



Long duration claims in the WA workers' compensation scheme: 2004/05-2009/10

Statistical report

June 2011

Data used in this report was extracted from the WorkCover WA Q1 database on 31 January 2011, and reflects workers' compensation claim activity that occurred between 2004/05 and 2009/10.

WorkCover WA

Long duration claims in the WA workers' compensation scheme: 2004/05 to 2009/10

Perth, Western Australia: Western Australian Government

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Long duration claims statistical report

Long duration claims are commonly defined as workers' compensation claims which involve 60 days/shifts or more off work. Although these claims represent only a minor proportion of total claims within a workers' compensation scheme, these claims account for the majority of costs. Reviews of workers' compensation literature highlight a typical reporting pattern of 20 percent of workers on long term claims accounting for 80 percent of workers' compensation claim costs. As a result, long duration claims have been identified as a focal point for the management of costs within workers' compensation schemes. As shown in Figure 1, the "80/20" pattern is also evident in the Western Australian (WA) scheme, with an average of 21% of lost-time claims accounting for 82% of lost-time claim costs over the period 2004/05 to 2009/10.

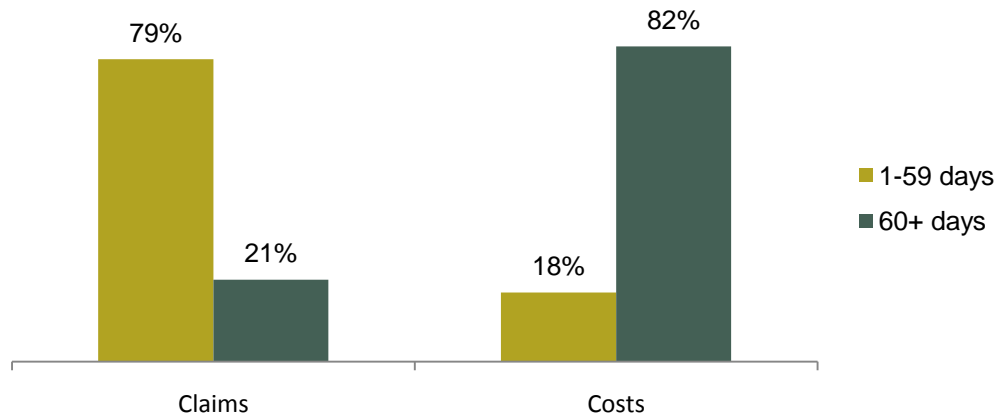


Figure 1.0: Proportions of numbers and costs for claims received by insurers between 2004/05 and 2009/10

This report provides an analysis of long duration claims within the WA workers' compensation scheme at three levels:

- overall scheme (claim numbers, costs, frequency and incidence rates)
- claimant information (age, gender, industry, occupation).
- injury attributes (level of incapacity, nature and mechanism of injury, bodily location and agency of occurrence).

For the purposes of this report, journey claims between home and work, asbestos-related diseases and fatalities were excluded.

Summary of key findings: 2004/05-2009/10

- The number of long duration claims increased by 29% between 2004/05 and 2009/10; there was also an increase in the frequency (number of claims per one million hours worked) and incidence (number of claims per 100 employees) rates during the period (as there are higher proportions of unfinalised claims in recent years, figures for 2009/10 should be regarded as preliminary).
- Costs associated with long duration costs increased by 26% as did payments (10%). There were increases across all payment types, most notably income payments (22%) and lump sums (12%).
- Comparison of claim numbers and costs highlight that claims of 180 days duration or more incur the greatest costs – in 2009/10, these claims represented 12.8% of all lost time claims but accounted for 59% of all costs.
- Whilst the proportion of long duration claims increased from 18% in 2004/05 to 26% in 2009/10, the proportion of costs associated with long duration claims remained stable at around 82%; this is because although the number of 1-59 days lost time claims decreased, the costs associated with these claims increased.
- On average, total and partial permanent incapacity claims accounted for 75% of long duration claim costs.
- In 2008/09 the 55-59 and 60-64 year age groups had the highest rates of long duration claims per million hours worked (frequency rate).
- The most common type of injury associated with long duration claims is sprains and strains, accounting for just under 60% of long duration claims each year.
- Health and community services and construction industries had the highest rate of long duration claims per million hours worked between 2004/05 and 2008/09.

