



香港工人健康中心
Hong Kong Workers' Health Centre



本計劃由香港公益金資助
This project is supported by The Community Chest

Issue206

June 2020

Occupational Health

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Acknowledgement	English version of this magazine is provided by Mr. CHAN Ting Him, Issac

“Occupational Health” is the publication of Hong Kong Workers’ Health Centre (WHC). The purpose of this newsletter is to share our concerns, issues and initiatives on occupational health with the general public in Hong Kong and Mainland China. The information and comments that appear in this newsletter do not necessarily represent the official position of WHC, and WHC will not assume any legal liability or be responsible for damages caused by use of the contents in this newsletter. For those who want to use the contents of this newsletter for their own writings, please quote references to this newsletter accordingly.

Hong Kong Workers' Health Centre Urges the Government to Enlist COVID-19 as an Occupational Disease

In the recent three months, coronavirus disease 2019 (COVID-19) has had a huge impact on Hong Kong and all countries and regions in the world. As one of the regions with earliest confirmed cases, Hong Kong had the COVID-19 situation once come under control but was then threatened by the disease again.

Regarding the occupational health impact of the epidemic on frontline workers, the Hong Kong Workers' Health Centre (the Centre) expressed concern as early as the end of January. The Centre issued many position papers and open letters on 30 January, 6 February, 9 February, 13 February and 23 March, urging the authorities to face up to the problems arising from COVID-19, review, and amend the current legislation as soon as possible so that the employees who suffer from the disease due to work can be protected.



The development of the matter, actions taken by the Centre and the content of the position letters and open letters are outlined as follows:

On 31 December, 2019, the Chinese government notified the World Health Organization (WHO) that it successively received multiple cases of novel unknown pneumonia in Wuhan, Hubei Province. Due to close and frequent exchanges between Hong Kong and mainland China, according to the Centre for Health Protection of Hong Kong, since January 22 on which day it received the first suspected case that is worth investigating, Hong Kong has received 529 reported cases as of noon on 28 January, with 8 of which having been even confirmed. At that time, Hong Kong was one of the regions with most reported and confirmed cases in the world except mainland China.

Because Hong Kong was then still in the festive atmosphere of the Lunar New Year and there was frequent contact among people, and the anti-epidemic items on the market began to appear "in short supply" due to the New Year break of the main material supply place in China, the Centre estimated that the epidemic will have a short-term prevalence within the community of Hong Kong, which will in turn heavily increase the work of frontline healthcare workers and related employees in Hong Kong and cause them face major occupational health threats. Hence, the first position paper submitted by the Centre on 30 January clearly states that the authorities should learn the lessons of the SARS incident in 2003 and enlist as soon

as possible the related disease as one of the compensable occupational diseases set out in Schedule 2 under the Employees' Compensation Ordinance (the Ordinance) so that it offers protection to people who are unfortunately develop the disease due to work as well as their families. The Centre is one of the groups in Hong Kong to announce this proposition at the earliest.

Afterwards, in view of more confirmed cases of local or domestic travelers and even the first fatal case of death due to COVID-19 being reported successively in Hong Kong, the Centre once again issued an open letter to the government and the Commissioner for Labour in early February to mention that the original worries of the Centre have begun to emerge one by one, and the movement of virus carriers would cause the virus to spread widely within the community. Not only the frontline healthcare worker has been facing major health threats, but staff of public transportation such as bus and rail services, customs and border guards of the Customs and Immigration Department, staff of cleaning services and catering staff in hotels and restaurants have also been doing so. In the open letter we also continued to urge the government to act as soon as possible to enlist the disease as a compensable occupational disease. At the same time, we cited and shared a few available examples of engineering and administrative control measures for employers' reference in various industries in Hong Kong, with a view to giving front-line workers protection from another perspective.

