



Workers' Compensation in Western Australia Annual Statistical Report 2006/07 to 2009/10

August 2011

WorkCover WA

Workers' Compensation in Western Australia Annual Statistical Report 2006/07 to 2009/10

Perth, Western Australia: Western Australian Government

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The Western Australian workers' compensation scheme

Western Australia (WA) operates a privately underwritten workers' compensation scheme. This means that private insurance agencies are approved by WorkCover WA to provide workers' compensation insurance to WA employers. There are currently eight approved insurers operating within the WA workers' compensation scheme. The Insurance Commission of WA (ICWA) is also an insurer within the WA scheme, providing workers' compensation insurance for government agencies. As a result, ICWA is usually 'grouped' with approved insurers. In addition, WorkCover WA also exempts large employers, who have the material and financial resources to cover their own liabilities from any workplace injuries that may occur, from having to obtain workers' compensation from an approved insurer. Exempt employers are commonly referred to as self-insurers. Currently there are 27 self-insurers within the WA workers' compensation scheme.

Figure 1 provides an overview of claims within the WA workers' compensation scheme.

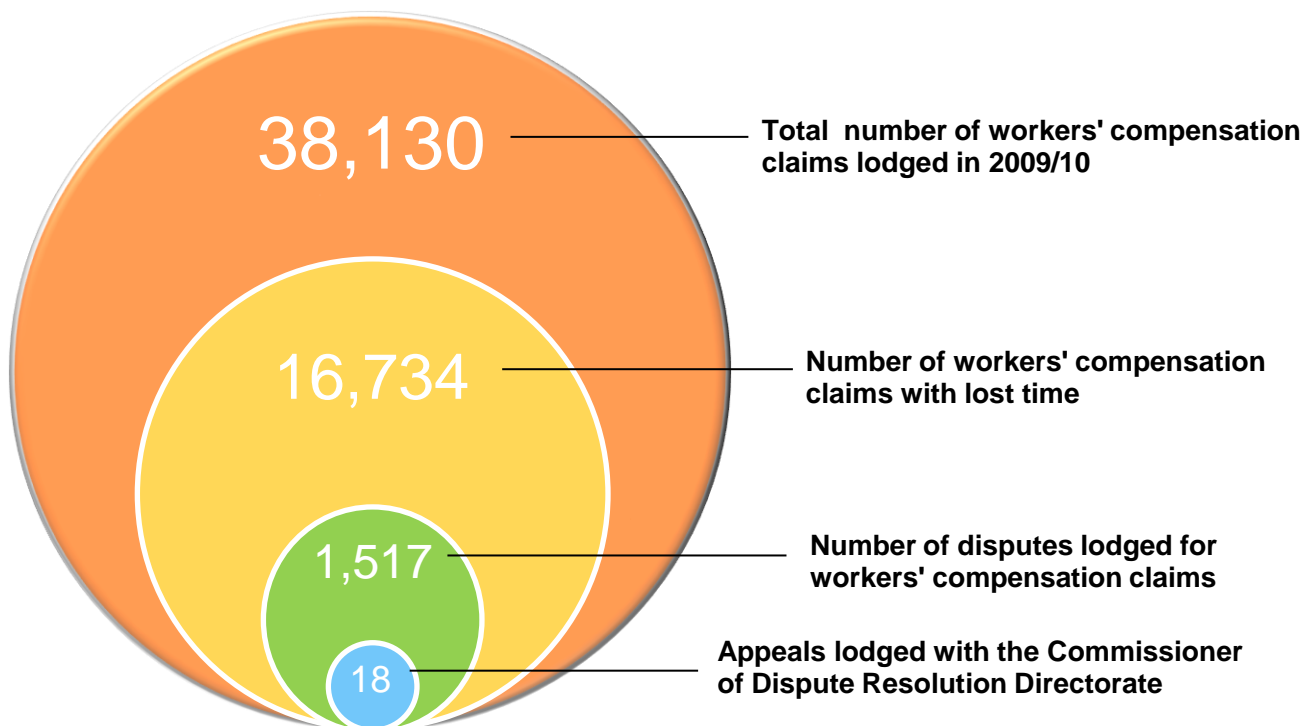


Figure 1: Overview of claims within the WA workers' compensation scheme

WorkCover WA

WorkCover WA is the government agency responsible for overseeing the WA workers' compensation and injury management system. WorkCover WA undertakes a range of educational, advisory, enforcement and performance monitoring activities to ensure that the WA workers' compensation scheme is fair, accessible and cost-effective for all participants.

WorkCover WA produces a range of statistical reports which detail various aspects of the WA workers' compensation scheme. These include:

- Scheme Quarterly Status Report
- Approved Insurer Quarterly Status Report
- Self-Insurer Quarterly Status Report
- Medical, Allied Health and Vocational Rehabilitation Services Status Report (biannual)
- Workers' Compensation Premiums in Western Australia (annual).

These reports are available on the WorkCover WA website at:

www.workcover.wa.gov.au/Publications+And+Forms/Research/Default.htm.

About this report

Workers' Compensation in Western Australia Annual Statistical Report 2006/07 to 2009/10

WorkCover WA's annual statistical report is designed to provide stakeholders with an understanding of claim activity and key trends within the WA workers' compensation scheme over a four year period.

The report provides information about workers' compensation claims between 2006/07 and 2009/10 at three levels:

- (i) Scheme statistics (includes claim numbers, payments and costs)
- (ii) Claimant characteristics (age, gender, industry, occupation)
- (iii) Injury and disease attributes (includes level of incapacity, nature and bodily location of injury/disease).

Where does the data come from?

WorkCover WA collects data from approved insurers and self-insurers about all workers' compensation claims lodged in the WA scheme. For the purposes of this report, this includes data from all current and former approved insurers, self-insurers and ICWA. Information obtained from insurers includes details about claim numbers, payments and costs.

WorkCover WA applies national classification standards to claims data supplied by insurers to obtain information about injury and disease attributes, industries where injuries and diseases occurred and occupations of workers. Table 1 provides a summary of these classifications.

Table 1: Summary of national classification standards to code workers' compensation data

Data	Classification standard applied to code data	Version of standard	Period of use	Organisation responsible for classification
Profile of injuries*: - Nature - Mechanism - Bodily location - Agency	Type of Occurrence Classification System (TOOCS)	2.1	Claims lodged with insurers between 1/07/2002 to 30/06/2009	Australian Safety and Compensation Council
		3.1	Claims lodged with insurers from 1/07/2009	
Industry	Australian and New Zealand Standard Industrial Classification (ANZSIC)	93	Claims lodged with insurers prior to 1/07/2009	Australian Bureau of Statistics (ABS)
		06	Claims lodged with insurers from 1/07/2009	
Occupation	Australian Standard Classification of Occupations (ASCO)	2	Claims lodged with insurers between 1/07/2000 and 30/06/2009	ABS
	Australian and New Zealand Standard Classification of Occupations (ANZSCO)	1	Claims lodged with insurers from 1/07/2009	

As different classification standards were applied to obtain information about the profile of injuries/diseases, industry and occupation from 1 July 2009, information for 2009/10 is displayed separately within this report.

Where do I obtain more information from?

Prevention of work-related injuries and diseases

WorkSafe WA

www.worksafe.wa.gov.au
Telephone: 1300 307 877
PO Box 294
West Perth WA 6872

Workers' compensation and injury management

WorkCover WA

www.workcover.wa.gov.au
Telephone: 1300 794 744 (WA only) or 08 9388 5555
2 Bedbrook Place
Shenton Park WA 6008

* See Glossary for definitions.

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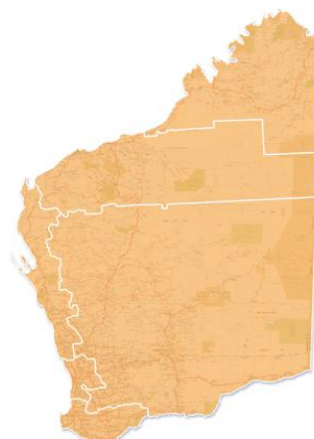
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Context for this report

The period between 2006/07 and 2009/10 encompassed the global financial crisis, which created a challenging environment for the WA workers' compensation scheme. During this time:

- recommended premium rates rose in 2008/09
- unemployment rates in WA peaked at 5.7% in September 2009 [1]
- the WA population continued to grow
- petroleum and minerals exploration increased in the North West of WA [1].

During times of economic downturn and rising unemployment, the frequency of workers' compensation claims often reduce while the duration of workers' compensation claims lodged tend to increase [2,3]. These trends were reflected in the WA workers' compensation scheme where claim payments rose despite a decrease in claim numbers. This was particularly evident during 2008/09 although in the most recent year (2009/10), trends in relation to claim numbers are stable to increasing as the WA economy expands [1].



Summary

Over the past four years there has been a shifting trend towards claims being of longer duration (i.e. injured workers having longer time off work). While an overall decrease in the claim frequency rate has been observed, this is largely a result of reductions in no lost time and shorter duration claims. The rate of long duration claims (defined as 60 days or more time off work) has increased during this period. Interestingly, there was no corresponding rise in the number of claims with serious injuries resulting in partial or total permanent incapacity. Increases in unemployment rates in WA in 2008/09 and reduced demand for products and services may have been contributing factors for injured workers having longer time off work.

The lost time claim frequency rate for male workers decreased over the four year period while remaining stable for female workers. The latter may be reflective of increases in workforce participation rates by females, particularly those aged between 55 and 64 years [4]. There was also a notable increase in lost time claim frequency for workers aged 60 years and over. This area is being closely monitored by WorkCover WA given legislative changes to the *Workers' Compensation and Injury Management Act 1981* which will remove the existing cap on age entitlements (currently up to 65 years) and the announcement of an increase in the national pension age to 67 from 1 July 2023 in the 2009 Federal budget [4].

In light of longer claim durations within the WA workers' compensation scheme, not surprisingly there has been a corresponding rise in claim costs and payments (adjusted over time). Direct compensation payments such as weekly income replacement payments, lump sum and common law payments have all increased, with the latter largely attributed to a two fold increase in claims for workplace fatalities between 2008/09 and 2009/10. Legal and miscellaneous payment costs also increased along with an increase in settlement activities, partly offset by decreasing numbers of claims disputed. Medical and hospital service payments remained relatively stable while there were increases in both allied health and vocational rehabilitation service payments over the four year period.

Musculoskeletal injuries continue to account for approximately 50% of all lost time claims lodged within the WA workers' compensation scheme. The majority of these injuries are caused as a result of physical stress on muscles, tendons and ligaments predominantly on the upper part of the body. In 2009/10, the Health care and social assistance industry had the highest numbers of lost time claims (2,505 claims) followed by Manufacturing (2,481 claims) and Construction (2,100 claims).

Overall trends across the WA scheme, claimant characteristics and injury/disease attributes have not changed significantly compared with previous reference periods. However there is room for improvement in relation to claim management performance. In particular, timely lodgement of workers' compensation claims, decisions on claim liability within legislated timeframes and time taken to finalise a claim. These factors contribute to early and effective injury management and assist injured workers to return to suitable and sustainable employment.

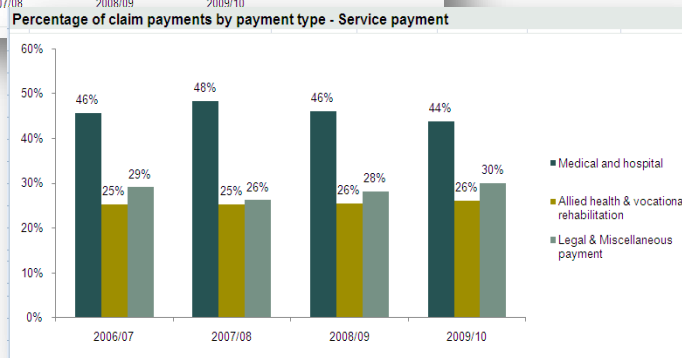
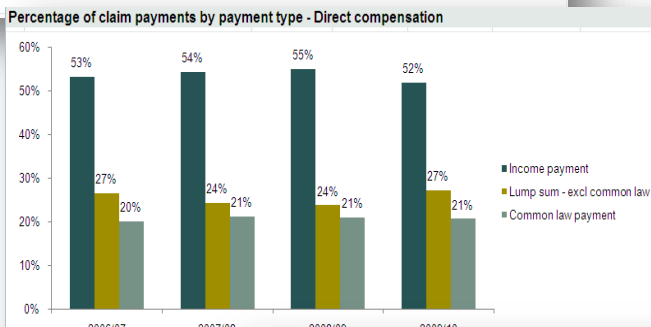
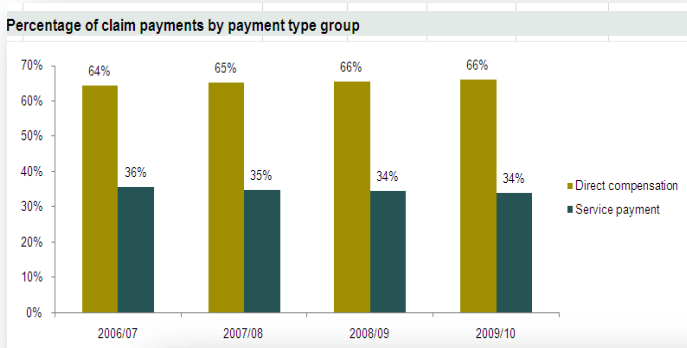
As outlined in the Introduction, this report provides a profile of workers' compensation claims lodged with insurers and self-insurers between 2006/07 and 2009/10 in three main sections: scheme statistics, claimant characteristics and injury/disease attributes.

Within each section, a uniform format has been applied to assist the reader in interpreting and obtaining information from each area presented. This is described below.

Scheme statistics	2006/07	2007/08	2008/09	2009/10p	Trend ^a
Number of claims by days lost					
0 day	22,264	22,793	21,871	20,082	▼
1 -4 days	5,571	5,185	4,858	4,264	▼
5 -19 days	5,801	5,819	5,461	5,082	▼
20-59 days	3,088	3,163	3,110	2,960	▼
60-119 days	1,274	1,405	1,421	1,424	▲
120-179 days	560	635	611	693	▲
180+ days	1,738	1,941	2,139	2,172	▲
Total	40,296	40,941	39,471	36,677	▼

^a Legend: ▲ Increasing ■ Stable ▼ Decreasing

1) At the beginning of every section, there is a data table which presents the number of lost time claims. These are presented as time series* to allow the reader to observe key trends over time.



2) After the data table, there are a series of graphs (line/bar/column) which then present different subsets of the area of focus to provide the reader with further insight. For example, these graphs show different breakdowns of claim payments.

* Industry, occupation and injury/disease attributes are not presented as a time series and present 2009/10 data only. See Sections 2 and 3 for further explanation.

Section 1: Scheme statistics
Summary

1) Scheme Statistics

Claims:

- The median number of claims lodged each year is 40,206.
- Lost time claim frequency reduced by 15% between 2006/07 and 2009/10.

Payments:

- Adjusted payments increased by \$63 million (10% increase) between 2006/07 and 2009/10. This included increases in:
 - common law or other Act payments (17%)
 - weekly income replacement payments (11%)
 - miscellaneous and legal payments (8%).

Increases are reflective of claims taking longer to finalise and an increasing proportion of claims with time off work. However the proportion of injuries resulting in partial and total permanent incapacity did not increase during this period (see Section 3 for further details).

