



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



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## Bacteria in different water sources – the Legionnaires' disease and its Prevention

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# Response to LegCo Discussions regarding the motion on “Reviewing occupational safety and health and employees’ compensation system”

On the LegCo meeting on May 19, a legislative councilor moved the motion on “Reviewing occupational safety and health and employees’ compensation system”. 19 councilors responded to the motion, and while the motion was not passed, the responses from councilors and the government were worth public reflection and discussion.

The discussions covered three important aspects of occupational health: prevention, rehabilitation and compensation. These are also the three major elements that the social security system should cover: to effectively prevent the occurrence of occupational accidents and diseases; to help workers access treatment and rehabilitation care upon injury or sickness, to help them return to work and reintegrate to the society; lastly, to implement a fair compensation system to ensure that those who suffered work-related illness or injury can be compensated in due time.

This motion and its ensuing debates touch upon the above 3 elements. Discussions on these 3 elements have been concluded below and are worth our reflection:

**I. Prevention of occupational injuries:** the serious industrial accidents in Hong Kong in recent years reflected loopholes in work injury prevention; these include the risks of work at height and occupational health issues in other industries, in particular safety and health issues in the construction industry. Musculoskeletal disorders were common in Hong Kong’s service sector,

and employees suffered psychological trauma from work pressures and industrial accidents. Last August, 2 construction workers suffered heat stroke working under the hot weather.

Couriers and cargo workers at the airport suffered musculoskeletal disorders from heavy baggage handling. Although the government has repeatedly stressed that the accident rate per 1000 workers has fallen, the legislators realize that the drop in accident rate was in fact attributable to insufficient work hours in the construction sector, and the phenomenon of “pseudo self-employment” in respective sectors. These issues would become more aggravated with the commencement of the major infrastructure projects in Hong Kong. The government’s long-standing policy for self-regulation on occupational health & safety of the industry has obviously failed; employers are only fined some tens of thousands of Hong Kong dollars and are rarely required to cease work or prosecuted. It has become a social consensus that the government should review occupational health and safety measures and regulations, so as to facilitate a good work environment and safety management systems;

**II. Rehabilitation of occupational injury:** in the motion, the councilors have actively shifted the debate from compensation towards the establishment of an occupational injury rehabilitation system, to help employees with work injury recover their health and reintegrate the society. This is also a major direction of development worldwide in insuring for occupational injuries. In Canada, Germany and

the Mainland, occupational insurance already covers occupational rehabilitation. In Hong Kong, however, our Employee's Compensation Ordinance has yet to cover rehabilitation. Most cases of occupational injury receive only basic treatment and rehabilitation in public hospitals and clinics and the maximum claim for work injury related medical expenses were HK\$200 per day; the medical cost is borne mostly by the taxpayers. Many years ago the government launched a "voluntary rehabilitation scheme" jointly with the insurance industry, but because the scheme was chiefly run by private insurance companies, it failed to serve the rehabilitation and return to work needs of most employees with work injury. Privately run insurance companies and their agents have clearly stated that they would only intervene in cases where the employee had "higher salaries"; in such cases private rehabilitation will be provided to help workers return to work, in doing so saving the sick leave pay. For most grassroots manual workers, insurance companies mainly facilitate "negotiations" between the employer and the injured worker, to minimize the compensation. On the contrary, the occupational injuries insurance scheme on the Mainland was borne and operated by the government. In recent years, they began providing occupational rehabilitation support for each case of occupational injury, and took occupational rehabilitation as the focus of the work injury insurance system, to help employees with work injury recover and return to work. If employees with work injury were unable to return to work, they would become a wasted human resource and be a burden to other social security systems as well as to taxpayers. In this light, Hong Kong has not made much progress.

**III. Compensation for occupational injuries:** the motion also demands a review of the employees' compensation system established in Hong Kong since 1953. Both unions and individual legislators have noticed numerous loopholes in the system through dealing with cases of employees with work injury. These include the failure to cover "outsourced workers" and the "self-employed"; employers failing to report accidents or occupational diseases at the workplace on time; government failing to persecute employers who refuse to issue sick leave payment to workers, leaving them in financial difficulty; regulations failing to keep up with developments in the service industry in their lack of coverage of many

areas of occupational musculoskeletal disorders and mental trauma. The regulations, formulated 60 years ago, cannot keep up with the city's social economic developments. On the contrary, many developed countries (including the UK) have adopted new compensation systems which not only guarantee monetary compensation and appropriate rehabilitation care, but focuses on helping workers improve their quality of life and work capabilities after work injury, and gradually return to work. The labour unions and various occupational health advocacy groups have lobbied for the establishment of a "Centralized Employee's Compensation Fund" in hopes of centralizing the management of work injuries and reviewing the long-standing employee's compensation system, raise statutory compensation for deaths, injuries and diseases, alleviate the pressure suffered by the employees with work injury and their families in facing lengthy legal proceedings in litigation, and enforce rehabilitation care for employees with work injury. Although the government has time and again emphasized the effectiveness of existing systems, and argued that employees with work injury can seek legal channels for compensation given sufficient evidence, such responses from government only demonstrate an unwillingness to shoulder responsibilities.