As other groups in Hong Kong have begun to have discussion and put forward proposal for amendments, the Labour Department stated in a press release on 10 February that it understands there are suggestions for amendments to the laws in society and it will discuss the relevant amendments with relevant stakeholders in due course; and it mentioned that even though COVID-19 is not a compensable occupational disease specified in the



Ordinance, employees can still invoke section 36 of the Ordinance to recover compensation from employers. But this requires the affected employees to pursue lawsuits against their employers on their own. It not only takes a long time, but also puts the employees under tremendous pressure. There is even a risk for them to lose the lawsuits. It follows that it simply cannot provide due protection. The Centre therefore replied on this issue on 13 February to point out the discrepancies clearly and clarify that Section 35 of the Ordinance - "Amendments to Schedule 2" has already granted the Commissioner for Labour the right to amend the laws from time to time by publishing in the Gazette, so there is no need for the frontline workers who have been infected with COVID-19 during work to take steps to recover from the employer through lengthy legal process. Further, based on the background and circumstances of the

confirmed cases at that time, we suggested the government to classify protected occupations initially, including frontline healthcare worker, cleaning worker, practitioner of catering and hospitality industries, public transport practitioner and border control personnel, and advised that the Labour Department can add new occupations when necessary by re-gazetting. The Centre afterwards announced her position and suggestions in the South China Morning Post on 21 February, and Dr. Yu Tak Sun, the chairman of the Centre, was invited to be interviewed by RTHK Radio 1's "Millennium" on 13 March.

At the end of February, the epidemic in Hong Kong began to show initial signs of coming under control, but with the movement and migration of people, confirmed cases began to be registered in other countries around the world. As the epidemic has broken out in European countries such as Italy and Spain since the end of February, and the daily confirmed cases have rocketed exponentially within just a few days, the World Health Organization officially announced the outbreak as a pandemic on 11 March. In Britain, the United States, and Australia, which are popular choices for many Hong Kongers to emigrate and study abroad, the confirmed cases increased drastically within a week. Many people have therefore arranged air tickets for themselves or their families to return to Hong Kong in recent days. The situation also directly or indirectly changed again the domestic outbreak that had been initially under control. According to the statistics from the Centre for Health Protection, as of 4pm on 22 March, 139 out of 318 confirmed or preliminary confirmed cases were imported from abroad, and more and more confirmed cases of COVID-19 were purportedly attributable to occupations, including tour guide, flight attendant, staff in the catering industry and doctors at the border. The situation is indeed worrying.

Up to then, the Centre's estimation of the situation at the end of January and in early February has almost fully come true. We also issued a position paper on 23 March, requesting again the Labour Department to respond to the suggestions from different groups and professionals as soon as possible, and immediately enlist COVID-19 as a compensable occupational disease in Schedule 2 under the Ordinance. Disappointingly, the government is not taking any proactive follow up, despite the Centre, other unions and labour groups continue to accuse the government of failing to protect workers facing high risk of infections.



How to Give Greater Protection to Frontline Workers Amid Social Events?

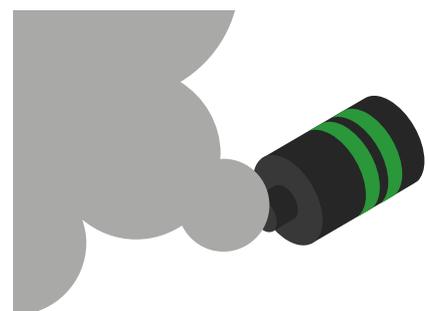


“2019” should be an unforgettable number for many people, including those from the labour and welfare sector in society, employers, and each and every hard-working employee. Some of them probably worked in shops, shopping malls, MTR stations, hospitals and other places where tear gas floated through or gasoline bombs were thrown. It is difficult to estimate the labouring population affected. Many labour unions and organizations are worried about the health and safety of employees at work.