Costs

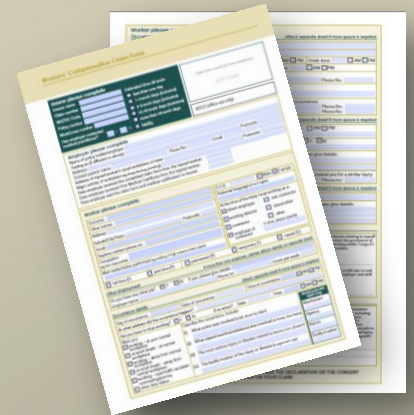
- The majority of costs (62%) are incurred by claims with 180 days or more time off work.

Claim management

- The average duration of claims managed by approved insurers has increased by a month in the past year.

Disputes

- The number of disputes lodged over workers' compensation claims decreased by 19% between 2006/07 and 2007/08 and thereafter has remained relatively stable. This trend is also reflected in the disputation rate.

**Explanatory notes:****Claims**

- Claim types that are included in this report are lost time injury, lost time disease and no lost time claims.
- Claim types that are excluded in this report are lost time asbestos related diseases, lost time journey claims between home and work and duplicated or disallowed (by an insurer) claims.
- Claims information presented in this report refer to both finalised and unfinalised claims. Given that claims develop over time, there is a higher proportion of unfinalised claims in the most recent financial year (2009/10p). The 'p' indicates preliminary data for this year.
- Lost time claims refer to claims where an injured worker has at least one day or shift off work. For unfinalised claims, this includes both actual days lost and (future) estimated days lost, whereas for finalised claims actual days lost are reported.
- The information presented on claims data refers to the financial year in which the claim was lodged with the insurer. This may not be in the same financial year in which the injury or disease actually occurred.

Claim payments

This represents aggregated expenses attributed to claims within the financial year payments are made, regardless of the year in which the claim was lodged. For further information about the types of payment categories, please refer to the Glossary.

Explanatory notes continued:**Claim costs**

Claim costs include:

- (i) both actual and estimated costs for claims that are not yet finalised
- (ii) actual costs for claims that are finalised.

These expenses are attributed to the financial year in which a claim is lodged (note that this is different to claim payments).

Claim management

The *Workers' Compensation and Injury Management Act 1981* requires:

- an employer to lodge a claim with the insurer within three working days of receiving a claim form and first medical certificate.
- an approved insurer to give a worker and the respective employer notice of a decision on a lodged workers' compensation claim (i.e. accepted, disputed or pending) within 14 days.
- a self insurer to give a worker notice of a decision on a lodged workers' compensation claim (i.e. accepted, disputed or pending) within 17 days.

Disputes

This represents all dispute applications registered with the WorkCover WA Dispute Resolution Directorate in a financial year. See the Glossary for further details of the calculation of the disputation rate.

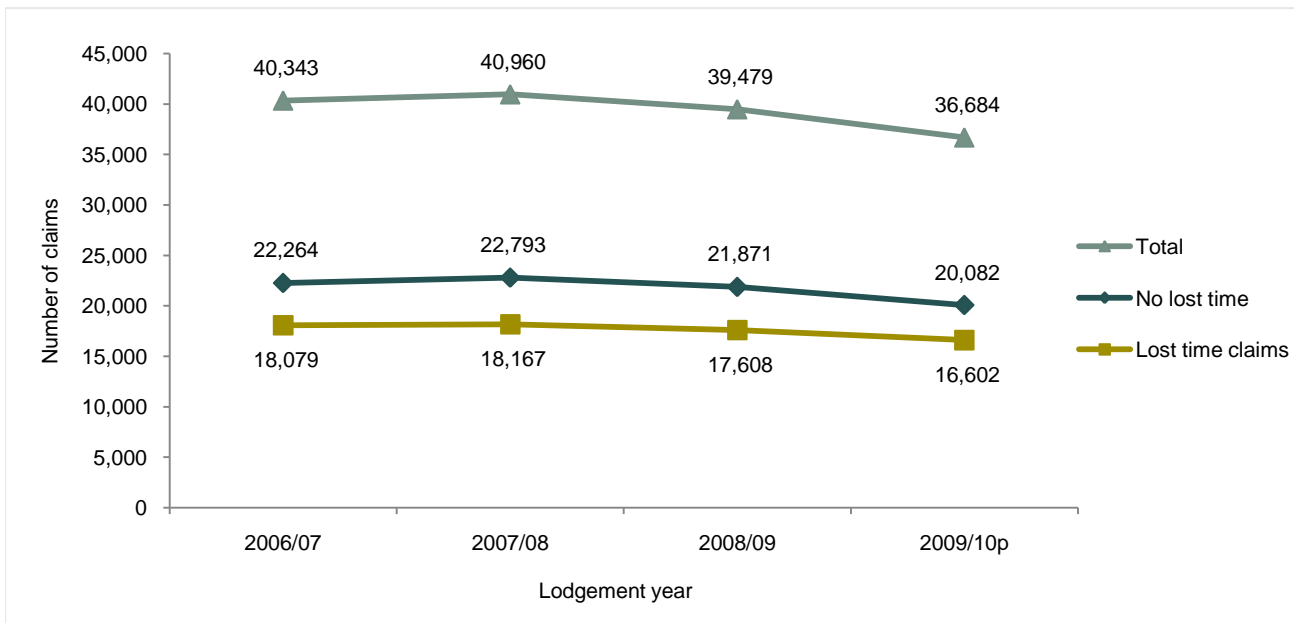
Section 1: Scheme statistics
Claim numbers

Scheme statistics	2006/07	2007/08	2008/09	2009/10p	Trend [^]
1.1.0 Number of claims by days lost					
0 days	22,264	22,793	21,871	20,082	▼
1 - 4 days	5,579	5,193	4,860	4,266	▼
5 - 19 days	5,815	5,825	5,462	5,084	▼
20 - 59 days	3,102	3,165	3,113	2,962	■
60 - 119 days	1,279	1,405	1,422	1,425	▲
120 - 179 days	560	636	611	693	▲
180+ days	1,744	1,943	2,140	2,172	▲
Total	40,343	40,960	39,479	36,684	▼

[^] Legend: ▲ Increasing ■ Stable ▼ Decreasing

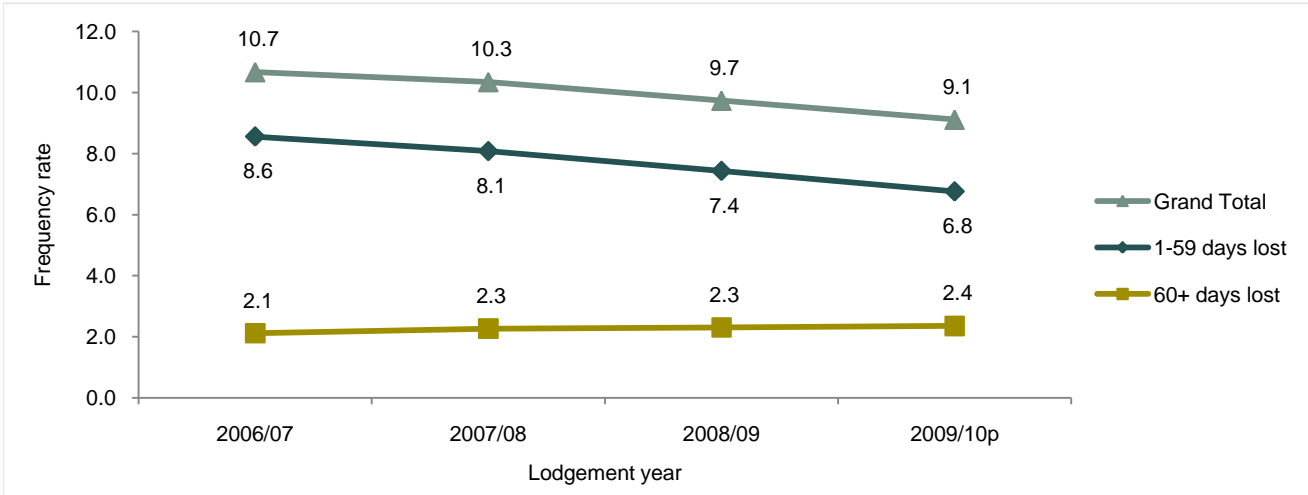
* Data for claim numbers and costs is subject to revision as claims mature.

1.1.1 Number of claims lodged by lost time

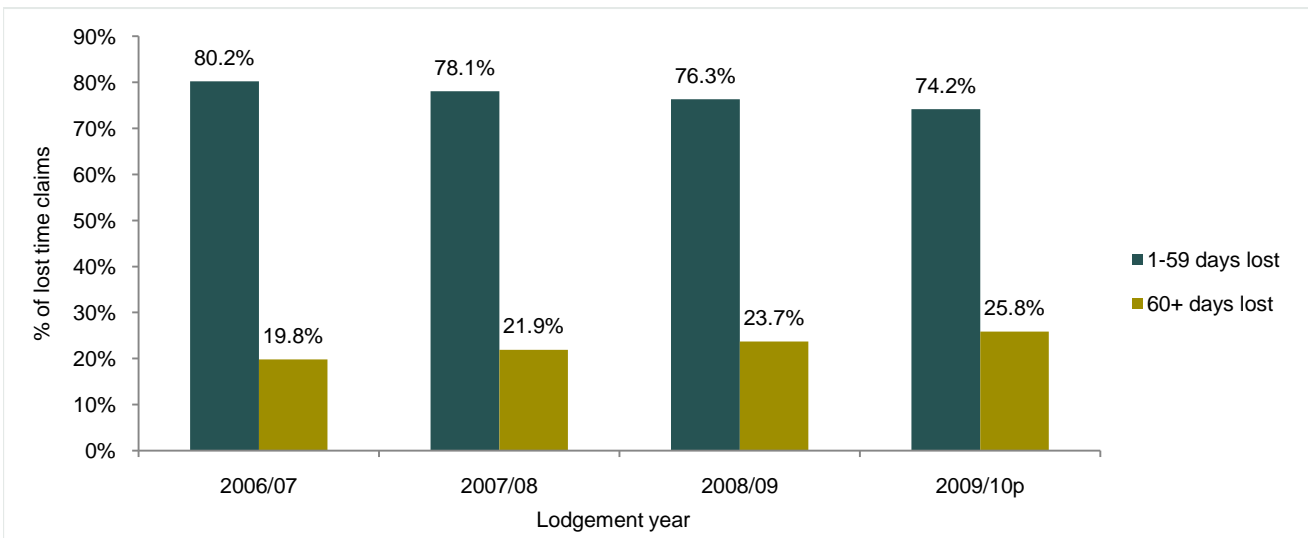


Section 1: Scheme statistics
Claim numbers

1.1.3 Frequency rate of lost time claims



1.1.4 Percentage of lost time claims by days lost group



1.1.5 Percentage of lost time claims by days lost group 2006/07 - 2009/10p



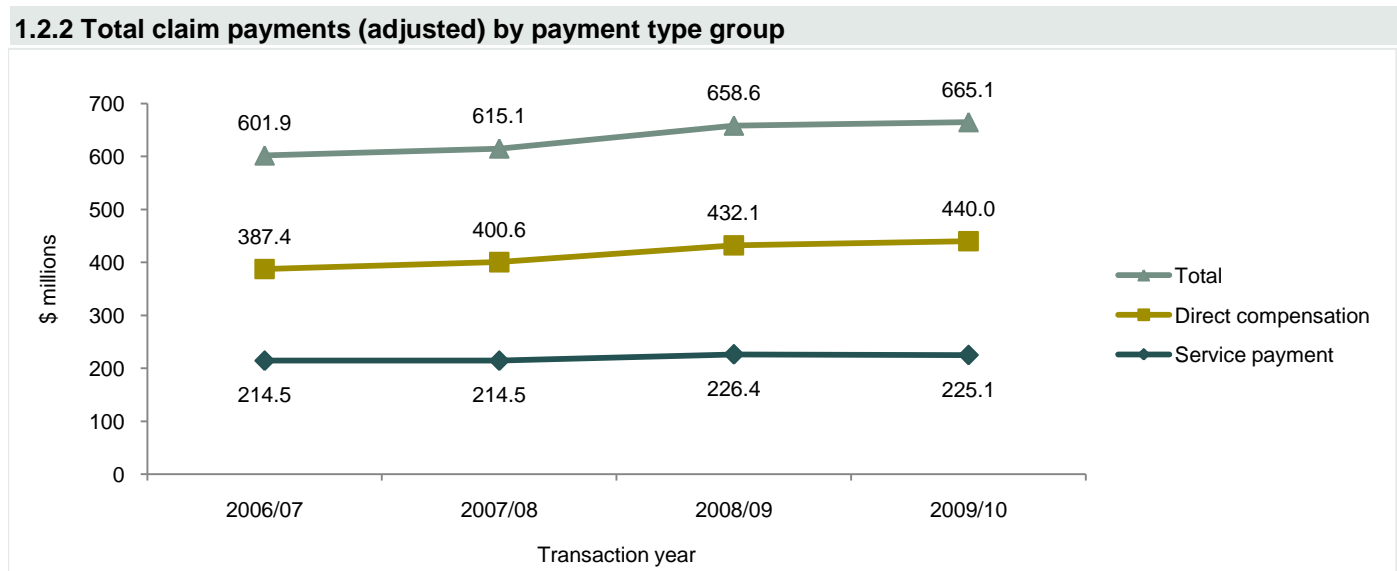
Section 1: Scheme statistics

Claim payments

Scheme statistics	2006/07	2007/08	2008/09	2009/10	Trend [^]
1.2.0 Claim payments (unadjusted)					
Direct compensation (\$m)					
Income payment	160.58	181.91	213.28	219.78	▲
Lump sum - excl common law	80.16	82.02	92.35	115.93	▲
Common law payment	60.52	71.02	81.60	87.75	▲
Service payments (\$m)					
Medical and hospital	76.12	86.85	93.63	94.78	▲
Allied health & vocational rehabilitation	42.13	45.46	51.93	56.71	▲
Legal & Miscellaneous payment	48.56	47.05	57.32	65.18	▲
Total	468.07	514.29	590.10	640.14	▲

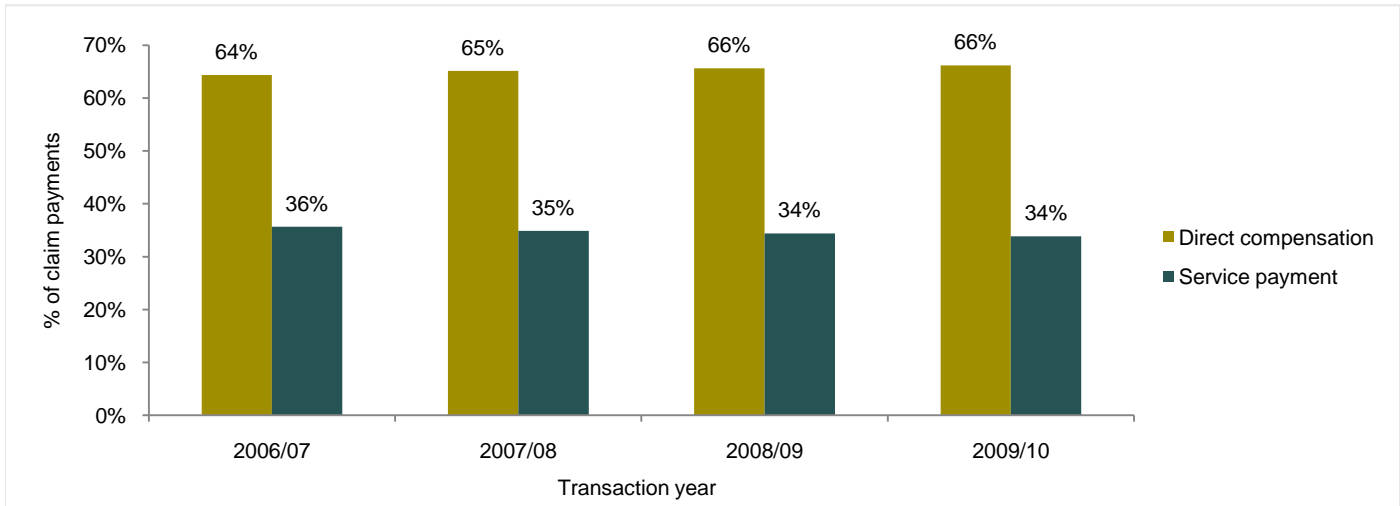
1.2.1 Claim payments (adjusted)					
Direct compensation (\$m)					
Income payment	206.51	217.56	238.02	228.35	▲
Lump sum - excl common law	103.08	98.09	103.06	120.45	▲
Common law payment	77.83	84.93	91.06	91.18	▲
Service payments (\$m)					
Medical and hospital	97.89	103.87	104.49	98.48	■
Allied health & vocational rehabilitation	54.18	54.37	57.95	58.92	▲
Legal & Miscellaneous payment	62.45	56.27	63.97	67.72	▲
Total	601.93	615.09	658.55	665.10	▲

