

LCQ7: Pilot Rehabilitation Programme for Employees Injured at Work

Following is a question by Dr the Hon David Lam and a written reply by the Secretary for Labour and Welfare, Mr Chris Sun, in the Legislative Council today (October 30):

Question:

The Pilot Rehabilitation Programme for Employees Injured at Work (the Pilot Programme) was launched in September 2022, and its industry coverage has also been expanded from the construction industry to the catering and hotel industry and the transportation and logistics industry from May this year onwards. In this connection, will the Government inform this Council:

- (1) of the total number of reported work injury cases in the construction industry in Hong Kong since September 2022 and, among them, the number of cases which are eligible for the Pilot Programme;
- (2) of the average waiting time of injured employees from the time of injury to commencement of rehabilitation treatment under the Pilot Programme;
- (3) as it is learnt that some injured employees who are eligible for the Pilot Programme have refused to participate in the Programme, whether the Government has gained an understanding of the reasons for their refusal;
- (4) of the types of work injury involved in the cases participating in the Pilot Programme, with a breakdown by the extent of injury;
- (5) among the injured employees who have participated in the Pilot Programme and recovered (i.e. reached maximum medical improvement), of the number of those who have returned to work and, among them, the percentage of those who are able to return to their original positions (especially employees in the construction industry who are able to re-enter the industry);
- (6) among the injured employees who have participated in the Pilot Programme and recovered but are unable to return to work, of the number of those who have completed the procedures of medical assessment of injury (i.e. assessment of permanent incapacity); and
- (7) as it is learnt that some non-profit-making organisations or training organisations in the community provide retraining and return-to-work support services specifically for persons recovered from work injury, how many employees who have recovered under the Pilot Programme but are unable to return to work have been referred to such organisations for follow-up?

Reply:

President,

To strengthen rehabilitation services for employees injured at work, the Labour Department (LD) launched the Pilot Rehabilitation Programme for Employees Injured at Work (Pilot Programme) in September 2022. The Pilot Programme adopts a case management approach to provide timely and co-ordinated private out-patient rehabilitation treatment services for participating injured employees to facilitate their early recovery and return to work. Currently, the Pilot Programme covers the construction industry, catering and hotel industry and transportation and logistics industry, targeting employees who have sustained musculoskeletal injuries at work and have been (or are expected to be) absent from work for six weeks or more. Eligible persons can participate on a voluntary basis.

My reply to Dr the Hon David Lam's question is as follows:

(1) From September 2022 to September 2024, the number of employees' compensation claims in the construction industry involving incapacitation of employees for more than 3 days as a result of work injuries reported under the Employees' Compensation Ordinance and received by the LD is about 6 900.

As at the end of September 2024, the LD and the Work Injury Rehabilitation Office (WIRO) set up by the service contractor of the Pilot Programme have, based on the reported work injury cases, identified 4 596 injured construction employees who preliminarily fulfilled the admission criteria of the Pilot Programme, and proactively invited their participation. As at the end of September 2024, a total of 1 011 injured construction employees have enrolled in the Pilot Programme.

(2) According to the Employees' Compensation Ordinance, an employer must notify the Commissioner for Labour of any work accident within 14 days after the accident occurs or after it comes to his knowledge. As mentioned in part (1), the LD and WIRO will preliminarily identify suitable injured employees based on the reported work injury cases, proactively invite them to participate in the Pilot Programme and arrange interviews to ascertain their eligibility for and willingness to participate in the Pilot Programme. Thereafter, the case manager will schedule an appointment for the employee to meet with the case doctor. Once the case doctor determines after clinical assessment that the employee's injury is suitable for treatment under the Pilot Programme, the relevant rehabilitation treatment will begin immediately.

Therefore, the duration from the time of injury to the commencement of treatment for an injured employee depends on the reporting time and the specific circumstances of the individual work injury case (such as the time needed to successfully contact the injured employee, when the employee can meet with the case manager and confirm their consent to participate in the Pilot Programme). Generally, counting from the first successful contact with the injured employee for introducing the Pilot Programme, an injured employee can receive treatment from a case doctor approximately after 10 working days.

(3) Some eligible injured employees have chosen not to participate in the Pilot Programme for various reasons, including their wish to continue receiving rehabilitation treatment services provided by the Hospital Authority, consideration that the location of the hospital or clinic they currently seek consultations is more convenient, preference for arranging their own private medical services, and their wish to continue receiving free private rehabilitation treatment provided by their employers.

(4) As at the end of September 2024, 1 350 injured employees from the construction industry, catering and hotel industry, and transportation and logistics industry have enrolled in the Pilot Programme. Their injuries primarily involved contusions and bruises, sprains and strains, fractures, etc, which accounted for approximately 80 per cent of all cases. Around 70 per cent of participants have already reached Maximum Medical Improvement (i.e. recovered) after treatment, with the majority recovering within 5 months after commencing treatment.

(5) Under the Pilot Programme, if participants do not return to work within two months after recovery, case managers will continue to follow up on their return-to-work status for the following three months. As of the end of September 2024, the return-to-work status of the 939 recovered employees is as follows:

| Return-to-work status | Number of employees (proportion) |
|--|---|
| Engaged in same kind of work* | 413 (approximately 44 per cent) |
| Engaged in other kinds of work* | 73 (approximately 8 per cent) |
| Return-to-work status under follow up | 201 (approximately 21 per cent) (mainly those who have recently recovered from their injuries) |
| Not yet returned to work during the follow up period | 252 (approximately 27 per cent) |
| Total | 939 |

*including those employed by the original employer or a different employer

Among the 413 recovered employees engaged in the same kind of work, 329 (approximately 80 per cent) were construction employees; and among the 73 recovered employees engaged in other kinds of work, 63 (approximately 86 per cent) were construction employees.

(6) Among the 252 recovered employees who were yet to return to work during the follow-up period as mentioned in part (5), 197 (approximately 78 per cent) have been arranged to attend an assessment conducted by the Employees' Compensation Assessment Board (commonly known as work injury assessment). The main reasons some cases have not yet received work injury assessment include pending arrangements for the assessment, the necessity to undergo legal procedures due to disputes over employees' compensation, or the involvement of injuries other than musculoskeletal for which the relevant treatments are yet to complete, etc.

(7) Each participant under the Pilot Programme is assigned a case manager to follow up on their case. The case manager co-ordinates rehabilitation treatment and assists in the participant's return-to-work, which includes, with the employee's consent, liaising with employers to facilitate return-to-work arrangements, or providing information on the job market based on the employee's circumstances. Furthermore, depending on the needs of individual cases and the wish of the employees concerned, participants may be referred to relevant non-governmental organisations for services such as employment counselling, vocational training, and job skills training to enhance their skills and prepare for return-to-work during the recovery journey. As of the end of September 2024, a total of 20 participants agreed to be referred to the relevant organisation, of whom six have returned to work, 11 were yet to return to work during the follow-up period after recovery, and the return-to-work status of the remaining three was still being monitored.