Bacteria in different water sources—the Legionnaires’ disease and its Prevention

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“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.

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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 effective 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 demolishment workers as well as nearby residents and passers-by.

Because the persons involved in the incident were numerous including firefighters, medical workers, police officers, demolishment 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.
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!
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.

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Water tower as a bacterial hotbed

Water towers, or air-conditioning cooling towers, are present in buildings that use 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.
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 2nd 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 2nd 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 2nd 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 2nd 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 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.
提升職安知 - 確保工作安全

2011年1月至3月訓練課程

職業安全健康局致力為各界人士及企業，提供高質量及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規範課程(管理層)、建造業負責物質移動機械安全及醫療廢物管理及感染控制，以下為2011年度第一季度職安局主要課程，歡迎大家踊躍報讀。

1. 一般職業安全及健康課程

2. 職業安全健康督導與 paramString

3. 合格證書

4. 職業安全及健康管理課程

5. 網絡自學

6. 雷工師的職業安全管理課程

7. 技能提升訓練課程

8. 新技能提升訓練計劃

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報名表格

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此培訓詳情於職業安全健康局網站www.osha.org.hk查詢有關課程資料及報名資格
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.

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