



安全通訊

Safety Bulletin

Jul/Aug 2021

香港職業安全衛生協會
THE HONG KONG OCCUPATIONAL SAFETY AND HEALTH ASSOCIATION

Proposed Revision of “Guidance Notes on Continuing Professional Development Programmes for Registered Safety Officers”

Authored by: **Dr Alex Tse & Mr Timothy Wong**
Honorary Secretary & Member of HKOSHA Executive Council

On 25 August 2021, two of our EC members attended a seminar on “Revision to the Guidance Notes on Continuing Professional Development (CPD) Programmes for Registered Safety Officers” organized by Labour Department. The salient points of the seminar were:

1. The proposed Guidance Notes will be launched in the first quarter of 2022 and 1-year grace period will be granted till first quarter of 2023.
2. At least one CPD hour on professional ethics and integrity of Safety Officer will be compulsory for the renewal of Registered Safety Officers. The CPD hour (at least 1 hour) on professional ethics and integrity that required in each 4-year cycle includes but not limited to the following topics:
 - Honesty, fairness, impartiality;
 - Compliance with the law;
 - Protection of information confidentiality, and
 - Avoiding conflict of interest, biases and discrimination.
3. CPD hours from other learning areas would be 20 hours maximum in each 4-year cycle which includes but not limited to the following areas:
 - Engineering (in any disciplines established by the Hong Kong Institution of Engineers);
 - Information Technology / Software Application; and
 - Soft Skills such as communication skill, conflict / crisis management, etc.
4. The requirement about a minimum of 28.5 CPD hours on designated health and safety topics in each 4-year cycle was deleted in the Guidance Notes 2021 draft.
5. Provision of additional information related to administration of application.

We would obtain updates through various communication channels in order to share crucial information timely with all members. Please stay tuned!

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HKOSHA Correspondence Address

P. O. Box 79700,
Mong Kok Post Office,
Kowloon, Hong Kong.
Tel: 2332 9210
www.hkosh.org.hk
E-mail: admin@hkosh.org.hk
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建造業工友免費胸肺檢查服務
報名 / 查詢：2581 0617



Heat-Related Illness: A Revisit

by: *Dr Woo Wing Keung, William*
MBChB, FRCSEd, FHKCEM, FHKAM (Emergency Medicine),
PgDipAeroRT(Otago), FRCCEM, MSc(CUHK)



Author's Profile:

Dr Woo is a Specialist in Emergency Medicine. He has been served in Hospital Authority Emergency Department for over 25 years after graduated from CUHK. In recent years, he moves into private practice. He has special interest in prehospital care, environmental medicine and aviation medicine. He has served for the Government Flying Services as Flying Doctor for nearly 18 years. He was also the Chief Superintendent of St. John Ambulance Brigade before he quitted the service in 2018.

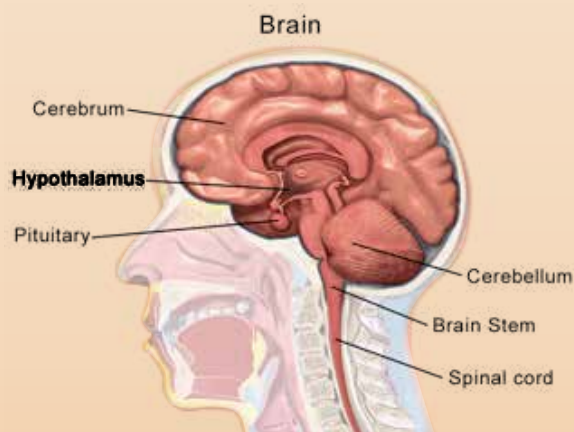
On 24 June 2021, Dr Woo gave a presentation in the HKOSHA webinar on "Heat-Related Illness: A Revisit" and share his experience and expertise to our members.

Hong Kong is situated on the Southeastern coast of China, the weather is usually hot and humid during summer days. Every year, there are hundreds of people suffered from various severity of heat-related illnesses.

Heat-related illness (HRI) composes of a spectrum of suffered and pathological changes which can severely affect the human body. Some of these changes can be mild which can resolve spontaneously, but in a certain case can be lethal. To understand HRI, we may need to look into some basic physical principles of heat gains and heat losses as well as the basic physiology of human body heat control.

