



Occupational Health

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- "Basis of Determining the Occupational Diseases Specified under the Schedule of the Employees' Compensation Ordinance in Hong Kong and its Mechanism" Occupational Health Seminar – Review and Conclusion

Rehabilitation

- The Role Employers Can Play and the Opportunities They May Take When Their Employees are Recovering from Occupational Injuries

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"Basis of Determining the Occupational Diseases Specified under the Schedule of the Employees' Compensation Ordinance in Hong Kong and its Mechanism"

Occupational Health Seminar – Review and Conclusion



The labor force (defined as the land-based non-institutional population aged 15 and over or the one who satisfies the criteria for being classified as unemployed population) in Hong Kong amounts to 3,863,700. With the changes in Hong Kong's economic activities, manufacturing and related sectors in the city have gradually declined, and occupational diseases caused by biological and chemical factors have been reduced. On the contrary, as most of the employees in Hong Kong nowadays are engaged in the service industry, more occupational health problems such as muscle strain caused by physical factors have emerged. Currently these health problems, however, are not included in the schedule of occupational diseases. According to Occupational Safety and Health Statistics 2020 from the Labour Department, the number of confirmed cases of occupational disease was 216. Yet, can the basis of determining the occupational diseases specified under the Second Schedule of the Employees' Compensation Ordinance in Hong Kong respond to the actual health situation and protect the occupational health of employees?



On these matters, the Centre invited Dr. Chau Wing-shun, Director of the Hong Kong Workers' Health Centre, and Dr. Lo Tsun-yan, medical consultant of the Hong Kong Workers' Health Centre to the 2021 Annual General Meeting cum Occupational Health Seminar (thereafter named the Seminar). Dr. Chau shared the international experience of determining the basis of occupational diseases, while Dr. Lo explained how occupational diseases are determined in Hong Kong nowadays. The Centre also invited professionals from various sectors to attend the Seminar for exchanges and discussions with a view to inspiring and arousing the concern of all sectors of society on occupational health issues.

This article will summarize the views of the keynote speakers and responses from guests in order to discuss the basis of determining the occupational diseases specified under the Schedule of the Employees' Compensation Ordinance in Hong Kong and its Mechanism.

The Actual Situation of Determining the Occupational Diseases in Hong Kong

By the Employees' Compensation Ordinance, an employee suffering incapacity arising from the occupational disease specified in the Second Schedule annexed to the Employees' Compensation Ordinance is entitled to receive the same compensation as that payable to an employee injured in an accident arising out of and in the course of employment, if the disease is one due to the nature of any occupation in which he was employed at any time within the prescribed period immediately preceding the incapacity caused. In the speeches by the then Secretary for Economic Development and Labour on the motion of the Employees' Compensation Ordinance (Amendment of Second Schedule) Order 2004, the official addressed that the reason the Employees' Compensation Ordinance sets out the list of occupational diseases is to avoid the need for employees to proactively prove their disease arises in the course of employment, thereby speeding up the process of claiming compensation.



The list of the prescribed occupational diseases in Hong Kong have been revised for eight times by increasing from 21 to 52 since 1953. In considering whether a certain disease should be prescribed as an occupational disease under the Ordinance, the Labour Department adopts the following four major criteria:

- (1) Make reference to the International Labour Organization's standards, and adopt an evidence-based approach to assess whether the risk of the disease occurring among the exposed workers is significantly higher than that of the general public in Hong Kong.
- (2) The occupational origin of the disease in an exposed worker can be reasonably presumed or confirmed if medical evidence and local and international epidemiology data etc. are available.
- (3) For the diseases (some infectious diseases and musculoskeletal diseases, for example) which do not necessarily arise from specific work exposure, these can be prescribed as an occupational disease only if evidence clearly shows that the risk of the disease occurring among the exposed workers is significantly higher than that of the general public in Hong Kong.
- (4) When proposing to prescribe a new occupational disease, the Labour Department will consult relevant stakeholders on the legislative amendments and relevant issues on the platforms including the Labour Advisory Board.

According to the list of the occupational disease specified in the Second Schedule annexed to the Employees' Compensation Ordinance by the Labour Department, Avian influenza A is prescribed as an occupational disease and it is applicable to workers engaged



in the industries recognized as high-risk occupations including the handling of poultry or birds as well as research and experimental work related to Avian Influenza A. However, there have been no local confirmed cases of such occupational disease in Hong Kong so far.