[^] Legend: ▲ Increasing ■ Stable ▼ Decreasing

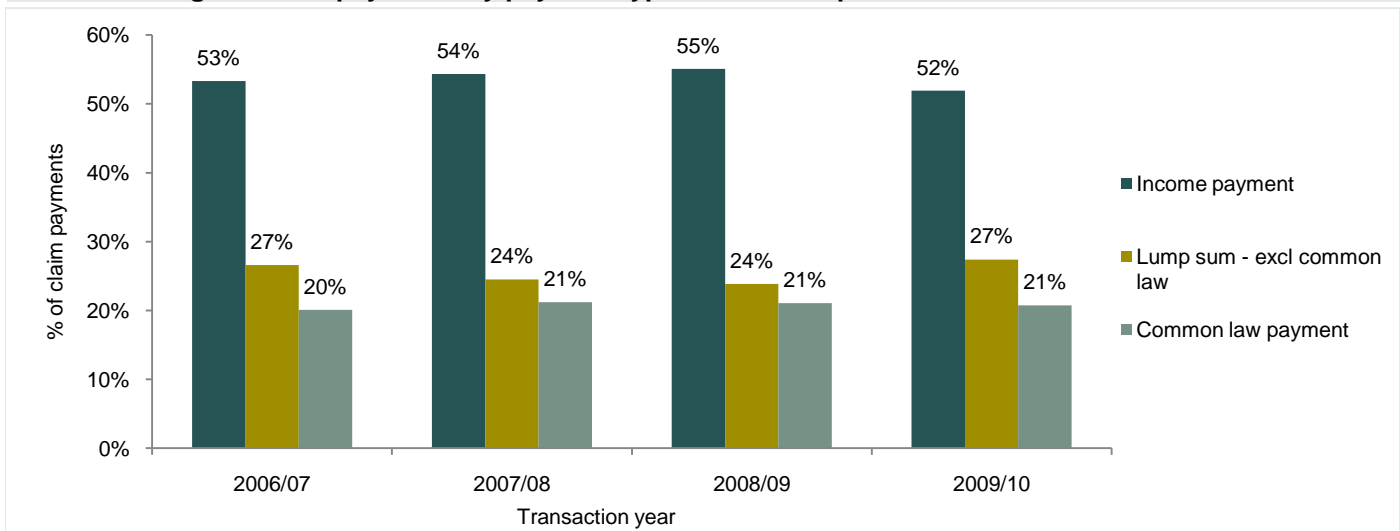


Section 1: Scheme statistics
Claim payments

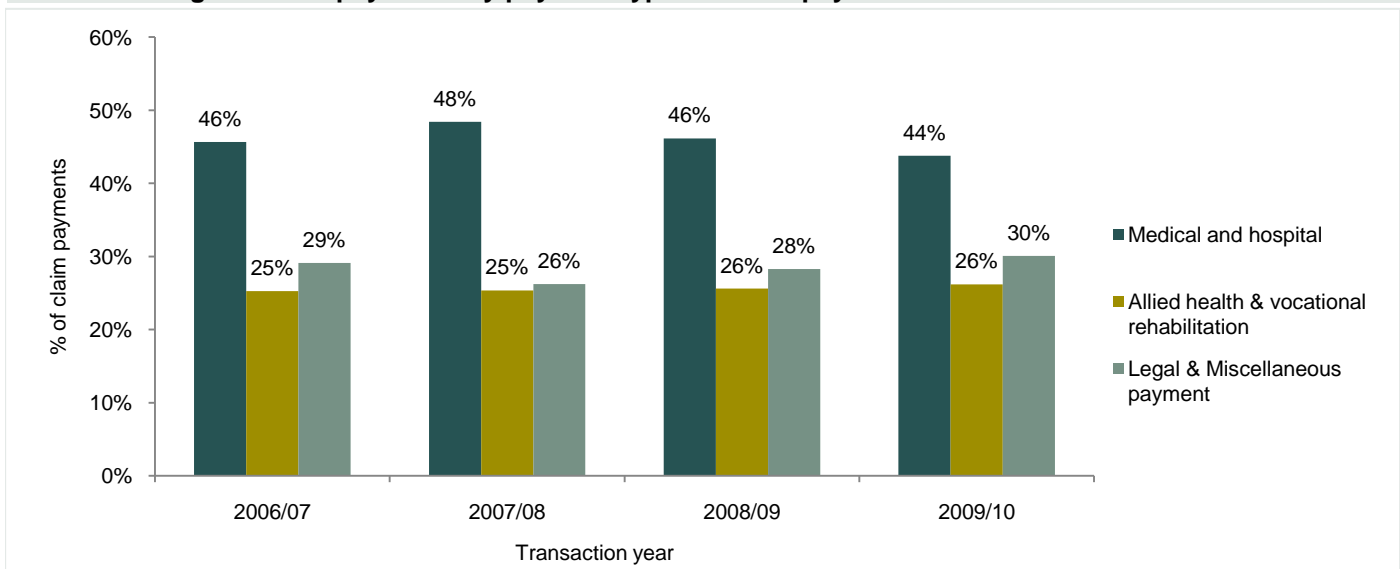
1.2.3 Percentage of claim payments by payment type group



1.2.4 Percentage of claim payments by payment type - Direct compensation



1.2.5 Percentage of claim payments by payment type - Service payments



Section 1: Scheme Statistics

Claim costs

Scheme statistics	2006/07	2007/08	2008/09	2009/10p	Trend [^]
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1.3.0 Claim costs

Claim costs by days lost (\$m)

1 - 4 days	8.32	7.85	7.97	8.09	■
5 - 19 days	25.69	29.50	29.98	28.97	▲
20 - 59 days	51.66	54.40	58.76	59.55	▲
60 - 119 days	48.56	56.55	59.67	62.86	▲
120 - 179 days	34.56	43.75	43.05	51.14	▲
180+ days	271.90	340.32	365.29	321.63	▲
Total	440.70	532.36	564.72	532.23	▲

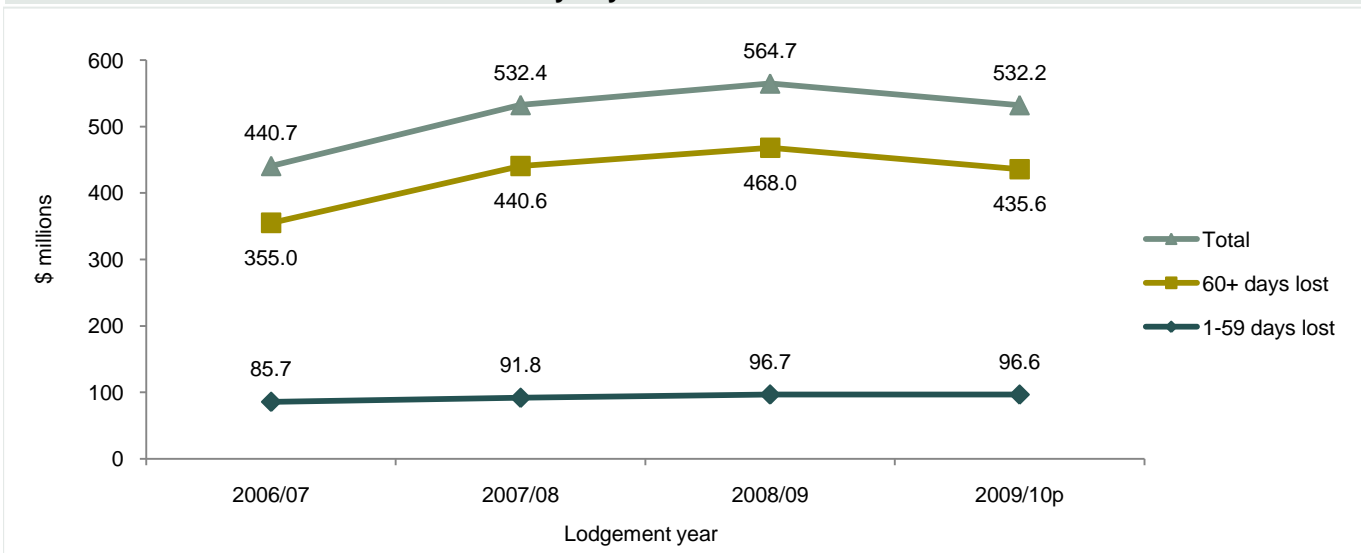
Average claim costs by days lost (\$)

1 - 4 days	1,492	1,512	1,639	1,896	▲
5 - 19 days	4,417	5,064	5,488	5,699	▲
20 - 59 days	16,654	17,189	18,876	20,103	▲
60 - 119 days	37,971	40,248	41,964	44,112	▲
120 - 179 days	61,715	68,783	70,466	73,798	▲
180+ days	155,908	175,151	170,694	148,079	▲
Total	24,376	29,304	32,072	32,058	▲

[^] Legend: ▲ Increasing ■ Stable ▼ Decreasing

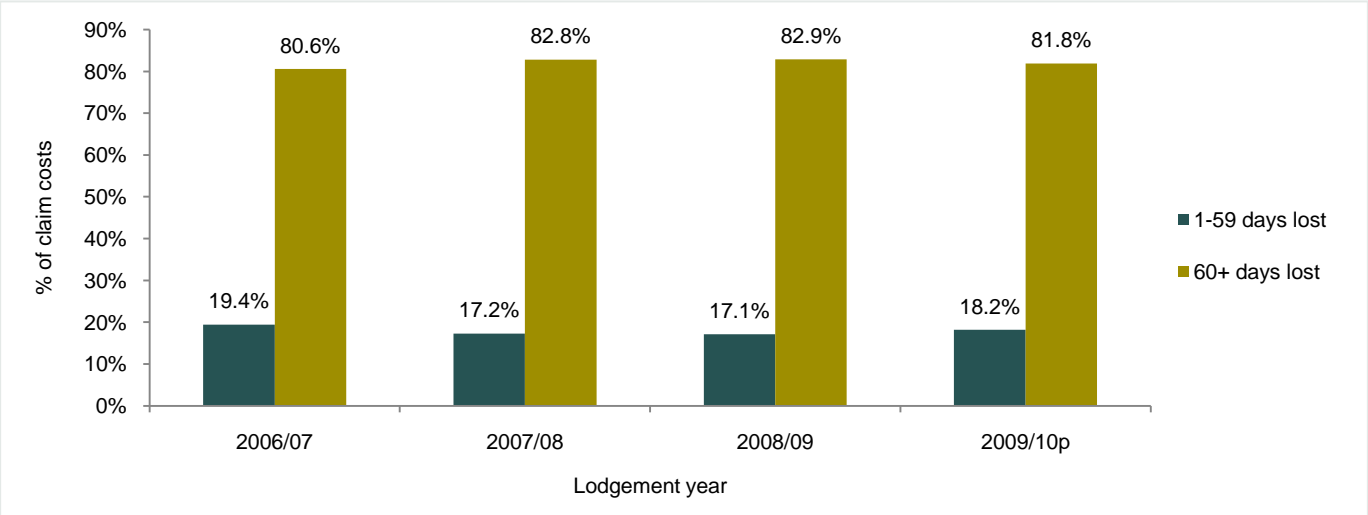
* Data for claim numbers and costs is subject to revision as claims mature.

1.3.1 Total claim costs of lost time claims by days lost

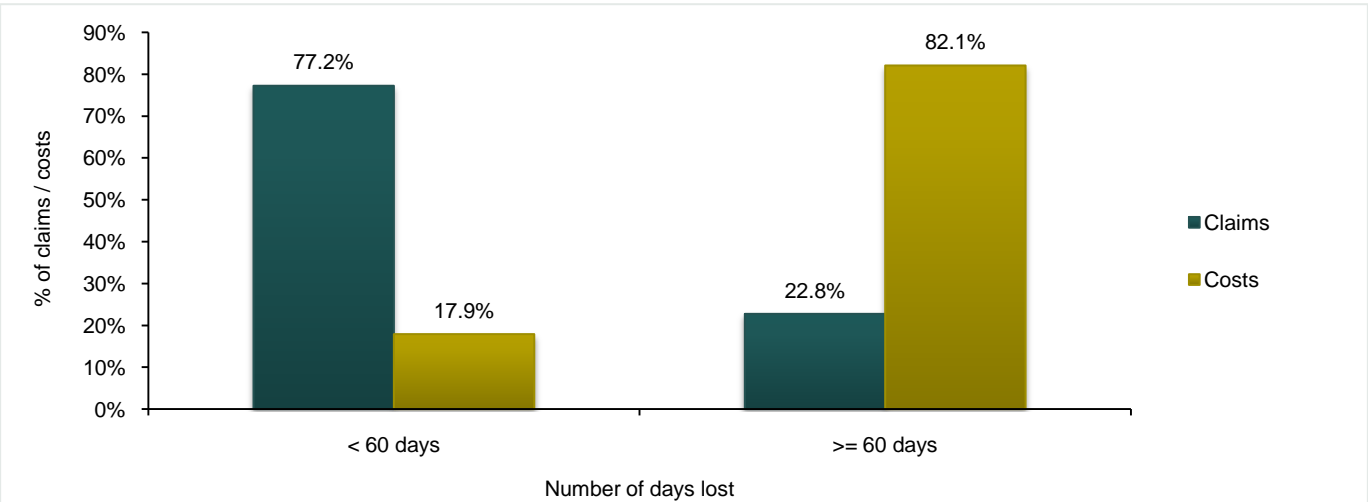


Section 1: Scheme Statistics
Claim costs

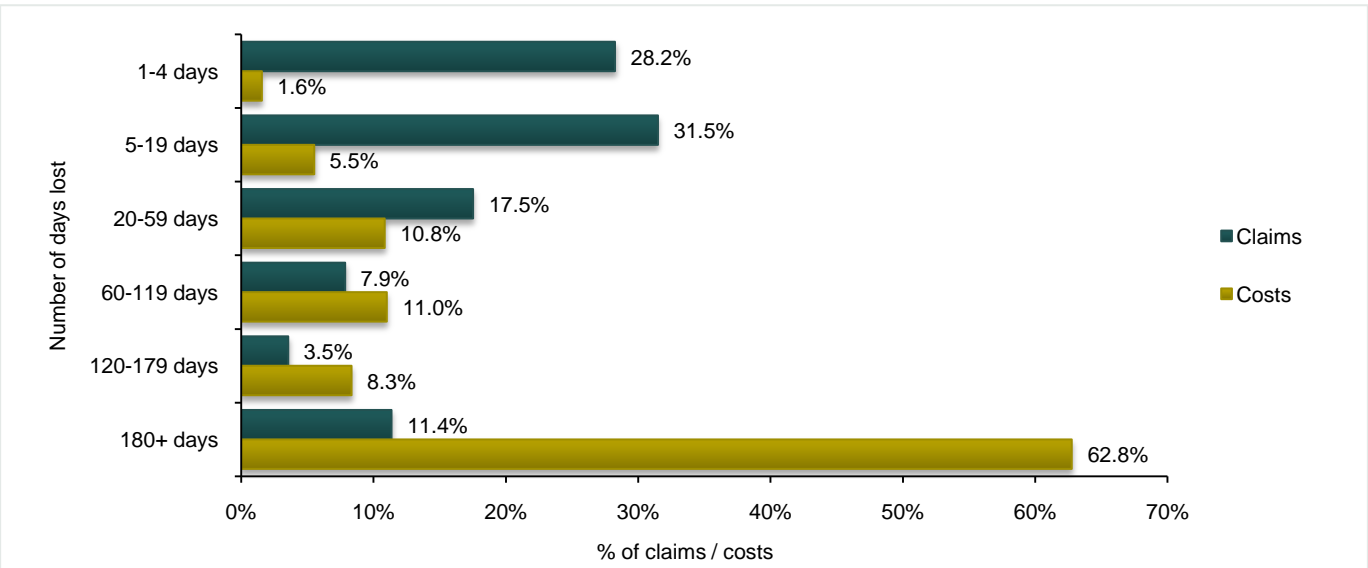
1.3.2 Percentage of claim costs by days lost