In comparison with global developments, Hong Kong as a developed city, why have our systems on occupational health and safety and employees' compensation fall that much behind other developed countries? This is a topic worth public consideration.



# The Government fails to respond to the questions of monitoring the demolishing asbestos-containing collapsed buildings on Ma Tau Wai Road

In the To Kwai Wan building collapse incident on 29 January 2010, because the debris from the collapsed buildings contain asbestos, the Hong Kong Worker's Health Centre was highly concerned for the possible occupational health impact created by the asbestos dust on the rescue and demolition workers as well as nearby residents and passers-by.

Because the persons involved in the incident were numerous including firefighters, medical workers, police officers, demolition workers, nearby residents and passers-by, many could have inhaled the asbestos dust. There have been cases where frontline medical workers involved in the 911 incident, after inhaling asbestos dust, developed Mesothelioma and passed away a few years later. After inhalation, asbestos become deposited in the lungs and affect lung functions. Early symptoms may not be apparent, and the latency period could be as long as 40 years.

The Labour Department and the Environmental Protection Department (EPD) have taken air samples at the accident site and announced that the air asbestos concentration were lower than the minimum tolerance values. Actual figures of asbestos fibres in each collected sample were not clearly stated and the work hours of relevant personnel were not taken into account; the threat of asbestos for these personnel cannot be ruled out. In conclusion, the government reply in the meeting has not ruled out the presence of asbestos categories other than chrysotiles, nor announced the air borne quantity of asbestos figures, nor provide concrete evidence to

support their claim that chrysotiles-cement small corrugated tiles are low-risk asbestos material which releases less asbestos dust.

Regarding the health of individuals dwelling and working nearby, government departments have only organized briefings for relevant units and workers explaining the health impact of asbestos and points to note; and also cited the The Factories and Industrial Undertakings (Asbestos) Special Regulations to point out that contractors involved in clearing asbestos should provide workers with pre-work and regular body checks. More importantly, a head count was not conducted for residents, involved workers and pedestrians and arrange for them health checks and long term follow-ups to ensure they are free from asbestos harms, which would help understand the long-term impact of the incident.

In the written reply of the EPD Director on 11 March regarding the incident, he has mentioned that the Housing Department has implemented a series of control measures to minimize the environment and health impact of the demolishing work. They have not listed the actual measures, procedures and the effectiveness of such on minimizing the impact on workers and public health. The government indicate that water has been sprinkled to reduce asbestos release, but whether such measures were effective awaits proof. No follow-up work has been proposed; would asbestos dust be released upon the evaporation of the water? Has the asbestos containing dust been treated before dumping into the drains?

Meanwhile, in its reply the EPD pointed out that the asbestos containing material in the debris was mainly chrysotiles-cement small corrugated tiles which had a low risk of releasing asbestos dust. But as mentioned, the damage of asbestos to the body differ with people, and has a direct relation to exposure time; there is no so-call "safety concentration". Moreover, the government have not conducted studies on the relevant damages or provided actual support for the collected data, and is not fit to determine the impact of chrysotiles on human health. Moreover, in the response, there was no mention whether other asbestos material of higher risk was present besides the corrugated cement tiles.

Lastly, the government indicate that over 2,000 asbestos-related works are carried out each year, but the actual number of asbestos containing buildings and their locations have not been announced; whether there is a clear record

remains questionable. One doubts whether the government data is passively provided by registered contractors.

The government's response indicates that it has not taken appropriate measures to safeguard the occupational health and safety of employees. Because of the profound impact on the body by asbestos, we need to take all measures to root out the danger, and monitor the situation through health checks. The government should register all personnel related to the accident to monitor their health situations. The Centre urges the government to exercise greater concern over occupational health threats from asbestos, and learn from this accident to protect Hong Kong's firefighters, medical workers, police officers, demolition workers, and related personnel. They should be able to service the public without suffering unnecessary risks and danger.



# Concerns regarding the work pressure of security guards

Issues related to work-stress are on the rise, and this extends to the property management and security industry. With their multiple duties and need to fulfill public expectations, security guards face increasing work pressure, and the situation is getting dire. Let us explore the issues of work pressure related to property management and security guards.

## Sources of work-related psychological pressure

Property management and security guards are often required to work 12 hours a day. During such long work hours, security guards have to remain highly alert and focused in order to protect the persons and property at the site of work; energy has to be dedicated to the prevention or detection of crime. Many overseas studies have indicated that those who work constantly under pressure suffer gastronomic disorders (diarrhea or constipation), weakness or insomnia, and consequently exhaustion, affecting physical health and work efficiency.

Security guards also face verbal and physical violence at work. With property management and security industry transforming into a client-first service industry, security guards need to face and facilitate in various situations, including client-disputes, complains or even threats from strangers; these constitute immeasurable negative impact to their psyche.

