



---

**Introduction of**

**Housing Authority**  
**Occupational Injury and Disease Surveillance System**  
**(HAOIDSS)**

**3 November 2014**

**Henry CHEUNG**  
**Senior Consultant**





# Objectives

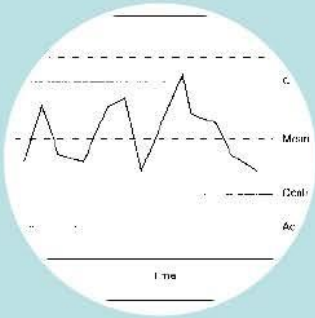
---

- A web-based management information system for Housing Authority (HA)
- 4 main objectives
  1. To record incident and disease cases happened on construction sites
  2. To assist contractors in completion of administrative forms for notification of accidents, incidents, and occupational diseases to HA and Labour Department (LD)
  3. To provide users alert when an action level / control limit is exceeded
  4. To provide HA and other users the capability to generate statistics for injury and disease surveillance





# 3 Modules



Incident  
Performance  
Monitoring



Incident  
Notification &  
Submission of  
Forms



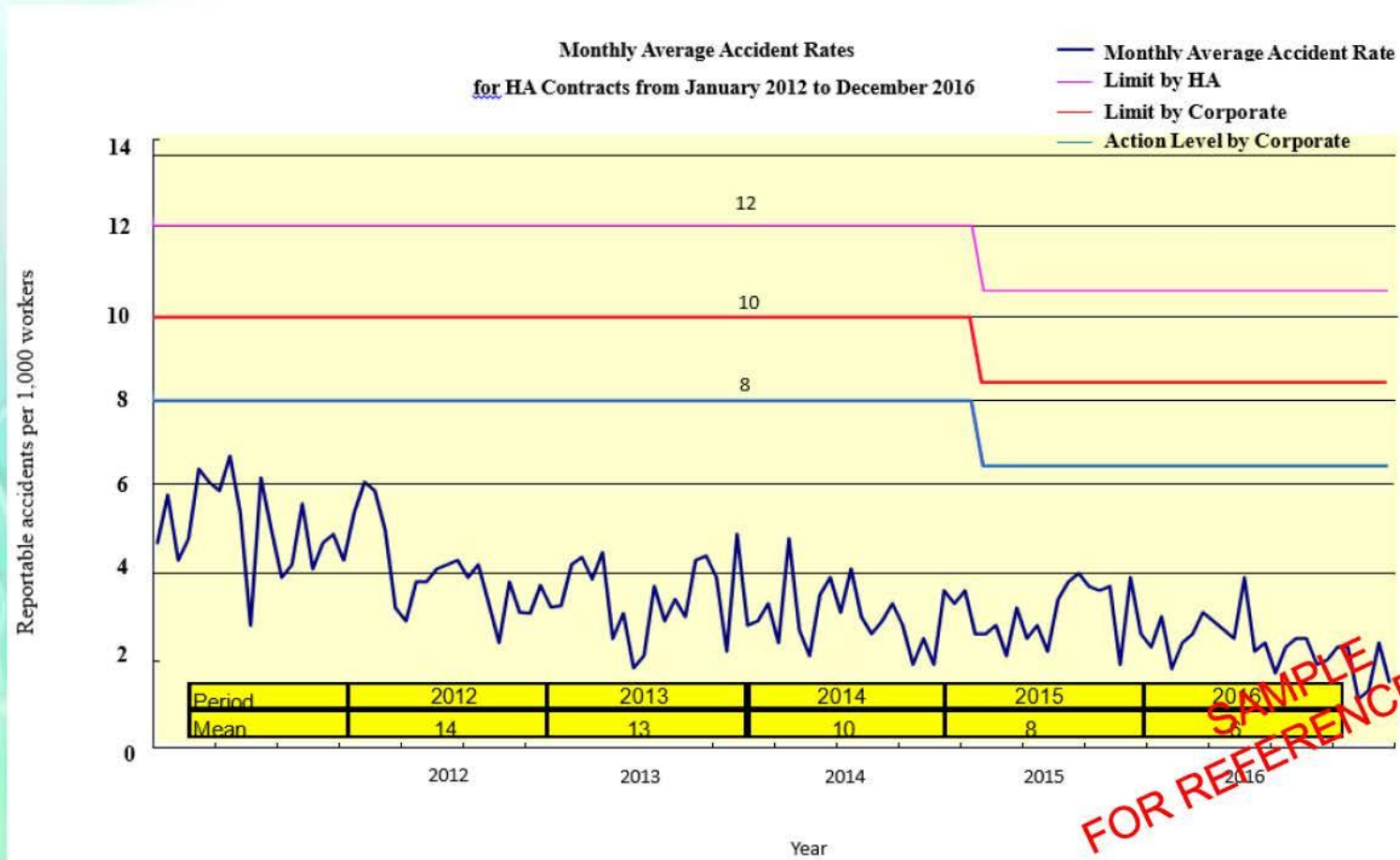
Root Cause  
Analysis





## Module 1

# Control Chart

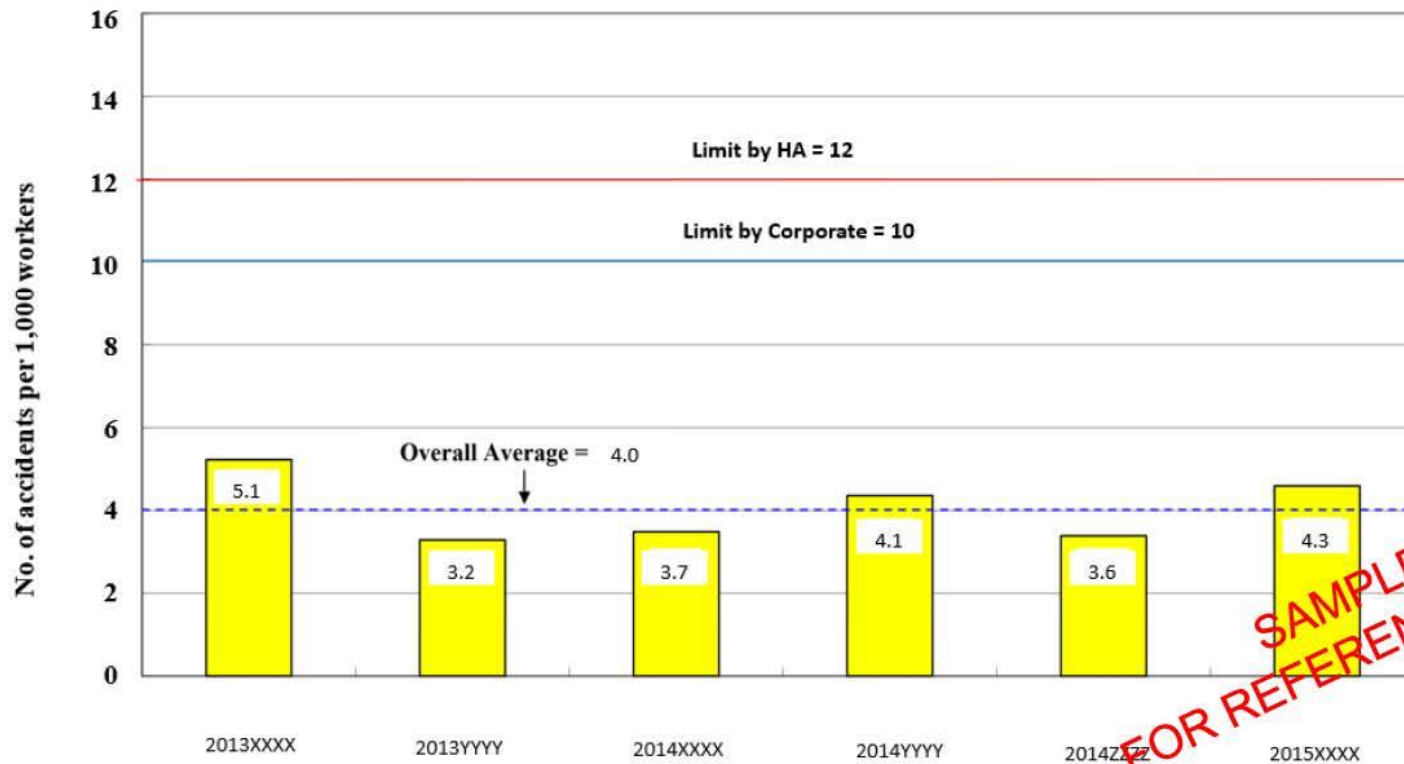




## Module 1

# Comparison Chart

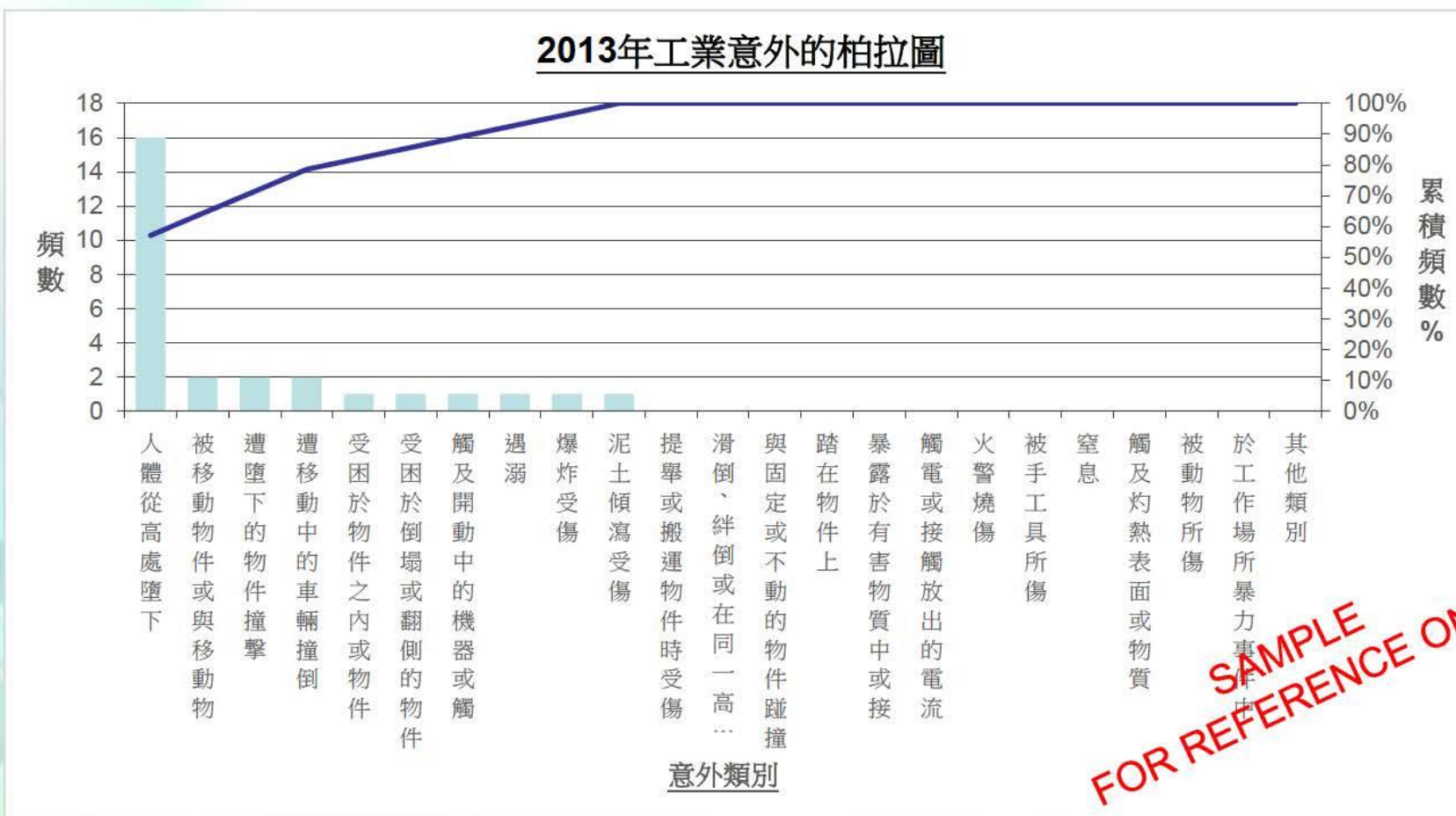
Average Accident Rates for HA Contracts in 2015