1.3.3 Percentage of claims and costs by days lost 2006/07 - 2009/10p



1.3.4 Percentage of claims and costs by days lost 2006/07 - 2009/10p



Section 1: Scheme statistics

Claim management

Scheme statistics	2006/07	2007/08	2008/09	2009/10p	Trend [^]
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1.4.0 Claim management

Average time between injury and lodgement of claim with employer (days)

Disease income claims	44	44	47	57	▲
Injury income claims	16	16	17	17	■
All income claims	18	18	20	20	▲

Average time between employer receiving claim and lodging with insurer (days)

Approved insurer	67	67	67	67	■
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Percentage of liability confirmations* made within the required time - pending claims excluded

Approved insurer	95	93	95	93	■
Self-insurer	90	90	89	87	▼
All	95	93	94	93	■

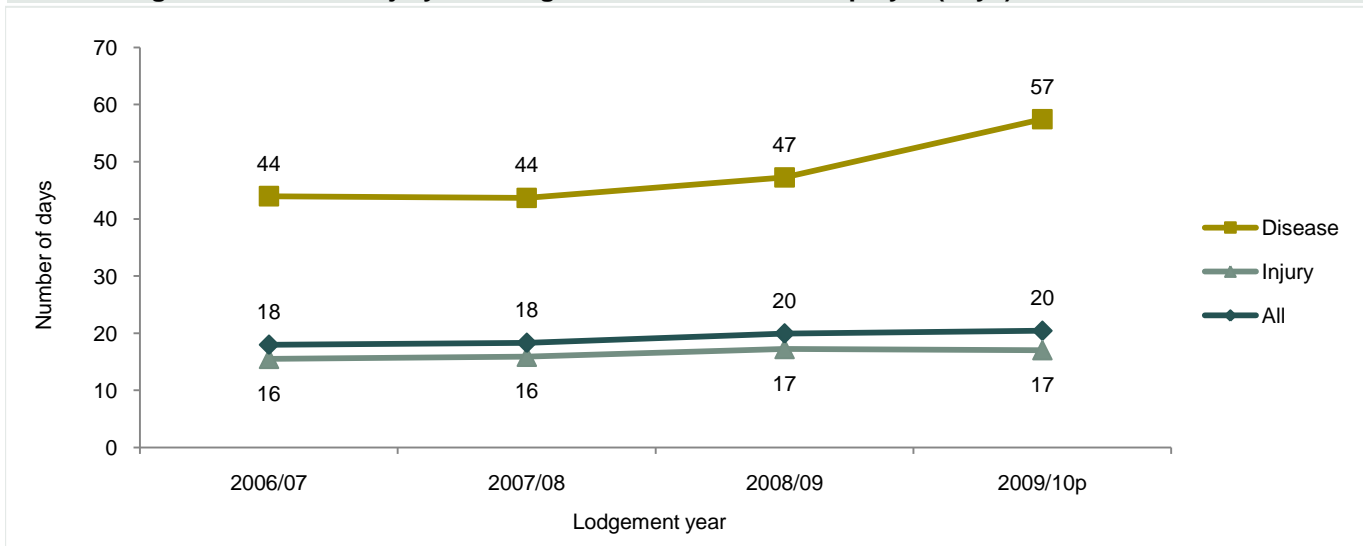
Average time between lodgement of claim with insurer and finalisation of claim (months)

Approved insurer	6.2	6.3	6.3	7.2	▲
Self-insurer	7.4	7.9	7.2	7.1	▼
All	6.4	6.5	6.4	7.2	▲

[^] Legend: ▲ Increasing ■ Stable ▼ Decreasing

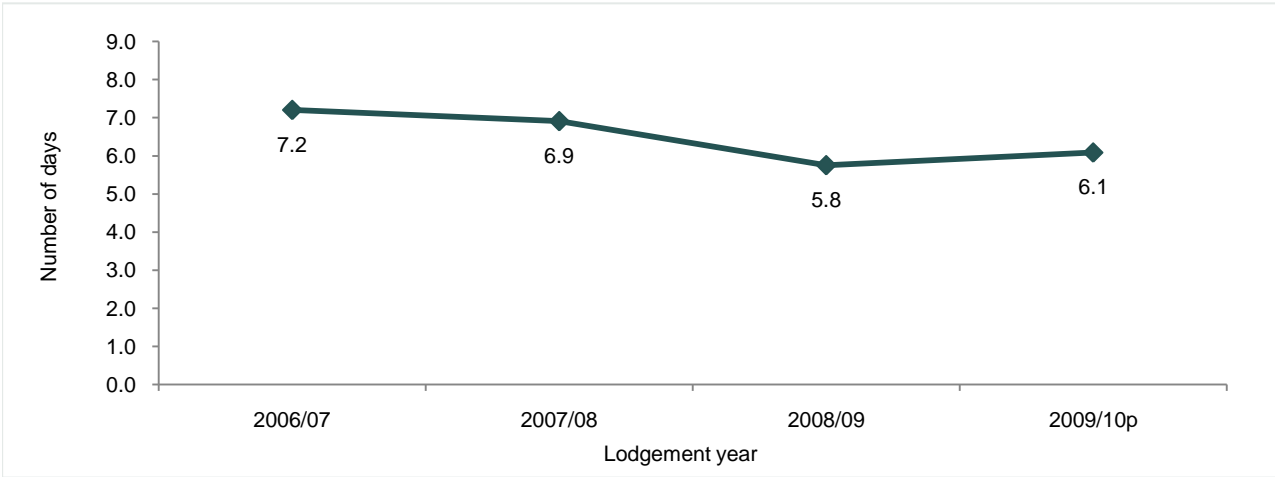
* See Glossary for definition and further explanation

1.4.1 Average time between injury and lodgement of claim with employer (days)

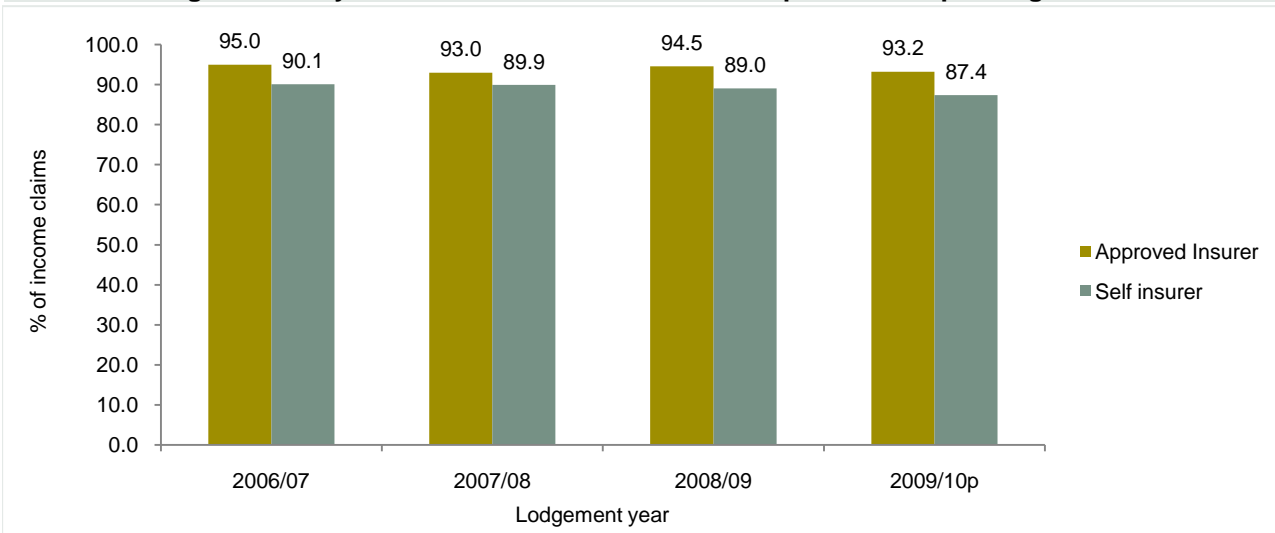


Section 1: Scheme statistics
Claim management

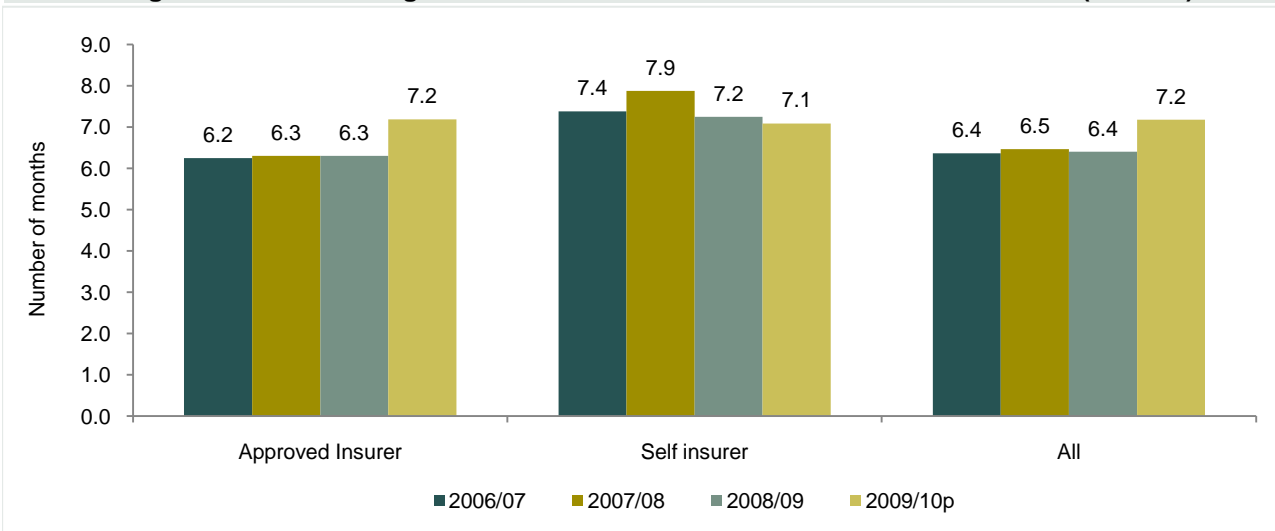
1.4.2 Average time between employer receiving claim and lodging with insurer (days)



1.4.3 Percentage of liability confirmations made within the required time - pending claims excluded



1.4.4 Average time between lodgement of claim with insurer and finalisation of claim (months)

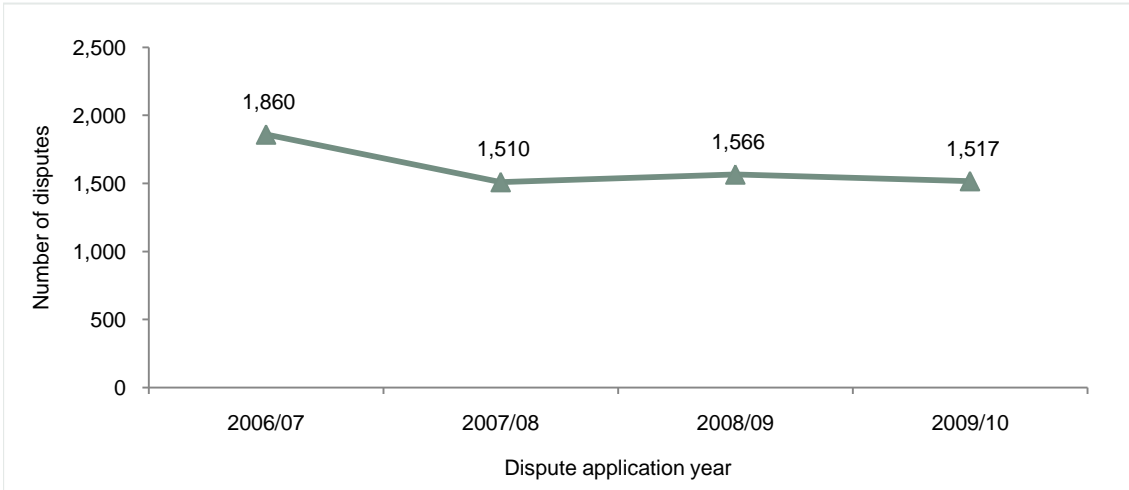


Section 1: Scheme statistics
Disputes

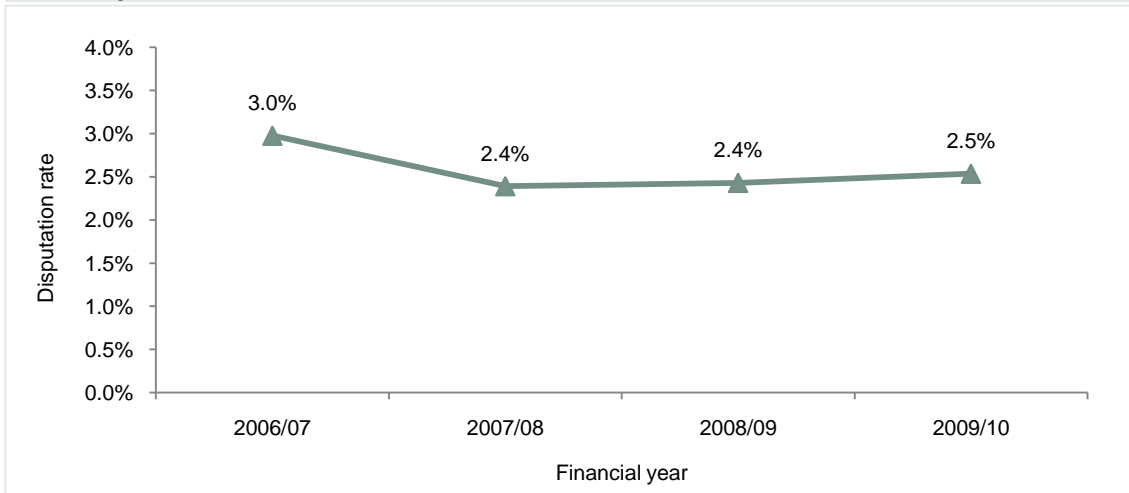
Scheme statistics	2006/07	2007/08	2008/09	2009/10	Trend [^]
1.5.0 Disputes					
Number of disputes lodged	1,860	1,510	1,566	1,517	▼
Disputation rate	3.0%	2.4%	2.4%	2.5%	▼

[^] Legend: ▲ Increasing ■ Stable ▼ Decreasing

1.5.1 Number of disputes lodged



1.5.2 Disputation rate



Section 2: Claimant characteristics Summary

2) Claimant characteristics

Gender

- Males have a higher claim frequency rate than females, however females tend to have a longer average time off work when injured (79 days compared to 65 days).