As stipulated in the guidelines laid down by the Security and Guarding Services Industry Authority, security guards have to follow a list of regulations, essential knowledge and points-to-note. Besides regular duties, they have to deal with sensitive material (for example questioning and registering the identity of strangers). However, they were not given sufficient authority and equipment to exercise their duties, which often give them a sense of helplessness at work, creating a mental burden.

## Encouraging security guards to positively address issues

To effectively address work pressures, one should tackle the issue from its roots. To ensure employee health, employers need to provide a suitable work setting for employees. Organization management can assign duties per individual capabilities and situations, and clearly deliver instructions, demands and goals, giving workers more opportunities to participate in work decisions, provide sufficient freedom and support. This can minimize the pressure from fear of errors, develop sense of belonging and morale, increase job satisfaction, and give positive encouragement. The management should also keep an eye on whether employees are over-stressed and help relieve such stress. Good communication and relations should be maintained between superior and subordinate and between colleagues, which are conducive to building a harmonious work environment.

Employees should also cultivate positive and optimistic mind set, build good interpersonal relations and support network to tackle mental stress. A healthy lifestyle that features a balanced diet, minimal tobacco and alcohol and sufficient rest are essential to good physical and mental health.

The work nature of security guards give them work pressure and negatively impact on their mind and body. This not only has a detrimental impact on health, but could also bring about loss of profit from poor performance or sick leave. This is why we should be concerned about the occupational psychological health of property management and security guards; through establishing a well-rounded management system and staff-based work arrangements, and offering actual help, we can reduce or even eliminate their work pressure!

# Bacteria in different water sources – the Legionnaires' disease and its Prevention



Legionnaires' disease may not be a well-known name, and the prevention awareness may be lower than other infectious diseases. In fact, the bacteria that causes the disease could lurk in water and soil, and those who work with the water supply system and soil should be vigilant and take necessary measures against the disease.

## What does Legionnaires' disease have to do with me?

Legionnaires' disease is an infectious disease caused by Legionella, a bacteria that survives in different water sources and soil, with water being the primary source of infection. They are most active in warm water of 25 to 40 Degrees Celsius, for example cooling towers in buildings, Jacuzzis, fountains, water tanks and domestic respiratory medical equipment. Studies carried out by UK's Health Protection Agency indicate that the water storage for automobile wipers can also be a hotbed for Legionella. Those who may contact this source through work include mechanics, cleaners and gardeners; if they breath in bacteria containing water droplets and mist, they may become infected.

## Significant increase in Legionnaires' disease cases

There were 16 confirmed cases of Legionnaires' disease last year. The latest occurred in August. According to the statistics from the Centre for Health Protection, from 2005 to 2008 there were 11, 16, 11 and 13 cases respectively each year; in 2009 there were 37 cases, constituting a huge increase. The period of infection occur in summer and autumn due to the suitable temperatures for bacterial growth. We have to take care whether there are hotbeds in our work environment for such bacteria.

## Water tower as a bacterial hotbed

Water towers, or air-conditioning cooling towers, are present in buildings that uses centralized air conditioning. The water in these towers are warm and are ideal growth places for Legionella. Without regular cleaning and maintenance, they could become bacterial hotbeds. Under-maintained water towers are easily a source of Legionella and maintenance or repair workers should take great care in their work.

## Jacuzzis and filters are vehicles for bacteria

Last year, a man has been infected with Legionnaires' disease after using a Jacuzzi, the first case in Hong Kong. 3 years ago, oxygen machines and filters have been tested positive for legionella, indicating that the bacteria can survive in different water-based environment. Jacuzzis, water tanks and domestic water filter can become hotbeds for bacteria if not regularly cleaned; workers may be infected through inhaling bacteria containing droplets.

## Water storage for Automobile wipers as source of inflection

According to studies carried out by UK's Health Protection Agency, the water storage for automobile wipers can also be a hotbed for Legionella. Professional drivers are 5 times more likely to be infected with the disease. Studies also indicate that if the driver does not add glass cleanser in the wiper water storage, there is a one-in-five chance of discovering legionella; those who added cleanser were free of the bacteria. To lower the risk, professional drivers should regularly add glass cleansers to prevent bacterial growth.

## Flu-like symptoms

The infected mostly come into contact with bacteria containing water supply systems

and soil, and were infected through inhaling contaminated droplets or mist. The initial symptoms of Legionnaires' disease were flu-like, including fever, rapidness of breath, muscle pains, headaches, tiredness, belly pains and dry cough. When severe, the disease may lead to pneumonia or even death. High risk groups include men, the elderly, patients of chronic diseases, smokers and alcohol abusers.

## How to eradicate the bacteria

Regular cleaning, disinfection and checking of any water supply system including cooling towers, Jacuzzis, fountains and water tanks are crucial to preventing the growth of legionella. However, these regular work require careful government monitoring and legislation to ensure the regular maintenance and frequent checking of water supply systems, to ensure that property owners, tenants and relevant personnel exercise their duties to ensure that the water supply systems are hygienic and well maintained. If there should be a lack of cleaning and maintenance, the violators should be punished to minimize the opportunities for relevant employees to breath in the bacteria.

