職業安全健康局
Occupational Safety & Health Council

Housing Authority Occupational Incident and Disease Surveillance System (HAOIDSS)

香港房屋委員會 工傷及閃失事故和職業病監測系統

Developed by
Occupational Safety and Health Council (OSHC)

HAOIDSS

- Developed by OSHC
- A web-based information management system for Housing Authority (HA)
- 3 main objectives
  1. To allow contractors to record accident and incident cases happened in workplaces
  2. To assist contractors in completion of forms for notification of accidents, incidents and occupational diseases to Labour Department
  3. To provide HA the capability to generate statistics and charts for incident and disease surveillance

HAOIDSS

- Benefits of HAOIDSS
  1. A data-based platform, records are easily to be traced back and monitored for different parties
  2. Systematic, records and forms can be fast generated
  3. Reduced paper workload for frontline staff
  4. Computerized statistics and analysis charts for inputted cases to assist users for identifying trends and causes of accidents and incidents

HAOIDSS

- 3 Main Parties of HAOIDSS
  1. Contractors
     - Input data of accidents, incidents and occupational diseases; view data of their own in the system monitored by OSHC
  2. Housing Authority
     - View the data stored in the system monitored by OSHC
  3. OSHC
     - Administrate the HAOIDSS

HAOIDSS

- HAOIDSS 4 main interfaces

1. User management
2. Data Input
3. Print & Export
4. Report

HAOIDSS

1. User management

3 Main Parties of HAOIDSS	User Management Levels
OSHC	Administrator
Housing Authority	
Contractors	Company Director Site Manager Contractor Clerk

HAOIDSS

1. Administrator (HA / OSHC)
   - Read reports
   - Create companies' account
2. Company Director (Contractors)
   - Add sites and create account for their site managers
3. Site Manager
   - Add contractor and create account for contractors
   - Create account for clerks
   - Create, edit and submit the report submitted by clerk

HAOIDSS

4. Contractor
   - Create clerk account
   - Create, edit and submit the report submitted by clerk

5. Clerk
   - Input the data of the report created by contractor / site manager

HAOIDSS

2. Data Input

- **Form 2**
  "Notice by employer of the death of an employee or of an accident to an employee resulting in death or incapacity"

- **Form 2A**
  "Notice by employer of the death or incapacity of an employee due to occupational disease"

- **Form 2B**
  "Notice by employer of an accident to an employee resulting in incapacity for a period not exceeding 3 days"

- **Do (IU) Form**
  "Dangerous Occurrence Report Form (For Industrial undertakings)"

HAOIDSS

2. Data Input

- **Do (NIU) Form**
  "Dangerous Occurrence Report Form (For Non-Industrial undertakings)"
- **Form 787 (CDMP-F787_20130111(1) or most updated version)**
  Housing Authority Accident / Incident Report Form
- **SIS – Supplementary Information on Accidents on Construction Sites**
  Attached with Form 2

HAOIDSS

2. Data Input

- Contractors will be responsible to input unique case number, e.g. F2A20110123001 with agreed format (contract number, case number, creating date, company etc).

HAOIDSS

3. Print & Export

- Search cases by one or more criteria, e.g. contract number, enterprise name, employee name, accident type, etc
- The records in the search result can be edited or exported in PDF format
- The PDF file exported should be printable as agreed format

HAOIDSS

4. Report

- The report interface should enable users to select the desired type of summaries, analyses and calculations
- Example
  - Summaries
    - Types of accident by contract number in a designated period
  - Analyses
    - Cross tabulation of two variables, Pareto analysis
  - Calculations
    - Accident frequency and / or severity in a control chart with user-settable target and action level