Section 1: Overall scheme
Scheme overview

Key scheme indicators	2004/05	2008/09	2009/10	Trend [^]
Long duration claim numbers* (pg 5-6)				
Long duration claim numbers	3,360	4,185	4,342	▲
Proportion of lost time claims	18%	24%	26%	▲
Frequency rate	2.19	2.31	2.38	▲
Incidence rate	0.38	0.40	0.41	▲
Long duration claim costs* (pg 8-9)				
Long duration claim costs	\$342m	\$467m	\$432m	▲
Proportion of lost time claim costs	82%	83%	82%	■
Long duration claim (real) payments (pg 10)				
Total payments	\$451m	\$494m	\$497m	▲
Allied Health and Voc Rehab	\$39m	\$40m	\$41m	▲
Common Law	\$62m	\$71m	\$65m	▲
Income Payments	\$159m	\$198m	\$194m	▲
Lump sum	\$81m	\$78m	\$91m	▲
Medical or Hospital	\$55m	\$61m	\$59m	▲
Miscellaneous	\$53m	\$46m	\$47m	▼

[^] Legend: ▲ Increasing ■ Stable ▼ Decreasing

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

Section 1: Key indicators
Claim numbers

Summary:

- Between 2004/05 and 2009/10, the number of long duration claims rose by 29% despite the number of lost time claims* decreasing by 12%.
- As shown in Figure 1.2, claims of 60-119 days lost duration and 180+ days lost duration steadily increased between 2004/05 and 2009/10, and shorter duration claims (1-4 days and 5-10 days) decreased.

