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Panel on Manpower

**Updated background brief prepared by the
Legislative Council Secretariat for the meeting on 27 April 2018**

**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 334 in 2016. The common occupational diseases included occupational deafness, tenosynovitis of the hand or forearm and silicosis.

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. Some members also took the view that musculoskeletal disorders, such as back pain, shoulder-neck pain, adhesive capsulitis, tennis elbow and osteoarthritis of knees, which were common work-related diseases among domestic helpers, information technology practitioners and employees working in the airport, 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. Expressing the view that mental health of employees was equally important to their physical health, some members considered that emotional disorders arising from work pressure should be categorized as an occupational disease as well.

5. The Administration advised that the Labour Department ("LD") would review 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 addition of 13 new occupational diseases and expansion of the coverage of three occupational diseases. The Administration further advised that Hong Kong would follow international practices and 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 a 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 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 and emotional disorders did not satisfy the criteria for prescribing as occupational diseases as they could be caused by reasons other than work.

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, an employee was protected by ECO and could apply for compensation under section 36(1) of ECO.

Occupational deafness

8. Noting the significant increase of confirmed cases of occupational deafness in 2016 as compared with the figure in the past years, some members were concerned about the Administration's effort in preventing employees from contracting such disease.

9. The Administration explained that relatively more confirmed cases of occupational deafness were recorded in 2016 because of applications from a number of employees engaged in two noisy occupations as specified under ODCO. LD had followed up on these applications and conducted inspections to the workplaces concerned. It was noted from the inspections that employees concerned had worn suitable and approved ear protectors provided by the employers. Given the long latent period of occupational deafness, it was believed that employees concerned would have been exposed to high level of noise in their working environments years ago.

Occupational health situation

Occupational health of container terminal workers

10. 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.

11. 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 health risk of vessel emissions to the crane operators was low.

12. Members were further advised that to improve air quality and reduce emissions from vessels, the Environmental Protection Department 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. 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

13. 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 newly confirmed cases might increase in the coming years. The Administration further advised that following 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

14. Some members were concerned about the work arrangements under hot environment, in particular at workplaces with a higher risk of heat stroke. Concern was also raised about the criteria for conducting inspections to workplaces with high heat stress.

15. The Administration advised that LD had launched a series of publicity and educational activities to enhance the awareness of employers and employees on prevention of heat stroke at work. LD had also 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

16. 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.

17. 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.

18. 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

19. 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, which was inconvenient for employees residing in other districts to travel afar for seeking clinical consultation. They considered that the Administration should set up more OHCs so as to meet the service needs. Some members were concerned about the usage and effectiveness of OHCs and called on the Administration to consider conducting a comprehensive review on the operation of OHCs and make necessary improvement.

20. The Administration responded that the two OHCs were located in proximity to various public transport means and were considered to be easily accessible from most areas. According to the statistics kept by LD on the usage of OHCs, the average waiting time for new cases was around one to two weeks, which was considered acceptable. The Administration assured members that it would closely monitor the usage of OHCs, and would make appropriate adjustments if necessary.

Rehabilitation service for injured employees

21. Some members expressed concern about the provision of rehabilitation services for injured employees to facilitate their early recovery. According to the Administration, hospitals and clinics under the management of the Hospital Authority provided integrated treatment and rehabilitation services, including specialist treatment, physiotherapy and occupational therapy, for employees who sustained work injuries or suffered from occupational diseases prescribed by ECO. In addition, the insurance industry had 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. Participation in VRP would not affect the injured employees' rights and benefits under ECO.

Relevant papers

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

Council Business Division 2
Legislative Council Secretariat
20 April 2018

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
Panel on Manpower	18.7.2017 (Item IV)	Agenda Minutes

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