



安全通訊 Safety Bulletin

May / Jun 2025

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

HKOSHA 47th Annual General Meeting Cum Safety Seminar and Anniversary Celebration Dinner

Author: Dr Arthur LEUNG, Hon. Secretary of HKOSHA

Under the leadership of President Mr. Edward CHOW, The Hong Kong Occupational Safety and Health Association (HKOSHA) marked another milestone with its 47th Annual General Meeting (AGM) cum Safety Seminar and Anniversary Celebration Dinner held on 28 April 2025. This event brought together both new and old members to reflect on a year of fruitful activities, set future initiatives for HKOSHA, and foster connections with existing members.



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The President began the presentation of the 2024-25 Annual Report and Annual Accounts by introducing the members of the Executive Council, followed by an inspiring overview of the services and activities provided over the past year. HKOSHA continued to advocate for the safety concerns of practitioners and offered consultation services across various industries during critical occupational safety and health (OSH) discussions. This included but was not limited to advising on issues such as lift-shaft safety, reinforcement cage safety, electrical safety, formwork and falsework safety, truck-lorry mounted crane safety, bamboo scaffold standard, and frontline personnel safety performance recording scheme.

The Safety Bulletin, a cornerstone of our communication efforts, has been published regularly in the past years, with 2,000 copies circulated to our members and partner associations at bi-monthly. The President sincerely appreciated all sponsors and supporting organisations that sustain the Bulletin, which features theme-based technical safety articles, highlights of technical visits and safety conferences, and critical regulatory updates, keeping our members informed and updated.

Within the reporting period, 11 events were hosted, covering a variety of topics. These included the traditional yet essential seminar on “Enhancing Construction Safety Management.” Other notable events featured an advanced safety technology seminar on “Robot Safety,” which explored automation risks and mitigation strategies, as well as a local safety visit to VTM Digital Limited to examine the use of virtual reality for construction safety training. Additionally, there was a safety visit to the Phase 1 Fanling Bypass Eastern Section and Drainage Improvement Works in Tsim Sha Tsui for practical safety practice exchanges. Furthermore, cross-border visits were conducted, including a site tour of the Shenzhen Safety Education Base, which demonstrated the imparting of safety knowledge and skills through real-scene simulations; participation in the Guangzhou International Emergency Safety Expo 2024, which fostered cross-border knowledge exchange; and a visit to the Guangdong Daya Bay

Nuclear Power Station’s which showcased the commitment to the highest safety standards in operation and efficiency.

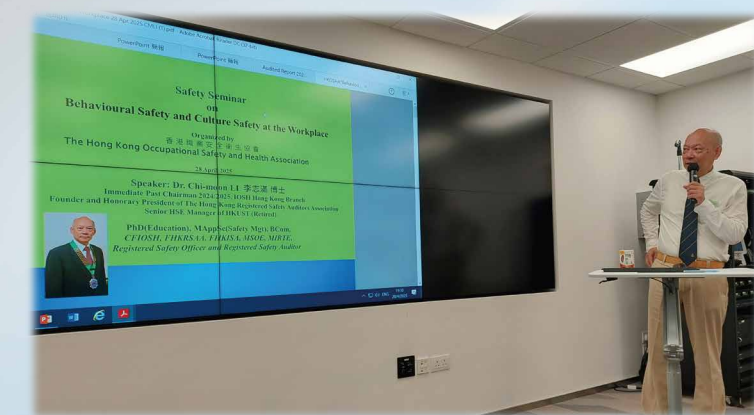
On the other hand, Executive Council members attended various local and international events to strengthen ties with counterpart associations and represent Hong Kong’s safety practitioners in regional safety dialogues, such as the IOSH (HK) 25th Anniversary Dinner, the APOSHO 38th AGM & Conference, and the 29th Cross-Strait, Hong Kong, and Macao Occupational Safety and Health Symposium.

Although HKOSHA’s website experienced some issues due to a cyber attack, it has since resumed operation, and all personal data remains secure, demonstrating our resilience and commitment to data security. Meanwhile, the Facebook page continues to serve as a hub for real-time safety updates and resource sharing.

The AGM was a poignant moment as we paid a heartfelt tribute to Mr. Lewis CHENG, former Vice President and Honorary Secretary, who passed away in July 2024. His decades of service were recognised as foundational to HKOSHA’s growth, reminding members of the enduring impact of dedication to workplace safety. The President announced that Dr Arthur LEUNG, the new honorary secretary to the Association, had succeeded Mr. Timothy WONG and expressed sincere gratitude for Timothy’s contributions over the past years.

