

**Written Representation of**  
**The Hong Kong College of Community Medicine**  
**on the Occupational Deafness (Compensation) (Amendment) Bill 2002**

The Hong Kong College of Community Medicine would like to inform the Legco that the Subspecialty of Occupational Medicine was formally set up in the Hong Kong Academy of Medicine under the Hong Kong College of Community Medicine in 2001. Legco may consider this recent development when deliberating on the proposed Amendment Bill.

**1. Reimbursement of expenses in relation to hearing assistive devices**

The amounts prescribed for the purposes of 27C(1) and (2) may not be adequate for the proposed purposes under certain circumstances due to advances in medical technology. We propose not to include a ceiling for reimbursement in the legislation but to entrust the Occupational Deafness Medical Committee with the task of determining the appropriate amount of reimbursement for each case.

**2. The percentage of permanent incapacity**

2.1 There is some uncertainty as to why the maximum incapacity for occupational deafness is being capped at 60%, whereas workers suffering from deafness as a result of occupational injuries or **other prescribed occupational diseases** under the Employees Compensation Ordinance are entitled to a maximum incapacity of 100%.

2.2 In the United Kingdom, hearing impairment at 50 dB due to Occupational Deafness would be rated as having a disablement of 20% and the maximum disablement allowed for occupational deafness is 100%.

2.3 Consideration should be given to adjust the table for permanent incapacity.

### **3. Specified noisy occupations**

In both reviews (1996 and 2000), the working groups recommended adding “new” noisy occupations to the list of specified noisy occupations. It is understandable that any such list cannot be exhaustive and any review process causes delay in recognition. Workers who genuinely had occupational deafness might suffer from not being compensated purely because certain noisy occupations were not recognized in the past. We feel that if there is a genuine case of occupational deafness in a worker who has worked in an occupation that is not on the list and he/she cannot claim compensation, this would be unfair. We suggest that there needs to be a mechanism which allows for such cases, if they have been carefully reviewed by the Medical Committee. The law should allow for this.

### **4. The Board to conduct or finance rehabilitation programmes**

This proposal is strongly supported.

### **5. Other recommendations**

5.1 The proposed improvement of the compensation scheme should have retrospective effect from the first launch of the Scheme. This should also be applicable to specified noisy occupations identified in the future.

5.2 It is recommended that the Board provide regular (say every two to three

years) reassessments for those workers who have received compensation but have to continue to stay in noisy jobs, and provide additional compensation for any further hearing loss after discounting the effect of ageing on hearing acuity. These workers may suffer further hearing loss as a result of their continued occupational noise exposure. By deferring the initial assessment to retirement, the opportunity for better prevention could also be jeopardized.

\*\*\*\*\* The End \*\*\*\*\*