For decades, Hong Kong Workers’ Health Centre has always paid attention to the occupational health of workers. At the beginning of this new year, we invited several experts to analyze, from a professional perspective, the issues that society has recently been most concerned about and the ones it has most likely overlooked. The experts included Dr. Yu Tak Sun, former professor at the School of Public Health and Primary Care of the Chinese University of Hong Kong, Dr. Lo Tsun Yan, Occupational and Environmental Medicine Specialist, Mr. Lam Shu Kai and Mr. Tsin Tai Wa, both are former president of Hong Kong Institute of Occupational and Environmental Hygiene, and Mr. Leung Chiu Ming, consultant and former president of the Society of Registered Safety Officers.

Relations between Social Events and the Current Occupational Safety and Health Legislation

Tear gas is a tear stimulant. One of its common chemical ingredients is 2-chlorobenzylidene malononitrile, $C_{10}H_5ClN_2$ (called “CS”), according to online data. Many people believe this is the main component of the tear gas recently used by the Hong Kong police. The tear gas grenade releases the tear gas filled by means of heating or explosion, and spreads the gas into the air in the form of smoke or tiny powder particles. The ingredient can irritate eyes and respiratory



passage. This not only leads to severe sneezes and tearing, but also causes skin allergies and even inflammation ^{[1] [2]}. Pursuant to the Occupational Safety and Health Ordinance, if an employee or a former employee believes that the disease he or she suffers from was or may have been attributable to an occupation, the disease is defined as an occupational disease and he or she is even entitled to seek compensation from his or her employer. In “Notifiable Occupational Diseases” set out in Schedule 2, some of the diseases are closely related to the recent social events. For example, according to items 40 and 41, for those such as the journalists on assignment in clash areas and the cleaning staff responsible for handling the aftermath of the incidents are diagnosed with skin inflammation or inflammation of the respiratory passage which is caused by “any occupation involving exposure to dust, liquid or vapour, where the exposure is capable of irritating the skin”, if they have the above symptoms during and after work, there, they in principle should be classified into cases of occupational diseases.

In the real world, nevertheless, to act in accordance with the thinking is difficult. The reason is most patients lost their ability to work for less than three days, and no patient suffered from permanent disability. Dr. Lo remarks, “Hong Kong’s labour laws tend to focus too much on acute and serious diseases, but pay less attention to chronic diseases. Take respiratory tract inflammation such as pharyngitis, for example. This is a very common clinical symptom that is possibly caused by



many kinds of substances. Thus, although there is a consensus in society that tear gas can cause respiratory discomfort, it is difficult for a medical diagnosis to judge whether the symptom can be attributable to tear gas. Moreover, patients' exposure amount and exposure duration can be by no means accurately calculated. As a result, if such cases are not effectively classified into occupational disease, it is also quite difficult for the patients to recover compensation through civil claim.” This shows that there is still much room for Hong Kong laws to make improvements in employee protection. Dr. Yu suggests that if a person inhales such chemicals during clashes when he or she works and therefore takes more than three days off or sustains permanent injury, he or she should go to the occupational health clinic under the Labour Department for further diagnosis and treatment. Many institutions in Hong Kong (such as Hong Kong Workers' Health Centre) also have occupational medicine specialist consultant services to provide professional advice for those who are suspected to have occupational diseases due to excessive inhalation of chemicals during work.

How Should Employer Formulate Appropriate Emergency Response Measures Amid Social Unrest?

From an employer's perspective, he or she is liable for providing employees with a safe and healthy working environment, pursuant to the Occupational Safety and Health Ordinance. However, regarding the recent incidents where air pollutants floated in different workplaces, many employees reported that their management was slow to respond to the incidents. Better employers might activate emergency response measures the next days of the incidents, but some employees even remarked that "the company has not announced any emergency response measures after the incidents". This clearly violates the relevant laws and also indicates that there is a gaping loophole in the emergency response measures of Hong Kong institutions.



