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Panel on Manpower

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Legislative Council Secretariat for the meeting on 15 March 2016**

**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) ("ODCO") and the Pneumoconiosis and Mesothelioma (Compensation) Ordinance (Cap. 360) ("PMCO") 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 common occupational diseases in Hong Kong include occupational deafness, silicosis and tenosynovitis of the hand or forearm.

Deliberations of the Panel

List of compensable occupational diseases

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 review the scope and coverage of the list of compensable occupational diseases in the Second Schedule to ECO in view of the socio-economic changes. They considered that strain and varicose veins of the lower limbs arising from standing for a prolonged period of time while at work, in particular those of employees in the catering and retail sectors, should be classified as an occupational disease for the purposes of ECO, ODCO and PMCO. Some members also expressed concern that musculoskeletal disorders such as back pain, tennis elbow and osteoarthritis of knees were common work-related diseases among domestic helpers, cashiers, computer operators and employees working in the airport. These 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 their duties.

5. The Administration advised that the Labour Department ("LD") 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 further 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.

6. The Administration added that 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. The

Administration also pointed out that strain and varicose veins of lower limbs was not prescribed by ILO as an occupational disease because it did not satisfy the criteria for prescribing as an occupational disease and might be related to various factors other than work, such as personal habits and age.

7. Some members expressed concern whether the Administration would 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. The Administration advised 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 Administration further 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

8. Members were concerned about the measures adopted by the Administration to safeguard the occupational health of workers and the inspections conducted to various workplaces.

9. Members were advised that 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"). 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 considered to be 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.

Occupational health of container terminal workers

10. Members were particularly concerned that some crane operators working at container terminals had been suffering from repetitive strain injuries of the neck and shoulder because of prolonged working hours without proper rest breaks.

11. The Administration advised that LD's officers had conducted site inspections to the container yards in respect of OSH of container terminal workers. The container terminal operators were reminded to implement

improvements in various aspects, including educating the crane operators in respect of maintaining appropriate working posture and work practice, as well as providing necessary information, instructions, training and supervision to the crane operators. LD would continue to follow up with the container terminal operators on the implementation of improvement measures to reduce the potential hazard. According to the Administration, crane operators currently 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 exercises. Alternatively, crane operators could opt to leave the control cabin to take meal for one hour.

Prevention of heat stroke at work

12. Some members were concerned about the work arrangements under hot environment, in particular at workplaces (e.g. construction sites, outdoor cleansing and horticulture workplaces) with a higher risk of heat stroke. Concern was also raised about the criteria for conducting inspections to workplaces with high heat stress.

13. 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. The Administration further advised that LD conducted inspections targeting outdoor workplaces with a higher risk of heat stroke and would make reference to a host of factors in assessing the risk, including temperature, humidity, nature of work and ventilation at workplaces. LD would issue warnings, improvement notices and suspension notices to employers concerned as appropriate.

14. Some members called on the Administration to promote wider use of cooling vests in the work environment of specific industries which were more prone to cause heat stroke at work. The Administration advised that the Cooling Vest Promotion Pilot Scheme, which was launched in the summer of 2013 and aimed at studying the feasibility of using cooling vests in selected trades involving work in a hot environment, had been completed. The Occupational Safety and Health Council had collated feedback from the participating companies.

Arrangements for rest breaks

15. Some members considered that rest breaks for employees working under very hot weather should be made mandatory. The Administration advised that the proposal 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. 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.

16. Members were advised that 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. 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.

Clinical consultation service of Occupational Health Clinics

17. Members noted with concern that there were only two occupational health clinics ("OHCs") located in Kwun Tong and Fanling serving all employees in Hong Kong. They considered that the Administration should set up another OHC in the New Territories West ("NTW"), where there were more than 1 000 000 residents and employees, and conducting a review of the service needs of clinical consultation service provided by OHCs. The Administration advised that the two OHCs were located in proximity to various public transportation means including mass transportation systems and were considered to be easily accessible from most areas, including NTW. In 2014, the two OHCs provided more than 10 300 clinical consultations.

Relevant papers

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

Relevant papers on occupational health and diseases in Hong Kong

Committee	Date of meeting	Paper
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</u> <u>Minutes</u>
Panel on Manpower	23.2.2010 (Item IV)	<u>Agenda</u> <u>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</u> <u>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</u> <u>Minutes</u>
Panel on Manpower	17.12.2013 (Item V)	Agenda Minutes
Panel on Manpower	17.6.2014 (Item V)	Agenda Minutes
Panel on Manpower	14.7.2015 (Item II)	Agenda Minutes