International Experience of Determining Standards for Occupational Diseases

Pursuant to the Occupational Safety and Health Convention, occupational disease covers any disease contracted as a result of an exposure to risk factors arising from work activity. The International Labour Organization recommends that each member shall define the diseases caused by exposure to harmful substances or hazardous conditions in the course of occupation or in an industry as occupational diseases under prescribed conditions, and list the contents in the reference table. This should assist the member states deal with prevention, recording, reporting and compensation of occupational disease. Many countries and regions in the world have designated independent consulting units, of which the members are composed of professionals with different backgrounds. They regularly consult medical literature and scientific research, review and monitor different occupational safety and health indicator trends, review injury benefits and relevant management regulations, etc., and review the indicators. Meanwhile, they also regularly provide opinions and suggestions for the development of the government's related policies, laws, guidelines, and preventive education activities of occupational safety and health, and also provide reference for the determination of occupational diseases.



The laws and regulations on compensation for occupational diseases vary from country to country. The Employment Injury Benefits Convention stipulates that the following three criteria will be used as reference indicators for recognition of occupational diseases for compensation purpose:

(1) The List System:

Developing a list of occupational diseases, including at least all the diseases in Convention No. 121 which are regarded as occupational diseases under prescribed conditions. The advantage is that it is very clear to assume those on the list to be occupational diseases.

(2) The General Definition System or the Full Coverage System of Occupational Disease:

Theoretically, the "General Definition System" of occupational diseases can cover all occupational diseases and can provide workers with the broadest and most flexible protection.

(3) The Mixed System:

This method is to prescribe a list of diseases in conformity with the List System, complemented by a general definition of occupational diseases or by other provisions for establishing the occupational origin of diseases not so listed or manifesting themselves under conditions different from those prescribed.

At the seminar, Dr. Chau gave two examples for explanation. In the entries for "Biological agents and infectious or parasitic diseases" and "Muscle-Musculoskeletal disorders" in the International Labour Organization (ILO) list of occupational diseases, there does not include diseases that are caused by other biological factors or skeletal diseases. The list states that a disease is recognized as an occupational disease if it is caused by other biological agents at work not mentioned in the preceding items where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to these biological agents arising from work activities and the disease contracted by the worker. According to this article, both the Coronavirus Disease 2019 (COVID-19) and lower limb musculoskeletal problems can also be included as a statutory occupational disease.



Keynote Speech Review

Occupational Health Seminar-Discussion Session

Discussion session of the seminar began after the speakers had explained the criteria for the determination of occupational diseases among the international practices and in Hong Kong. Dr. Chan Kan-kam, director of the Centre, hosted the discussion and six guests from different sectors, i.e. Dr. Pierre Chan, Legislative Councillor (Medical), Mr. Lam Chun-sing, Chairman of the Federation of Hong Kong and Kowloon Labour Unions, Mr. Mung Siu-tat, Chief Executive of Hong Kong Confederation of Trade Unions, Ms. Ng Ching-ye, Deputy Chairman of Accident Insurance Association of the Hong Kong Federation of Insurers, Dr. Kwok Kai-him, Chairman of the Hong Kong Society of Occupational and Environmental Medicine, and Dr. Lo Tsun-yan, medical consultant of the Hong Kong Workers' Health Centre.



In the Absence of Amendment for More Than Ten Years, Second Schedule of the Employees' Compensation Ordinance — Classification of Occupational Diseases is Outdated



The existing Second Schedule of the Employees' Compensation Ordinance (Chapter 282) prescribes 52 types of occupational diseases for compensation purposes. They are mainly classified into 4 categories, which are diseases caused by physical agents, biological agents, chemical agents, and miscellaneous agents. Mr. Lam Chun-sing suggested that apart from the addition of Avian Influenza and Severe Acute Respiratory