Similar incidents seldom happened in Hong Kong since its handover. At the beginning of the movement, employers may therefore shirk their responsibilities on grounds of "the sudden nature of the incidents" or "lack of professional information". Nonetheless, after half a year of lessons, the related risks have already become predictable. Mr. Leung, who has rich experience in planning and operation of occupational safety and health management systems, comments, "Despite the fact that the information currently available is still very limited, it is still reasonable and feasible for employers to take additional preventive and control measures. Most companies and institutions in Hong Kong do not have a crisis management plan specifically for suspicious dangerous gas attacks from outside. Perhaps they have developed plans to deal with hazardous gas leaks from inside, such as the leakage of chemical substances inside laboratories of universities and hospitals. These plans are, however, devised for one-off emergencies, but not long-term repeated exposure. Employers should actively take countermeasures. For example, they should reserve suitable masks in their store for employees' unexpected needs."

In addition, many employees reported that their employers are rigid in arranging their evacuation. Due to the lack of relevant guidelines in the past or the failure to receive instructions from supervisors to leave the scene, some employees, fear of being punished or even dismissed for "unauthorized absence", continued to stay at the workplace and put themselves in danger even though they were aware that there were clashes. With respect to

this issue, Dr. Lo thinks that employers should be considerate of their employees and give priority to employees' safety, allowing them to decide whether they need to leave the scene according to the actual situation when they are confronted with clashes. Employees should be also temporarily exempted from being punished for absence from duty and allowed to return to work to deal with the aftermath together only after the clashes. In specific, those who work outdoors should hide in a safe place, while those who work indoors should turn the workplace into airtight and close all windows and turn off ventilation systems. Moreover, employees can stuff towels in the door's cracks to avoid chemical substances coming in through ventilation channels or cracks.



When the conditions of the nearby return to normal, employers should employ a professional cleaning company for cleaning. For employees who need to clean up the chemical residues on their own, Mr. Lam and Mr. Tsin offer the suggestions and propose precautions as follows:

- 1) Before start cleaning up, use a high-efficiency particulate air (HEPA) or ultra-low penetration air filter (ULPA) vacuum cleaner to remove residual tear-producing substances and reduce the concentration on object's surface^[3];
- 2) While washing, clean the contaminated areas systematically from top to bottom. Since the residual tear-producing substance is solid powder and heavier than air, cleaning from top to bottom can prevent the cleaned areas from being contaminated again;
- 3) Use a large amount of alkaline cleaning solution for cleaning, but bear in mind that the same bucket of water should not be used repeatedly to clean the contaminated areas, so as to avoid the residual tear-producing substances from being brought back into the environment and causing secondary pollution;
- 4) Wear full personal protective equipment in the process.

What is the Correct Personal Protective Equipment?

Personal protective equipment of frontline worker is also an issue that has received much public attention. As the press and newspapers have reported, many outsourcing cleaning companies of the Food and Environmental Hygiene Department failed to provide their

employees with appropriate personal protective equipment and proper wearing rules when they were aware that employees' working environment inevitably contains tear-producing chemicals. The situation that cleaning staff worked without any protective equipment is not rare. Mr. Lam states that regardless of whether the impact of those chemical substances on the human body is short-term or long-term, severe or mild, the worker, while cleaning up, must wear a full set of personal protective equipment including disposable protective clothing gowns, gloves made of nitrile butadiene rubber, safety boot with chemical resistant protection, N-95 / N-100 mask or respirator with HEPA Filters that can effectively block particles, and eye shield that can block splashes. He also expresses that the most easily overlooked step is to take a functional test after wearing the equipment. For example, when wearing respiratory protection, one must firstly conduct a tightness test and check the condition of the filter tank to fully exert its function. Moreover, one must always be careful to take off and dispose of protective equipment lest it fails to succeed for lack of a final effort.



How Should Each Party in Society Cooperate to Find Solutions?