The human being is a "warm-blooded" animal that can maintain a relatively stable body temperature for normal body function. Our body's cell function must keep in stable temperature, either too high or too low will severely impair cell function and lead to cell death. Our body gains heat mainly from two different sources. We generate heat ourselves, i.e. the basal metabolism or body exercise. Secondly, our body gains heat from the external source. Working in a hot environment inevitably heating up our bodies.

The body temperature is tightly regulated by a part of our brain called the hypothalamus. The hypothalamus checks our body temperature. If our temperature is too low, the hypothalamus makes sure that the body generates and maintains heat. On the other hand, if the temperature is too high, the body will react with a series of autonomic responses, such as sweating to cool down our body. Our brain can control our body's autonomic nervous system function by altering the heart rate, skin blood flow, and sweating function, which is the main way to cool down the body. This thermoregulation mechanism is usually very effective to maintain a constant body temperature even in a wide range of environmental temperatures. However, change in health status, e.g. long term illness, acute illness, medication can severely affect this body's defense mechanism.





Heat gain and loss are mainly control by four basic physical mechanisms, namely: conduction, convection, radiation, and evaporation (perspiration).

- Conduction is the physical transfer of heat from a hotter object to a cooler object. It can lower the body temperature like wearing a jacket with an ice-pack.
- Convection is a means of cooling by air current. A typical example is wind and the use of a fan.
- Radiation is a natural physical phenomenon that any warm object, like our body, will emit energy in the form of infra-red radiation. That is why we can detect warm-blooded animals by the infra-red camera.
- Evaporation (perspiration) is the most important means for the human body to cool down. The human body sweats in a hot environment. The sweat then evaporates and blows away by moving air current. It can cool down the skin and the body.

As the most important means of cooling the body, any factors that impairs sweating can ultimately impair our body's control of temperature.

These factors can be endogenous or exogenous. Endogenous means an internal factor of the body. Many chronic illnesses like Diabetes Mellitus or heart diseases can impair your neurological (especially the autonomic nervous system), or cardiovascular system so that the body cannot appropriately respond to heat stress. Acute illness as simple as upper respiratory tract infection or acute gastroenteritis may cause fever which increases the metabolic rate and hence the heat production. Obesity, poor sleeping and inadequate adaptation are also important causes of poor heat tolerance. The most important factor is dehydration. If the body lacks adequate water, it cannot effectively produce sweat to cool you down during heat stress.

Exogenous factors are due to external causes. The environmental temperature and relative humidity are the key factors. The higher the environmental temperature combine with a high relative humidity puts you at a high risk of developing a heat-related illness. The use of medication, including alcohol can significantly increase the risk of developing a heat-related illness. Even simple over-the-counter medications like those flu medications contain antihistamines which may have chemical properties that impair body response to heat, e.g., sweating. Many psychotropic drugs can also affect the autonomic nervous system response to heat stress.

The human can adapt to a hot environment by a process of acclimatization. It is a complex physiological change of our body with an enhancement of many body functions in response to heat stress. However, such process may take at least a few days to develop. If anyone is not adequately prepared and exposed to such stress suddenly, the body may not be adequately prepared for the response.

Heat-related illness is a broad spectrum of disorders. It can be ranged from a very mild form that anyone may experience after exercise or working on a hot day. Heat edema which most commonly appears as soft tissue swelling over the limbs is one of the examples. It is a mild response and it does not carry any serious consequence. It may resolve gradually after rest and cooling down.

Another two common mild heat-related illnesses are heat cramps and heat syncope. As the name implies, heat cramp is the cramping of muscles in a hot environment and exercise. It is mostly caused by water and salt depletion as the body uses up these for sweating and cooling. As the salt is also depleted, one essential management is to replace the water together with salts (electrolytes). Of course, one should stop exercising and get out of the hot environment to avoid further heat gain.

“Heat syncope” means fainting and it is a very common phenomenon. It is easily confused with “heat stroke” but it just means people have a transient feeling of lightheadedness or dizziness. Occasionally, some may have a

transient loss of consciousness. There is no other neurologically sign of impairment on examination and it does not have any long-term health effect. However, it already signals that there is significant heat stress that all should get out of the hot environment and cooling down. Salt and water replenishment, usually by drinking is also important.