The President concluded the AGM with a powerful message by advocating for an ongoing exchange of local and international OSH experiences. He stressed the vital importance of collaboration with other institutions to enhance the OSH field, initiate coaching programs for new safety practitioners, expand membership and sponsorship, and address OSH issues professionally. His words inspired and motivated all present. The Annual Report, Annual Accounts and the appointment of Mr. Anthony LAU Hoi-ho as the Honorary Auditor was unanimously accepted and adopted by members in the meeting, understanding the collective effort and commitment to OSH.

After the AGM, HKOSHA invited Dr LI Chi-moon, the Immediate Past Chairman of the IOSH Hong Kong Branch, to deliver a talk on “Behavioural Safety and Cultural Safety at the Workplace.” He discussed how the employees’ personal beliefs, attitudes, and behaviours, along with the safety culture, impact overall safety performance in the organisation, highlighting key indicators of a positive safety culture.



Further, a celebration dinner was held right after the seminar to congratulate HKOSHA on its 47th Anniversary. More than 50 members joined the dinner and enjoyed the delicious dishes. Before the end of the dinner, our President presented an appreciation certificate to Ms. CHAN Wing-tung for her volunteer support and contribution to HKOSHA since 2024.



Members enjoyed the reunion and networking opportunities with new members, and they took group photos at the celebration dinner.



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Promoting Recovery-At-Work Culture: Challenges In The Health Care Industry

Authors: Hong Kong Association of Occupational Health Nurses

Background: Work-related musculoskeletal disorders (WRMDs) are recognized as a major source of significant pain and disability in the healthcare industry.

鑑別職業風險 醫管局多方位保員工安全
發佈日期：2017-04-25



Photo 1. 醫管局《醫家話你知》系列
(Sing Pao Daily News 2017)

Occupational injuries significantly impact Hong Kong's healthcare sector, resulting in absenteeism, reduced productivity, and economic strain on organizations. In the past five years, the Hospital Authority (HA) has recorded approximately 1,000 public hospital employees injured each year due to "manual handling" work [Source: Physician- Pharmacist-People No. 45]. WRMDs are the leading cause of prolonged absences, negatively affecting workers' physical and mental health, while employers face challenges like increased compensation premiums, staffing shortages, and disrupted patient care. A structured Return-to-Work Program has emerged as a pivotal solution for mitigating these effects.

Introduction: Return-to-Work Program: What Is It and Who Does It Help?

Research suggests that employees off work for 45 days are only 50% likely to return to work. The longer the worker is off work, the less likely they are to return (Photo 2). Introducing the concept of **"Recovery-at-Work"** can help injured staff to work early while remaining functional during their recovery process – safely and within their medically outlined abilities.

Return-to-work (RTW) interventions are no longer restricted to clinic-based medical interventions: with the active participation of Occupational Medicine (OM) Professionals and the OSH Office in workplace-based RTW interventions, most commonly include disability management, work accommodations, ergonomic work site visits, and education/training, as well as work practice modification (e.g., posture, stretching, pacing). Workplace adjustments like workstation modification; graduated return to work (e.g., modified hours, duties, caseload or work speed) and Work Trial Program under sick leave cover. The efficacy of early RTW initiatives was confirmed in the reduction of long sickness absence.

Fit for Work, Fit for Life: The positive benefits of early RTW:

For Workers:

- ◆ Improved physical and mental health through social interaction.
- ◆ Enhanced morale and financial stability through the "Work Trial Program", which offers lighter duties and sustained income.
- ◆ Speed up recovery by maintaining functionality and avoiding deconditioning or secondary health issues.

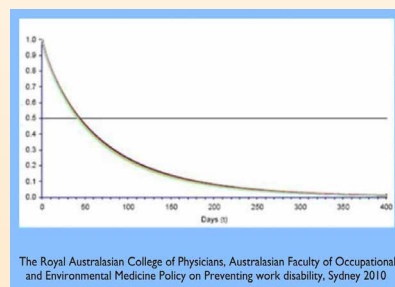


Photo 2. Likelihood of RTW after various lengths of time off work



Photo 3. KWC OMCS (HAS Link 2011)

For Employers:

- ◆ Reduced turnover rates, insurance costs, and training expenses.
- ◆ Retention of skilled professionals and strengthened employee confidence.
- ◆ Improved workplace culture through early interventions and job accommodations.