Age

- Workers between the ages of 15 and 19 years have the highest claim frequency rate. This may be attributed to limited 'on the job' experience, particularly in industries such as Manufacturing and Construction.
- 45% of all lost time claims over the past four years have occurred in the 35-44 and 45-54 year age groups, reflecting the numbers of workers in those age groups.

Industry

Industries with the highest lost time claims per one million hours worked (frequency rate) in 2009/10 are:

- 1) Arts and recreation services (17.5)
- 2) Healthcare and social assistance (15.4)
- 3) Manufacturing (15.4)
- 4) Agriculture, forestry and fishing (13.9)
- 5) Transport, postal and warehousing (11.8).

Occupation

Based on claims data, technicians, trades workers and labourers are 'higher risk' occupations accounting for 48% of all lost time claims in 2009/10.



Explanatory notes:

Claims

- Claim types that are included in Section 2 are lost time injury and lost time disease claims. Lost time claims refer to claims where an injured worker has at least one day or shift off work. See the Glossary for further explanation.
- Information presented in this section refer to both finalised and unfinalised claims. Given that claims develop over time, there is a higher proportion of unfinalised claims in the most recent financial year (2009/10p). The 'p' indicates preliminary data for this year.

Age

For the purposes of this report, this refers to the working population only and includes workers aged 15 years and older. Information presented is based on the age recorded at the date of injury or occurrence of disease.

Industry

Industry classifications are based on the *Australian and New Zealand Standard Industrial Classification (ANZSIC)* which is published by the Australian Bureau of Statistics (ABS). From 1 July 2009, a new ANZSIC version (2006) was used to classify industries. Due to the change in classification systems, lost time claims at an industry level are not able to be compared over a time series and therefore are presented for 2009/10 only. To view industry based information for 2006/07 to 2008/09, please refer to *WorkCover WA Workers' Compensation in Western Australia Statistical Report 2005/06 to 2008/09*. This can be accessed from the WorkCover WA website: www.workcover.wa.gov.au.

Occupation

Occupational classifications are based on the *Australian Standard Classification of Occupations (ASCO)* which has been used from 1 July 2009 to code occupations from claims data. Prior to this, the *Australian and New Zealand Standard Classification of Occupations (ANZSCO)* was used. Given the change in classification systems, lost time claims on an occupational basis are not able to be compared over a time series and therefore are presented for 2009/10 only. Similar to above (see Industry), occupational based information for 2006/07 to 2008/09 can be obtained from previous *Workers' Compensation in Western Australia Statistical Reports* available at www.workcover.wa.gov.au.

Section 2: Claimant characteristics
Gender

Claimant characteristics	2006/07	2007/08	2008/09	2009/10p	Trend [^]
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2.1.0 Number of lost time claims by claimant gender

Male

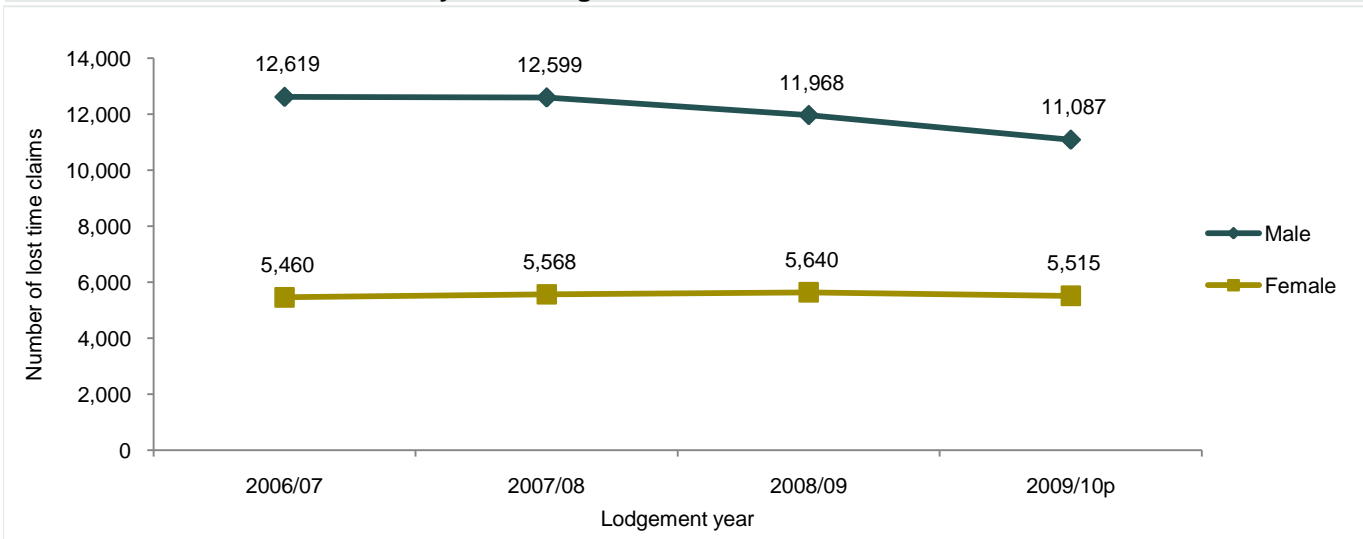
1 - 4 days	3,922	3,592	3,297	2,840	▼
5 - 19 days	4,205	4,139	3,849	3,475	▼
20 - 59 days	2,229	2,293	2,163	2,081	▼
60 - 119 days	879	960	966	959	▲
120 - 179 days	344	426	357	438	▲
180+ days	1,040	1,189	1,336	1,294	▲
Total	12,619	12,599	11,968	11,087	▼

Female

1 - 4 days	1,657	1,601	1,563	1,426	▼
5 - 19 days	1,610	1,686	1,613	1,609	■
20 - 59 days	873	872	950	881	■
60 - 119 days	400	445	456	466	▲
120 - 179 days	216	210	254	255	▲
180+ days	704	754	804	878	▲
Total	5,460	5,568	5,640	5,515	■

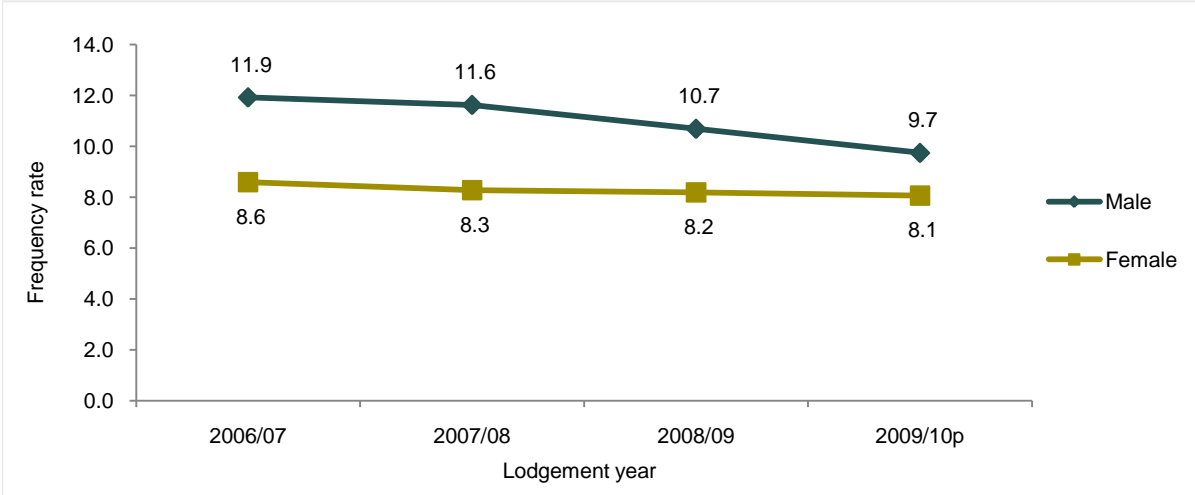
[^] Legend: ▲ Increasing ■ Stable ▼ Decreasing

2.1.1 Number of lost time claims by claimant gender

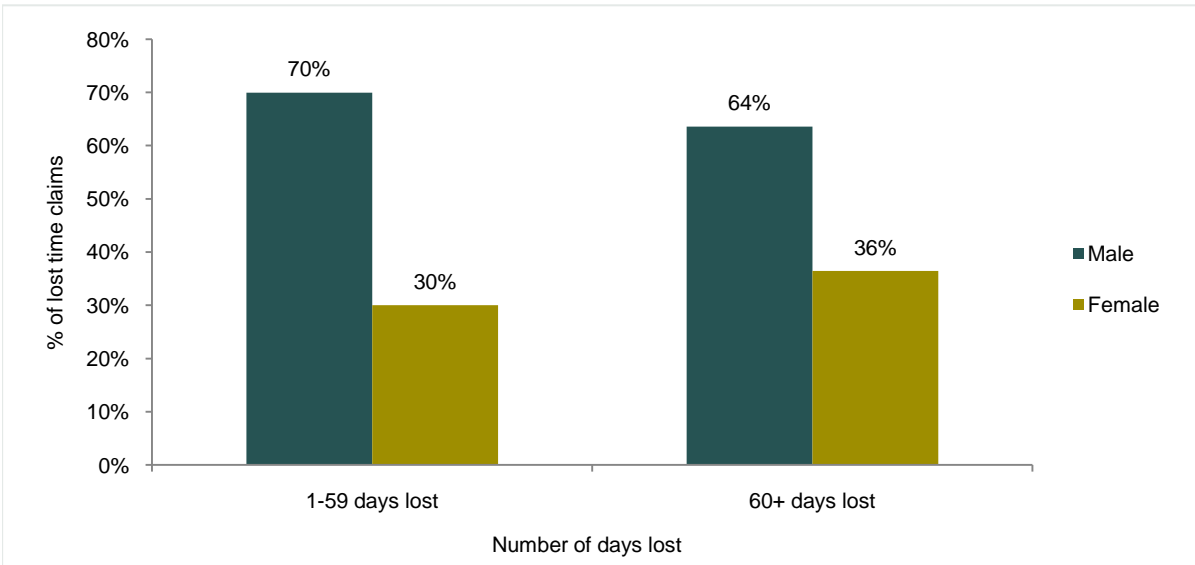


Section 2: Claimant characteristics
Gender

2.1.2 Frequency of lost time claims by claimant gender



2.1.3 Proportion of lost time claims by gender 2006/07 - 2009/10p



Section 2: Claimant characteristics
Age

Claimant characteristics	2006/07	2007/08	2008/09	2009/10p	Trend [^]
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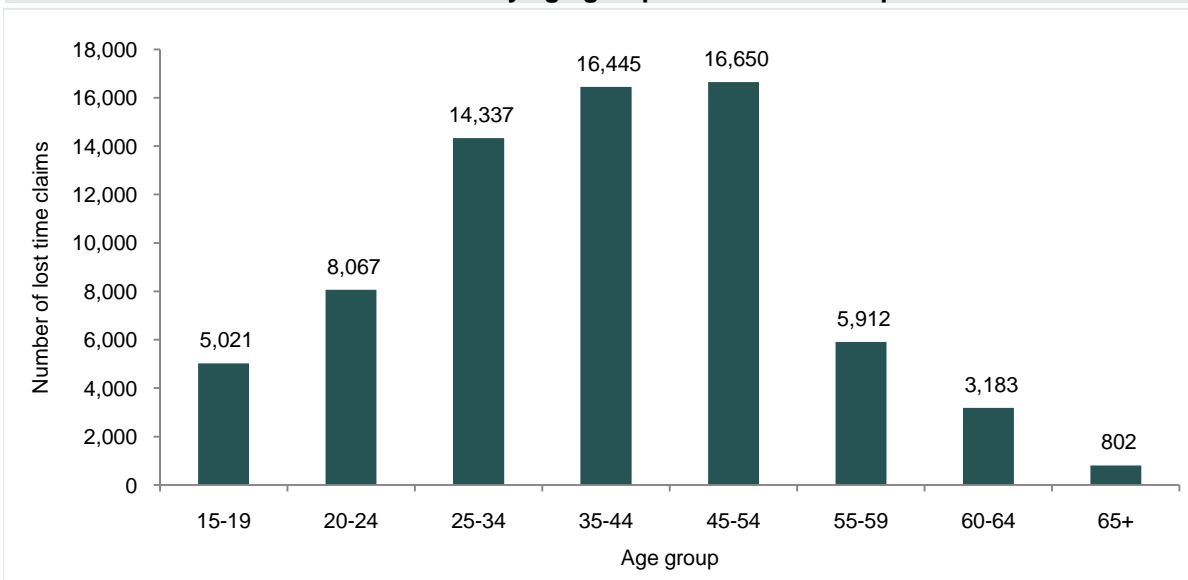
2.2.0 Number of lost time claims by age group

15 - 19 years	1,517	1,424	1,203	877	▼
20 - 24 years	2,190	2,109	1,976	1,792	▼
25 - 34 years	3,800	3,620	3,637	3,280	▼
35 - 44 years	4,241	4,288	4,103	3,813	▼
45 - 54 years	4,066	4,264	4,117	4,203	▲
55 - 59 years	1,419	1,484	1,522	1,487	▲
60 - 64 years	660	779	829	915	▲
65+ years	174	187	216	225	▲
Not specified	12	12	5	10	

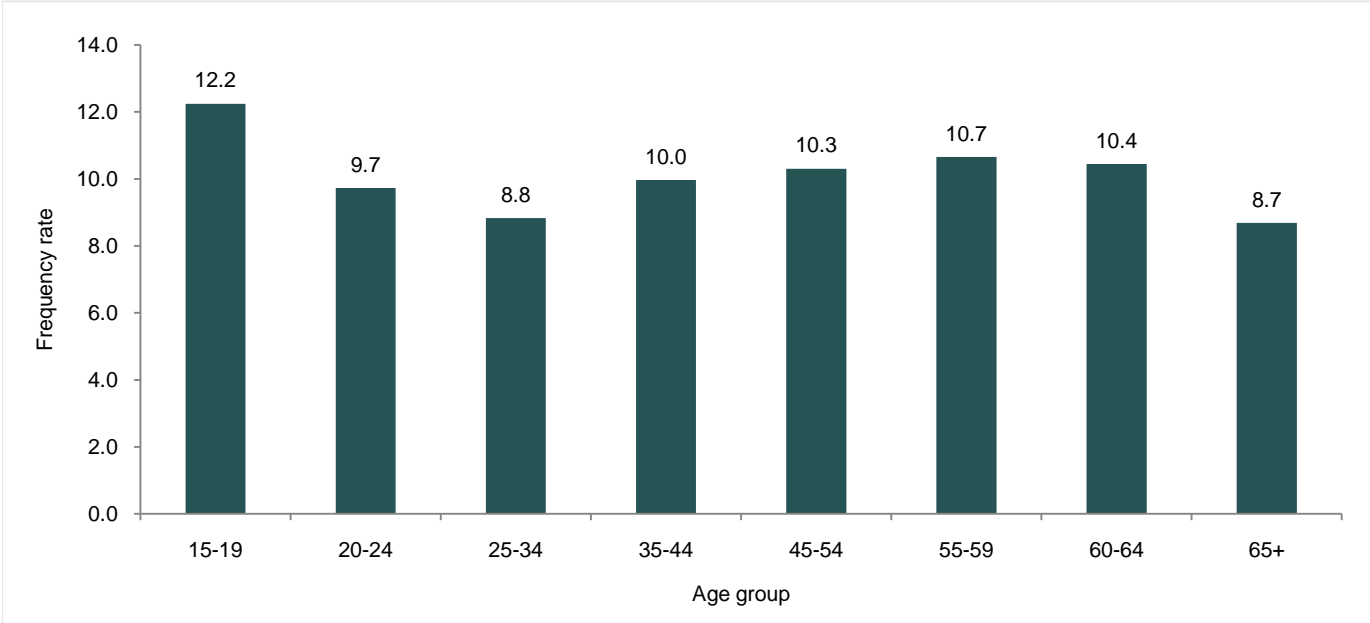
2.2.1 Frequency rate by age group

15 - 19 years	14.0	13.6	11.5	9.5	▼
20 - 24 years	10.9	10.2	9.6	8.4	▼
25 - 34 years	10.0	9.3	8.6	7.6	▼
35 - 44 years	10.6	10.2	9.9	9.2	▼
45 - 54 years	10.4	10.8	9.9	10.2	■
55 - 59 years	10.8	11.1	10.7	10.0	▼
60 - 64 years	10.5	9.9	10.4	10.9	▲
65+ years	8.7	7.7	9.0	9.2	▲