HAOIDSS

4. Report

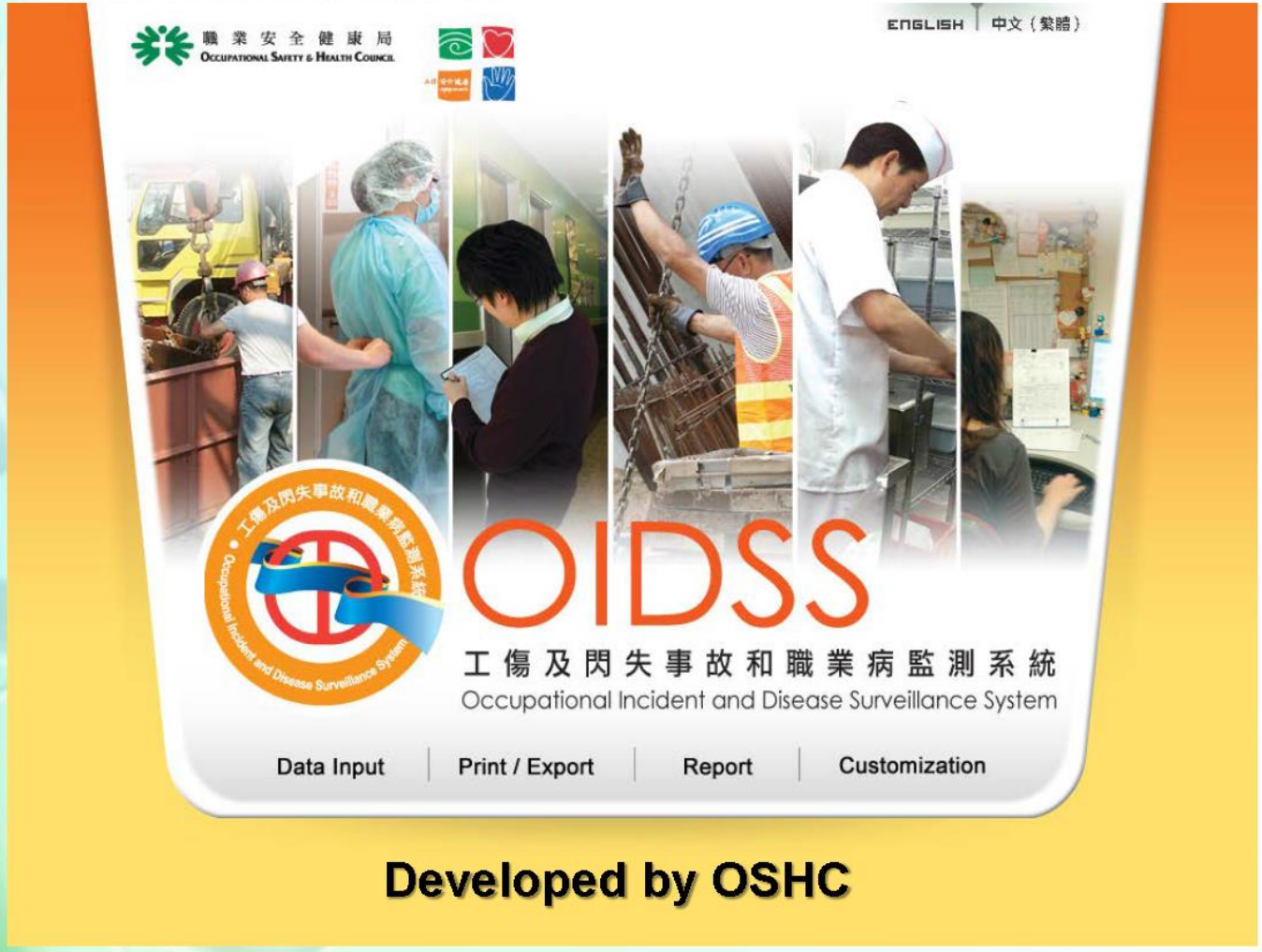
5 kinds of reports

- Injury Rate 1:
  - Number of injuries per 1,000 employees (Form 2 & Form 2A)
- Injury Rate 2:
  - Number of injuries per 1,000 employees (Form 2, Form 2A & Form 2B)
- Accident severity rate per 100,000 man-hours worked
  - Number of lost days due to injuries
- Fatality rate per 1,000 workers
- Frequency Rate
  - Frequency of injuries based on the items of the 7 forms (except SIS form) of the system