## Module 1

# Pareto Chart



SAMPLE  
FOR REFERENCE ONLY





## Module 1

# Testing for Seasonal Effect

Accident rate in 12 months of a year





## Module 2

# Filling in Form 787 & SIS

**Housing Authority Accident / Incident Report Form**

(A) This box to be completed by Contractor and HD site staff

To: Contract Manager (Post) / or HD site staff

From: Contractor (Signature by Site Agent) / HD Site Staff (Signature by HD Site Staff)

(B) Project Information

B01 Project: \_\_\_\_\_ B02 Contract No: \_\_\_\_\_  
B03 Contractor: \_\_\_\_\_ B04 Date of accident/incident (dd mm yyyy): \_\_\_\_\_  
B05 Subcontractor (if applicable): \_\_\_\_\_

(C) Information about the site

(D) Stage of construction at the Contract

<input type="checkbox"/> C01 Earthwork / Road & Underground Services Works	<input type="checkbox"/> C02 Substructure / foundation	<input type="checkbox"/> C03 Superstructure
<input type="checkbox"/> C04 Maintenance	<input type="checkbox"/> C05 Finishing	<input type="checkbox"/> C06 Site Clearance
<input type="checkbox"/> C07 Demolition	<input type="checkbox"/> C08 Site Preparation	<input type="checkbox"/> C09 Piling / P.S.W.
		<input type="checkbox"/> C10 Others

(E) This box to be completed by HD Contract Manager

To: CRC via CRC secretary (Post) / Note: Trigger report to CRC for review:  Yes /  No

From: Contract Manager (Signature by Contract Manager)

To be completed by contractor for all parts below

(F) Category of Accident / Incident (can tick more than one box) and attached information

<input type="checkbox"/> F01 Non-serious accident	
<input type="checkbox"/> F02 Serious accident	
<input type="checkbox"/> F03 Fatal accident	
<input type="checkbox"/> F04 Dangerous occurrence	Note: 1. Refer to explanatory notes for definition of EDI to OSH
<input type="checkbox"/> F05 Incident/Near miss	2. Serious (fatality) cases of employees to be covered in Form 2 submission to OSH such as fire, displacement of earth, collapse, fall etc.
<input type="checkbox"/> F06 Death of person not due to industrial accident	
<input type="checkbox"/> F07 Accident resulting in absence from work for not more than 3 days	

Other attached information:

a. Form 2 & OSR	<input type="checkbox"/> attached	<input type="checkbox"/> to be submitted in due course
b. OSH report	<input type="checkbox"/> attached	<input type="checkbox"/> to be submitted in due course
c. Investigator report	<input type="checkbox"/> attached	<input type="checkbox"/> to be submitted in due course

Explanatory notes:

F01 Non-serious accident: Reportable industrial accident resulting in injury with incapacity for more than 3 days.

F02 Serious accident: Serious accident means serious injury resulting in a loss or suspension of a job or which has caused or is likely to cause permanent total disablement to the injured.

F03 Fatal accident: Reportable industrial accident resulting in death.

