

立法會
Legislative Council

LC Paper No. CB(2)1872/16-17(03)

Ref : CB2/PL/MP

Panel on Manpower

**Updated background brief prepared by the
Legislative Council Secretariat for the meeting on 18 July 2017**

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

Purpose

This paper summarizes the past discussions by the Panel on Manpower ("the Panel") 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 only 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 a total of 52 occupational diseases, which 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 was 219 in 2015. The common occupational diseases included 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, shoulder-neck pain, adhesive capsulitis, tennis elbow and osteoarthritis of knees were common work-related diseases among domestic helpers, information technology practitioners 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 explained 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 certain occupations. As these disorders could not satisfy the criteria for prescribing as occupational diseases, they were classified as work-related diseases instead. The Administration further advised 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 explained 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.

Occupational health situation

Occupational health of container terminal workers

8. Some members expressed concern that the work of gantry crane operators in controlling the lifting and lowering of containers had over-strained operators' neck and back. The Administration advised that LD had been urging service operators to implement improvement measures to protect the occupational health of crane operators as well as providing necessary information, instructions, training and supervision to 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 crane operators. According to the Administration, the service operators had provided crane operators with guidelines and organized stretching exercises and briefings to guide them to adopt the proper working posture and work practice.

9. Some members were also concerned about the impact of emissions from vessels at container terminals on the occupational health of quay crane operators. Members were advised that LD had 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. The measurement results showed that the levels of nitrogen dioxide, carbon monoxide, sulphur dioxide and dust were far below the relevant legal limits in Hong Kong, which were comparable to the international standards, and the health risk of vessel emissions to the crane operators was considered to be low.

10. Members were further advised that to improve air quality and reduce emissions from vessels, the Environmental Protection Department ("EPD") had since 1 July 2015 introduced the Air Pollution Control (Ocean Going Vessels) (Fuel at Berth) Regulation (Cap. 311AA), which required ocean-going vessels to use low sulphur fuel while berthing in Hong Kong. Monitoring data collected from EPD's Kwai Chung general air quality monitoring station showed an improvement in air quality. Members were assured that LD would continue to monitor and follow up the implementation of improvement measures by the proprietors of container terminals.

Occupational health of asbestos workers

11. Noting that there were 13 confirmed cases of mesothelioma in 2015, some members were concerned about whether there was a rising trend of the occupational disease. According to the Administration, the number of confirmed cases of mesothelioma were stable in the past few years. However, having regard to the use of asbestos containing materials in the past years and the fact that the latent period of mesothelioma could be as long as 30 to 40 years, it was expected that the number of new confirmed cases might increase in the coming years. The Administration further advised that following the coming into operation of the amendments of the Factories and Industrial Undertakings (Asbestos) Regulation (Cap. 59AD) in 2014, work with any type of asbestos in industrial undertakings was prohibited, with the exception of removal and disposal of asbestos which needed to be conducted by registered asbestos contractors. LD would conduct inspections to the relevant worksites to ensure that relevant work was performed by contractors in compliance with the legal requirements so as to safeguard the occupational health of workers.

Occupational health related to working under hot weather

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.

Rest break arrangement for employees

14. Regarding the rest break arrangement for construction workers, members noted that the Construction Industry Council 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. Some members were concerned about the implementation of the rest break arrangement and considered that rest breaks for employees working under very hot weather should be made mandatory.

15. According to the Administration, the rest break arrangement was implemented in all construction sites. 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 guidelines. It was noted that contractors of construction works had followed the guidelines to provide an extra 15-minute rest break for workers.

16. The Administration further advised that the proposal of making the rest break arrangement for employees mandatory 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 Administration pointed out that the existing occupational safety and health ("OSH") legislation had already been designed flexibly to cover different work activities and environment for the general protection of workers' OSH. 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.

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, and it would take one to two months for some employees to make the first consultation appointment. They considered that the Administration should set up another OHC so as to meet the service needs.

18. The Administration explained that demand for clinical consultation service would be one of the considerations for the establishment of another OHC. According to the statistics kept by LD on the usage of OHCs, the average waiting time for new cases at Fanling OHC and Kwun Tong OHC was two weeks and six weeks respectively in 2015, which was considered acceptable. The Administration assured members that it would closely monitor the usage of OHCs, and would make appropriate adjustments if necessary.

Relevant papers

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

Council Business Division 2
Legislative Council Secretariat
12 July 2017

Relevant papers on occupational health and diseases in Hong Kong

Committee	Date of meeting	Paper
Legislative Council	29.10.2008	Official Record of Proceedings (Question 1)
Legislative Council	1.4.2009	Official Record of Proceedings (Question 2)
Panel on Manpower	21.5.2009 (Item III)	Agenda Minutes
Panel on Manpower	23.2.2010 (Item IV)	Agenda Minutes
Legislative Council	6.7.2011	Official Record of Proceedings (Question 2)
Panel on Manpower	12.7.2011 (Item III)	Agenda Minutes
Legislative Council	19.10.2011	Official Record of Proceedings (Question 7)
Panel on Manpower	12.4.2012 (Item IV)	Agenda Minutes
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
Panel on Manpower	15.3.2016 (Item V)	Agenda Minutes