Syndrome, the Schedule of the Ordinance regarding occupational diseases has not been updated or revised since 2005. Mr. Lam pointed out that manufacturing industry in Hong Kong has been shrinking in the past 30 years, and Hong Kong is undergoing a socio-economic transformation. At present, most of the employees in Hong Kong are engaged in service industries such as catering, retail, transportation and related industries. Although frontline employees faced problems such as muscle strains and death from overwork due to long working hours, these occupational strain problems have not been included in the Second Schedule for compensation purposes for many years. In 2019, about 1,400 attendances received medical consultations in the two occupational health clinics of the Labour Department; While 80% of the consultations were related to muscular and skeletal strains, only more than ten cases were successfully determined as the occupational diseases prescribed for compensation purposes. This reflects that the existing Second Schedule fails to provide timely review and response to occupational hazards arising from economic development, especially biomechanical muscle strain. Mr. Lam advised on behalf of the Federation of Hong Kong and Kowloon Labour Unions that the government should review the classification of occupational diseases in the Second Schedule of the Employer's Compensation Ordinance as soon as possible and the government should establish an expert committee to regularly review the Second Schedule to meet the current social and economic situation and needs of the frontline workers.

Lack of Clear and Transparent Criteria for Determining Occupational Diseases

Dr. Pierre Chan, Legislative Councillor said that the Legislative Council's Panel on Manpower holds regular meetings every year to discuss occupational diseases and occupational health performance in Hong Kong. At the meetings, the Labour Department attended and responded to the questions. Dr. Chan agreed that there is still room for improvement in this case. Mr. Mung Siu-tat, Chief Executive of Hong Kong Confederation of Trade Unions, said that their trade unions have been conducting many questionnaire surveys on occupational injuries. He has participated in many civil society hearings in the Legislative Council. He also has meetings with occupational medicine doctors and labour officers of the Labour Department for the purpose of reporting the results of the surveys

and the problem of musculoskeletal problems. Yet, these ended up in nothing after he reflected all the opinions to the government. There was no dedicated government official to explain to him the follow-up and progress of the matters. He could only learn a few update and progress through the government officials' blogs. Mr. Mung felt the government has no clear and transparent mechanism to examine the situation and problems of occupational diseases. In his view, the government should clearly explain to the public the timetable for regular reviews, the method of collecting opinions, the criteria for determining occupational diseases, and establish a dedicated committee so that the public can reflect the latest situation and opinions to the government. In this way, the government can make timely review and revision on the Second Schedule of occupational diseases.

Failure to Promptly Respond to Immediate Occupational Hazards

COVID-19 has been raging in Hong Kong since the beginning of 2020. Cases of infection in the workplace have also emerged in various industries. From the outset of the pandemic, the Centre and many people from the health industry and trade unions have already proposed to the government that it should



enlist COVID-19 as an occupational disease in the Second Schedule of the Employees' Compensation Ordinance so the employees got infected with COVID-19 at work can receive reasonable compensation. Nonetheless, the government has repeatedly responded it was not the moment because it takes time to adopt an evidence-based assessment for making such a decision. As COVID-19 is a communicable disease, it is possible for people to be infected in the community and not limit to certain workplaces. Since the causal relationship between COVID-19 and occupation cannot be reasonably inferred or identified in individual cases and there is no evidence that the risk of employees engaged in certain occupations is significantly higher than that of ordinary people, currently the government cannot consider COVID-19 as an occupational disease, despite that the government recommends the employees who are infected with COVID-19 at work can still claim compensation from their employers under the Employees' Compensation Ordinance.

The Hong Kong Society of Occupational and Environmental Medicine, which Dr. Kwok Kai-him works for, has discussed many times over whether COVID-19 should be included in the statutory list of occupational diseases. He respectively cited three foreign research papers from the UK, Denmark and the Transatlantic regions to study and compare the infection rates of employees in healthcare-related industries with those in other industries. He pointed out that based on the UK study, among 120,000 participants, the risk of health care workers and medical support personnel being infected with COVID-19 was as high as 6.19 times and 8.7 times, respectively. The study also covered other industries, such as the education and food industry, of which the risk is 1.36 times and 1.12 times, respectively.

Scientific research finds that the risk of medical staff contracting COVID-19 is much higher than that from other industries and they are therefore a high risk group.