Existing OIDSS developed by OSHC

Occupational Incident and Disease Surveillance System
工傷及閃失事故和職業病監測系統

Occupational Incident and Disease Surveillance System
工傷及閃失事故和職業病監測系統

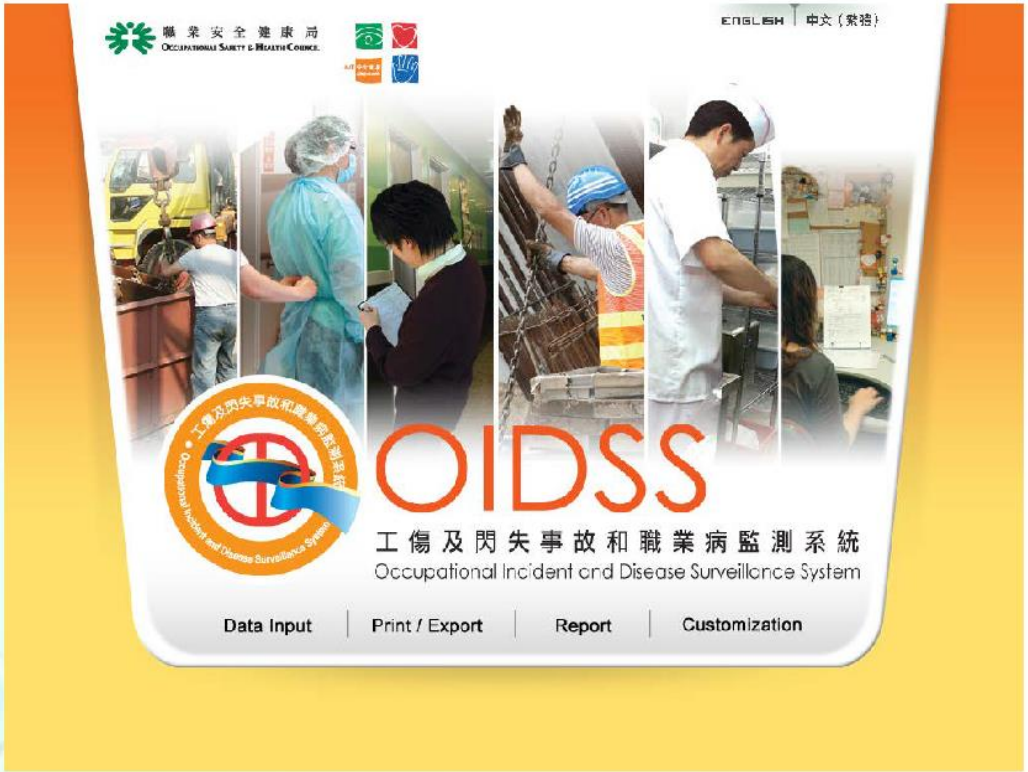


Developed by OSHC

OIDSS

- 4 main interfaces

1. Data Input
2. Print & Export
3. Report
4. Customization



Data Input Interface

Example – Form 2

[reg.4]

FORM 2
EMPLOYEES' COMPENSATION ORDINANCE(CAP. 282)
SECTION 15
NOTICE BY EMPLOYER OF THE DEATH OF AN EMPLOYEE OR OF AN ACCIDENT TO AN EMPLOYEE RESULTING IN DEATH OR INCAPACITY

Important Notes

(1) To be completed and returned in DUPLICATE to the Commissioner for Labour -
(a) WITHIN 7 DAYS of the accident in the case of death, or
(b) WITHIN 14 DAYS of the accident in the case of injury, or
(c) WITHIN such period of time as required by the Commissioner for Labour

(2) An employer who fails to give notice as required or who gives any false or misleading information to the Commissioner for Labour may be prosecuted.

(3) Part I must be completed for each employee. Part II is to be completed only if the accident occured on a construction site.

(4) If more than one employee was injured or died as a result of an accident, please complete a separate form in duplicate for each employee.

(5) Please ✓ in the appropriate box.

(6) Please read the instructions carefully before completing this Form

Start

Example – Form 2

ENGLISH

OIDSS
工傷及罕失事故和職業病監測系統
Occupational Incident and Disease Surveillance System

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Form 2

Employees' Compensation Ordinance(CAP. 282)

SECTION 15

NOTICE BY EMPLOYER OF THE DEATH OF AN EMPLOYEEOR OF AN ACCIDENT TO AN EMPLOYEE RESULTING IN DEATH OR INCAPACITY

To the Commissioner for Labour

I declare that the information given in this form is, to the best of my knowledge, true and accurate.

Name (in block letters):

Position: ○ Sole proprietor ○ Partner ○ Manager ○ Officer

Date: (e.g. 2011-1-31)

Signature: Choose File for and on behalf of the employer

Chop of Company: (Note 1) Choose File

Part I

A. Particulars of the employee

Name of employee (Surname first):

A. Particulars of the employee | B. Particular of employer C. Particulars of principal contractor / holding company | D. Description of accident E. Details of insurance | F. Details of earnings of the employee G.Fatal accident | H. Direct settlement I. Place of accident | J. Nature of injury K. Type of accident | L. Agents involved M. Sketch N. Type of work performed by the employee at the time of accident | O. Machinery involved P. Transporting or construction machinery involved

Example – Form 2

A. Particulars of the employee

Name of employee (Surname first):

Identify Card / Passport No. :

Telephone No.:

Fax No.:

Address:

(Block, Floor, Room)

(Street and Building)

(District)

Date of Birth: (e.g. 2011-1-31)

Sex: ○ Male ○ Female

Occupation: ------ please select ------

Please Specify

An apprentice? ○ Yes ○ No

NEXT

A. Particulars of the employee | B. Particular of employer | C. Particulars of principal contractor / holding company | D. Description of accident | E. Details of insurance | F. Details of earnings of the employee | G.Fatal accident | H. Direct settlement | I. Place of accident | J. Nature of injury | K. Type of accident | L. Agents involved | M. Sketch | N. Type of work performed by the employee at the time of accident | O. Machinery involved | P. Transporting or construction machinery involved

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OCCUPATIONAL SAFETY & HEALTH COUNCIL

Print & Export

B. Print / Export

Case Number.:		Search
Name.:		Search
Accident Type (For Form 2 only):	---------Please select---------	Search
Accident Date / Incident Date / Date of commencement of Disease:	(e.g. 2011-1-31)	Search
Identity Card / Passport No.:		Search

Search result:

Case Number	Identity Card / Passport No.:	Name / Name of Industry / Name of employer or occupier	Accident Type (Form 2)	Accident Date / Incident Date / Date of commencement of Disease	Date of data inputted

mainFrame

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Print & Export

Thank You