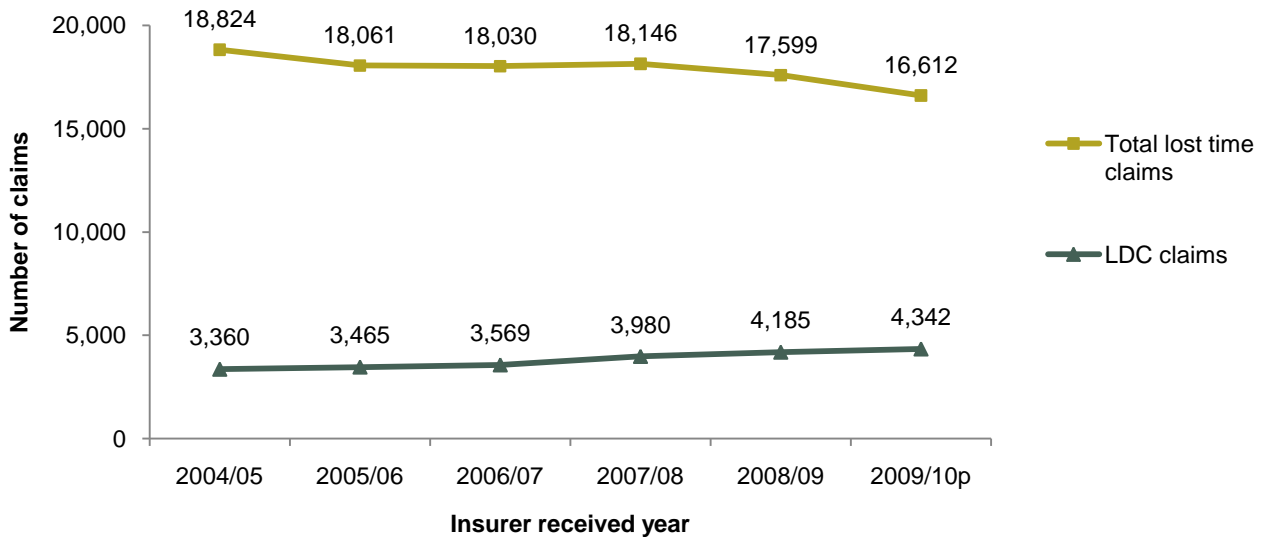


Figure 1.1: Long duration claim numbers and total lost time claims

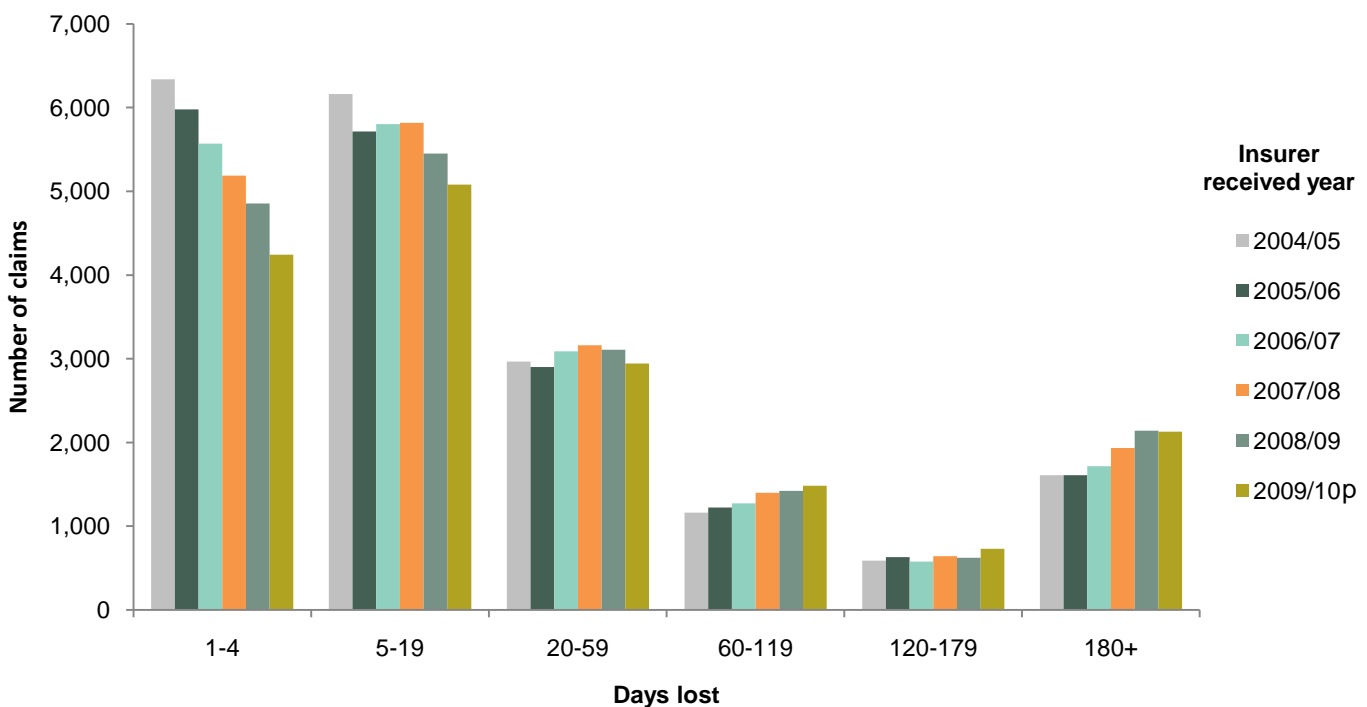


Figure 1.2: Claim numbers by days lost group

* See Definitions for further explanation.