Photo 4. KWC OMCS Case Management Model

A Proactive Approach in RTW Program: the key success factors of the program are:

To ensure a successful RTW Program, it's essential to reinforce the need for best practices in several key areas: policy formulation, effective communication by cohesive case management, collaborative efforts among stakeholders, customization to fit unique organizational needs, and thorough evaluation of outcomes. The key contributing factors of "recovery-at-work" culture in health care setting are:

- 1. Strong Commitment to Health and Safety:** Hospital Management Team and OSH Committee have clearly defined practical workflows in Injury Management; a comprehensive electronic IOD reporting system, Hazardous identification and prevention programs and staff education initiatives.
- 2. Immediate Post-Injury Management:** Providing timely medical care by OM specialists, and psycho-social supported by Occupational Health Nurse (OHN). Work rehabilitation treatment by OM therapists.
- 3. Effective Case Management Model:** Case coordination by Case Manager/OHN, tailoring recovery plans to individual capacities through rehabilitation, workplace adjustment and ergonomic evaluations.
- 4. Optimal Relationships among Stakeholders:** Engaging injured staff, supervisors, health professionals, Human Resources, and insurers to contribute to the smooth reintegration and success of the whole organization.

In conclusion, the evolving role of RTW initiatives has transformed workplace injury recovery from merely compensation-focused to a holistic process that addresses worker well-being and organizational stability. By embedding "Recovery-At-Work" into safety practices and organizational culture, the healthcare industry in Hong Kong can reduce the adverse impacts of occupational injuries while building a sustainable workforce.

The Community of Safety & Health Practice in Hong Kong - Since 1977

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屋宇署《竹棚架設計及搭建指引》 2006年5月(初版)及2025年4月(第二版) 更新比對摘要

資料來源：某知名建築公司

因應屋宇署更新了《竹棚架設計及搭建指引》，在此與會員分享兩個版本的差異以供參考。以下只列出重點摘要，請掃描二維碼查閱完整版本。			
2006年5月（初版）		2025年4月（第二版）	
<div><div>封面沒有更新</div></div>			
頁數	內容	頁數	內容
1-19	<div>甲 引言</div> <div>於2006年5月（初版）無有此節</div> <div>於2006年5月（初版）無有此節</div>	1-21	<div>甲 簡介</div> <div>5. 竹棚架的搭建和施工質量，必須符合本《指引》和《守則》所載的規定。</div> <div>6. 下列定義適用於於本《指引》： “合資格的人”的定義見《守則》第 2.3 段。 “專業工程師”是指結構或土木工程界別的工程師，須為香港工程師學會的企業會員或具備同等資格，並有足夠的訓練和經驗，並能按認可的工程原理，證明其設計的竹棚架如何能安全地承受恆載、外加荷載和風荷載。“曾受訓練的工人”的定義見《守則》第2.4 段。</div>
	<div>4. 遵行本指引的規定，並不豁免有關人士在法 律上的責任承擔。</div> <div>於2006年5月(初版)無有此節</div> <div>於2006年5月(初版)無有此節</div>		<div>4. 遵行本《指引》的規定，並不代表可豁免遵行 有關的法例規定。</div> <div>5. 竹棚架的搭建和施工質量，必須符合本《指引》 和《守則》所載的規定。</div> <div>6. 下列定義適用於於本《指引》： “合資格的人”的定義見《守則》第 2.3 段。 “專業工程師”是指結構或土木工程界別的工程師，須為香港工程師學會的企業會員或具備同等資格，並有足夠的訓練和經驗，並能按認可的工程原理，證明其設計的竹棚架如何能安全地承受恆載、外加荷載和風荷載。“曾受訓練的工人”的定義見《守則》第 2.4 段。</div>

2-

乙 竹棚架的設計及搭建方法
1.4 鑽入式錨栓
鑽入式錨栓常用於繫穩鐵托架(俗稱“狗臂架”)和連牆器，以供搭建竹棚架用途。所有錨栓均應繫穩在結構構件中，至於安裝的細則和程序，以製造商的建議為準。

為確保錨栓和承托用的結構構件質素良好，必須揀選一些已裝妥並具代表性的錨栓樣本進行測試。有關的荷載測試，需要1.5倍於工作荷載，測試時間最短為3分鐘。此外，從測試儀器拉出的任何一個“反力支柱”與錨栓中央的距離，最少應為錨栓直徑的8倍，以免“支承反力”減輕了測試儀器所拉出的測試力度。測試時，混凝土及錨栓之間不應有分離或斷裂跡象。選取錨栓作樣本測試的建議比率如下：(以較多者為準)
a. 鐵托架(每層計) 10% 或不少於5個
b. 連牆器 5% 或不少於5個