On another hand, legionella can also survive in soil. Gardeners should be vigilant in dealing with soil and exercise prevention measures including: when working, use low-pressure hose to irrigate the garden and slowly open bags of soil away from one's face. When moving pots, remember to wet the soil to avoid flying dust. Lastly, one must clean one's hands at work and keep good hygiene habits. (Reference: Centre of Health Protection)

Lastly, cleaning is essential to preventing Legionnaires' disease. With reported cases rapidly increasing in 2009, we hope that the government can implement monitoring measures to ensure property owners, tenants and relevant personnel exercise their duties to ensure that the water supply systems are hygienic and well maintained, to protect the occupational health of specific employees.

# The implementation and experience sharing of the POSHI service on the Mainland

Participatory occupational health and safety improvement (POSHI) approaches has been adopted and practiced since the 1990s. The approach has been widely recommended by the International Labor Organization (ILO) and gained positive results in developing nations. To help local and mainland organizations improve their occupational health measures, and reinforce the awareness of frontline workers in occupational health, the Centre has injected local elements into the approach to develop a model that is applicable locally and on the Mainland – POSHI. POSHI focuses on the two-way communication between management and frontline workers, and also on the direct participation and feedback of employees. It aims to build a healthy and safe work environment that allows organizations to continuously develop and improve its occupational health culture.

Influenced by social systems and traditional culture, many mainland enterprises or organizations adopt a top-down mode of training, and would find a participatory occupational health training rather alien. The Centre have began promoting the POSHI programme to different enterprises and organizations and, two years ago, began exploring the sustainable development of POSHI on the Mainland, and evaluate the success of the model.

In promoting the project, the Centre and its partners arranged occupational health training for over 60 Mainland factories. To compare between traditional modes of training and POSHI, the Centre arranged half the factory workers to receive “traditional one-way” occupational health seminar while the other half received POSHI training. After training completion, follow-up and review will be conducted immediately after the training, 3 months after the training and 1 year after the training, to compare the effectiveness

of two training modes. Initial analysis indicate that although both traditional and POSHI training modes can improve worker’s knowledge, attitude and practice with regard to occupational health and safety, POSHI produces a more prominent results. Meanwhile, POSHI can help lower the accident rate and is more cost-effective than traditional training modes.

Besides promoting POSHI, during project implementation the Centre also successfully urged mainland factories to develop sustainable occupational health, for example establishing or strengthening their occupational health and safety committee. Such newly established committees are different than traditional ones in that frontline workers are actively involved in preparation work, to allow workers to exchange ideas with the management and understand each other better. As the committee enters into operation, the Centre representatives sit in committee meetings and offer feedback, and also meet with relevant personnel at latter days to learn about committee operations and workers’ responses to POSHI. Participating companies and workers believe that the POSHI concept provides an effective platform for worker and management to discuss how the work environment can be improved. Frontline workers also said that the participating process reinforced their concern and knowledge for occupational health, and allows them to talk more easily with the management and provide continuous feedback and suggestions.

The collected data and views from the programme indicate that POSHI creates positive impact on mainland factories and workers, therefore the Centre will continue to promote the POSHI model hoping to gradually build up POSHI practices on the Mainland, to benefit more factories and contribute to the long term development of occupational injury prevention on the Mainland.





## Sichuan rehabilitation experience exchange session – Exploration of sustainable modes of intervention

On 12 May 2008, an Earthquake occurred in Sichuan. Like our peers in Mainland, the Hong Kong public were moved by the pleas of the survivors and donated money and effort to the victims. Together with the Guangdong Provincial Work Injury Rehabilitation Center – our partner in Guangdong province, and Chengdu City 2<sup>nd</sup> People's Hospital, the Hong Kong Workers' Health Centre helped establish a rehabilitation team in December of 2008. It provides case follow up for the injured who have left the hospital and returned to the community, coordinated medical and community resources, and provided disability psychological counseling to help the injured reintegrate into the community. We also liaised with aid organizations from Hong Kong, Taiwan and other nations to provide suitable rehabilitation support for the injured to provide customized services catering to individual needs in the community.

With the support of the Hong Kong charity Social Partner, the first stage was initially completed (lasting 18 months) involving intensive case follow-ups; the 2<sup>nd</sup> stage (lasting 12 months) will target establishing a rehabilitation case management system with collaborator in Chengdu with the aim of transferring knowledge and techniques of rehabilitation.

The three groups organized a "Sichuan community rehabilitation exchange meeting" and invited government representatives from Sichuan province and Chengdu City, local medical workers, NGO representatives from Hong Kong, Taiwan and around the globe. They shared the long term

social support for local persons with disabilities, experiences of different NGOs, concerns of local rehabilitation personnel, and have invited the injured to share their experiences of rehabilitation and their concerns of future living in communities.