Section 1: Key indicators
Frequency and incidence

Summary:

- Between 2004/05 and 2009/10, the number of long duration claims per million hours worked (frequency rate*) rose from 2.2 to 2.4 while the frequency rate for claims of 1-59 days lost decreased from 10.1 to 6.7.
- During this time, the rate of long duration claims per 100 employees (incidence rate*) remained stable, as shown in Figure 1.4.

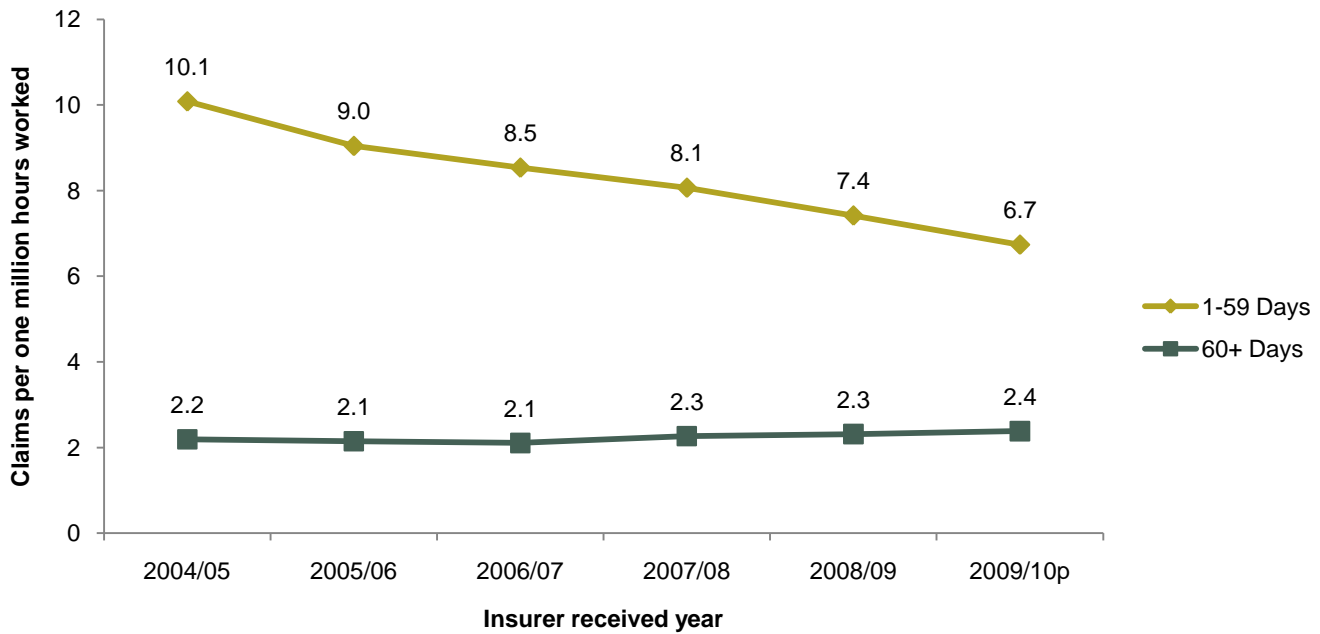


Figure 1.3: Frequency rates for 1-59 days and 60+ days lost-time claims

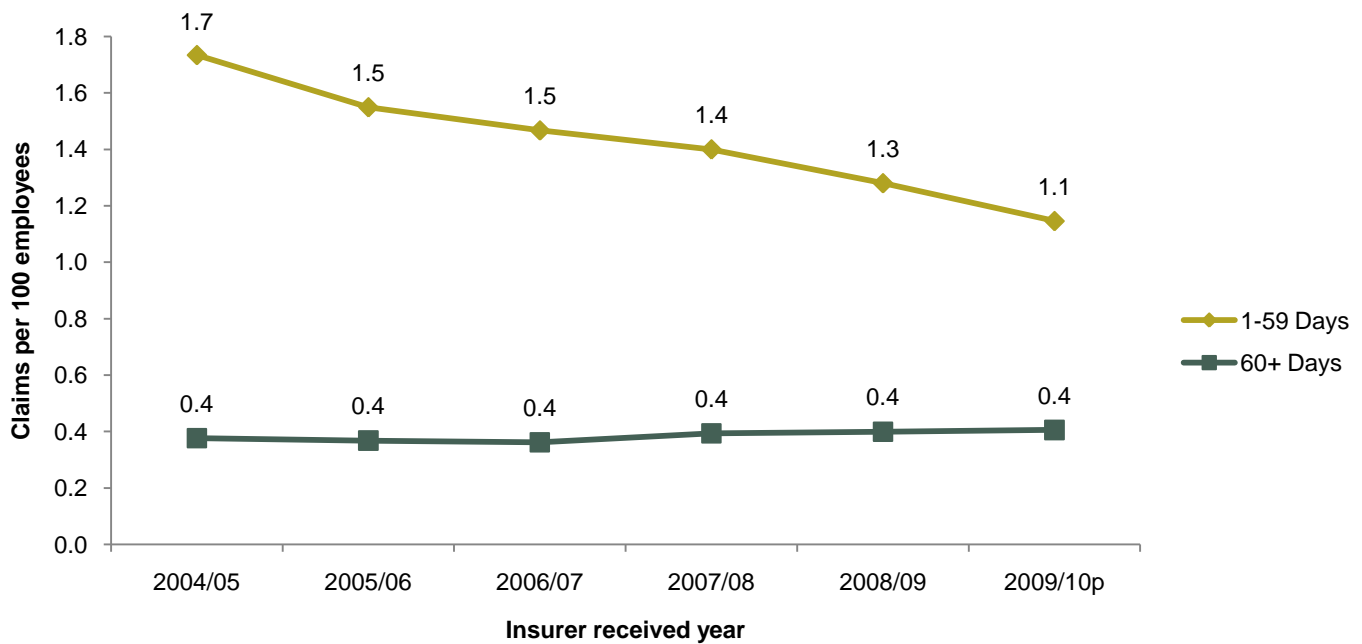


Figure 1.4: Incidence rates for 1-59 days and 60+ days lost-time claims

* See Definitions for further explanation.

Section 1: Key indicators
Proportions of claims and costs

Summary:

- As shown in Table 1.1, between 2004/05 and 2009/10, total lost time claims decreased by 9%, however long duration claims as a proportion of all lost time claims increased from 18% to 26%.
- Despite a decrease in all lost time claims, corresponding costs increased. As a result of the increases in costs across all lost time claims the proportion of long duration claims costs did not increase.

Table 1.1: Proportion of numbers and costs of lost time claims

Insurer received year	Lost time		60+ days lost		60+ days proportions	
	Claims	Cost \$m	Claims	Cost \$m	Claims	Cost \$m
2004/05	18,824	417.4	3,360	342.2	18%	82%
2005/06	18,061	417.6	3,465	341.6	19%	82%
2006/07	18,030	439.3	3,569	353.9	20%	81%
2007/08	18,146	532.3	3,980	440.3	22%	83%
2008/09	17,599	562.5	4,185	466.6	24%	83%
2009/10p	16,612	527.7	4,342	431.9	26%	82%