The more severe disorders are “heat exhaustion” and “heat stroke”. It is very easily mixed up these two conditions. “Heat exhaustion” can be viewed as a less severe state and the body can still function and recovered with appropriate handling. However, “heat stroke” is a very severe form of heat illness that is associated with a very high mortality rate. It is a real medical emergency that requires emergency treatment by a specialist. Fortunately, the real case of “heat stroke” is far less common than “heat exhaustion”. Over 90% of so reported as “heat stroke” cases are various degrees of a milder “heat exhaustion”.

Both heat exhaustion and heat stroke can severely disturb body functions. In heat exhaustion, the body can still react appropriately although the core temperature is high. The body temperature may be high but usually not to an extreme of over 40°C. The body can still sweat, usually sweat a lot, and try to cool down the body. It can cause significant water and salt depletion – dehydration. The key in the management is to cool down the body, by water spray, fan, remove from hot environment and replacement of salt and water.

On the extreme, heat stroke where the heat stress exceeds the body tolerance. The body cannot effectively cool down. The body temperature may be very high, over 40-42°C. There is extreme dehydration. The patient may not be able to sweat and appears hot and dry. Most body functions will be severely impaired. The patient may lose consciousness and even convulse. Heart and lung functions may also be severely affected. The kidney and liver functions will be severely impaired and shut down. It may cause death if not managed urgently. Immediate cooling, rapid fluid replacement is the key. As the patient may not be conscious enough to drink water, intravenous fluid replacement is usually required. These patients need urgent transfer to the hospital for further care, even under intensive care settings as there is a possibility of multi-organ failure.

In summary, our body can effectively respond to heat stress to keep body temperature within a relatively narrow range. Such ability may be altered and/or overwhelmed in various conditions. If such ability cannot work to cope with the stress, we will experience various degrees of heat-related illness. Heat exhaustion and heat stroke is a more severe form of illness. Heat stroke is a real medical emergency that needs prompt management. The essence of management is to prevent anyone to expose to such stress, remove from hot environment, rapid cooling of body temperature, replacement of salt and fluid, and seek appropriate medical advice as soon as possible.

名譽顧問

譚耀宗先生 GBM, GBS, 太平紳士
何鍾泰博士 SBS, MBE, S.B.St.J., 太平紳士
詹伯樂先生 GBS, OBE, 太平紳士
陳家駒先生 SBS, 太平紳士
何世柱先生 GBM, GBS, OBE, 太平紳士
孫家雄博士
白德善先生
張孝威先生 SBS

名譽法律顧問

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義務核數師

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名譽會長

羅志明先生

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Publisher

The Hong Kong Occupational
Safety and Health Association
Correspondence Address
P. O. Box 79700, Mong Kok Post Office,
Kowloon, Hong Kong.
Tel: 2332 9210

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Practical Workshop for Gondola Safe Operation

Authored by: **Capt. Chan Hoi Yuen, Peter**

Technical Committee Representative (Temporary Gondola), The Hong Kong Professional Gondola Association Limited

Author's Profile:



Capt. Chan has been involved in the gondola industry for over 20 years. He is the founder and owner of Man Young Industrial Limited, a company providing temporary gondola service to large scale public and private housing projects. He is also the founder and owner of the J&P Surveyors and Test House Limited, one of the leading engineering surveying firms in HK in the provision of R.P.E. inspection and certification services. He is working on the drafting of standards submission for temporary gondola set up for public housing projects.

On 29 July 2021, Capt. Chan gave a presentation in the HKOSHA webinar on Practical Workshop for Gondola Safe Operation and shared his views to our members.

Although the Code of Practice for Safe Use and Operation of Suspended Working Platforms (COP; published in 1999) and the Factories and Industrial Undertakings (Suspended Working Platforms) Regulation (F&IU enacted in 1995) have existed for more than 20 years, there is still a general lack of consensus among construction sites and companies on the interpretation of the COP and the Regulation; everyone establishes their own requirements that deviate from those stipulated in the government regulatory framework. The variation of requirements from site to site has put industrial practitioners in a difficult position in the safe operation of suspended working platforms (SWP).

