

For information on
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Legislative Council Panel on Manpower

Occupational Disease and Occupational Health Situation in 2017

Purpose

This paper briefs Members on occupational diseases and occupational health situation in Hong Kong in 2017, 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 2017, the number of confirmed cases of occupational diseases was 304. 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 2017, there were 177 confirmed cases of occupational deafness (including monaural hearing loss).

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 54 in 2017.

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 2017, there were 39 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.

Other Occupational Diseases

8. Other confirmed cases of occupational diseases in 2017 include 16 cases of mesothelioma, 9 cases of tuberculosis (patients include nurses and personal care workers), 3 cases of occupational dermatitis, 2 cases of asbestosis, 1 cases of gas poisoning, 1 case of compressed air illness, 1 case of occupational asthma, and 1 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, showing educational videos and displaying advertisements on mobile advertising media from time to time. Besides, LD organises outreaching health talks. In 2017, over 1300 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 43 000 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 2017, 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. In 2017, LD also continued to broadcast a 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 more than 27 900 inspections targeting at outdoor workplaces with a higher risk of heat stroke (including more than 21 100 construction site inspections).

Prevention of Health Hazards due to Standing at Work

12. Work with prolonged standing can cause muscle ache and fatigue at the legs of employees. Continuous pressure at legs is also related to various diseases. 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. Besides, during regular inspections on the occupational safety and health condition of the relevant workplaces, LD reminds employers and employees to refer to the guidelines issued by LD to make appropriate work and rest break arrangements to reduce the health risks caused by prolonged standing.

13. In light of the fact that the work of many employees in the retail and catering industries involves prolonged standing, LD augmented our promotional visits from the end of 2016 to 2017 to include meetings with the management of major chain corporations of these two industries. During these meetings, LD discussed how to formulate more appropriate policies to reduce health risk of employees caused by prolonged standing with the management. The corporations contacted have responded positively to LD's promotion, including taking measures to strengthen the protection of employees against the risks of prolonged standing. LD will continue to follow up on the work of the corporations in this aspect. In addition, 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.

14. To further safeguard employees against the health risks of standing at work, LD is now preparing a set of new guidelines. In addition to setting out the possible health hazards which may be caused by standing at work and the preventive measures, the guidelines will also emphasise that employers must, so far as reasonably practicable, provide suitable work chairs or chairs for occasional resting at the working locations to the employees who stand at work.

Protection of the OSH of Professional Drivers

15. LD has attached great importance to the occupational safety and health (OSH) of professional drivers (including bus captains) and raises their OSH standard through inspections, publicity and education. In the past few years, LD's inspection work focused on the risk of heat stroke, musculoskeletal disorders, meal time, etc. of professional drivers. On publicity, LD focused on prevention of heat stroke and the importance of healthy lifestyle. In addition, LD in collaboration with OSHC has produced educational videos about stretching exercises and broadcast them on mobile advertising media to assist professional drivers in preventing

musculoskeletal disorders. LD will continue with the inspection, publicity and educational work to enhance the OSH of professional drivers.

16. LD is also concerned about the rest break arrangements of employees. In 2003, LD issued “Guide on Rest Breaks” to provide general guidelines for employers and employees. Employers must take account of the operation situation of the industry and the mode of operation of their organisations, and through consultation with their employees, to work out rest break arrangements which are both suitable for the employees and able to meet the operational needs of the business. Besides, LD is aware that the Transport Department (TD) has revised the Guidelines on Bus Captain Working Hours, Rest Times and Meal Breaks (“Guidelines”) and announced the revised Guidelines on 23 February 2018. The franchised bus companies have started to implement the revised Guidelines in the second quarter of this year. The Guidelines are expected to be fully implemented in the second quarter of 2019.

Sudden Death of Employees at Work

17. In regard to some Legislative Council Members’ concern about injuries or sudden death suspected to be caused by over-exertion at work, LD will continue to pay attention to employees’ occupational safety and health and assist them to relieve their work pressure. Besides, LD has embarked on a study on employees’ sudden death at work, in the hope of understanding the relationship between work situations and the death cases. LD would decide on the way forward depending on the study results.

18. The causes of sudden death not caused by work accidents in the course of the employment are complex, and may involve a multitude of factors including personal health condition, heredity, eating or living habits, work nature and environment, etc. As such, studying the potential causes leading to these fatal cases is a very complicated matter.

19. At present only very few countries/regions have prescribed sudden death at workplace (caused by cardiovascular diseases and cerebrovascular diseases) as compensable diseases, and drawn up relevant guidelines. After making reference to this information and the current accident notification mechanism in Hong Kong, we have devised the study methodology and details. The study focuses on the workplace death cases caused by cardiovascular diseases or cerebrovascular diseases, and seek to understand the possible causes leading to the sudden death of these employees from different perspectives mainly through interviewing the deceased workers’ relatives, employers and colleagues. LD has commissioned OSHC to conduct the study. OSHC started the interviewing work in the first quarter of 2018.

Clinical Consultation Service of Occupational Health Clinics

20. 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 2017, the clinics provided more than 11 000 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.

21. 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 showing educational videos and displaying advertisements 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 Services for Injured Employees

22. For employees who sustain work injuries or suffer from occupational diseases prescribed by the Employees' Compensation Ordinance (ECO), hospitals and clinics under the Hospital Authority provide integrated treatment and rehabilitation services which include, among other things, specialist treatment, physiotherapy and occupational therapy. Moreover, 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. Under VRP, the participating insurers identify appropriate cases, initiate contacts with the injured employees and invite them to participate in the programme on a voluntary basis. According to the information provided by the insurance industry, there are at present 17 insurers participating in VRP. The injured employees can decide whether to accept the insurers' invitation to join VRP or not. Participation in VRP or not will not affect the injured employees' rights and benefits under ECO.

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 2013 to 2017

| Occupational disease | 2013 | 2014 | 2015 | 2016 | 2017 |
|--------------------------------------|-------------|-------------|-------------|-------------|-------------|
| Occupational deafness | 98 | 102 | 133 | 184 | 177 |
| Silicosis | 51 | 68 | 56 | 43 | 54 |
| Tenosynovitis of the hand or forearm | 38 | 64 | 31 | 63 | 39 |
| Mesothelioma | 17 | 14 | 13 | 7 | 16 |
| Tuberculosis | 7 | 7 | 9 | 6 | 9 |
| Occupational dermatitis | 2 | 1 | 3 | 11 | 3 |
| Asbestosis | 2 | 2 | 0 | 4 | 2 |
| Gas poisoning | 5 | 6 | 7 | 14 | 1 |
| Compressed air illnesses | 4 | 2 | 2 | 0 | 1 |
| Others | 7 | 1 | 2 | 2 | 2 |
| Total : | 231 | 267 | 256 | 334 | 304 |