錨栓須可承受重力，堅固耐用，直徑最小應為12毫米及抗拉力應大於7千牛頓(kN)。

2. 一般的竹棚架類型
2.2 外伸桁架式竹棚(俗稱“懸空棚/吊棚”)
於2006年5月(初版)無有此節

圖5顯示了常見的外伸桁架式竹棚。這類竹棚架普遍用作維修外牆排水管、剝落混凝土、鬆脫外牆盪面以及拆除外牆連例建築物等。由於這類竹棚架屬於簡單工作用途的竹棚架，因此使用篙竹來建造便已足夠。應使用已繫穩於樓宇結構構件的鐵托架來支承斜撐、直杆和對龍。外伸桁架式竹棚的整體高度不得超過6米。

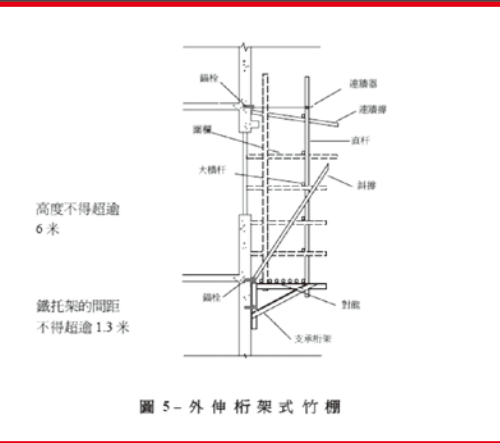


圖 5-外伸桁架式竹棚

於2006年5月(初版)無有此節

3-

鑽入式錨栓
1.9 在搭建竹棚架時，須使用優質的鑽入式錨栓安裝鋼托架(俗稱“狗臂架”)和連牆器。所有錨栓均須安裝在永久構築物上，至於錨栓的安裝細則和程序，須嚴格遵照製造商的建議。

1.10 為確定錨栓和其承托用的結構構件質量達標，必須揀選一些已裝妥並具代表性的錨栓樣本進行測試。有關錨栓的強度測試的說明(取樣比率除外)須參考《認可人士、註冊結構工程師及註冊岩土工程師作業備考》(《作業備考》) APP-169 附錄B。錨栓須在竹棚架的不同位置抽樣揀選進行樣本測試，其測試的建議取樣比率如下：
(a) 鋼托架(每層計)：10% 及不少於 5 個
(b) 連牆器：5% 及不少於 5 個

1.11 錨栓須屬可承受重力類型，直徑至少為 12 毫米及抗拉力應大於 7 千牛頓(kN)

2. 一般類型
懸空式竹棚架(俗稱“吊棚”)
2.11 懸空式竹棚架普遍用於修葺外牆排水管、剝落混凝土、鬆脫外牆盪面、拆除外牆舊建物等。懸空式竹棚架的整體高度不得超過6米。詳情請參閱勞工處發出的《守則》及《懸空式竹棚架構造及工作安全指南》。在搭建懸空式竹棚架前請使用由建造業議會發布的《加強懸空式竹棚架安全及通報事宜安排指引》中載有的“通報懸空式竹棚架工作表格”通知勞工處。
2.12 圖3顯示了常見的懸空式竹棚架的設置方式。由於這類竹棚架用於簡單工作，因此使用篙竹搭建便可。斜撐、直杆和對龍須以固定於永久構築物的鋼托架支承。

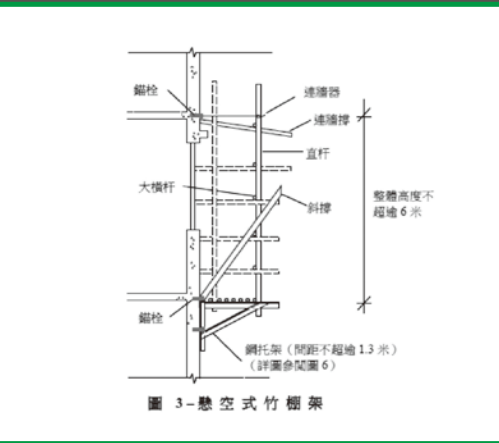


圖 3-懸空式竹棚架

4. 自訂結構設計
設計方法
4.1 如不採用本《指引》建議的常用竹棚架搭建方法，竹棚架須由專業工程師設計，並充分考慮《守則》所列明的穩定性及安全規定，以及參考由屋宇署發布各份最新版本的《作業守則》。此外，竹棚架所承受的風力須根據《香港風力效應作業守則2019年》計算。參考風壓可因應竹棚架的設計使用年限調整，使用年限最少為2年，但風向特性和遮護效應則不可另作調整。