SWP, unlike other lifting equipment (e.g. lifting crane, mobile crane, and monorail hoist, etc.), does not come in standard forms, therefore, standardization requires extra effort to accomplish and numerous issues have arisen as a result. Here are some of the most frequently encountered issues we face:

On Certification

(a) Display of Certificate

F&IU (SWP) Regulation Section 25(2) clearly indicates that only Load Test and Thorough Examination Certificate (SWP form 3) and Thorough Examination Certificate (SWP form 2) are required to be displayed on the SWP, while the Weekly Inspection Certificate (SWP form 1) is NOT required.

(b) Independent Lifeline Certification

Independent Lifelines are defined as an integral part of the SWP hence they do NOT require independent certification. Despite having numerous written explanations sent to site safety management personnel with a copy of the official response from the Labor Department attached, many of them still demanded independent certification for independent lifelines.

On Structural Calculation

(a) The COP and Housing Department ONLY require supporting structure to be checked by structural engineers, but NOT the gondola suspension mechanism.

(b) It seems to have become a common practice among structural engineers on-site that their duties involve the design and approval of the installation method for which they are NOT trained, in addition to verifying the integrity of supporting structure for gondola systems.

On Submission Document

A lot of documents are requested to submit before operating gondola safely at workplace:

工地 / Site	內容	Content
A	吊船及產品資料	Gondola And Equipment Information
A1	提昇機-制造商產品目錄+廠證書	Climber – Manufacturer Product Catalogue + test cert
A2	安全鎖-制造商產品目錄+廠證書	Safety Lock – Manufacturer Product Catalogue + test cert
A3	安全繩(鋼纜, 纖維繩-廠證書)	Lifeline (Wire Rope, MMF Rope) – Mill cert
A4	防墮扣-廠證書	Fall Arrestor for Wire Rope or MMF Rope – test cert
A5	鋼纜-廠證書	Suspension Wire – Mill cert
A6	船體-制造商產品目錄	Cage – Manufacturer Product Catalogue
A7	懸吊機構-制造商產品目錄	Suspension Mechanism – Manufacturer Product Catalogue
A8	吊船重量表-制造商產品目錄	Gondola Weight Table Manufacturer Product Catalogue
A9	組裝圖-(壓重車架, 旗仔架)	Equipment Assembly Instruction (Self Ballast Roof Car, Davit)
A10	吊船安裝指南	Gondola Installation Instructions
A11	工程範例	Job Reference
A12	防護圍網吊架	Protection Net Suspension Frame
B	一般安全要求	General Safety Requirement
B1	吊船特別告示或警示	SWP special signage or notice
B2	工地安裝方法	Site Installation Method Statement
B3	工地拆卸方法	Site Dismantle Method Statement
B4	風險評估-安裝	Risk Assessment - Installation
B5	風險評估-拆卸	Risk Assessment - Dismantle
B6	吊船進出安全通道-(法定要求)	SWP Safe Access (mandatory)
B7	公司架構圖	Company Organization Chart
B8	緊急聯絡人	Emergency Contact List
B9	安全計劃	Safety Plan
B10	地盤訓練要求	Site Safety Training
B11	合資格人士委任信 (安裝, 拆卸, 移位, 週檢)	Appointment Letter for CP (installation, re-erection, dismantle, weekly and daily inspection)
B12	合資格吊船操作導師委任信	Appointment Letter for Operator Training Instructor
B13	吊運要求 (吊具, 吊運方法, 訊號員)	Lifting Requirement (Lifting Equipment, Lifting Method, Rigger, Signaler)
B14	吊船操作員訓練課程	SWP Operator Training Manual
B15	合資格檢驗員資歷	Competent Examiner CV
B16	證書樣板	Certificate Sample