It is a general obligation of employers under Hong Kong laws to provide employees with a healthy and safe working environment. To know whether the working environment is healthy and safe, employers must be aware of what the air pollutants contained in the workplace are in the first place. Take the Chinese University of Hong Kong and the Hong Kong Polytechnic University, for example. Their university management has taken the initiative to



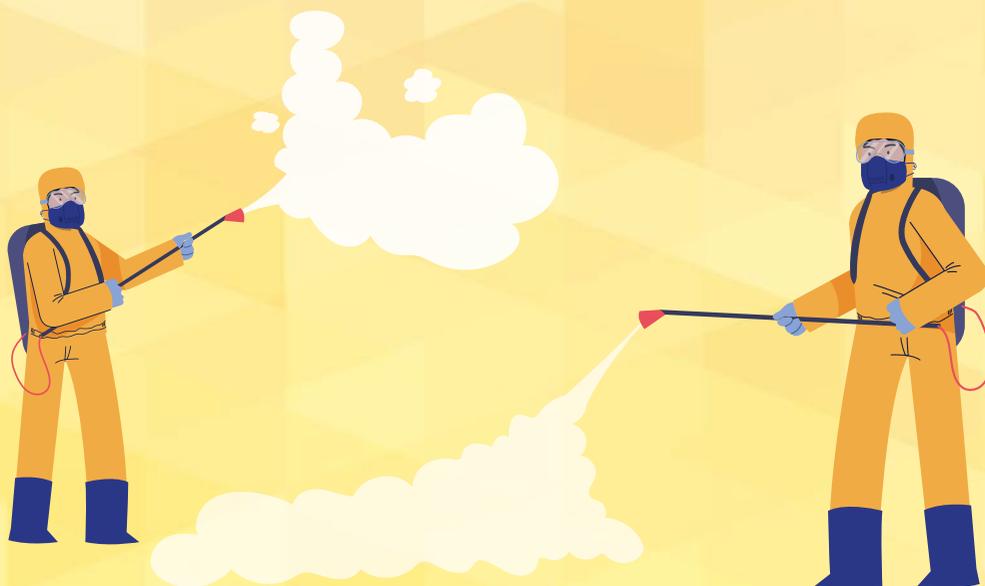
collect soil, water, air and other samples on campus to assess the potential health impact of environmental pollutants on people in and out campus. However, organizations in Hong Kong are generally small/ medium-sized, and are difficult to have sufficient resources to conduct environmental risk assessments. It is therefore the Labour Department and the Occupational Safety & Health Council's unshakable responsibility for offering useful information to employers so that they can fully fulfil their obligations. If possible, employers should consider opinions of experts in society from different disciplines, such as chemists, academics, occupational hygienists to remedy the inadequacy or close loopholes in information. Moreover, Dr. Yu, Dr. Lo, and Mr. Leung believe that academic institutions can

consider taking the initiative to conduct relevant research and monitoring to further assess the impact of tear gas on health. It may, for example, start with studying and monitoring the people who suffer from long-term or chronic diseases due to inhalation of tear gas.

Lastly, only when every party in society should work unanimously to seek a solution, can each and every employee work in a safe and healthy environment and share the fruits of hard work every day with family and friends.

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Important Platform for Rehabilitating Injured Workers to Return to Work



In Hong Kong, organizations providing employment support for people with disabilities include the Selective Placement Division of the Labour Department, the Integrated Vocational Rehabilitation Services Centre and the Integrated Vocational Training Centre of the Social Welfare Department, the Employees Retraining Board offering retraining courses for injured workers and people with disabilities. Despite these numerous employment support services, can they meet the needs of rehabilitating injured workers?

In Hong Kong there are on average more than 30,000 occupational injury cases each year and some of the injured workers suffer from some physical disabilities which give rise to considerable difficulties for them to return to work. Every year most of the occupational injured workers who seek assistance from the Centre are engaged in labor-intensive



industries. They include construction workers, cleaning workers, domestic helpers, and personal care workers. For those occupational injured workers who have been engaged in the same industry for many years, they encounter different difficulties in looking for a job, such as lack of experience in job seeking, being unfamiliar with the labour market, and lack of skills in related industries. The difficulties in the following case sharing is exactly the ones that many workers have confronted.

