

For information on
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Legislative Council Panel on Manpower

Occupational Disease and Occupational Health Situation in 2015

Purpose

This paper briefs Members on occupational diseases and occupational health situation in Hong Kong in 2015, 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 Organization (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 in Hong Kong, 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. Besides, if employees suffer from diseases caused by accidents related to their employment, and such diseases have caused temporary and/or permanent loss of earning capacity, the employees may still claim compensation from their employers in accordance with ECO, though the diseases are not occupational diseases prescribed in ECO.

4. In 2015, the number of confirmed cases of occupational diseases was 219. The common occupational diseases included occupational deafness, silicosis and tenosynovitis of the hand or forearm. Details are set out in paragraphs 5 to 10 below and the relevant statistics are at Annex.

Occupational Deafness

5. 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 2015, there were 96 confirmed cases of occupational deafness.

Silicosis

6. 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 were exposed to silica dust many years ago, with some engaged in high-risk hand-dug caisson work. The number of confirmed cases of silicosis was 56 in 2015.

Tenosynovitis of the Hand or Forearm

7 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 2015, there were 31 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

8. 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 2015, there were 13 confirmed cases of mesothelioma.

Tuberculosis

9. In 2015, there were nine 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

10. Other confirmed cases of occupational diseases in 2015 were seven cases of gas poisoning, three cases of occupational dermatitis, two cases of compressed air illnesses, one case of occupational asthma and one case of carpal tunnel syndrome.

Occupational Health Situation

Initiatives of LD in Enhancing Occupational Health

11. 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 2015, over 1200 occupational health talks on various topics, including occupational health of workers at residential care homes for the elderly, prevention of lower limb disorders, manual handling operations and prevention of back injuries, occupational health of professional drivers, occupational stress and occupational health of catering workers, etc., were organised for over 44 000 participants.

12. LD collaborates 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 Health of Container Terminal Workers

13. Some Members have expressed concern about the occupational safety and health (OSH) of container terminal workers, including the impact of emissions from vessels at container terminals on the occupational health of quay crane operators. In this regard, LD conducted a number of surprise inspections to observe the working condition of quay crane operators and measure the level of air impurities inside crane control cabins; and undertook follow-up actions with employers/duty holders concerned on whether appropriate measures had been put in place to protect the occupational health of workers.

14. In 2015, LD issued letters to the container terminal operators to remind them that they should monitor closely the potential health hazard of vessel emissions to quay crane operators, clearly instruct workers to report to the management as soon as possible if they were affected by vessel emissions, and take corresponding preventive measures (including immediately requesting duty holders of the vessels to stop emissions that might be hazardous to the health of crane operators, instructing and supervising crane operators to close the windows and turn on the air-conditioning facilities inside the control cabins and moving the crane control cabins backward as far away from the sources of emissions as possible). During the inspections conducted last year and recently, LD noticed that the proprietors of container terminals had strengthened the monitoring of vessel emissions and implemented the above-mentioned preventive measures. Besides, LD measured the level of air impurities inside the control cabins and observed the emissions from vessels a number of times since last year. 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 on the low side. LD will continue to monitor and follow up the implementation of these improvement measures by the container terminal operators.

15. Some Members have expressed concern that the work of gantry crane operators in controlling the lifting and lowering of containers has over-strained operators' neck and back. 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 operators to take appropriate stretching exercises during breaks. In 2015, LD continued to follow up with the concerned service operators and reminded them 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 the improvement measures, LD also provided them with recommendations on improving the working posture and work practice of the crane operators. LD noticed in recent follow-up inspections that the service operators had started providing relevant instructions and training, through organising stretching exercises, briefings, posters and guidelines, to assist the operators in adopting the proper working posture and work practice. LD will continue

to follow up with the management of container terminals on the implementation of these improvement measures.

16. At the meeting on 14 July 2015, some Members expressed concern about the resting situation of crane operators of the container terminals. LD obtained the relevant information through site inspections and various other sources, and noted that gantry crane and quay crane operators both have one-hour paid/unpaid¹ meal time after working for a period of time. Besides, in general, they can rest intermittently after handling a number of containers or while waiting for container trucks. So far, we have not noticed that the operators' overall rest situation would constitute occupational health risk problem. We will continue to follow up on the situation to ensure their occupational health.

17. On education and promotion, LD has been producing relevant work guidelines and promotional publications. In addition, LD from time to time engages the management of container terminals and relevant organisations, including workers' unions and employers' associations, etc. and co-organises OSH publicity and promotional activities with them.

Occupational Health related to working under Inclement Weather

Prevention of Heat Stroke at Work

18. 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 2015, 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 included 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 also conducted 30 300 inspections targeting at outdoor workplaces with a higher risk of heat stroke (including close to 22 400 inspections of construction sites).

19. 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

¹ or 15-minute paid meal time

workers in May to September every year. During inspections of construction sites, LD noticed that the contractors of construction works had followed the guidelines to provide extra rest breaks for workers.

Work under Other Inclement Weather Situations

20. Apart from prevention of heat stroke at work, LD has also enhanced the safety awareness of employers and employees on work under other inclement weather situations (including rainstorms and cold weather) through publicity and promotional work, including holding talks, issuing press releases and distributing guidelines. Targeting at different inclement weather situations, LD has produced relevant guidelines for reference by employers and employees, such as ‘Guide on Safety at work in times of Inclement Weather’ and ‘Health Guide for Working during the Cold Weather’.

Clinical Consultation Service of Occupational Health Clinics

21. 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 examine the patients’ comprehensive medical and occupational history and the circumstances of the work, 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 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 2015, the clinics provided more than 9 000 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.

22. 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

23. 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 2011 to 2015

Occupational disease	2011	2012	2013	2014	2015
Occupational deafness*	157	99	65	78	96
Silicosis	63	44	51	68	56
Tenosynovitis of the hand or forearm	70	69	38	64	31
Mesothelioma	13	12	17	14	13
Tuberculosis	17	15	7	7	9
Gas poisoning	11	14	5	6	7
Occupational dermatitis	7	3	2	1	3
Compressed air illnesses	3	12	4	2	2
Asbestosis	9	3	2	2	0
Others	3	9	7	1	2
Total :	353	280	198	243	219

Note

* The coverage of compensation under the Occupational Deafness (Compensation) Ordinance was extended in 2010 to employees suffering from noise-induced monaural hearing loss. In 2015, there were 37 such confirmed cases.