F04 Dangerous Occurrence (DO) is defined under Schedule 1 of TBU Reg (Cap 50A) and attached below for ease of reference:

- Bumping of a revolving vessel or wheel, generation or grinding wheel moved by mechanical power.
- Collapse or failure of a crane, derrick, or such hoist or other appliance (but not including a builder's lift or law or working platform to which the Builders' Lifts and Tower Working Platforms (Safety) Ordinance (Cap 470) applies) used in raising or lowering persons or goods, or any part thereof (except the knowledge of crane or rope slings), or the overturning of a crane.
- Explosion or fire causing damage to the structure of any room or place in which persons are employed, or to any machine or plant contained therein and resulting in the complete suspension of ordinary work in such room or place.
- Electrical short circuit or failure of electrical machinery, plant or apparatus, attended by an explosion or fire or causing structural damage thereto, and involving its stoppage or delay.
- Explosion of a receiver or container used for the storage at a pressure greater than atmospheric pressure of any gas or gases (including air) or any liquid or solid resulting from the compressible of gas.
- Collapse or failure of any hoist or part thereof or any cable, rope, wire, floor, structure or foundation forming part of the premises of an industrial undertaking in which persons are employed.
- Total or partial collapse of any roof, under, face, top or overhanging in a quarry.
- Overturning of, or collapse with any object by, any building, structure, excavation, gully, long or short ladder, or any mobile machine used for the handling of any substance in a quarry.

F05 Incident / Near Miss is a non-reportable incident not involving any injury.

F06 Death of person on site: Death of person on site to be reported an occupational injury to Labour Department within 24 hours and might not be classified as 'OSR Fatal accident' by the Occupational Safety Officer of Labour Department initially.

### Supplementary Information on Accidents on Construction Sites

#### Explanatory Notes:

This is not a statutory form required to be submitted under the Employees' Compensation Ordinance for reporting accident. However, the co-operation of employers is sought to complete Sections I, II and III below for accidents occurred on construction sites. The supplementary information will be used for the purpose of accident analysis within Government and by the public bodies concerned.

#### I. Particulars of Worksite

Commencement of Construction Work: _____ / _____ / _____ Month / Year	Expected Date of Completion: _____ / _____ Month / Year
Contractor Name: _____	
Site Address: _____	
Contract No. (if available): _____	
Date of Accident: _____	
Contact Telephone: _____	Chap of Company: _____

#### II. Particulars of Project

(A) Nature of Project

Civil Engineering  Superstructure  Maintenance and Repair

(B) Private Project

Yes  No

If Yes, please give name and contact telephone no. of authorized person or project manager: \_\_\_\_\_

If No, please indicate below the type of public works/government project

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

(C) Public Works or Government Project

<input type="checkbox"/> 01 Architectural Services Department	<input type="checkbox"/> 12 Airport Authority Hong Kong
<input type="checkbox"/> 02 Buildings Department	<input type="checkbox"/> 13 Agriculture, Fisheries & Conservation Department
<input type="checkbox"/> 03 Civil Engineering Department	<input type="checkbox"/> 14 Environmental Protection Department
<input type="checkbox"/> 04 Drainage Services Department	<input type="checkbox"/> 15 Home Affairs Department
<input type="checkbox"/> 05 Electrical & Mechanical Services Department	<input type="checkbox"/> 16 Food & Environmental Hygiene Department
<input type="checkbox"/> 06 Highways Department	<input type="checkbox"/> 17 MTR Corporation Limited
<input type="checkbox"/> 07 Housing Department	<input type="checkbox"/> 18 Civil Engineering & Development Department
<input type="checkbox"/> 08 Water Supplies Department	<input type="checkbox"/> 19
<input type="checkbox"/> 09 Housing Department	<input type="checkbox"/> 20
<input type="checkbox"/> 10	<input type="checkbox"/> 21
<input type="checkbox"/> 11	<input type="checkbox"/> 22