In this view, we have listed several main points from the injured and meeting participants:

- I. What is the most important community rehabilitation assistance after suffering injuries from the earthquake? Most participants listed domestic renovations: most of the injured spoke of the importance of changing the domestic environment, including accessible toilets and ramps connecting the door step and the outdoor path. Continuous care and social rehabilitation helps the injured adapt to their disabilities and connect with other healthy or injured individuals;
- II. Response to social rehabilitation intervention from participants: participants pointed out the need to provide personalized services for the injured, to provide social rehabilitation support from the standpoint of the injured rather than the organization, and emphasize empathy in services;
- III. Repetition and waste in use of resources: some of the injured obtained rehabilitation support from many organizations, some fewer; participants pointed out that different organizations should have communication among themselves in order to fully utilize resources, and to provide social rehabilitation support to the injured in more remote places;



**IV.** Future rehabilitation of the injured: injured participants spoke of their concerns about the maintenance of their prosthetic limbs, how they could seek help from local organizations after the withdrawal of overseas capital and organizations including those from Hong Kong and Taiwan. Individual organizations have clearly indicated the maintenance period of the prosthetic limbs, and have begun to seek the Mainland collaborators to provide long-term, continuous support for the injured. Certain organizations will compile a community resources handbook for the injured in hopes of alleviating their worries;

**V.** Local rehabilitation support development: participating Sichuan representatives hopes that Hong Kong, Taiwan and international aid organizations can make long-term considerations regarding the rehabilitation support for the injured, including educating local workers, spread of ideas, and suitable use of community resources, so as to develop a rehabilitation model that is compatible with local costs. Only then can organizations and rehabilitation personnel continuously provide suitable follow-up services to the injured.

In conclusion, although the meeting fell short in certain areas, all representatives exchanged candidly including the difficulties in supporting the injured and sharing from the injured persons. The last part of discussions allowed all participants to reflect on the focus and the limitations in the support we provided for the injured in a frankly way.

Through discussions, we have reviewed the successful experience in the collaborative support programme. These include:

**1.** Wise positioning as a collaborator. The project centre has chosen to allow experienced rehabilitation personnel to take the lead, and Hong Kong rehabilitation professionals and workers took the consultant and supportive role, gradually guiding Sichuan collaborative partners to learn about the work and methods of intervention.

This minimizes the need for cultural adaptation and allows faster identification of appropriate intervention methods, while cutting down on the costs of having Hong Kong personnel on-site, making the programme more cost-effective;

**2.** Proper focus and method of intervention: with our rich experience in occupational rehabilitation, we understand that other than physical rehabilitation, the injured are required to adjust to a future life in the community with their disabilities. Upon learning that most Hong Kong or Mainland organizations focus on developing medical rehabilitation and installation of prosthetics, we have chosen to adopt a rehabilitation case management model to identify appropriate rehabilitation support for the injured, while out-reaching to communities to work on the social interaction, domestic renovation, and sustainable livelihood for the injured. We have also used cases, groups and community work to design intervention models for individuals, helping them to lead independent lives in the community;

**3.** Sustainable programme development: upon 18 months of intervention, we have gradually increased the knowledge and interest of our Sichuan partners in the relevant work. In the 2<sup>nd</sup> stage, we focused on helping Sichuan partners to build up their own rehabilitation teams to sustainably apply case management model to follow up on local injured persons. Because we have already identified a cost-effective model and mode of work with our Guangzhou Partners, there was little difference in work culture or cost effectiveness during the transfer of rehabilitation knowledge and technique, which help to hasten the building of the Sichuan rehabilitation teams.

Lastly, we would like to thank the Guangdong Provincial Work Injury Rehabilitation Center and the Chengdu City 2<sup>nd</sup> People's Hospital for their support and participation in this project and the funding from the Partnerships for Community Development.

# Advocating for a complete asbestos ban

In as early as last century, organizations round the world has proposed the impact of asbestos for the human body in particular to the respiratory system, and called for abolishing the use of asbestos containing products. In 1999, Collegium Ramazzini called for a global ban of the mining, production, import and export, and use of all asbestos raw materials and products. Up until now, 50 nations have imposed a complete ban on all asbestos products, but most nations have not banned the use of chrysotiles, and export to other countries was permitted even without notification. This is a worrying situation.

Director of the National Institutes of Health Dr. Birnbaum and his colleagues believe that we should re-advocate a global ban of asbestos. After 11 years, more and more cases support the implementation of a full ban on asbestos, and the opposing voice will be significantly less than the old days.

## Academic studies on the harms of asbestos

Dr. LaDou from the University of California at San Francisco and her team published an article on asbestos use in July. Through citing numerous international articles, they reviewed the ban of asbestos products and the impact of international de-banning of chrysotiles. In the article, Dr. LaDou pointed out that in as early as 1977 asbestos (including chrysotiles) have been classified as a cancerous substance by the International Agency for Research on Cancer (IARC) of the World Health Organization (WHO). With medical advances, the scientific world has better understanding of different bodily diseases (mostly cancers) caused by exposure to asbestos, and affirmed the fact that there is no such thing as a “safe contact level”. On the contrary, the case studies prove that asbestos related diseases do not appear in normal life. Therefore, the misfortune

of the patients is definitely related to asbestos. Dr. Lalou reinforced the urgency and need to ban the mining and use of asbestos, and emphasized that a global ban on asbestos was necessary for the sake of future human health.

