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**Panel on Manpower**

**Background brief prepared by the  
Legislative Council Secretariat for the meeting on 14 July 2015**

**Occupational diseases and occupational health performance  
in Hong Kong**

**Purpose**

This paper summarizes the past discussions by the Panel on Manpower on occupational diseases and occupational health performance in Hong Kong since the Fourth Legislative Council ("LegCo").

**Background**

2. According to the International Labour Organization ("ILO"), occupational diseases are diseases having specific or strong relationship with occupations, generally with one causal agent. The Employees' Compensation Ordinance (Cap. 282) ("ECO"), the Occupational Deafness (Compensation) Ordinance (Cap. 469) and the Pneumoconiosis and Mesothelioma (Compensation) Ordinance (Cap. 360) prescribe altogether 52 occupational diseases. All the 52 occupational diseases are also specified in the Second Schedule 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.

3. According to the Administration, the number of confirmed cases of occupational diseases in 2013 was 198, with a decrease by about 29% when compared with 280 cases in 2012. The common occupational diseases included occupational deafness, silicosis and tenosynovitis of the hand or forearm. The relevant statistics are set out in **Appendix I**.

## **Deliberations of the Panel**

### List of compensable occupational diseases in the Second Schedule to ECO

4. 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 conduct a comprehensive review of the list of compensable occupational diseases in the Second Schedule to ECO to examine whether its scope and coverage should be expanded in view of the socio-economic changes.

5. The Administration advised that it reviewed the list of compensable occupational diseases from time to time and had updated the list in the light of international standards. Since 1991, there had been four amendments to the list, which included the addition of 13 new occupational diseases and expansion of the coverage of three occupational diseases. The Administration would continue with such reviews.

6. Concern was raised that certain work-related diseases such as musculoskeletal disorders, including back pain, tennis elbow and osteoarthritis of knees, which were common among domestic helpers, cashiers, computer operators and employees working in the airport, had not been prescribed as occupational diseases. Some members took the view that musculoskeletal disorders should be prescribed as occupational diseases if they were resulted from the employers' failure to provide proper training and equipment for workers to perform the job duties.

7. Noting that there were only 198 confirmed cases of occupational diseases in 2013, some members asked whether the Administration should consider lowering the threshold for prescribing a disease as an occupational disease such that an employee suffered from work-related disease or injury could apply for compensation under ECO.

8. The Administration advised that Hong Kong followed international practices and would make reference to the criteria adopted by ILO in determining whether a disease should be prescribed as an occupational disease. Prescription of a disease as an occupational disease was based on the criteria of whether workers engaged in a certain occupation in Hong Kong had a significant and recognized risk of contracting the disease; and whether the causal relationship between the disease and the occupation could be reasonably presumed or established in individual cases.

9. The Administration pointed out that once a disease was prescribed as an occupational disease, workers suffering from the disease could claim compensation if they were engaged in the designated occupations. Therefore, the causation criterion was particularly important in differentiating occupational diseases from work-related diseases. The 52 occupational diseases specified in the relevant Ordinances were diseases having specific or strong relationship with occupations, and generally with only one causal agent. Musculoskeletal disorders, on the other hand, were diseases with multiple causal agents. Nonetheless, 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 resulting 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. Members were also advised that even if a disease was not prescribed as an occupational disease and included in the list of compensable occupational diseases in the Second Schedule to ECO, an employee was protected by ECO and could apply for compensation under section 36(1) of ECO.

#### Measures to safeguard occupational health of workers

10. Members were concerned about the measures adopted by the Administration to safeguard the occupational health of workers and the inspections conducted to various workplaces. Concern was also raised as to whether rest breaks for certain work types would be made mandatory.

11. According to the Administration, the Labour Department ("LD") had been adopting a three-pronged approach, namely, education, publicity and promotion as well as law enforcement to safeguard the working population's occupational safety and health ("OSH"). It had proactively educated employers and employees about the prevention of occupational and work-related diseases. On the other hand, risk assessment on OSH 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, LD had issued a "Guide on Rest Breaks" to encourage employers and employees to work out suitable rest break arrangements between themselves. Should the arrangement be unreasonable, employees could lodge complaints against their employers and LD would follow up on the cases. Members were also advised that it would be difficult to make rest break a statutory requirement in the light of the different operational needs and practices in different industries and trades. The Guide sought to provide useful reference for employers to provide appropriate rest breaks for employees.

#### Occupational health of container terminal workers

13. Members were particularly concerned that container terminal workers were required to work long hours without rest breaks and that some crane operators had been suffering from repetitive strain injuries of the neck and shoulder because of prolonged working hours. Concern was also raised about whether such work injuries should be recognizable as occupational diseases and how the Administration could address the issue.

