



Labour Department (Headquarters)

勞工處 (總處)

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17 January 2020

Ms Betty MA
Clerk to Panel on Manpower
Legislative Council
Legislative Council Complex
1 Legislative Council Road
Central, Hong Kong

Dear Ms MA,

Panel on Manpower

Letter of 30 December 2019 from Hon LUK Chung-hung

Thank you for your letter of 30 December 2019 to the Secretary for Labour and Welfare, referring a request for relevant information on work injury rehabilitation from Hon LUK Chung-hung's letter on the same day. Having consulted the Civil Service Bureau, the Hospital Authority (HA) and the Occupational Safety and Health Council (OSHC), I am authorised to reply as follows.

Pilot Rehabilitation Programme for Employees Injured at Work

2. The Chief Executive announced in the 2019 Policy Address the Government's proposal to introduce a three-year pilot rehabilitation programme for employees injured at work (Pilot Programme) targeting at injured employees from the construction industry. A case management approach will be adopted to provide private out-patient rehabilitation treatment services for the participating injured employees in a timely and well co-ordinated manner to facilitate their early recovery and return to work. The Government also proposed to commission OSHC to administer the Pilot Programme through legislative amendments. The Pilot Programme will be mainly funded by the Government, while employers are

to shoulder part of the rehabilitation treatment expenses to fulfill their existing statutory responsibility under the Employees' Compensation Ordinance (ECO).

3. The Labour Department (LD) has consulted the Labour Advisory Board, the Legislative Council Panel on Manpower, rehabilitation professional bodies, relevant employer and employee groups, etc. on the design and proposed mechanics of the Pilot Programme. We noted that some stakeholders are particularly concerned about the neutrality of the Pilot Programme. LD and OSHC will ensure the neutrality of the Pilot Programme when formulating the programme details and monitoring the implementation.

4. The Pilot Programme, as proposed by the Government, targets at injured construction employees who have not returned to work six weeks after work injury. Unlike work injury rehabilitation programmes funded or launched with the involvement of the insurance sector (such as the "Construction and Designated Industries Injured Employees Return-to-work Pilot Scheme" mentioned at paragraphs 10 to 12 below), cases of the Pilot Programme will not be referred by insurance companies. According to the ECO, employers are required to report employees' compensation cases involving work injuries in a prescribed manner to LD. We propose that LD, after obtaining the relevant injured employees' consent, refer their cases to OSHC for follow-up in order to invite eligible employees to join the Pilot Programme to receive timely and co-ordinated rehabilitation treatment services on a voluntary basis. Moreover, it is the Government's proposal that OSHC be tasked to arrange for the provision of rehabilitation treatment and case management services under the Pilot Programme without the participation of insurance companies.

5. At present, members of OSHC and its committees include rehabilitation professionals. The Government proposes to further appoint members with relevant professional knowledge and expertise to participate in the work of OSHC in formulating, managing and monitoring the Pilot Programme. LD will field representatives to take part in the work of relevant committees of OSHC. Moreover, the Government will provide resources to strengthen the OSHC Secretariat professionally for it to help administer the Pilot Programme.

6. As proposed by the Government, the Pilot Programme will be managed and monitored by OSHC, and the rehabilitation treatment service providers and case managers to be appointed under the Pilot Programme will both be accountable to OSHC. They also have to uphold the principle of neutrality and provide appropriate rehabilitation treatment and case management services to the

participating employees in accordance with the guidelines set by OSHC. The approaches and arrangements for appointing the rehabilitation treatment service providers and case managers have not been decided at present. We will make reference to the stakeholders' views and draw up the appointment approaches and arrangements, having regard to the neutrality of the Pilot Programme, the supply of rehabilitation professionals and other relevant factors.

Statistics on employees' compensation cases

7. The statistics on employees' compensation cases required are set out at **Annex 1**.

Estimated yearly number of eligible injured construction employees for joining the Pilot Programme

8. As stated in paragraph 4 above, the Pilot Programme targets at injured construction employees who have not returned to work six weeks after work injury. In 2018, there was a total of 10 318 settled employees' compensation cases involving working day loss¹ of 42 days (six weeks) or more among various industries, of which the construction industry registered the highest number of cases at 2 301. Based on the abovementioned figure on the construction industry, we crudely estimated that around 2 300 injured construction employees would be eligible for joining the Pilot Programme each year.

Occupational Health Centres for Government employees

9. In 2011, the Government established under HA two Occupational Health Centres (OHCs) to provide dedicated medical services for Government employees suffering from injury on duty or occupational diseases. The two OHCs' attendance is set out at **Annex 2**.