於2006年5月（初版）無有此節	5.2 一般而言，在須提交監工計劃書的建築工程所搭建的竹棚架，註冊承建商工作班子內的適任技術人員T1和T3，必須檢查地盤的實際狀況和正在展開的工程是否符合竹棚架的施工方法說明書和預防和保護措施；與及竹棚架是否時刻足夠地固定在永久構築物上以防止其倒塌；另外竹棚架、斜棚、墜台和安全網是否已妥善地安裝，以防止有人被墮物擊中，保障安全。每當發現任何不一致或欠妥事項，適任技術人員T1和T3須向獲授權簽署人的代表或獲授權簽署人報告，以作出糾正。認可人士的適任技術人員T3亦須按情況檢查竹棚架、斜棚、棚網和重型尼龍網等裝置，確保其設置與狀況均令人滿意。適任技術人員須確保負責其他工種的工人不會對竹棚架造成人為損毀。一旦發現損毀或欠妥之處，適任技術人員須立即提醒所有相關人士/工人不要再使用竹棚架，並儘快安排或指示進行修補。除非合資格的人已重新檢查並確認竹棚架處於安全狀態，否則不得使用該竹棚架。
於2006年5月（初版）無有此節	6.5 嚴禁棚架工人或其他工種的工人，擅自改動竹棚架（包括連牆器）。所有橫向繫件須加上警告標籤，並以中英雙語標明“不得改動或移除此繫件”，以便進行定期檢查。
於2006年5月（初版）無有此節	6.12 由行人路地面起計2米高度內的竹枝外圍須包上顏色對比鮮明並以海綿狀填充料填充的膠帶。此外，由行人路地面起計2米高度內突出的竹枝須是平的而不應有尖角，並須張貼警告告示，以引起視力受損人士的注意，協助他們安全使用毗鄰通道。
於2006年5月（初版）無有此節	丙 竹棚架的保養，檢查及拆卸 1.4 在惡劣天氣，例如颱風或強烈季候風來臨前，承建商須採取下列所需的預防措施，以確保竹棚架的安全。

免責聲明

本《文件》旨在比對屋宇署 - 《竹棚架設計及搭建指引》2006年5月（初版）及2025年4月（第二版）更新內容。本《文件》內的資料只節錄屋宇署 - 《竹棚架設計及搭建指引》的部份內容，不會減輕、限制或取代任何人須依法履行法定職責的法律責任。資料使用人應自行評估本《文件》內的資料，按本身情況決定有關資料是否適用。如因使用或不使用本《文件》內的資料而招致任何損失或損害，本會概不負責。

HKOSHA NEWS

Current Members

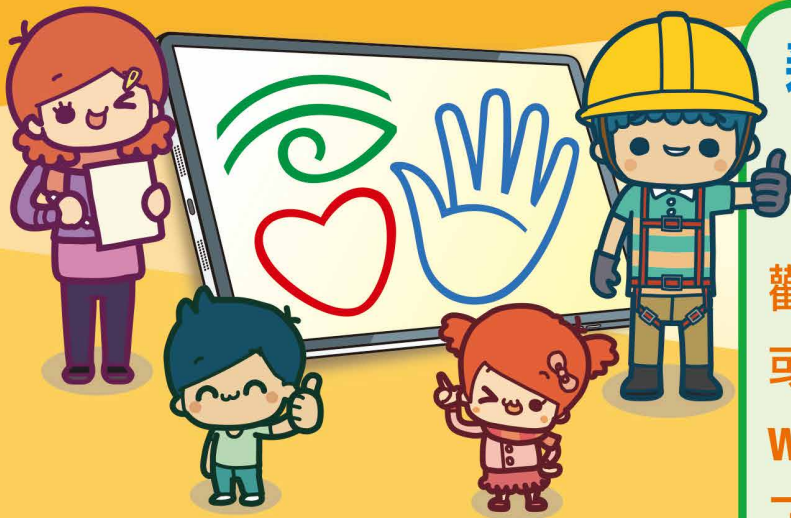
As of end June 2025, there are 440 members in HKOSHA.
The following membership applications were approved in May and June 2025

Approval of Membership

Name	Grade of Membership
TANG Sik Leung, Tony	Associate Member
WONG Chun Kwan	Associate Member
HOU Lai Mui	Member
YEUNG Wai Ho	Member
CHEUNG Yee Ki, Kris	Professional Member (General)
CHIM Man Yi	Professional Member (Health)
LO Chun Kit	Professional Member (Safety)
TING Wai Kin	Professional Member (Safety)



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