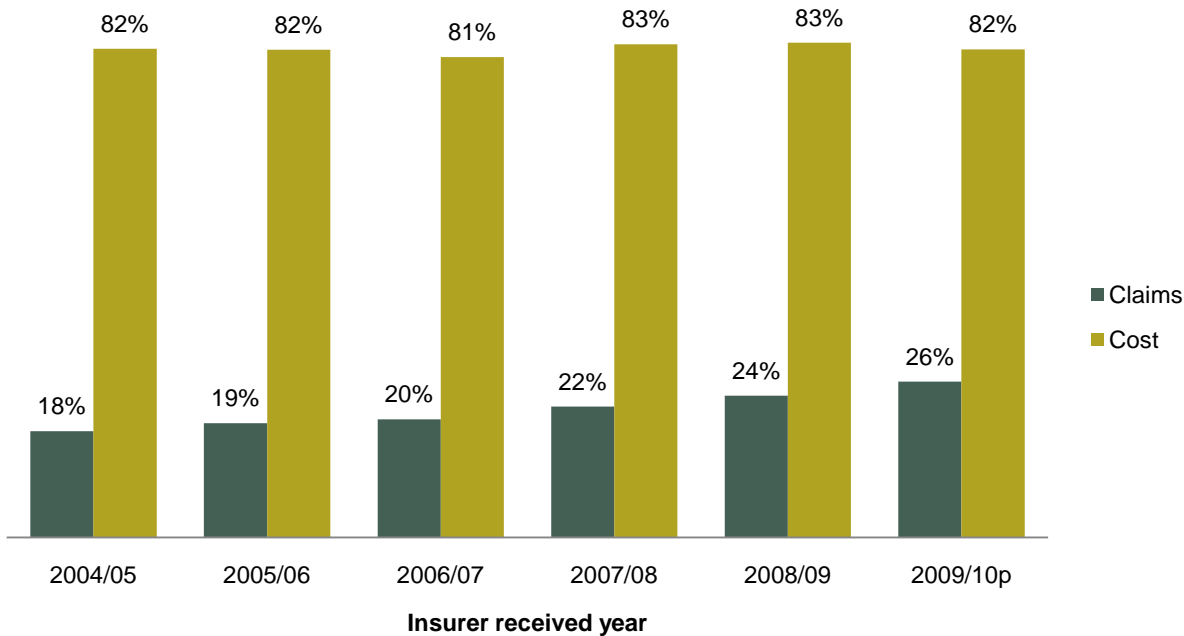


Figure 1.5: LDC claim numbers and costs as proportion of total claim numbers and total costs

* See Definitions for further explanation.

Section 1: Key indicators
Proportions of claims and costs

Summary:

- Figure 1.6 highlights that between 2004/05 and 2009/10, 180+ day duration claims accounted for 10% of lost time claims and 62% of lost time claim costs.