Construction and Designated Industries Injured Employees Return-to-work Pilot Scheme

10. OSHC has collaborated with the insurance sector to launch the Construction and Designated Industries Injured Employees Return-to-work Pilot Scheme (the Scheme) since October 2017. The aim of the Scheme is to provide timely and co-ordinated private rehabilitation treatment services for injured

¹ The number of working days lost includes both the number of sick leave days granted and taken and the period of absence from duty certified to be necessary by the Employees' Compensation Assessment Board under the ECO.

employees from the construction and designated industries, in order to enhance their chances for recovery and facilitate their return to work under safe circumstances. Moreover, OSHC aims to test out the effectiveness of providing rehabilitation services to injured employees under a case management approach and collect and analyse relevant data, which is conducive to developing a work injury rehabilitation protocol applicable to employees in Hong Kong.

11. At present, there are three insurance companies participating in the Scheme. The participating insurance companies will refer work injury cases to OSHC for follow-up. After verifying that the employees fulfill the eligibility criteria and obtaining their consent to join the Scheme, OSHC will appoint an Accredited Occupational Rehabilitation Specialist (AORS)² to follow up each case. AORSs will assist the employees to receive timely and co-ordinated rehabilitation treatment services in the private healthcare system to facilitate their early recovery and return to work. Accountable to OSHC, AORSs are required to submit reports on case progress to OSHC periodically.

12. As at December 2019, OSHC had handled a total of seven cases referred by the insurance companies (the accident types and injury parts involved are set out at Annex 3), of which five cases had been concluded with the employees having returned to work, whereas two cases were being followed up. These five concluded cases took an average of some 18 weeks from OSHC's admission of the referrals to the employees' return to work.

Yours sincerely,



(WAN Yuen-kong)

for Commissioner for Labour

Encls.

c.c. Secretary for Labour and Welfare (Attn: Mr Dominic CHOW)
Secretary for Civil Service (Attn: Ms Michelle NG)
HA (Attn: Dr Ian CHEUNG)
OSHC (Attn: Ms Catherine WONG)

² OSHC implements the Hong Kong Safety and Health Certification Scheme to provide certification services for rehabilitation management personnel and occupational safety and health practitioners to ensure that they possess the required qualifications to perform their duties.

**Statistics on employees' compensation cases
reported under the Employees' Compensation Ordinance**

From 2016 to 2018³, the number of employees' compensation cases reported under the Employees' Compensation Ordinance (ECO) and received by the Labour Department (LD) in each year is provided below:

Duration of incapacitation of employees	2016	2017	2018
Not more than three days	15 134	14 645	14 789
More than three days*	36 420	36 463	36 788
Total	51 554	51 108	51 577

* Figures include fatal cases.

If the work injury sick leave of an employee does not exceed three days and no permanent incapacity is involved, the employer should make direct payment of compensation to the employee in accordance with the ECO. LD does not keep a breakdown of this type of cases by industry. As for compensation cases involving incapacitation of employees for more than three days as a result of work injuries, a breakdown by industry is provided below:

Industry	2016	2017	2018
Public Administration, Social and Personal Services	7 641	7 376	7 708
Finance and Insurance, Real Estate, Professional and Business Services	7 100	7 205	7 367
Food and Beverage Services	5 540	5 621	5 660
Import/Export, Wholesale and Retail Trades, Accommodation Services	5 206	5 013	4 941
Transportation, Storage, Postal and Courier Services, Information and Communications	4 103	4 213	4 484
Construction	3 847	4 143	3 882
Manufacturing	2 034	1 950	1 834
Others	949	942	912
Total	36 420	36 463	36 788

LD does not keep statistics on compensation cases with a breakdown by occupation.

³ Corresponding statistics for 2019 are not yet available.

Attendance of the Occupational Health Centres for Government employees

The attendance of the two Occupational Health Centres (OHCs) (including medical consultation, physiotherapy and occupational therapy services) in the past five financial years is tabulated below:

	2014-15	2015-16	2016-17	2017-18	2018-19
Queen Elizabeth Hospital OHC	5 924	5 406	7 806	7 114	4 507
Pamela Youde Nethersole Eastern Hospital OHC	4 406	4 150	5 731	5 755	5 201
Total	10 330	9 556	13 537	12 869	9 708

(Note: The OHCs' attendance depends on a number of factors, including the number of cases involving injury on duty, the complexity of the cases, the number of follow-up consultations of patients and their progress of rehabilitation, etc.)

**Construction and Designated Industries Injured Employees
Return-to-work Pilot Scheme**

**Accident types and injury parts involved in the seven cases
handled by the Occupational Safety and Health Council**

	Type of Accident	Injury part
1	Fall of person from height	Lower limb (Cuboid bone)
2	Fall of person from height	Upper limb (Shoulder)
3	Fall of person from height	Upper limb (Wrist)
4	Striking against fixed or stationary object	Upper limb (Finger)
5	Slip, trip or fall on same level	Upper limb (Shoulder)
6	Slip, trip or fall on same level	Upper limb (Distal radius)
7	Slip, trip or fall on same level	Chest (Ribs)