In responding to Dr. LaDou’s article, Dr. Birnbaum also emphasized that “asbestos is one of the most harmful cancerous substances. People dying from contact with asbestos take up half of all occupational cancers. For the health and safety of workers, we should recognize the existence of all harmful chemicals, in particular such cancerous substances as asbestos.”

## “Without a global ban, its production and use will only continue”

Currently, global asbestos production was over 2 million tonnes. Dr. Birnbaum said, “Many developing countries that uses asbestos are without adequate resources and cannot provide sufficient protection for their nationals. If we continue to bring asbestos into daily life, the consequences would be dire and more innocent citizens will fall victim. Collegium Ramazzini also called upon the world that “all asbestos related health issues and death are preventable, and the most effective method is to cease the use of all asbestos products and cut off all human contact with these harmful substances”. Many nations have prove through action that the use of other safe substitutes for asbestos is feasible and economically viable.

Personal protection equipment and quarantining in work procedures cannot protect us and our society from the harms of asbestos. We should call on all nations to solve the issue at its root, and urge for a global ban on asbestos mining and use!

# Mekong River Delta develops WIND Programme - 10<sup>th</sup> International Conference and Participatory Action Oriented Training Workshop



Mekong River Delta Work Improvement in Neighbourhood Development Programme (WIND) was co-organized by the Can Tho School of Medical Sciences, Tokyo Occupational Safety and Health Centre and the Southeast Asian Offices of the International Labour Organization. This year is the Programme's 10th year of implementation. The programme aims to provide viable training to local farmers and to build a safe, healthy and productive work place through positive action.

WIND is an annual international event that allows participants to experience the real life and work of farmers. It adopts Participatory Action Oriented Training (PAOT) to offer participants a practicable training tool to inspire and raise the wisdom and knowledge of local farmers. The WIND programme, which has been implemented successfully in 19 nations including in Asia, Africa, Central Asia and Central America, is a

training programme aiming to improve agriculture work safety and conditions. In the workshop, participants are required to implement PAOT in agriculture, with a content mainly focusing on "farmers actively participating in environmental protection". The organizer names it "Green Environment Programme 2008-2010", in which the farmers were taught the 3Rs (Reduce, Reuse, Recycle). PAOT takes a leading role in the programme.

Our centre representative Sun Tong-cheung attended the conference and training workshops. He experience various agricultural work environments and learned to better organize training content that fulfils actual needs. The practical experience allows participants to obtain creative concepts and in-depth understanding in participatory model, and obtain valuable experience through borrowing from best local examples and various new ideas. Meanwhile, the PAOT experience has important referential value for our implementation of participatory occupational health and safety training in Hong Kong and on the Mainland, and hopefully enrich and improve the content and effectiveness of our training.

We hope that PAOT will be continuously applied to different environment in different industries, to allow more employees to participate in improving their own occupational health and safety, with the goal of continuously lowering the rate of occupational accident and diseases.



# 2011年1至3月訓練課程

職業安全健康局致力為各界人士及企業，提供高質素又多元化的職安健訓練課程，職安局因應當前社會的需求，舉辦合適的課程。本季新增課程包括氣體焊接及火焰切割的安全概略課程(管理階層)、建造業負荷物移動機械安全及醫療廢物管理及感染控制，以下為2011年度第一季職安局主要課程，歡迎大家踴躍報讀。