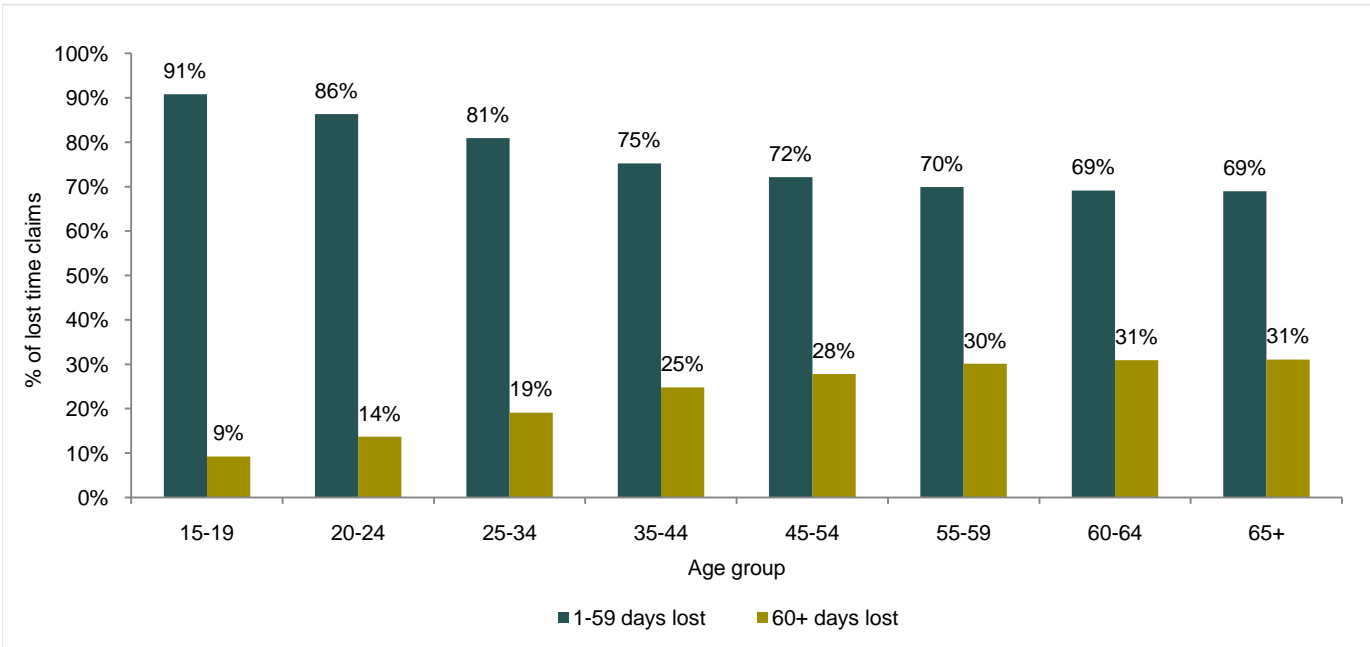
[^] Legend: ▲ Increasing ■ Stable ▼ Decreasing

2.2.2 Total number of lost time claims by age group 2006/07 - 2009/10p

2.2.3 Frequency rate of lost time claims by age group 2006/07 - 2009/10p



2.2.4 Percentage of lost time claims by age group 2006/07 - 2009/10p



Section 2: Claimant characteristics

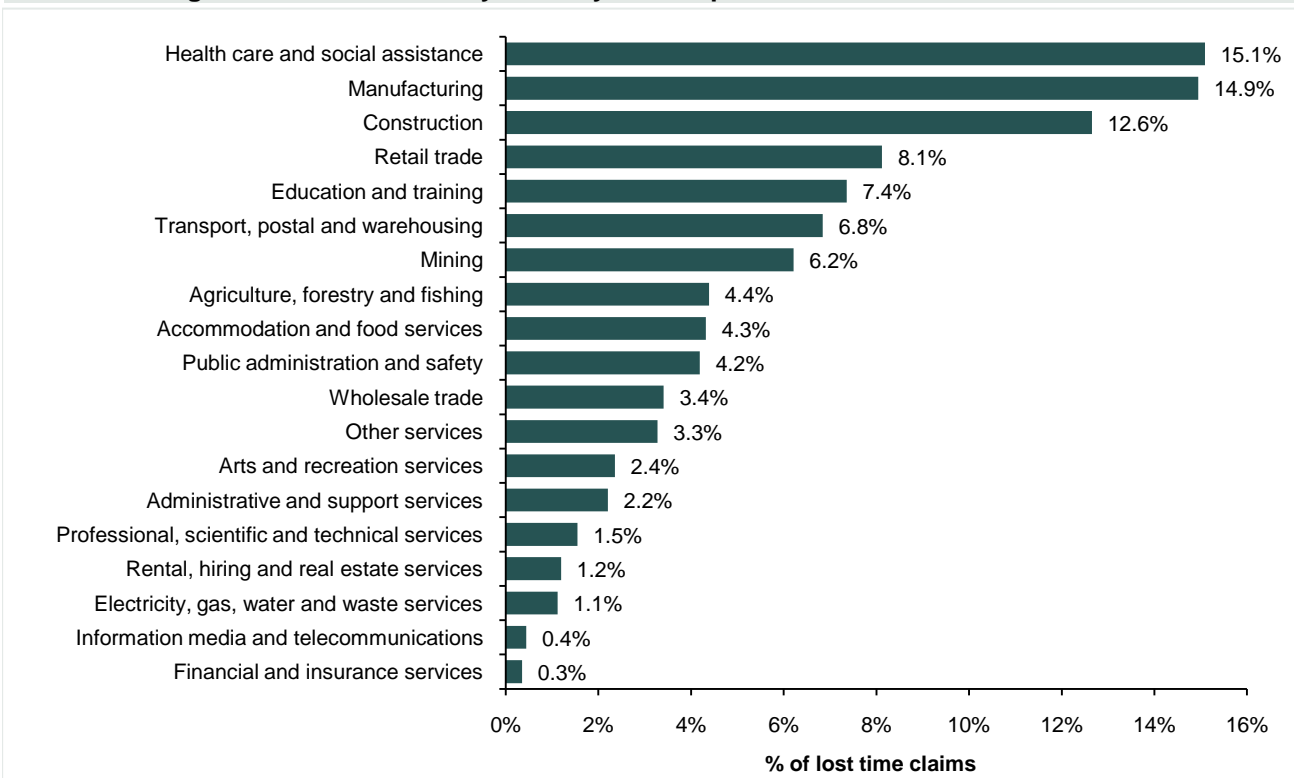
Industry

Claimant characteristics 2009/10p

2.3.0 Number of lost time claims by industry

Health care and social assistance	2,505
Manufacturing	2,481
Construction	2,100
Retail trade	1,348
Education and training	1,222
Transport, postal and warehousing	1,136
Mining	1,031
Agriculture, forestry and fishing	728
Accommodation and food services	717
Public administration and safety	695
Wholesale trade	566
Other services	544
Arts and recreation services	391
Administrative and support services	366
Professional, scientific and technical services	257
Rental, hiring and real estate services	198
Electricity, gas, water and waste services	186
Information media and telecommunications	73
Financial and insurance services	58
Total	16,602

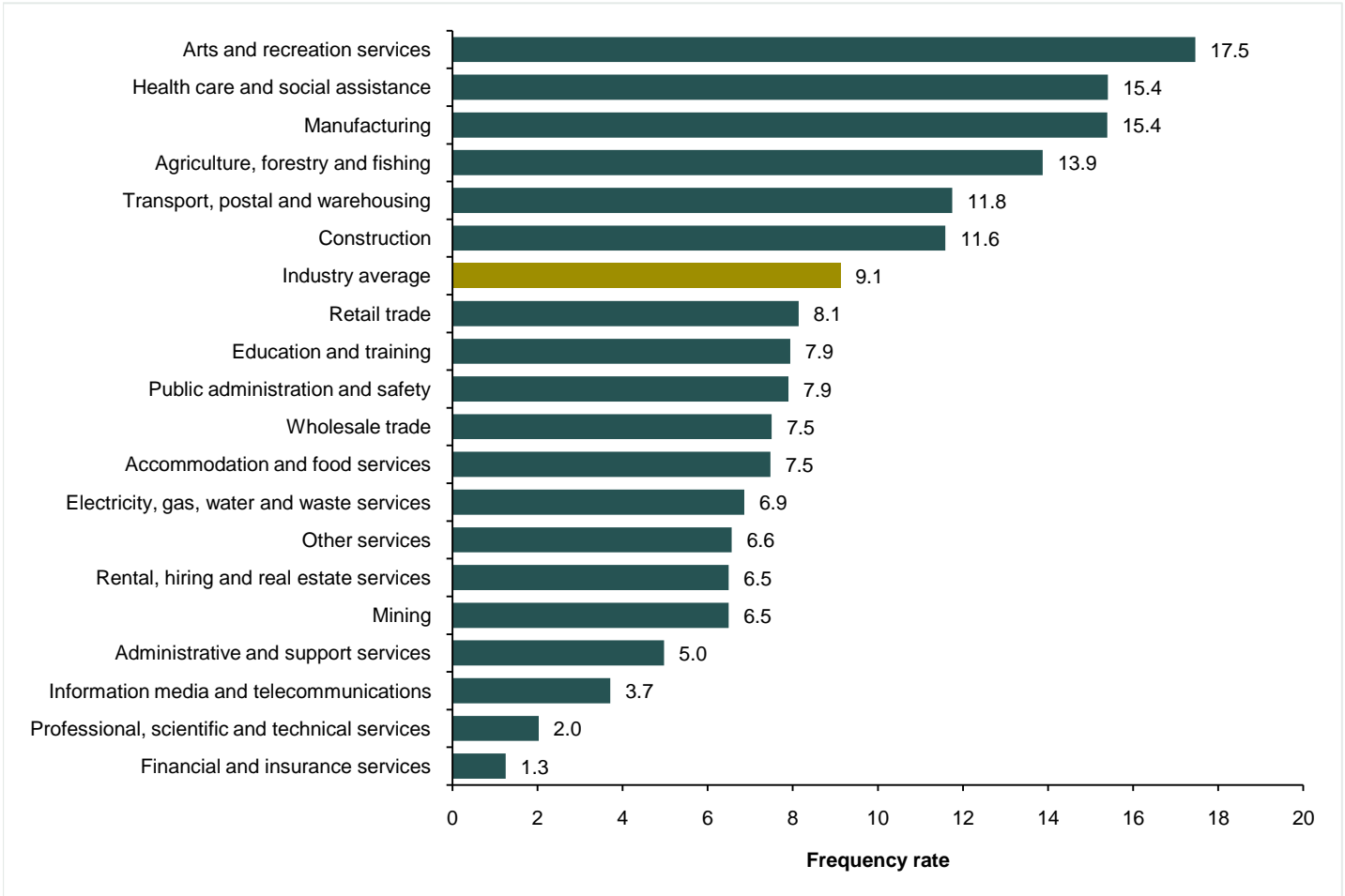
2.3.1 Percentage of lost time claims by industry 2009/10p



Section 2: Claimant characteristics

Industry

2.3.2 Frequency rate of lost time claims by industry 2009/10p



Section 2: Claimant characteristics

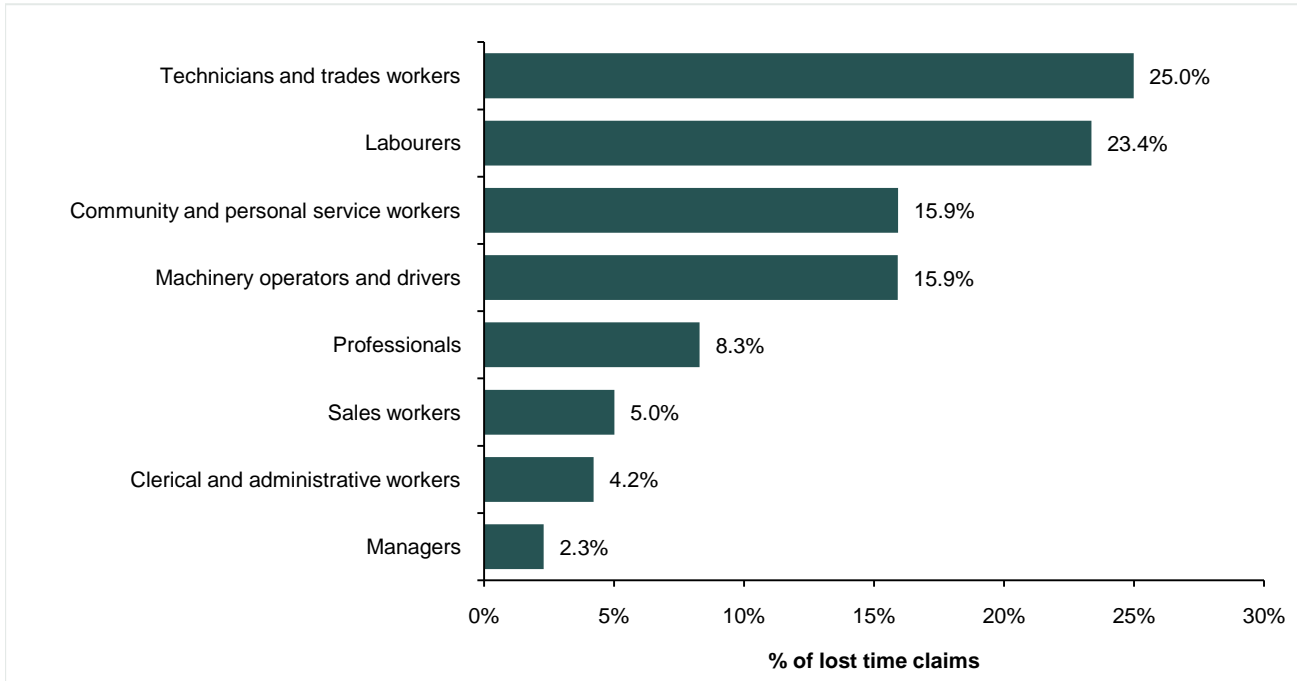
Occupation

Claimant characteristics 2009/10p

2.4.0 Number of lost time claims by occupation

Technicians and trades workers	4,147
Labourers	3,878
Community and personal service workers	2,644
Machinery operators and drivers	2,641
Professionals	1,377
Sales workers	833
Clerical and administrative workers	700
Managers	382
Total	16,602

2.4.1 Percentage of lost time claims by occupation 2009/10p



Section 3: Injury/disease attributes Summary

3) Injury/disease attributes

Severity of injury

- The majority of work-related injuries result in temporary incapacity (83%). Claims for severe injuries (total and permanent incapacity) have been steadily decreasing over the past four years.