工地 / Site	內容	Content
C	承托吊船構築物力學計算	Structural Calculation For Building Structure Supporting SWP
C1	力學計算要求以下文件:	Drawings for Structural Calculation
C2	施工圖	General Arrangement Plan
C3	鐵圖	Framing Plan – Steel Re-enforcement
C4	陣圖	Framing Plan - Beam
C5	側面圖	Elevation Plan
C6	生產圖	Shop Drawing
D	施工	Operation
D1	施工時間表	Installing and Dismantle Schedule
D2	入閘要求	Gate Pass System
D3	吊船位置及號碼圖	Gondola Number And Location Plan
E	供電設計及要求	Power Supply System
E1	供電設計-供電線走向	Power Supply Plan – Supply Cable Arrangement
E2	供電設計-電線接駁	Power Supply Plan – Supply Cable Splicing
E3	供電設計-供電點接駁	Power Supply Plan – Power Supply Point Connection
E4	供電設計-供電系統要求-接地	Power Supply Plan – Earthing
E5	供電設計-供電系統要求-防水等地(IP67)	Power Supply Plan – Ingress Protection (IP67)
E6	供電設計-供電系統要求-警示標貼	Power Supply Plan – Warning Sign
E7	供電設計-供電系統要求-供電箱-防接觸帶電部份 (IP2X, IP3X) – WR1A Form	Power Supply Plan – Electrical Equipment – Distribution Box – Ingress Protection (IP2X, IP3X) – Certification WR1A
F	吊船緊急措施及救援	Emergency and Rescue Plan
F1	吊船掛半空緊急措施-電力故障	Emergency and Rescue Plan – Power Failure
F2	吊船掛半空緊急措施-操作人員受傷或昏倒	Emergency and Rescue Plan – Operator Collapsed or injured
F3	吊船掛半空緊急措施-鋼纜在提昇機內斗結-提昇機故障	Emergency and Rescue Plan – Wire Rope Jam or Kink Inside Climber
F4	吊船掛半空緊急措施-電線扯斷	Emergency and Rescue Plan – Supply Cable Torn Apart
F5	吊船緊急服務承諾	Emergency Call Service Pledge
F6	颱風措施	Typhoon Procedure

On Adverse Weather Condition

There is a lack of agreement among sites on which weather warning signals, (a. Rainstorm warning signals (amber, red, black) and b. Typhoon signals (No. 1, 3, 8, 9, 10)), when the gondola has been exposed to, should result in the re-examination by an R.P.E. Relevant government departments, industrial practitioners, safety personnel, site management personnel, etc. should collaborate and hold a meeting regularly such that we can reach a consensus on the above and any upcoming issues.

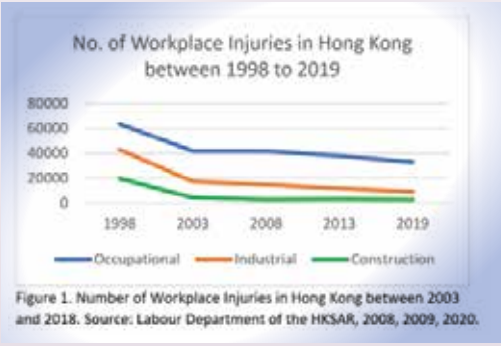
Report on the Hong Kong Safety Practitioners Survey

Part 3: Stagnant Safety Performance in Hong Kong

Authored by **Mr Kyle Lin**, Professional Member of HKOSHA

From the Hong Kong Safety Practitioners Survey, it was obvious that many of them were not satisfied with the current OSH performance and how it was managed and promoted in Hong Kong. This article aims to review the safety performance in Hong Kong by reviewing the past accident trends, and to analyze two of the many factors as to why the effectiveness of accident reduction had become limited, including the disproportionate safety penalties and outdate of laws and Codes of Practice.

Accident Statistics in Hong Kong



In 1998, there were 63,526 occupational injuries, 43,034 industrial injuries, and 19,588 construction injury cases. From 1998 to 2019, the construction injuries reduced to 2,947, up to 85% reduction. Industrial injuries also reduced to 9,254, achieving over 78% reduction. Occupational injuries also dropped nearly 50%. As shown in Figure 1, more drastic drop occurred between 1998 to 2003, after which the reduction flattened, showing more gradual reduction for the past 16 years.



In terms of injury rate, Figure 2 shows that although construction injury rate had reduced 88% in recent 20 years, the injury rate was still 29, top among all three sectors. It is clear that the construction workers are exposed to higher possibility of suffering injuries resulting from accidents than those working in other industries.

Regarding the number of fatalities in Hong Kong, Table 1 below shows the 67% reduction in industrial fatalities, 71% reduction in construction fatalities, and 4% in occupational fatalities. On the face of it, construction and industrial sectors had improved extensively on accident and fatality prevention. Nonetheless, the fatality rates would more appropriately reflect the frequency of fatality cases throughout the years.