## 1 一般職業安全及健康課程

- \*1.1 安全使用磨輪
- \*1.2 職業意外調查
- 1.3 職業意外調查(醫護業)
- 1.4 室內工作場所的空氣質素
- \*1.5 職業安全健康大使
- 1.6 繫穩繩固裝置-標準、安裝、使用及檢查
- 1.7 防墮繫穩系統的繩固裝置安裝實踐
- 1.8 處理石棉基本安全
- 1.9 美容業的基本安全
- 1.10 工作場所傳染病的基本控制
- 1.11 預防工作場所的生物性危害
- 1.12 屋宇設備工程人員的基本安全
- 1.13 清潔行業的工作安全(管理階層)
- 1.14 清潔人員的基本安全
- \*1.15 密閉空間工作的基本安全知識
- \*1.16 密閉空間工作的基本安全知識重溫課程
- 1.17 氣壓病及預防方法
- 1.18 建造業安全健康規例及最新發展
- 1.19 醫療廢物的安全處理
- 1.20 拆卸工程工作安全
- 1.21 家庭傭工的基本安全(英文班)
- 1.22 家庭傭工的基本安全(印尼文班)
- 1.23 如何避免在工作中被狗咬傷
- 1.24 安全使用顯示屏設備
- 1.25 基本急救
- 1.26 電弧焊接工作安全
- 1.27 教育機構人員的基本安全
- 1.28 安老院護理人員的基本安全
- 1.29 電力安全
- 1.30 激光安全基礎
- 1.31 叉式起重機操作員課程(新手班)
- \*1.32 叉式起重機操作員課程
- 1.33 叉式起重機操作員課程(工餘班)
- 1.34 叉式起重機操作員重溫課程
- 1.35 防火安全(商業)
- 1.36 防火安全(建造業)
- 1.37 防火安全(娛樂場所)
- 1.38 防火安全(製造業)
- 1.39 售貨員及推銷員的基本健康
- 1.40 化驗室工作的基本安全
- 1.41 一日制氣體焊接安全訓練課程
- 1.42 氣體焊接安全訓練重溫課程
- 1.43 氣體焊接及火焰切割的安全概略課程(管理階層) **新**
- 1.44 化學品安全處理
- 1.45 家務助理員的基本安全
- 1.46 危害識別活動
- 1.47 如何預防在酷熱環境工作時中暑
- 1.48 酒店業的基本安全
- 1.49 起重機械及起重裝置的安全使用
- 1.50 升降機及自動電梯安裝和維修的安全
- 1.51 退伍軍人症及預防方法課程
- 1.52 升降機及自動電梯安裝和維修的基本安全
- 1.53 洗滌業職業安全及健康
- 1.54 建造業負荷物移動機械安全 **新**
- \*1.55 人力提舉及搬運
- 1.56 人力提舉及搬運(安老院護理人員)
- 1.57 安全使用流動式鋸質通架
- 1.58 建造業強制性基本安全訓練課程(建造業平安咭課程)
- \*1.59 建造業強制性基本安全訓練重溫課程(建造業平安咭重溫課程)
- 1.60 貨櫃業強制性基本安全訓練課程(貨櫃業平安咭課程)
- 1.61 貨櫃業強制性基本安全訓練重溫課程(貨櫃業平安咭重溫課程)
- 1.62 人力提舉及搬運(管理階層)
- 1.63 天然山坡工作安全
- \*1.64 安全觀察
- 1.65 辦公室人體功效學
- 1.66 職業健康推廣及健康檢測

- 1.67 辦公室安全
- 1.68 個人防護設備
- 1.69 復修器材及自動外置式心臟纖維顫動器的使用
- 1.70 起重裝置及吊掛的安全操作
- 1.71 裝修維修工作安全大使
- 1.72 復修器的使用
- 1.73 道路工程工作安全
- 1.74 會議展覽行業工作安全
- 1.75 斜地維修工作安全(管理階層)
- 1.76 斜地維修工人的基本安全
- 1.77 如何減少工作壓力
- 1.78 安全施工程序
- 1.79 懸空式棚架工作安全
- 1.80 隧道掘進工程工作安全及氣壓病預防
- 1.81 義務工作基本安全
- 1.82 高空工作安全
- 1.83 船上工程督導員安全訓練(貨物處理)課程
- 1.84 5S飲食業整理
- 1.85 5S工地整理
- 1.86 5S辦公室整理
- 1.87 5S實務工作坊

## 2 職業安全健康督導員證書課程

- 2.1 單元式安全健康督導員課程
    - \*2.11 基本安全
    - \*2.12 基本防止意外
    - \*2.13 基本職業健康
    - \*2.14 建造業工作安全
  - 2.15 航空業工作安全
  - 2.16 飲食業工作安全
  - 2.17 汽車維修業工作安全
  - 2.18 貨櫃業工作安全
  - 2.19 電子業工作安全
  - 2.20 環境衛生業工作安全
  - 2.21 領班員安全訓練
  - 2.22 物流業工作安全
  - 2.23 製造業工作安全
  - 2.24 工場環境衛生(製造業)
  - 2.25 零售業工作安全
  - 2.26 造船業工作安全
  - 2.27 工地衛生及環境
  - 2.28 社會服務業工作安全
- 2.2 安全健康督導員(建造業)課程
  - 2.3 安全健康環保督導員(醫護業)課程
  - 2.4 建造業安全督導員新增課程
  - 2.5 製造業安全督導員新增課程

## 3 合格證書課程

- 3.1 「合資格急救人員」專業證書課程
- 3.2 「合資格急救人員」專業證書複修課程
- 3.3 安全處理醫療廢物合格證書課程
- \*3.4 密閉空間工作安全合格證書課程
- \*3.5 密閉空間工作安全合格證書重溫課程
- 3.6 安全運送危險品合格證書課程
- 3.7 「如何避免在工作中被狗咬傷」訓練員
- 3.8 危險化學品的安全管理
- \*3.9 顯示屏設備評估合格證書課程
- 3.10 電力裝置安裝及維修工作安全
- 3.11 家務助理員的職安健訓練員課程
- 3.12 暑熱壓力評估員訓練
- 3.13 化驗室安全
- 3.14 安全使用激光
- 3.15 安全使用流動式鋸質通架合格證書
- 3.16 體力處理操作合格證書課程
- 3.17 工場噪音評估合格證書課程
- 3.18 輻射防護合格證書課程
- 3.19 安全統籌員訓練
- 3.20 流動式臨時防墮繫穩裝置合格證書
- 3.21 職業安全及健康訓練員
- 3.22 工作安全行為及氣候指數調查訓練員
- 3.23 安全使用X光輪廓儀(工業及醫療應用)
- 3.24 5S工作場所整理訓練員

