupational diseases in Hong Kong**

| <b>Committee</b>    | <b>Date of meeting</b>   | <b>Paper</b>  |
|---------------------|--------------------------|---|
| Panel on Manpower   | 18.3.2004<br>(Item IV)   | <a href="#">Agenda</a><br><a href="#">Minutes</a>               |
| Panel on Manpower   | 19.5.2005<br>(Item IV)   | <a href="#">Agenda</a><br><a href="#">Minutes</a>               |
| Panel on Manpower   | 15.6.2006<br>(Item III)  | <a href="#">Agenda</a><br><a href="#">Minutes</a>               |
| Panel on Manpower   | 15.3.2007<br>(Item IV)   | <a href="#">Agenda</a><br><a href="#">Minutes</a>               |
| Panel on Manpower   | 15.11.2007<br>(Item III) | <a href="#">Agenda</a><br><a href="#">Minutes</a>               |
| Panel on Manpower   | 20.3.2008<br>(Item V)    | <a href="#">Agenda</a><br><a href="#">Minutes</a>               |
| Legislative Council | 29.10.2008               | <a href="#">Official Record of Proceedings<br/>(Question 1)</a> |
| Legislative Council | 1.4.2009                 | <a href="#">Official Record of Proceedings<br/>(Question 2)</a> |
| Panel on Manpower   | 21.5.2009<br>(Item III)  | <a href="#">Agenda</a><br><a href="#">Minutes</a>               |
| Panel on Manpower   | 23.2.2010<br>(Item IV)   | <a href="#">Agenda</a><br><a href="#">Minutes</a>               |