Table 1. Number of workplace fatalities in Hong Kong between 1998 and 2018 (Source: Labour Department, 2008, 2009, 2020)

	1998	2003	2008	2013	2019
No. of Occupational Fatalities	240	171	181	188	249
No. of Industrial Fatalities	68	28	24	28	22
Construction Fatalities	56	25	20	22	16



As shown in Figure 3, construction fatality rate was approximately 7 times higher than the other 2 categories. In 2019, the construction fatality rate dropped to 0.157, 77% lower than that in 1998. However, this fatality rate was still 4 times higher than industrial fatality rate and nearly double of the occupational fatality rate.

Undeniably, the injury and fatality rate reductions were significant, the downward trend suggested the success of safety management

in Hong Kong. However, the concern would be that both the construction injury rate and fatality rate are highest and the appreciable reduction over the decades is still far from promising to the general public that they would be safe during work, especially within construction sites. Furthermore, the injury trends were flattened after 2003, reaching a plateau stage compared with the drastic reduction between 1998-2003, demonstrated that effectiveness of existing safety management system and control measures have deteriorated. A change of the way safety is managed and promoted would be inevitable in order to bring about breakthrough in injuries and fatalities prevention.

Prosecution & Sentencing Power

Under Section 10 of the Factories and Industrial Undertaking Ordinance (FIUO), a proprietor can be liable to a fine of HKD \$200,000 and to imprisonment for 6 months. A contractor can also be liable to the same penalty for failing to ensure safety of places of work, such as failing to provide safe access and egress, failing to protect floor edge, or usage of substandard working platform (s.68 of CAP 59I). Any persons employed in breach of the general duties of persons employed stipulated under s.6B would also be liable to a Level 4 fine, which is \$25,000 [s.6B(2) of CAP 59].

From Chapter 8 of the 2019 Labour Department Annual Report, the total amount of fine resulting from summons convicted under the Ordinance was \$19,097,050 from a total of 2,188 summons convicted. That means each case was fined only \$8,729 in average. It appeared that the amount of fine sentenced was far below the sentencing power. Such minimal penalty not only fails to reflect the seriousness of the breach, but also hampers the deterrent effect on any proprietors, contractors or persons. The financial penalty itself may not be the best solution to prevent violations, but having such insignificant consequence would convey the message that violations are tolerated. To sustain deterrent effect of penalties, the level of fine should be proportionated to the level of breach or the consequence of the breach. The amount of fine for safety and health offences prosecuted in the UK reflect this principle of proportionality.



The Health and Safety Executive (HSE) in UK issued their enforcement statistics of 2019. It was described that there were 601 convictions in 2013 and 364 in 2019. Overall, there was approximately 40% reduction in the number of conviction cases. In below Figure 4, it is shown that the number of prosecution cases and convictions had been declining since 2015/16 period.

With the dramatic drop in the number of prosecutions from 2014 to 2019, the amounts of total fines were in fact inversely proportionate, from less than £20 million in 2014/15 to £54.5 million in 2018/19. There were only 5 cases with fine at or above £500,000 in 2014/15 period, whereas in 2018/19 there were 36 cases received a fine of £500,000 or more, seven times higher than the fine in 2014/15 (HSE, 2019). Below Figure 5 demonstrated the trend of total amount of fine sentenced.

A detailed sentencing guide had been provided for the courts to adhere to when determining the fine for the case. The level of fine is determined by taking several factors into account, including culpability of the offender, risk of harm, size of the organization and other aggravating or mitigating factors. With the issuance of the sentencing guide in 2016,



the total amount of fine sentenced grew exponentially between 2015/16 and 2016/17. From falling from height resulting some physical injuries, to fatality caused by unguarded machine parts, the fines involved were millions of Hong Kong dollars. Even for minimal or non-serious cases, the fine was still over 25 times the amount of the average fine for safety offences in 2019 in Hong Kong. Disregarding the huge difference of the amount of fine sentenced between UK and HK, the lesson perhaps is more than the numbers alone, but the application of proportionality principle in sentencing which create greater deterrent effect that drove reduction of accidents in the UK.