Both Dr. Lo Tsun-yan and Mr. Mung Siu-tat addressed that Hong Kong experienced SARS in 2003, followed by the fact that severe acute respiratory syndrome was just included in the Second Schedule of the Ordinance to become an occupational disease prescribed for compensation purposes in 2005. As for COVID-19 at the present, the government should learn from the past lessons and respond to occupational hazards with more rapid policies. Dr. Lo cited the IAAC Report from the UK, pointing out that the data on infections in the service, care, and transportation industries reflect a higher infection rates in particular industries. The Hong Kong government should refer to relevant foreign studies and enlist COVID-19 as occupational disease prescribed for compensation purposes in the Second Schedule of the Employees' Compensation Ordinance. This will not only increase the alertness of employees and employers, but also facilitate employers to get informed of their responsibilities and implement relevant preventive measures to reduce the risk of employees being infected with the disease.

Infected Employees Faced Severe Difficulties in the Course of Claiming

At present, COVID-19 is still not included in the statutory list of the occupational disease prescribed for compensable purposes in the Second Schedule annexed to the Employees' Compensation Ordinance. The employees who are infected with COVID-19 at work are required to seek compensation from their employers in accordance with the Employees' Compensation Ordinance. Dr. Pierre Chan has received a few cases requesting for help. In these cases, the employees have faced serious difficulties in making a claim and providing evidence for the claim. Dr. Chan had inquired with the government about the number of employees from the public medical sector having contracted COVID-19 arising out of and in the course of their employment which were received by the Labour Department. As of the beginning of 2021, there were 56 reported cases involving employees of the public hospitals, 12 cases from private hospitals or private clinics and 47 cases reported from caring homes for the elderly and people with disabilities, and 3 cases from the Department of Health. Nevertheless, out of the 118 reported cases mentioned above, employers in only 15 cases admitted the liability to employees' compensation and out of which only one case was settled after the employer had made payment. Besides, employees in 17 cases withdrew their claims or did not pursue further with their claims owing to various reasons. The Labour Department was still handling the remaining cases. The above data reflects that the employees' claims are difficult and long.



The Speakers Recommend Establishing Expert Review Committee to Regularly Review the Criteria for Determining the Occupational Diseases in the Schedule

The responses of the guests just reflected that the current criteria and mechanisms set for the Schedule of Occupational Disease fail to respond to the actual situation. They suggested that the government should establish an expert review committee to allow experts on occupational health to regularly review the criteria for determining the occupational disease in the Schedule. Employers and labour representatives can also be regularly invited to join the committee to express different opinions, so that the concerned parties can respond to the occupational health problems more appropriately and even resolve them.



Ms. Ng Ching-yee, Deputy Chairman of Accident Insurance Association of the Hong Kong Federation of Insurers, addressed that the insurance industry is also pleased to have clear criteria for determining an occupational disease. It helps the insurance industry expedite the processing of claims and reduce the burden of sick employees. Moreover, it can alleviate the employees' psychological pain, reduce litigation costs caused by claims and directly decrease the cost of handling claims.

Summary

Many occupational health issues in Hong Kong merit special attention and follow-up. All of the seminar speakers and guests agreed that the existing Second Schedule of the Employees' Compensation Ordinance has not been comprehensively reviewed for a long time, it has failed to respond to various occupational health issues and problems emerged recently. At the seminar, Mr. Lam Chun-sing shared the cases having occupational muscle strains. He said that the trade unions have handled cases of request for assistance from frontline employees in many industries. Due to long working hours and repetitive work, they have suffered from occupational muscle strains, such as low back pain, neck pain, which are not included in the Schedule of Occupational Disease. To frontline employees, the infected employees have serious difficulties in the course of claiming. Not only do employees need to provide proof that their sickness are caused by work, they also have difficulty in understanding what is the single factor or direct factor in an occupational disease and feel difficult to provide relevant proof.

In summary, the government should establish a professional review committee, in which professionals, representatives of labour groups and employers should also attend. Meanwhile, a clear and transparent mechanism should be established to determine the criteria for occupational diseases, and to respond to and deal with occupational health issues from a transparent, professional, and science-based perspective.