Nature of injury/disease

- 91% of all lost time claims are related to a workplace injury.
- Musculoskeletal injuries account for more than 50% of all lost time claims. These injuries include joint/ligament and muscle/tendon damage.

Bodily location

- More than 80% of injuries occur on the upper and lower limbs and trunk of the body.

Cause of injury

- Physical stress applied to muscles, tendons and ligaments is the major cause of injuries.



Explanatory notes:

Claims

- Claim types that are included in Section 3 of this report are lost time injury and lost time disease claims. Lost time claims refer to claims where an injured worker has at least one day or shift off work. See the Glossary for further explanation.

Injury/disease classifications

The Australian Safety and Compensation Council's Type of Occurrence Classification System, 3rd edition revision 1 (TOOCS v3) is used to describe attributes of injuries and diseases sustained by workers who lodged workers' compensation claims. Since 1 July 2009, TOOCS v3 has been used to classify the following:

• Nature of injury/disease

This is intended to identify the most serious injury or disease sustained or suffered by the worker. The injury or disease suffered is generally physical although the classification includes categories for mental illness.

• Bodily location of injury/disease

This is intended to identify the part of the body affected by the most serious injury or disease.

• Mechanism of incident

This is intended to identify the overall action, exposure or event that best describes the circumstances that resulted in the most serious injury or disease.

• Agency of injury/disease

This is intended to identify the object, substance or circumstance that was principally involved in and which ultimately led to the most serious injury or disease. It also is intended to identify the object, substance or circumstance directly involved in inflicting the injury or disease.

Prior to 1 July 2009, TOOCS version 2.1 was used to classify the type of injury or disease sustained by workers. Due to the change in classification system (from TOOCS v2.1 to TOOCS v3), descriptions of injuries and diseases are presented for 2009/10 only.

Information presented in this section refers to both finalised and unfinalised claims. Given that claims develop over time, there is a higher proportion of unfinalised claims in the most recent financial year (2009/10p). The 'p' indicates preliminary data for this year. Lost time claims refer to claims where an injured worker has at least one day or shift off work. For unfinalised claims, this includes both actual days lost and (future) estimated days lost whereas for finalised claims actual days lost are reported.

Section 3: Injury/disease attributes

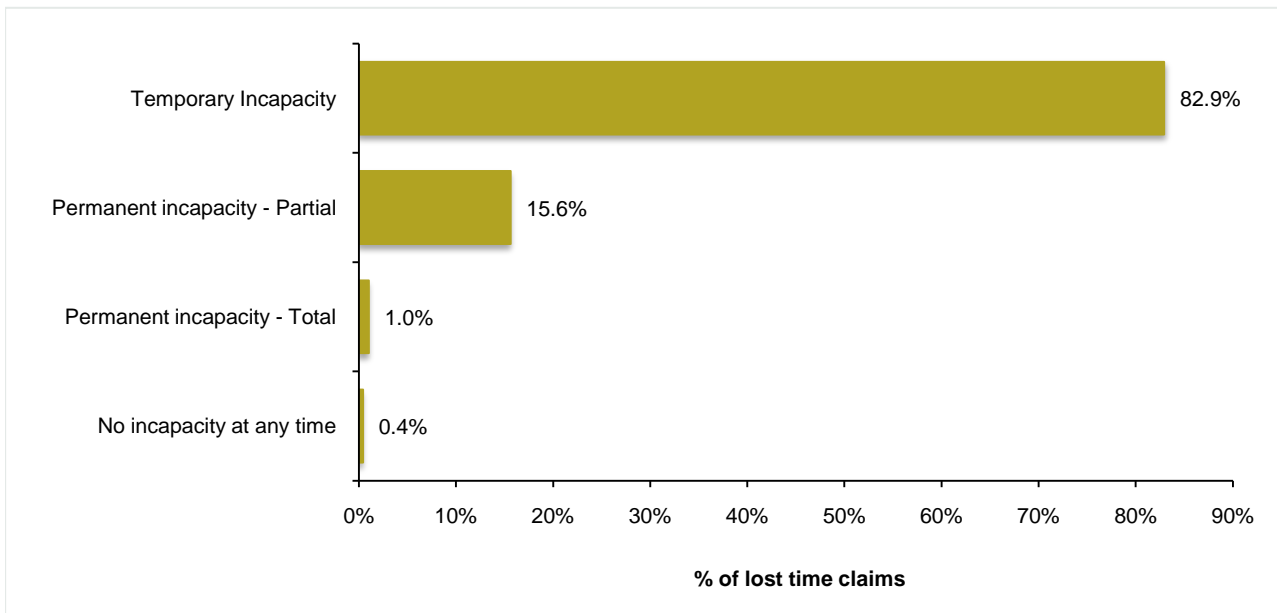
Level of incapacity

Injury attributes	2006/07	2007/08	2008/09	2009/10p	Trend [^]
3.1.0 Number of lost time claims by level of incapacity*					
Temporary Incapacity	15,081	14,871	14,396	14,076	▼
Permanent incapacity - Partial	2,762	3,039	2,971	2,231	▼
Permanent incapacity - Total	214	229	173	112	▼
No incapacity at any time	21	27	66	179	▲
Total	18,078	18,166	17,606	16,598	▼

[^] Legend: ▲ Increasing ■ Stable ▼ Decreasing

* Excludes work-related fatalities.

3.1.1 Total number of lost time claims by age group 2006/07 - 2009/10



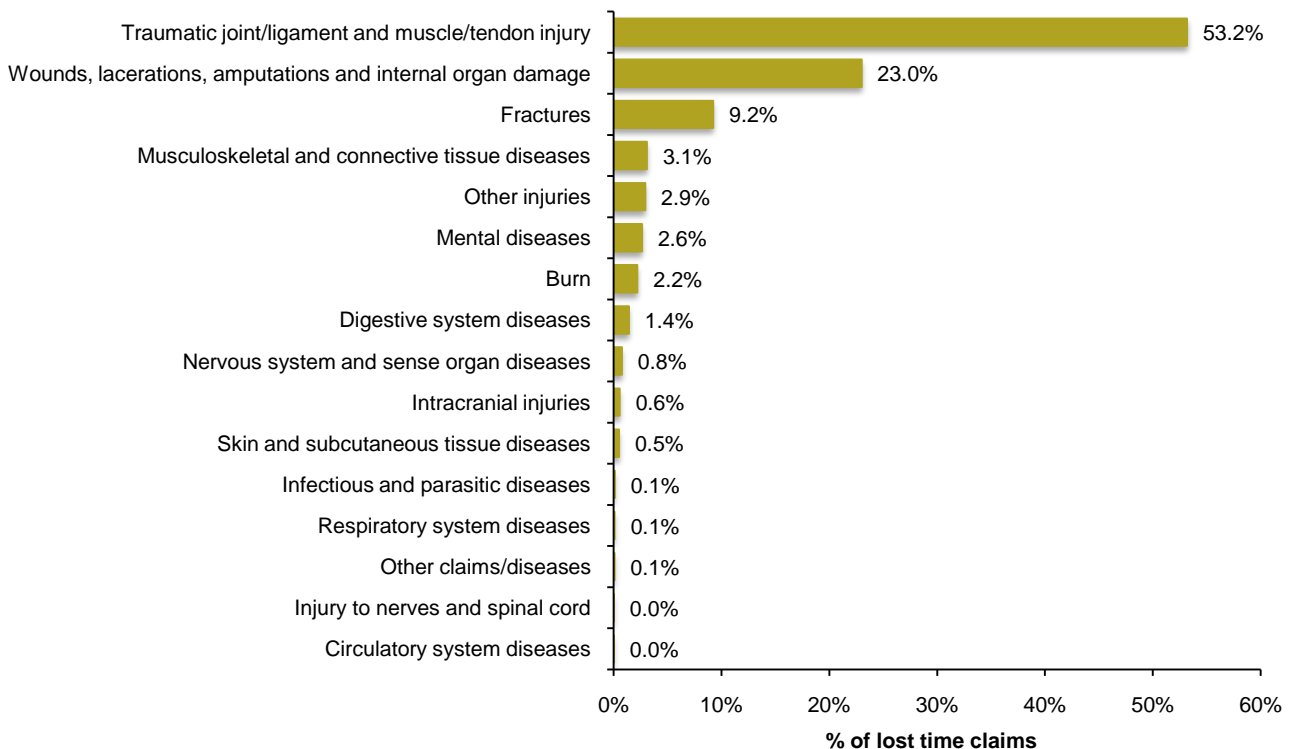
Section 3: Injury/disease attributes
Nature

Injury attributes

2009/10p

3.2.0 Number of lost time claims by nature of injury or disease

Lost time injury	15,137
Traumatic joint/ligament and muscle/tendon injury	8,827
Wounds, lacerations, amputations and internal organ damage	3,819
Fractures	1,534
Other injuries	488
Burn	368
Intracranial injuries	94
Injury to nerves and spinal cord	7
Lost time disease	1,465
Musculoskeletal and connective tissue diseases	515
Mental diseases	438
Digestive system diseases	236
Nervous system and sense organ diseases	129
Skin and subcutaneous tissue diseases	85
Infectious and parasitic diseases	21
Respiratory system diseases	18
Other claims/diseases	16
Circulatory system diseases	7

3.2.1 Percentage of lost time claims by nature of injury or disease 2009/10p

Section 3: Injury/disease attributes

Bodily location

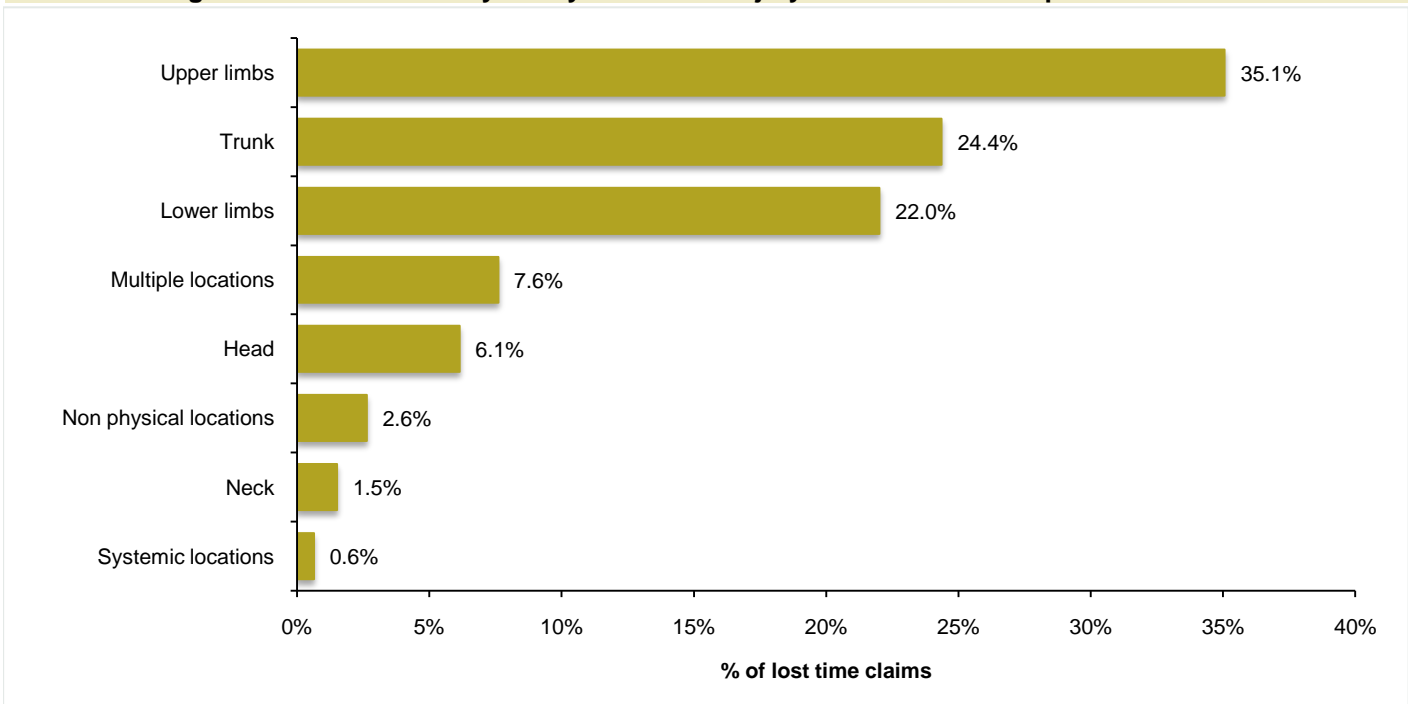
Injury attributes

2009/10p

3.3.0 Number of lost time claims by bodily location of injury or disease

Upper limbs	5,821
Trunk	4,045
Lower limbs	3,655
Multiple/unspecified locations	1,264
Head	1,021
Non physical locations	438
Neck	252
Systemic locations	106
Total	16,602

3.3.1 Percentage of lost time claims by bodily location of injury or disease 2009/10p

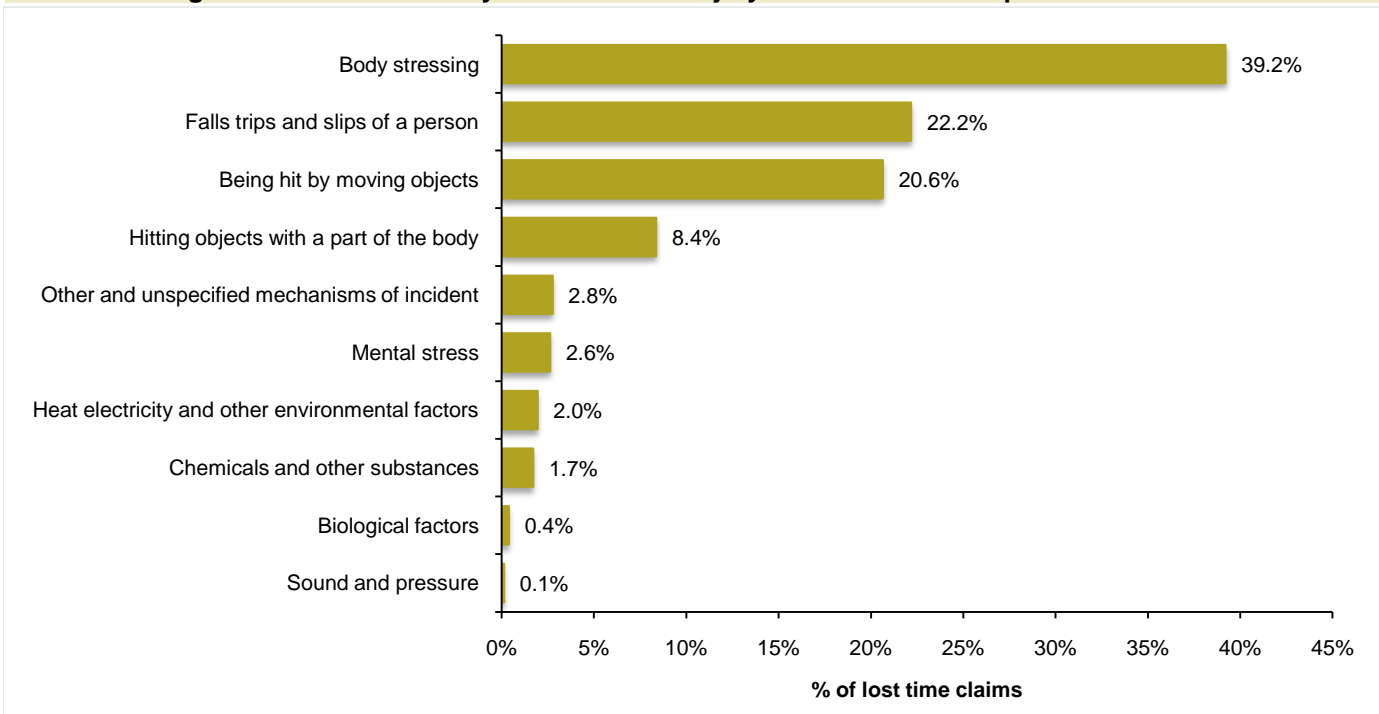


Injury attributes

2009/10p

3.4.0 Number of lost time claims by mechanism of injury or disease

Body stressing	6,507
Falls trips and slips of a person	3,682
Being hit by moving objects	3,427
Hitting objects with a part of the body	1,391
Other and unspecified mechanisms of incident	460
Mental stress	438
Heat electricity and other environmental factors	325
Chemicals and other substances	284
Biological factors	66
Sound and pressure	22
Total	16,602