## 4 職業安全及健康管理課程

- 4.1 持續改善安全的分析工具
- 4.2 職安健標準備圖
- 4.3 建造設計管理工作坊
- 4.4 衛安管理
- 4.5 持續進步安全管理確認計劃(安全審核員)
- 4.6 危機管理
- 4.7 企業職安健表現報告撰寫
- 4.8 職業安全及健康訓練技巧
- 4.9 復康管理及復工工作坊
- 4.10 醫療廢物管理及感染控制 **新**
- 4.11 工作噪音管理
- 4.12 資訊科技在職業安全的應用
- 4.13 職業安全及健康訓練技巧
- \*4.14 職業安全管理
- 4.15 醫護界管理人員的職安健管理
- 4.16 建築項目經理的職安健管理
- 4.17 心理學應用於安全管理
- 4.18 安全查核
- \*4.19 風險評估
- 4.20 社會服務業工作場所風險管理工作坊
- 4.21 獨立安全審核案件簡介課程
- 4.22 (建造業)工作安全氣候指數調查)工作坊
- 4.23 編訂及執行安全管理計劃
- 4.24 職安健宣傳推廣工作坊
- 4.25 增進員工對內部安全規則及程序的認知工作坊
- 4.26 「國際安全學校」培訓課程
- 4.27 預防性壓力管理培訓課程
- 4.28 次承建商的職業安全管理
- 4.29 商務公幹安全管理
- 4.30 工作安全行為工作坊

## 5 鍋爐安全課程

- 5.1 水管式鍋爐安全課程
- 5.2 火管式鍋爐安全
- 5.3 電力加熱式鍋爐安全
- 5.4 蒸汽容器的安全操作

## 6 工程師的安全健康管理課程

- 6.1 建造業工程師的安全健康管理
- 6.2 一般工程項目工程師的安全健康管理
- 6.3 加工工程工程師的安全健康管理
- 6.4 資訊工程工程師的安全健康管理
- 6.5 工程師的安全健康管理(電業)
- 6.6 工程師的風險評估
- 6.7 工程師的建築安全管理系統

## 7 技能提升計劃課程

- 7.1 家居及個人服務業
  - 7.1.1 家居服務業職安健與個人衛生
- 7.2 環境衛生業
  - 7.2.1 環境衛生業緊急事故應變處理
  - 7.2.2 環境衛生業職安健
- 7.3 市集營銷業
  - 7.3.1 市集營銷業個人衛生與職安健
- 7.4 物業管理業
  - 7.4.1 緊急事故應變措施及保險知識
  - 7.4.2 職業安全知識
  - 7.4.3 防火訓練課程

## 8 新技能提升計劃課程

- 8.1 健康護理業
  - 8.1.1 醫院危機處理及職業安全的基本知識單元證書課程
  - 8.1.2 醫療護理職業安全及健康單元證書課程
  - 8.1.3 醫院感染控制技巧單元證書課程

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\* 此課程刊印英文班

有興趣人士可瀏覽本局網址 [www.oshc.org.hk](http://www.oshc.org.hk) 下載有關課程資料及報名表格

### 索取訓練課程手冊表格

請傳真回：(852) 2151 7428

種類(請選其一)： 個人  機構

姓名： (中文)  (英文)

機構名稱： (中文)  (英文)

郵寄地址：

聯絡電話： 傳真號碼： 電郵：

個人資料聲明：本局會保留閣下個人資料作推廣職業安全及健康，包括研究及統計。本局或會將資料轉予服務提供者，活動共同舉辦者和夥伴機構，若閣下不欲收到職業安全及健康訊息，請填寫此聲明末段所列表格。  
 本人不欲收到上述訊息

# Participatory Occupational Health & Safety Improvement (POHSI) Service

POHSI Service makes use of interactive methods to encourage the participation of an organization's frontline workers and managerial personnel to address Occupational Health and Safety (OHS) concerns. POHSI training is the critical part of POHSI Service; it starts with using photos of good examples in occupational health and safety collected from various workplaces to broaden the horizon of participants. Workers are then engaged in different group activities, such as group discussions and presentations, mining the talents and wisdom of the participants to arrive at a prioritized list of practical OHS improvements in the organization. The feedback collected from the workers during training and in group discussions allows the management to understand the OHS risks within the organization better, and to implement the best solutions for improving those risks mentioned.

Currently, HKWHC has published a trainer's manual (Chinese Version) for the POHSI training. This manual not only introduces the flow and preparation work for a POHSI training, but also the techniques and knowledge required to become a successful trainer in delivering participatory OHS training. This trainer's manual will be given to organizations that have joined our POHSI service for their training reference. Organizations or persons who are interested in our POHSI Service may contact the Occupational Health Education and Promotion Team for enquiry.

## Contact Information

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