Case Sharing:

Ah Chi lives with her husband and one daughter. As her husband retires, she still has to work to support the family, even though her daughter has entered the workforce and started working. As a cleaner, Ah Chi is responsible for cleaning and waste disposal in shopping malls. On one occasion, when Ah Chi performed the duty

to handle a large trash bin in a shopping mall, she sprained her wrist. She afterwards received rehabilitation exercises and orthopedic treatment in a public hospital. To deal with the problem of chronic pain, Ah Chi often went to mainland China to receive acupuncture treatment from Chinese medicine practitioner. After a period of rehabilitation, she was referred by her occupational therapist to the employment support services of the Centre. Since Ah Chi has not received formal education and did not know how to read and write, she essentially had no confidence in enrolling on a course and looking for a job. After the case manager's unceasing persuasion, Ah Chi finally had the courage to attend a course to overcome her fear of written language and learn to fill out a resume.



Although Ah Chi completed the course, neither she knew in which industry she can re-enter the workforce, nor she was aware of whether she is competent to work. The case manager understood Ah Chi's worry and therefore advised her to pay attention to both the workplace and the actual work flow when she applies for a job. Accompanied by the case manager, she went to a yoga centre to make a job application. Ah Chi, with sincere attitude, was finally hired as a part-time cleaner, and then engaged as a full-time employee within a month due to hard work and good performance.

It is believed that every injured worker is anxious about what Ah Chi has experienced and worried about. As early as year 2000, the Alliance of Professionals for the Rehabilitation of Workers with Occupational Injuries, composed of the Hong Kong Society of Occupational and Environmental Medicine, Hong Kong Occupational Therapy Association, and Hong Kong Physiotherapists' Union, published a "Proposal On Occupational Rehabilitation", which mentions that an appropriate occupational rehabilitation program should encompass: 1. Timely Referral to Work Assessment and Rehabilitation; 2. Functional capacity evaluation (mainly for workers with physical disabilities) or Work Capacity and Personality Assessment (mainly for workers with mental disabilities); 3.



Work Training Programs – for reconditioning, hardening and preparedness; 4. Pre-discharge Evaluation; 5. Prescription of job titles, employment or placement; and 6. Contact with Employers and Other Organizations for Follow-up.

Under the existing rehabilitation system, rehabilitation exercises and functional assessment are provided by medical institutions where retraining and job placement services are mainly supported by community organizations. Since the 1990s, the Centre has provided employment support services for injured workers through training courses and employment referrals to help the rehabilitated injured workers to return to work. The success rate has always been 70%.



The Centre's years of experience summarized that psychosocial adjustment, training course, employment selection and job referral are all important elements.

Over the years, the Centre has handled different occupational injury cases, and found that injured workers' needs and expectations of employment support services in recent years have grown compared to the past. The workers in recent years have expected that they can acquire new skills or receive practice opportunity in a workplace as part of their rehabilitation training. Nonetheless, the current services offered by Social Welfare Department only targets on people with disabilities, and it formulates no independent supporting policy nor services specifically for occupational injured workers. The training courses currently provided for occupational injured workers mainly fall into two categories, which are placement-tied courses and non-placement-tied courses under the Employees Retraining Board. In addition, according to the admission criteria of the Employees Retraining Board, occupational injured workers can only enroll on the placement-tied courses after they have fully dealt with the matters for occupational injuries and terminated their employment relationship with their former employer; on the other hand, although there is no admission restrictions for non-placement-tied courses, the program students receive no employment support after completing the course. As a result, the above services have failed to provide timely support to the workers.



The Centre has discussed with rehabilitating injured workers, and is then aware that job placement is a good opportunity for them to understand the real working environment and work flow. Due to insurance requirements and legal restrictions, however, many companies express hesitations about arranging job placement. To better assist the occupational injured workers to return to work, the Centre will soon launch the "Return to Work Support



Services" with subsidy from the BOCHK Centenary Charity Programme. This service not only provides the themed contents of handling the problems confronted by the rehabilitating injured workers, but also arranges skills training that satisfy the workers' demands and specific physical conditions in popular industries. Supplemented by employer participation and job referrals, the service enables the rehabilitating injured workers to actively prepare for their return to work at the end of the rehabilitation phase. The Centre believes that the implementation of this service can make up for the shortcomings of the existing occupational

rehabilitation services, and enable occupational injured workers to choose different employment support services according to their own requirements and expectations. The service itself is also an attempt to prove that the building a platform integrating skills training, rehabilitation education training, job referral, job placement, and employer participation is crucial to help rehabilitated injured workers to gain more confidence to return to work.



