

For information on
18 July 2017

Legislative Council Panel on Manpower

Occupational Disease and Occupational Health Situation in 2016

Purpose

This paper briefs Members on occupational diseases and occupational health situation in Hong Kong in 2016, 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 2016, the number of confirmed cases of occupational diseases was 334. The common occupational diseases included occupational deafness, tenosynovitis of the hand or forearm and silicosis. Details are set out in paragraphs 5 to 8 below and the relevant statistics are at Annex.

Occupational Deafness

5. Occupational deafness is 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 2016, there were 184 confirmed cases of occupational deafness (including monaural hearing loss). According to ODCO, applicants can apply for compensation to the Occupational Deafness Compensation Board as long as they meet the relevant criteria like the occupation and deafness requirements. Therefore, the number of applications for compensation received by the Board can vary greatly every year.

Tenosynovitis of the Hand or Forearm

6. 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 2016, there were 63 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.

Silicosis

7. 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 43 in 2016.

Other Occupational Diseases

8. Other confirmed cases of occupational diseases in 2016 include 14 cases of gas poisoning (one of the cases involved nine workers feeling unwell after inhalation of chemical gas during renovation of a laboratory), 11 cases of occupational dermatitis, seven cases of mesothelioma, six cases of tuberculosis (patients include nurses and personal care workers), four

cases of asbestosis, one case of mercury poisoning and one case of infection by streptococcus suis.

Occupational Health Situation

Initiatives of LD in Enhancing Occupational Health

9. 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 2016, over 1200 occupational health talks on various topics, including prevention of upper limb and lower limb disorders, manual handling operations and prevention of back injuries, how to prevent heat stroke, occupational stress and occupational health of catering workers, etc., were organised for over 40 000 participants.

10. 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, as well as occupational health award presentations and experience-sharing sessions, etc..

Prevention of Heat Stroke at Work

11. In collaboration with OSHC, the Construction Industry Council (CIC), as well as relevant employers’ associations and workers’ unions, LD launched a series of publicity and educational activities from April to September 2016, targeting at workplaces with a higher risk of heat stroke (e.g. construction sites, outdoor cleansing and horticulture workplaces 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 API through various media, and conducting promotional visits to outdoor workplaces. The LD also produced and broadcast a new television and radio API, aiming at further raising the awareness of the public and workers on the prevention of heat stroke. During the aforementioned

period, LD also conducted 28 400 inspections targeting at outdoor workplaces with a higher risk of heat stroke (including inspections of close to 20 400 construction sites).

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

Prevention of Health Hazard due to Prolonged Standing

13. Work with prolonged standing can cause muscle ache and fatigue at the legs of employees. In the long run, it can even lead to various diseases due to continuous pressure at legs. The LD therefore has always been very concerned about the occupational health of employees whose work involves prolonged standing, and has strengthened the relevant occupational safety and health awareness of employers and employees through different means and channels. Such efforts include collaborating with OSHC, employers' associations and trade unions of the relevant industries to organize health talks; distributing publications, posters and souvenirs etc. to employers and employees; and broadcasting promotional videos on public media to introduce stretching exercise suitable for practice at workplaces and technique to relieve fatigue of the lower limb. Besides, during LD's routine inspections on the occupational safety and health condition of the relevant workplaces, employers and employees would be reminded to refer to the guidelines issued by LD to make appropriate work and rest break arrangements to reduce the health risk caused by prolonged standing.

14. In light of the fact that the work of many employees in the retail and catering industries involves prolonged standing, the LD started to augment our promotional visits at the end of 2016 to include meetings with the management of major chain corporations of these two industries to discuss with them on how to formulate more appropriate policies to reduce health risk of employees caused by prolonged standing. Such policies include providing chairs for employees at their work locations so that they can take a brief rest during work if possible; arranging a 15-minute break after three hours of standing work at a rest area with chairs where employees can relax their legs; and taking appropriate auxiliary measures, so far as practicable, to allow employees to relieve the fatigue of their legs while working, such as installing at appropriate positions a foot-rail or footrest that can support their feet. The corporations contacted have responded positively to LD's

promotion, and taken appropriate measures to strengthen the protection of employees against the risk of prolonged standing. The LD will continue with the work, including following up on the implementation of the preventive measures.

15. In addition, the LD also sent letters to more than 400 retail and catering companies to call on the management to take preventive measures to protect the occupational safety and health of employees whose work involves prolonged standing.

Clinical Consultation Service of Occupational Health Clinics

16. 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. The doctors will examine the patients' comprehensive medical and occupational history and the circumstances of the work, body condition and the relevant living habit, and conduct physical examinations and arrange relevant laboratory tests. They 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, the doctors can diagnose whether the 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 2016, the clinics provided more than 10 000 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.

17. LD continues to promote 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 LD website, newsletters of unions and publications of OSHC to promote the services of the occupational health clinics.

Rehabilitation Service for Injured Employees

18. Hospitals and clinics under the management of the Hospital Authority provide integrated treatment and rehabilitation services, including, inter alia, specialist treatment, physiotherapy and occupational therapy, for employees who sustain work injuries or suffer from occupational diseases prescribed by the ECO. In addition, the insurance industry has launched the Voluntary Rehabilitation Programme (VRP) to provide injured employees with an additional channel to receive free rehabilitation services in the private sector through the insurers' arrangements to facilitate their speedy recovery and early return to work under safe circumstances. The participating insurers identify appropriate cases, initiate contacts with the injured employees and invite them to join VRP. Participation of injured employees in VRP is entirely voluntary. They can decide on their own whether to accept the insurers' invitation or not. Participation in VRP will not affect the injured employees' rights and benefits under ECO. According to the information provided by the industry, there are 17 insurers participating in VRP at present.

Way Forward

19. 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
July 2017

Confirmed Cases of Occupational Diseases from 2012 to 2016

Occupational disease	2012	2013	2014	2015	2016
Occupational deafness	149	98	102	133	184
Tenosynovitis of the hand or forearm	69	38	64	31	63
Silicosis	44	51	68	56	43
Gas poisoning	14	5	6	7	14
Occupational dermatitis	3	2	1	3	11
Mesothelioma	12	17	14	13	7
Tuberculosis	15	7	7	9	6
Asbestosis	3	2	2	0	4
Compressed air illnesses	12	4	2	2	0
Others	9	7	1	2	2
Total :	280	198	243	219	334