The Role Employers Can Play and the Opportunities They May Take When Their Employees are Recovering from Occupational Injuries



Foreword

When injured workers are recovering from occupational injuries, they themselves, medical professionals, insurance companies and employers are all important stakeholders. At the commencement of the "Voluntary Rehabilitation Programme" launched in 2003, the programme emphasized that employers' care and cooperation may not only expedite the recovery of their injured employees, but also facilitate their early return to work, thereby reducing the negative impact of the work injuries upon the employees, enhancing the employees' sense of belonging, boosting their morale and improving labour relations. In addition, regular communication between the management and staff through the Voluntary Rehabilitation Programme can help foster their relationship, enhance organizations' productivity and strengthen staff management. However, how is employers' participation under the current law? The Hong Kong Workers' Health Centre has accumulated many years of experience in providing services related to occupational injury rehabilitation. In this issue of Occupational Health, we would like to invite our readers to think about two questions with us: What role can employers play when their employees are recovering from occupational injuries? and how can employers participate and bring positive results?

Current Situation

In Hong Kong, it is employers' obligation to purchase labour insurance for employees. When an employee gets injured at work, his/ her employer should notify the Labour Department in prescribed form within 14 days after the incident (or 7 days in case of death). Moreover, the employer is liable to pay periodical payments, medical expenses within 21 days after the employee has submitted the receipts for payment of medical expenses, and compensation as stated in the Certificate of Compensation Assessment (Form 5) issued by the Labour Department within 21 days from the date of issue of the Certificate. The relevant law stipulate that the employer may require the employee to attend a free medical examination by a registered medical practitioner; a registered Chinese medicine practitioner or a registered dentist named by the employer; conduct preliminary investigation in case of doubt and contact the insurer for appropriate follow-up action; formulate company guidelines for handling employees' compensation cases so as to facilitate the employer



to handle the cases and enhance timely payment of periodical payments and employees' compensation payments as required by the law.

As far as the content of the law is concerned, the employer's participation only lies in compensation; the law does not mention the entire process of occupational injury rehabilitation and arrangement for returning to work. After an employee gets injured at work, the communication between employer and employee lies in the administrative matters on occupational injury, including submitting sick leave certificates in relation to occupational injuries and getting informed of the approved day number of the sick leave certificates. It seems that it does nothing as to whether the injured workers receive appropriate rehabilitation treatment and how is the effectiveness of the treatment. Under the current policy, the responsibility for the issues such as arrangements for rehabilitation treatment may lie on the notary firms or case management companies employed by the insurance company, according to the Voluntary Rehabilitation Programme. Yet, the effectiveness of rehabilitation treatment and the appropriateness of rehabilitation exercise arrangements are one of the important factors of successful return to work. It follows that whether the relationship between employers and employees is good or bad, whether communication is sufficient, and how the company policies are coordinated are all worth discussing.

How Could Employers Participate and Exercise Responsibility Ideally:

(1) Policy level - introducing the concept of disability management

By disability management, the employers adopt prevention and rehabilitation activities so that their employees' health problem caused by occupational injuries and diseases can be diagnosed and treated in a timely manner, thereby stimulating the injured employees' motivation to recover and return to work. The purpose of disability management is to reduce the frequency and cost of disability incidents in the workplace. Disability management thus refers to a process in which the company, taking into account personal needs, working environment and legal obligations, formulates a set of policies in the workplace to assist and facilitate the injured or sick employees to return to work.



From the employers' perspective, the largest cost of occupational accidents is not only the sharp increase in insurance premiums, but also the loss of productivity due to the absence of the injured employees, the need to hire other substitute workers, or the increased workload of existing employees which affects normal operations of the company. Disability management is a method to assist the employers to effectively facilitate the injured workers to return to work. In general, in large and medium-sized companies, the human resources department is responsible to follow up on the company's employees with occupational injuries. Under the concept of disability management, an internal team of the company reviews the cases of occupational injuries and provides appropriate support to execute the details of the procedures involved in the prevention of occupational injuries. In Hong Kong, the concept of disability management has been introduced and implemented in a few foreign construction companies or large enterprises. These companies have employed professional medical professionals to serve as case managers to follow up on occupational injury cases and arrange preventive education on occupational safety and health. Yet, the concept of disability management has not been popularized in every sector in Hong Kong.