14. The Administration advised that LD's officers had conducted site inspections to the container yards in respect of OSH of container terminal workers and that LD had urged the container handling operators to make improvements in various aspects, including proper maintenance of cranes and ensuring the integrity of operators' seats, provision of extra back rests for the crane operators to address their neck and back strain arising from controlling the upward and downward movements of containers as well as the arrangement of meal and rest breaks. Currently, crane operators could take rest when they were on standby, and they were provided with a 15-minute meal break at the control cabin during which they could also do some stretching exercise. Alternatively, crane operators could opt to leave the control cabin to take meal for one hour.

#### Prevention of heat stroke at work

15. Some members were concerned about the work arrangements under hot environment, in particular at workplaces (e.g. construction sites, outdoor cleansing and horticulture workplaces, etc.) with a higher risk of heat stroke. The Administration advised that LD launched a series of publicity and educational activities to enhance the awareness of employers and employees on prevention of heat stroke at work. These activities included distributing relevant guidelines and risk assessment checklists, organizing health talks and conducting promotional visits to outdoor workplaces. Besides, during April to September every year, LD would step up inspections targeting outdoor workplaces with a higher risk of heat

stroke and would issue warnings and improvement notices to employers concerned to carry out preventive measures as appropriate.

16. According to the Administration, LD in collaboration with the Occupational Safety and Health Council launched a Cooling Vest Promotion Pilot Scheme to explore the feasibility of promoting wider use of cooling vests, which had undergone field tests in 2012, on construction sites in the summer of 2013. In addition, the Construction Industry Council published an updated guideline in 2013, recommending the industry to give an extra 15-minute rest break in the morning for construction workers from May to September every year. Relevant government departments had incorporated such recommendation in the contracts of government works projects. LD would, during inspections to construction sites, check whether contractors had arranged an extra rest break for workers in accordance with the guideline.

17. In response to the suggestion of legislating for providing rest breaks for employees working under very hot weather, the Administration advised that the introduction of specific legislation for the prevention of heat stroke at work was a complex issue, having regard to the need to cater for different work activities, environment and processes which might pose a higher risk of heat stroke to employees. The existing OSH legislation had already been designed flexibly to cover different work activities and environment for the general protection of workers' OSH, including prevention of heat stroke at work.

18. The Administration further advised that LD had adopted a two-tier inspection mode whereby occupational safety officers ("OSOs"), who were provided with a checklist for heat stress assessment at workplaces, conducted inspections to workplaces of high risk to heat stroke and assessed the risk of heat stress. OSOs would take immediate enforcement actions against inadequate preventive measures for heat stroke. According to the Administration, the two-tier inspection mode was proved to be effective and the number of reported cases on heat stroke at work had decreased from 25 cases in 2011 to less than 20 cases in 2012 and 2013.

### **Relevant papers**

19. A list of the relevant papers on the LegCo website is in **Appendix II**.

Occupational Diseases in Hong Kong from 2009 to 2013

Occupational disease	2009	2010	2011	2012	2013
Occupational deafness*	77	70	157	99	65
Silicosis	86	61	63	44	51
Tenosynovitis of the hand or forearm	39	48	70	69	38
Mesothelioma	15	12	13	12	17
Tuberculosis	18	11	17	15	7
Gas poisoning	17	17	11	14	5
Compressed air illness	1	1	3	12	4
Asbestosis	5	1	9	3	2
Occupational dermatitis	10	5	7	3	2
Streptococcus suis infection	0	3	1	1	0
Others	1	1	5	8	7
<b>Total :</b>	<b>268</b>	<b>229</b>	<b>353</b>	<b>280</b>	<b>198</b>

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 2013, there were 33 such cases.

Note: Extracts from the Administration's paper entitled "A Report on Occupational Diseases and Occupational Health Performance in Hong Kong in the First Half of 2013" (LC Paper No. CB(2)491/13-14(11))

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

<b>Committee</b>	<b>Date of meeting</b>	<b>Paper</b>
Legislative Council	29.10.2008	<u>Official Record of Proceedings (Question 1)</u>
Legislative Council	1.4.2009	<u>Official Record of Proceedings (Question 2)</u>
Panel on Manpower	21.5.2009 (Item III)	<u>Agenda Minutes</u>
Panel on Manpower	23.2.2010 (Item IV)	<u>Agenda Minutes</u>
Legislative Council	6.7.2011	<u>Official Record of Proceedings (Question 2)</u>
Panel on Manpower	12.7.2011 (Item III)	<u>Agenda Minutes</u>
Legislative Council	19.10.2011	<u>Official Record of Proceedings (Question 7)</u>
Panel on Manpower	12.4.2012 (Item IV)	<u>Agenda Minutes</u>
Panel on Manpower	17.12.2013 (Item V)	<a href="#"><u>Agenda Minutes</u></a>
Panel on Manpower	17.6.2014 (Item V)	<a href="#"><u>Agenda Minutes</u></a>