Accredited Occupational Rehabilitation Specialist (AORS)

Hong Kong Safety and Health Certification Scheme

The Hong Kong Safety and Health Certification Scheme (HKSHCS) provides accreditation services to relevant OSH practitioners and competent persons to ensure that they possess the necessary qualifications and capability to perform the specified duties. The accreditation services would enhance their competency and safety performances, and at the same time provides a recognition to the industry.

Accredited Occupational Rehabilitation Specialist (AORS)

Occupational Safety and Health Council (OSHC) and insurance sector jointly launch the "Pilot Scheme on Return-to-Work of Injured Employees in Construction and Specified Industries" in 2017. This Pilot Scheme aims to provide timely treatment and rehabilitation services to employees who suffered from occupational injuries, so that they can recover as soon as possible and return-to-work (RTW) under safe circumstance. Hong Kong Safety and Health Certification Scheme now provides Accredited Occupational Rehabilitation Specialist accreditation services to the people who provides rehabilitation services to the employees. If you are interested to apply Accredited Occupational Rehabilitation Specialist, you can contact the Hong Kong Safety and Health Certification Scheme for details.



Accredited Occupational Rehabilitation Specialist Application Form (in Chinese Only)

Contact Us :

The Hong Kong Safety and Health Certification Scheme

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肺塵埃沉着病補償基金委員會
PNEUMOCONIOSIS COMPENSATION FUND BOARD

The Prevention of Pneumoconiosis Campaign

Following the start of major transportation and infrastructure projects, old buildings maintenance, renovation and clearance projects increased significantly. Yet, if appropriate occupational health and safety preventive measures are not adopted and followed during work, frontline construction workers would be prone to occupational health hazards, resulting in injuries and occupational diseases.

In order to increase awareness in pneumoconiosis (including silicosis and asbestosis) among frontline workers, the Hong Kong Workers' Health Centre and Hong Kong Construction Industry Employees General Union are conducting health promotion campaigns in different districts under the support of Pneumoconiosis Compensation Fund Board. Details are as follows:

Campaign Period:

1 January 2020 – 31 December 2020

Target:

- Employed persons at construction sites, building maintenance, renovation and clearance works, inclusive of current workers and apprentices
- Tenants or households who are planning for building maintenance, renovation and clearance works; and, workers and contractors of relevant services

Activities details:

- “Pneumoconiosis Prevention and Promotion Ambassadors” Training Workshop
- Health Talk on Pneumoconiosis Prevention
- Roadshows at the Workers Registration Service Centre and Construction Sites
- Case Referral Service for Pneumoconiosis Sufferers



香港職業及環境健康學院
Hong Kong Occupational & Environmental Health Academy

Professional Certificate Course in Work Disability Management and Return-to-Work Coordination

This course is comprised of 5 modules and is designed for part-time study with a total of 70 hours spanning over four months.

Date: 1 September, 2020 – 18 December, 2020

(Most modules will take place on Tuesday evenings, but the two 2-day modules will take place on Saturdays)

Time: 7:00 to 9:00pm

Venue: Hong Kong Workers' Health Centre

Registration Fees for Full Course:

- Before 10 August, 2020 (early bird)
+ HK\$ 7,000
- After 10 August, 2020
+ HK\$ 8,000

QR Code for Registration



For details of the course, please kindly visit HOEHA's web page (www.hoeha.org.hk)

Co-organizers:
(In alphabetical order)



香港職業健康護士會



Hong Kong Disability Management
Practitioners Association



Hong Kong Physiotherapists' Union
香港物理治療師協會