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Panel on Manpower

**Information note prepared by the Legislative Council Secretariat
for the meeting on 19 June 2018**

Rehabilitation services for injured employees

When the Panel on Manpower discussed issues relating to the occupational diseases and occupational health performance in Hong Kong, members raised concern about the provision of rehabilitation services for employees sustained injuries at work or contracted occupational diseases so as to facilitate their early recovery and return to work.

2. Members were advised that hospitals and clinics under the management of the Hospital Authority ("HA") 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 under the Employees' Compensation Ordinance (Cap. 282) ("ECO"). Occupational health clinics ("OHCs") run by the Labour Department ("LD") provided medical treatment and occupational health counselling to employees who had sustained injuries at work or contracted occupational diseases. Subject to the patients' clinical conditions and needs, the occupational health doctors in OHCs would refer the patients to hospitals and clinics under HA for rehabilitation treatment. The occupational health doctors would also give advice to the patients on resumption of work. Depending on considerations including patients' rehabilitation progress, the occupational health doctors would provide recommendations to the employers on relevant work adjustments to facilitate the patients' gradual return to work.

3. In light of the long waiting time for receiving rehabilitation treatment at HA hospitals and clinics, some members considered that employees who had sustained injuries at work or contracted occupational diseases should be reimbursable with rehabilitation treatment fees charged by the private healthcare sector so as to encourage them to seek relevant treatment as early as practicable. Some members suggested that a designated government clinic should be set up to provide rehabilitation services for these employees. Members were advised that the insurance industry had launched the Voluntary Rehabilitation Programme ("VRP") since 2003 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 would identify appropriate cases, initiate contacts with the injured employees and invite them to join VRP. The injured employees could decide on their own whether to accept the insurers' invitation or not. Participation in VRP would not affect the injured employees' rights and benefits under ECO. According to the information provided by the industry, there were 17 insurers participating in VRP. From the implementation of VRP in 2003 till the end of June 2016, employees of over 20 000 work injury cases had participated in VRP.

4. According to the Administration, an internal working group comprising representatives of the relevant bureaux/departments and organizations was undertaking a study on improving protection for employees in high-risk industries in relation to insurance, compensation for work injuries, therapy and rehabilitation. The Task Force on Improving Work Injury Protection for Employees in High-risk Industries ("TFWIP") coordinated by LD was set up in February 2016 to explore the proposals put forward by the inter-departmental working group. Three working groups, one each on employees' compensation insurance, case processing and therapy/rehabilitation, had been set up under TFWIP to further the discussions, conduct consultations and implement the agreed measures in phases once they were ready so as to improve protection for injured employees in high-risk industries.

5. In its reply to a question raised at the Council meeting of 2 May 2018 concerning rehabilitation services for employees with work-related injuries, the Administration advised that it recognized that rehabilitation services were very important to ensure the recovery and early return to work of employees injured at work. LD had been monitoring whether the existing arrangements could provide appropriate rehabilitation services for employees injured at work. LD would also pay close attention to different modes of referral and rehabilitation for occupational injury cases with a view to promoting early recovery and return to work of the injured workers, and consult other government departments and relevant organizations when necessary. The relevant question and the Administration's reply is in **Appendix I**.

6. A list of relevant papers at the Legislative Council website is in **Appendix II**.

LEGCO QUESTION No. 21
(Written Reply)

Asked by: Hon CHAN Kin-por

Date of meeting: 2 May 2018

Replied by: Secretary for Labour and Welfare

Question:

It is learnt that since 2011, the Department of Orthopaedics and Traumatology of The Chinese University of Hong Kong has run a Multidisciplinary Orthopaedics Rehabilitation Empowerment (“MORE”) programme under the sponsorship of the Hong Kong Federation of Insurers. Through early referrals and rehabilitation interventions, the MORE programme enables patients with orthopaedic problems arising from work-related injuries to achieve maximum rehabilitation and return to work as early as possible. The relevant data show that employees with work-related injuries who had joined the MORE programme took shorter periods of sick leave before they returned to work and their return-to-work percentages were also higher as compared with other employees with work-related injuries. In this connection, will the Government inform this Council:

- (1) of the respective numbers of (i) work injury incidents and (ii) confirmed cases of occupational diseases, reported in each of the past five years, with a breakdown by trade; and
- (2) whether it will consider, by setting up an inter-departmental task force and making reference to the MORE programme, promoting in Hong Kong the full introduction of orthopaedic rehabilitation services comprising early referrals and rehabilitation interventions, with a view to enabling patients with orthopaedic problems arising from work-related injuries and occupational diseases to recover and return to work as early as possible; if so, of the details; if not, the reasons for that and the other measures in place to help such employees to recover and return to work as early as possible?

Reply :

President :

My reply to the question raised by the Member is as follows:

- (1) (i) From 2013 to 2017, the number of employees' compensation claims reported under the Employees' Compensation Ordinance and received by the Labour Department (LD) in each year is provided below:

Duration of incapacitation of employees	2013	2014	2015	2016	2017
Not more than 3 days	16 096	15 531	14 994	15 134	14 645
More than 3 days*	39 072	38 386	36 923	36 420	36 463
Total	55 168	53 917	51 917	51 554	51 108

* Figures include fatal cases.

- (ii) The number of Confirmed Cases of Occupational Diseases from 2013 to 2017 is provided below:

	2013	2014	2015	2016	2017
Confirmed Cases of Occupational Diseases	231	267	256	334	304

The LD does not keep statistics on compensation claims and confirmed cases of Occupational Diseases with a breakdown by type of work.

- (2) The LD recognises that rehabilitation services are very important to ensure the recovery and early return to work of employees injured at work.

At present, 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 (HA) provide integrated treatment and rehabilitation services which include, among other things, specialist treatment, physiotherapy and occupational therapy.

The Occupational Health Clinics of LD provide medical treatment and occupational health counselling to employees who have sustained injuries at work or contracted occupational diseases. Besides, subject to the patients' clinical conditions and needs, the occupational health doctors in the clinics will refer the patients to hospitals and clinics under HA for rehabilitation treatment to facilitate their early recovery from the injury. The occupational health doctors will also give advice to the patients on resumption of work. Depending on considerations including patients' rehabilitation progress, the occupational health doctors will provide recommendations to the employers on relevant work adjustments to facilitate the patients' gradual return to work.

In addition, the insurance industry has launched the Voluntary Rehabilitation Programme (VRP) since March 2003 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. Injured employees can decide on their own whether to accept the insurers' invitation or not and participation in VRP will not affect their rights and benefits under ECO.

The LD has been monitoring whether the above-mentioned work can provide appropriate rehabilitation services for employees injured at work. The LD will also pay close attention to different modes of referral and rehabilitation for occupational injury cases with a view to promoting early recovery and return to work of the injured workers, and consult other government departments and relevant organisations when necessary.

Appendix II

Relevant papers on rehabilitation services for injured employees

Committee	Date of meeting	Paper
Panel on Manpower	18.11.2014 (Item V)	Minutes
Panel on Manpower	23.1.2017 (Item III)	Agenda Minutes
Panel on Manpower	21.3.2017 (Item IV)	Minutes Administration's response: LC Paper No. CB(2)1980/16-17(01) (Follow-up item 8)
Panel on Manpower	18.7.2017 (Item IV)	Agenda Minutes
Panel on Manpower	27.4.2018 (Item IV)	Agenda
Legislative Council	2.5.2018	Official Record of Proceedings (Question 21)

Council Business Division 2
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