(2) Attitude of Implementation and Giving Support

To some small companies, the introduction of the concept of disability management may be difficult. The attitude and position of employers in dealing with their injured employees is a topic worthy of discussion. When the Centre follows up on work-related injury cases, the most common situation the Centre has experienced in handling is the employers' apathy. When the employees got injured at work, they had no relevant communication with their employers other than the matters on the sick leave certificates issued by a medical practitioner.

There was also a lack of communication between colleagues in these cases. In the absence of effective communication, there are often unnecessary misunderstandings or pure conjecture between employers and employees. Consequently, the results of returning to work were affected. It is therefore recommended that employers should maintain a positive and neutral attitude; take a positive approach to arrange regular meetings to discuss the situation of injured employees and how the injuries affect their work; establish an open policy so that injured employees can contact their supervisors and express their concerns, and receive response from the employers in a timely manner for promoting two-way communication.



Injured employees have different needs at various stages. To be specific, at the initial stage of injury, they may not understand the nature of their injury and how important it is to have prompt medical treatment; During the medium term, they may feel uneasy about the stagnant effect of the rehabilitation treatment, or have no confidence to return to work before their injuries are diagnosed. When employers assign specialized staff to regularly communicate with injured employees at different stages through telephone or email, it contributes to establishing relationships of trust. Good communication implies the appropriate expressions of understanding the impact of the injuries on the employee, assuming the responsibility for the injured employee's rehabilitation, assisting in contacting and arranging appropriate rehabilitation treatment, and responding to the injured employee's worries as soon as possible. When it is the suitable time for the injured employee to get ready to return to work, the company should also try its best to arrange, coordinate or create a job position.



Employees are one team in a company. When they can help and communicate with each other, it brings a good effect on the overall work. Employers can encourage their employees to keep in touch with the injured colleagues, so that the injured one can be informed about the latest situation of the work/ company. As a result, the injured employees' sense of belonging to the company can be enhanced; so does their motivation to return to work. Even if they face different difficulties in the process of rehabilitation from injuries, colleagues' care can help increase their confidence in overcoming the difficulties.



(3) Cooperative Arrangements Prior to Work Trial and Returning to Work

After the employees with occupational injuries have completed their rehabilitation treatment, they must face a certain level of psychological stress, whether they return to their original jobs or need to undergo trial work. Before the employees return to work, the employers should consider arranging meetings between the injured employees and their immediate supervisors to discuss the plans and procedures of returning to work, and how to respond to emergencies. Where

circumstances permit, the employers should set up a procedural guideline of returning to work for the injured employees and proceed in a gradual and orderly manner. When injured employees begin to return to work, the employers should assign them to handle lighter duties or others to help employees gradually regain their confidence in work.



Concluding Remarks and Prospects

Rehabilitation from occupational injuries is not just a matter for employees. Employers are also responsible for getting involved and cooperating. Companies' appropriate participation in the rehabilitation can reflect its care for employees, enabling both the companies and the injured employees to understand the rehabilitation progress and return-to-work arrangements, and achieve a win-win situation. The disability management concept mentioned in the article is unpopular in Hong Kong. In view of this, the Centre actively encourages employers from every sector to arrange for their employees to take relevant courses and jointly establish a good mechanism to assist the workers with occupational injuries.



Organizer:



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Hong Kong Workers' Health Centre

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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 2021 – 31 December 2021

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



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

香港賽馬會社區資助計劃



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同心同步 同進 RIDING HIGH TOGETHER



To promote occupational health and safety (OHS) culture and reduce occupational injuries among NGOs in Hong Kong, we are now running a project under the Jockey Club Charities Trust which offers a series of OHS consultancy and promotion services. The project consists of 2 phases:

	Phase I	Phase II
Objectives	To increase employees' participation, knowledge and awareness on OHS issues	To train up internal OHS ambassadors for participating organizations
Details	<ul style="list-style-type: none"> • Workplace environment inspection and assessment • OHS training with industry-specific topics • Set up internal OHS Committee • Consultancy and follow-up 	<ul style="list-style-type: none"> • OHS Ambassadors Courses with minimum 9 hours of training and teaching • Experience sharing sessions • Professional seminars <p>** Certificates will be delivered to participants who accomplishes all the components of the project</p>
Fees	Free of charge (Fees will be waived upon completion of all components in the project)	

For enquiries, please contact us at 2725 3996 or via email at info@hkwhc.org.hk.