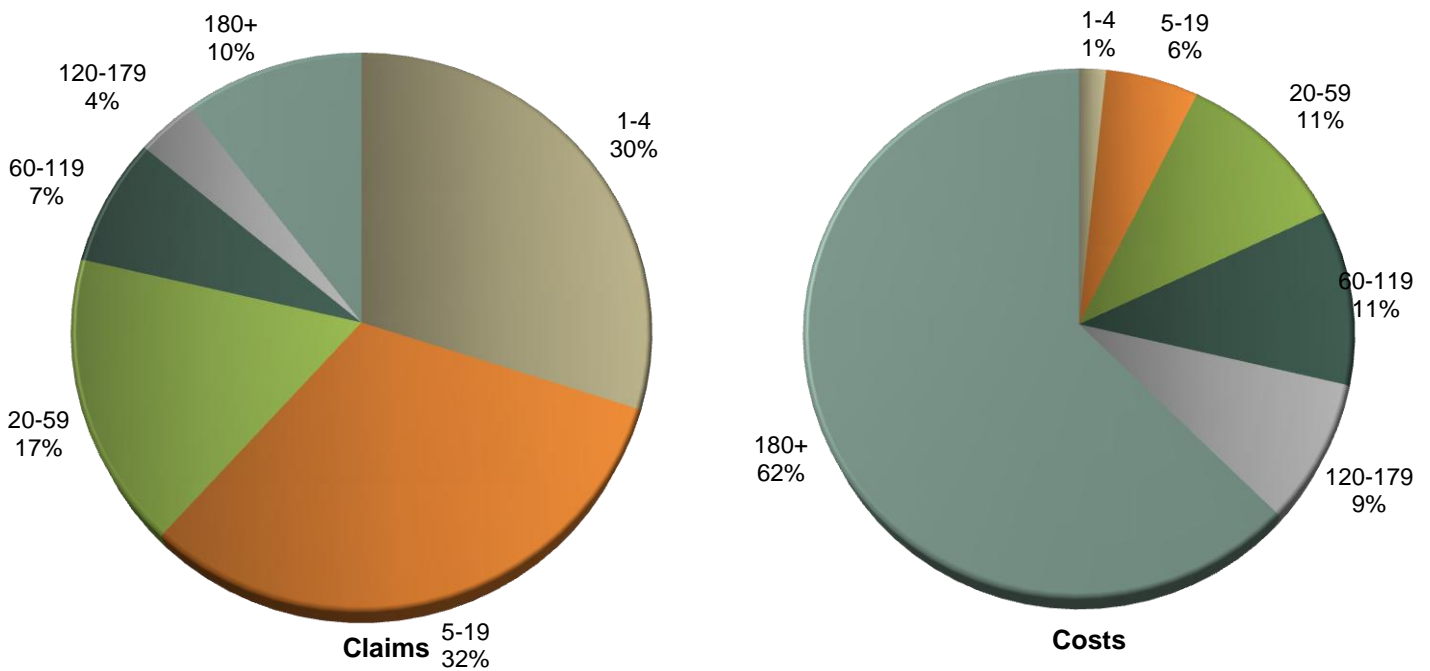


Figure 1.6: Proportion of lost time claims and costs by days lost for claims received by insurers between 2004/05 and 2009/10

Section 1: Key indicators
Claim payments

Summary:

- Total payments associated with long duration claims increased by 10% between 2004/05 and 2009/10. Note that these figures have been adjusted for inflation.
- As shown in Figure 1.7, there were significant increases in income and lump sum payments over the six year period. The only payment category which decreased over the period was miscellaneous (e.g. legal costs).
- In 2009/10, 39% of payments for long duration claims were for income replacement, 19% for lump sums and 13% for common law, as illustrated in Figure 1.8.