#### III. Particulars of Place of Fall (If Injured by Fall from Heights)

<input type="checkbox"/> 01 Bamboo scaffold	<input type="checkbox"/> 04 Working platform/falsework	<input type="checkbox"/> 07 Ladder
<input type="checkbox"/> 02 Fragile structure	<input type="checkbox"/> 05 Unfenced edges & lift shaft opening	<input type="checkbox"/> 08 Others
<input type="checkbox"/> 03 Material hoistway	<input type="checkbox"/> 06 Unfenced/insecurely covered opening	

Please "x" in the appropriate box.  
LD 20(C) Rev (12/2007)







Module 2

# Mandatory Forms

---

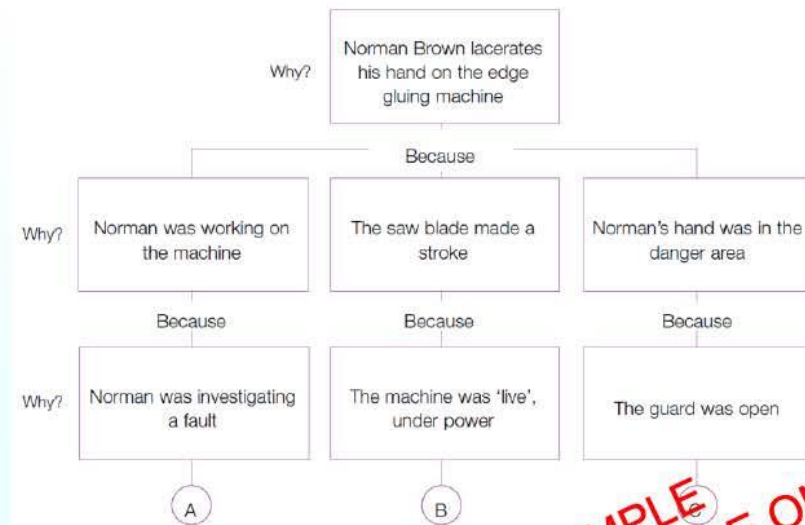
- Assist in filling relevant fields in other mandatory forms:
  - Form 2
  - Form 2A
  - Form 2B
  - Form DO





# Root Cause Analysis

- Answer questions by steps, eg
  - Where and when did the incident happen?
  - Was the risk known? If so, why wasn't it controlled? If not, why not?
  - Did the contractor and arrangement of the work influence the incident?



**SAMPLE  
FOR REFERENCE ONLY**





## Module 3

# Risk Control Action Plan

- Answer questions by steps, eg
  - What risk control measures are needed/recommended?
  - Do similar risks exist elsewhere? If so, what and where?

### 22 Which risk control measures should be implemented in the long and short term?

Control measure	Completion Date	Person responsible
1 Replace interlocks	Before use	Peter (filter)
2 Rearrange workshop	Before use	John (foreman) Richard (H&S)
3 Prepare SWPs for isolation and reporting and repair/maintenance	1.12.03	John (foreman) Richard (H&S)
4 Assess competence and training needs & deliver training	1.12.03 1.3.04	John (foreman) Richard (H&S)
5 Prepare/review risk assessments	1.03.03	Richard (H&S)

### 23 Which risk assessments and safe working procedures need to be reviewed and updated?

Name of risk assessment safe working procedure	Completion Date	Person responsible
1 Risk Assess. For workplace	1st week in July	Richard (H&S)
2 Risk Assess. For machinery	1st week in July	Richard (H&S)
3		
4		

**SAMPLE  
FOR REFERENCE ONLY**



# Data Privacy & Schedule

- Data Privacy
  - System data should meet statutory requirements stipulated under Employees' Compensation Ordinance and Personal Data (Privacy) Ordinance
  - Documents which contain personal data – eg, name, HKID number, and address of accident victim; and those of employing sub-contractor – will NOT be allowed as attachment.
- **User acceptance test and completion in 2015**