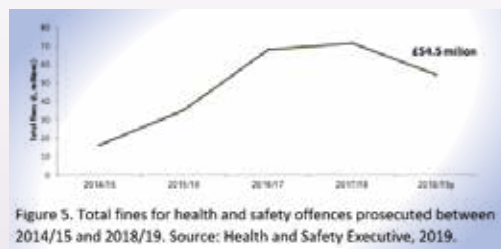


Figure 5. Total fines for health and safety offences prosecuted between 2014/15 and 2018/19. Source: Health and Safety Executive, 2019.

In addition to sentencing power, convictions and penalties sentenced, another aspect which also contribute to the success and failure of safety management and accident prevention would be how update the regulations and Codes of Practice are.

Law Update

There are 31 valid regulations under the FIUO, 21 of which were enacted or undated after 2000, constituted 67.7%. Whereas in UK, the percentage of the law enforced by the HSE enacted or updated after 2000 was 44.8%. On the face of it, the regulations in Hong Kong seemed to be more updated. However, the total number of those regulations updated after 2000 in the UK was 52, twice as much the regulations updated in Hong Kong. Moreover, while FIUO consists of 31 regulations, there are over 110 existing health and safety regulations in the UK. Even combining the number of Codes of Practice and Guidance Notes in Hong Kong, the total number is only 77, it is still 50% lower than UK. The UK also included regulations specifically for employees' consultation and engagement, as well as regulations for working at height.

Falling from height is one of the top causes of workplace injuries and fatalities in Hong Kong. The regulations governing work at height is CAP 59I Construction Sites (Safety) Regulations enacted in 2008. In particular, Part VA governs scaffolds, working platforms and ladders, etc.

Unlike Hong Kong, the Work at Height Regulations 2005 (WAHR) from the UK seemed to be more detailed and applied the hierarchy of risk management. The regulations place more focus on planning; ensuring anyone engages in such activities are competent to do so; the importance of elimination or avoidance of hazard; and sufficient equipment to be provided for minimizing the distance and consequence of fall, to name but a few. The regulations also stipulates that collective protection measures should be given higher priority than personal protection measures; preventive measures for preventing anyone from falling from passing across, work on or work near a fragile surface; and places worker's duty to report danger and use the work equipment.

All the requirements stipulated by these regulations are not mentioned nor included in the Construction Sites (Safety) Regulations in Hong Kong. Clearly, the regulations in Hong Kong failed to address sufficiently how to prevent this major cause of injuries and fatalities. Notwithstanding that detailed regulations alone would not be effective in accident prevention, the Work at Height Regulations provides much clearer requirements in conjunction with the hierarchy of risk management as to how working at height and resulting accidents could be prevented and mitigated.

Conclusion

From reviewing the injury and fatality trends in Hong Kong, the plateaued reduction trends showed the deteriorating effectiveness of safety management in Hong Kong. The lack of sentencing guide and proportionate penalties give rise to companies and workers disregarding safety rules and regulations at work. The lack of up-to-date regulations and Codes of Practice also fail to facilitate companies and workers to implement appropriate safety measures, making compliance impracticable and undesirable. To breakthrough existing situation, much greater effort must be placed for establishing updated and specific safety regulations and Codes of Practice, and to exercise consistently sentencing principles that demonstrate principle of proportionality and importance of safety at work. The way safety is managed in Hong Kong must be changed in order to move from the stagnation of safety performances to a more advanced level.



HKOSHA NEWS

New Members

As of end of August 2021, there are 451 members in HKOSHA.

The following membership applicant were approved in July and August 2021

A. Approval of Membership

Name	Grade of Membership
FU Ming Fai, James	Member
FUNG Cho Kiu	Member
LI Tin Long	Member
TAM Ho Man	Member
YEUNG Ho Sum	Member
CHOW Chun Yeung	Professional Member (Safety)

B. Membership Upgraded

Name	Grade of Membership
LEE Chun Fai	Associate Member
Dr TAM Ming Hong, Willie	Fellow Member



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職業安全健康局
OCCUPATIONAL SAFETY & HEALTH COUNCIL

香港北角馬寶道28號華匯中心19樓

電郵: oshc@oshc.org.hk

電話: 2739 9377

網址: www.oshc.org.hk

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Yau Lee Construction Co., Ltd.

10/F., Tower 1, Enterprise Square, 9 Sheung Yuet Road,
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