3.4.1 Percentage of lost time claims by mechanism of injury or disease 2009/10p

Section 3: Injury/disease attributes

Agency

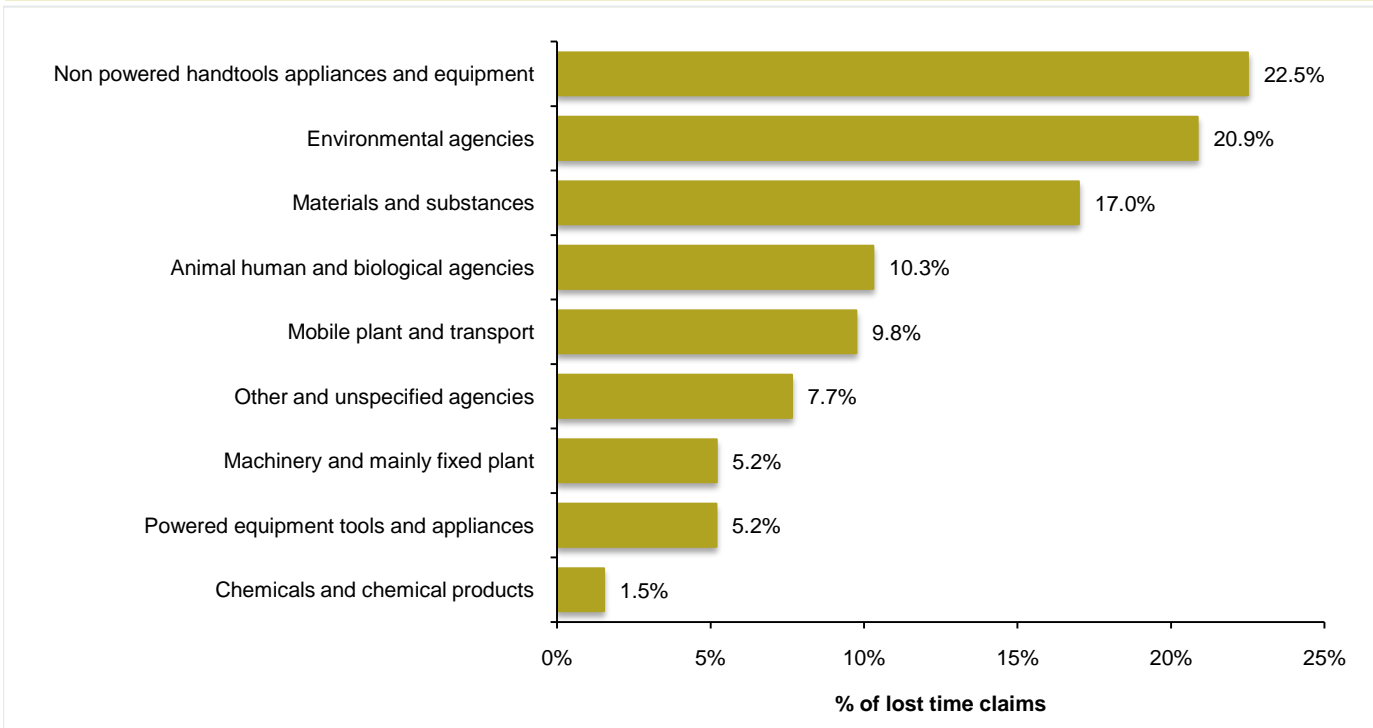
Injury attributes

2009/10p

3.5.0 Number of lost time claims by agency of injury or disease

Non powered handtools appliances and equipment	3,737
Environmental agencies	3,464
Materials and substances	2,822
Animal human and biological agencies	1,710
Mobile plant and transport	1,619
Other and unspecified agencies	1,271
Machinery and mainly fixed plant	864
Powered equipment tools and appliances	861
Chemicals and chemical products	254
Total	16,602

3.5.1 Percentage of lost time claims by agency of injury or disease 2009/10p



Section 4: Glossary

TERM	DEFINITION / EXPLANATION OF TERM
Accident quarter	Accident quarter refers to the financial quarter in which the occupational injury occurred or when symptoms of the occupational illness or disease were first recognised, irrespective of when the claim was reported, paid or finalised.
Age	A worker's age is based on chronological age (in years) at the date of injury.
Agency of occurrence	The agency of occurrence refers to the object, substance or circumstance directly involved in inflicting the injury or disease. A comprehensive list of inclusions and exclusions for each classification used in this report is available from the <i>Australian Safety and Compensation Council Type of Occurrence Classification System 3rd edition, version 1</i> (available online at safeworkaustralia.gov.au).
Average cost	The average cost represents an estimate of costs for unfinalised claims, plus the total cost of finalised claims, divided by the number of claims. Average cost is attributed to the year in which a claim was lodged and is associated with claims data.
Bodily location	The bodily location of injury/disease identifies the part of the body affected by the most serious injury or disease. A comprehensive list of inclusions and exclusions for each classification used in this report is available from the <i>Australian Safety and Compensation Council Type of Occurrence Classification System 3rd edition, version 1</i> (available online at safeworkaustralia.gov.au).
Body stressing	Injuries or disorders that result from stress placed on muscles, tendons, ligaments and bones. For further information refer to the <i>Australian Safety and Compensation Council Type of Occurrence Classification System 3rd edition, version 1</i> (available online at safeworkaustralia.gov.au).
Claim costs	The claims cost represents an estimate of costs for unfinalised claims, and the total cost of finalised claims attributed to the year in which a claim was lodged. It should be noted that claim costs are subject to revision as claims experience matures; this is especially true for more recent years. Claim costs are not adjusted for inflation or claim development.
Claims data	<p>Information pertaining to workers' compensation claims is reported to WorkCover WA by approved insurers and self-insurers. Information is collated based on the financial year in which a claim was lodged. For the purposes of this report, certain types of claims were excluded from claims data:</p> <ul style="list-style-type: none"> • lost time journey claims between home and work • asbestos-related diseases, including mesothelioma and pneumoconiosis • duplicated or disallowed (by an insurer). <p>It should be noted that claim numbers are subject to revision as claims experience matures; this is especially true for more recent years.</p>
Claim payments	<p>Categories are based on WorkCover WA's Guidelines for Completing Form WC 101. Claims payments are in contrast with claims data as they do not reflect liabilities incurred but not yet paid. Claim payment information is collated based on the financial year during which payment was made, regardless of when the claim was lodged and includes:</p> <ul style="list-style-type: none"> • weekly payments (payments made for absences from work) • redemptions (lump sum payments made under Schedule 1) • specific injuries (lump sum payments made under Schedule 2) • medical practitioners and specialists (consultation and treatment expenses rendered by general practitioners and medical specialists) • hospital expenses (hospital accommodation and hospital treatment) • other treatment (comprises payments made under clauses 17(1)(3), (4), (5) and (6) of Schedule 1 of the Act, other than medical and hospital expenses) • vocational rehabilitation (comprises payments made under clause 17 (1a) of Schedule 1 of the Act in respect of counselling, occupational training, work assessment, aids and appliances) • miscellaneous (includes general items that do not fit in any other category, for example travelling, meals and lodgings, under clause 19 of Schedule 1) • legal expenses (comprises the cost of legal advice and representation incurred by approved insurers or exempt employers, witness fees and the costs of these services incurred by the worker where the approved insurer or exempt employer is ordered to meet the costs) • common law and other Acts.

Section 4: Glossary

TERM	DEFINITION / EXPLANATION OF TERM
Common law payment	Represents the total economic loss component of a common law settlement or judgement after deduction of amounts for contingencies and contributory negligence. Includes any amount for pain and suffering, permanent impairment, loss of superannuation, legal expenses and future medical costs.
Days lost	Is defined as the number of hours off work divided by the number of hours usually worked each day. If the claim is finalised, actual hours off work are used, otherwise if the claim is not finalised, estimated hours off work are used.
Dispute	This is in relation to a dispute over a workers' compensation claim by parties involved (e.g. insurer, employer, worker). A dispute can occur at any stage of a claim in relation to a number of matters.
Disputation rate	This is defined as the number of dispute applications as a proportion of all active claims for the reference year. Prior to 2009/10, the disputation rate was calculated slightly differently, with the number of dispute applications represented as a proportion of all new claims lodged in a reference year. The change to the current definition and calculation was made at a national level, across all jurisdictions, to reflect that dispute applications may occur at different stages during a claim cycle, not necessarily in the first year.
Disease	Subsection 5(1) of the Act defines disease as including any physical or mental ailment, disorder, defect, or morbid condition whether of sudden or gradual development. (See also Injury).
Extent of incapacity	This refers to the outcome of the injury or disease as assessed by the insurer and the treating doctor. Categories include: <ul style="list-style-type: none"> • temporary incapacity • permanent incapacity - partial • permanent incapacity - total.
Frequency rate	Frequency rate is the number of lost time claims per million hours worked and indicates the prevalence of workers' compensation claims. It is based on the number of hours worked by employed persons in Western Australia as supplied by the Australian Bureau of Statistics.
Gender	Represents the culturally and socially constructed difference between men and women.
Incidence rate	The incidence rate is the number of lost time claims per hundred employees (part-time, full-time, casual, and seasonal) in Western Australia.
Industry	Industry classification is based on the Australian and New Zealand Standard Industrial Classification (ANZSIC) 2006, published by the Australian Bureau of Statistics. The ANZSIC system groups together businesses that carry out similar economic activities and is structured into a hierarchy of units reflecting different levels of description (available at abs.gov.au)
Injury	Injury is defined under subsection 5(1) of the Act as: <ol style="list-style-type: none"> 1. A personal injury by accident arising out of or in the course of employment or while acting on the employer's instructions. 2. A disabling industrial disease (for example, poisoning, lung disease). 3. A disease contracted in the course of employment or the recurrence or aggravation of a pre-existing disease where the employment contributed to a significant degree. (See also Disease).
Journey claims	Up to 24 December 1993, workers' compensation claims could be lodged for injuries sustained while travelling to and from work. Journey claims have since been excluded from claims data.
Liability confirmation period	The number of calendar days between the date the claim was lodged with the insurer and the first date on which the insurer made a confirmation (accepted or rejected) about liability for the claims.
Lodgement year	The financial year in which the claim was lodged with the insurer.
Long duration claims	Workers' compensation claims for which the injury or disease results in an absence from work of at least 60 days or shifts.
Lost time claims	Lost time claims are claims for which the injury or disease results in an absence from work of at least one day or shift.

Section 4: Glossary

TERM	DEFINITION / EXPLANATION OF TERM
Mechanism of injury or disease	The mechanism of injury or disease refers to the action, exposure or event that best describes the circumstances that resulted in the most serious injury or disease. The full list of inclusions/exclusions for each of the categories used in this report is available from the Australian Safety and Compensation Council Type of Occurrence Classification System 3rd edition, revision 1 (available online at safeworkaustralia.gov.au)
Nature of injury or disease	The nature of injury or disease classification is intended to identify the most serious injury or disease suffered by the worker. The full list of inclusions/exclusions for each of the categories used in this report is available from the Australian Safety and Compensation Council Type of Occurrence Classification System 3rd edition, revision 1 (available online at safeworkaustralia.gov.au)
Occupation	Occupational classification is based on the Australian and New Zealand Standard Classification of Occupations (ANZSCO) published by the Australian Bureau of Statistics. It is a skill based classification which encompasses all occupations in the Australian work force (available at abs.gov.au)
Worker	As defined in Section 5 of the <i>Workers' Compensation and Injury Management Act 1981</i> , a worker is defined as: (a) any person to whose service any industrial award or industrial agreement applies; and (b) any person engaged by another person to work for the purpose of the other person's trade or business under a contract with him for service, the remuneration by whatever means of the person so working being in substance for his personal manual labour or services.

Section 5: References

- [1] Department of State Development, *Western Australia Economic Profile - May 2011* accessed from: www.dsd.wa.gov.au on 6 July 2011
- [2] WorkCover NSW. *Impact of the Economic Cycle on WorkCover's Operations*. Sydney: WorkCover NSW; 2009.
- [3] Bogyo T. *Workers' Compensation and the 'R' word*. British Columbia, Canada: WorkSafe BC; 2008.
- [4] McInerney, A. An Ageing Workforce and Workers' Compensation, *The Australian and New Zealand Institute of Insurance and Finance Journal*, Vol 33 Number 2

Other references used throughout this statistical report:

Australian Bureau of Statistics, *Australian and New Zealand Standard Industrial Classification 2006*. Canberra; Commonwealth of Australia 2006.

Australian Safety and Compensation Council, *Type of Occurrence Classification System 3rd edition revision 1*. Canberra: Commonwealth of Australia 2008

Australian Bureau of Statistics, *Australian and New Zealand Standard Classification of Occupations*. Canberra: Commonwealth of Australia 2006.

Section 6: Disclaimer

- 1 Due to the dynamic nature of workers' compensation claims, the interpretation of data contained within this report (the data) must be undertaken with some caution. Data users are cautioned to consider carefully the provisional nature of the data before using it for decisions that concern personal or public safety or the conduct of business that involves substantial monetary or operational consequences.
- 2 The accuracy or reliability of the data is not guaranteed or warranted in any way. WorkCover WA has made a reasonable effort to ensure that the data is up-to-date, accurate, complete, and comprehensive at the time of disclosure. This data reflects data reported to this agency by insurers for the reporting periods indicated. Data users are responsible for ensuring by independent verification its accuracy, currency or completeness.
- 3 Neither WorkCover WA, or its agencies or representatives are responsible for data that is misinterpreted or altered in any way. Derived conclusions and analysis generated from this data are not to be considered attributable to WorkCover WA.
- 4 This data is provided as is and in no event shall WorkCover WA, its agencies or representatives be liable for any damages, including, without limitation, damages resulting from lost data or lost profits or revenue, the costs of recovering such data, the costs of substitute data, claims by third parties or for other similar costs, or any special, incidental, punitive or consequential damages, arising out of the use of the data.
- 5 Information concerning the accuracy and appropriate uses of the data or concerning other workers' compensation data may be obtained by contacting WorkCover WA.