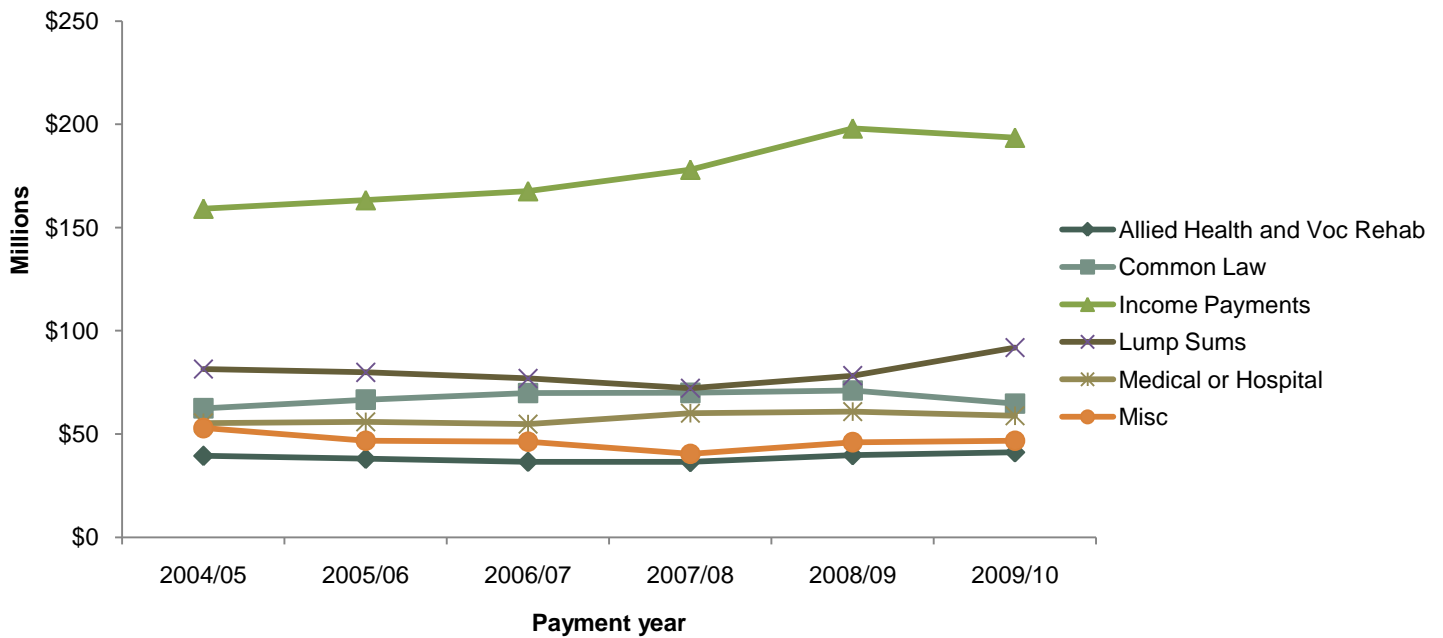


Figure 1.7: Long duration claim (real) payments between 2004/05 and 2009/10

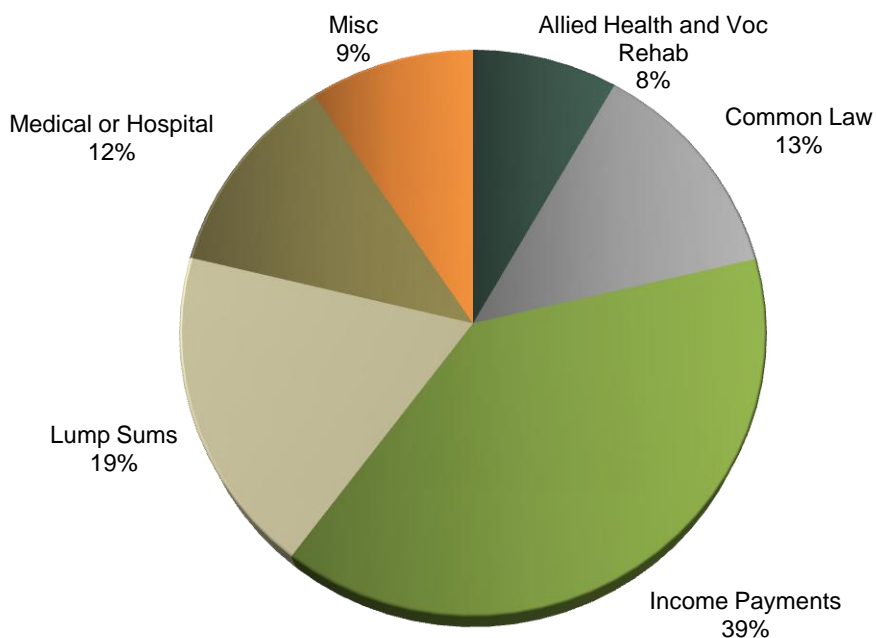


Figure 1.8: (Real) payments for long duration claims made during 2009/10

Section 2: Claimant characteristics Overview

As there is a high proportion of unfinalised claims in the most recent lodgement year, 2008/09 is the most recent lodgement year provided for breakdowns of claimant characteristics and claim attributes.

For the purposes of this report, journey claims between home and work, asbestos-related diseases and fatalities were excluded.

Claimant characteristics (pg 12-19)	2004/05	2008/09
Highest proportion of long duration claims:		
Gender	Male (65%)	Male (64%)
Age	35-44 age group (29%)	45-54 age group (28%)
Industry	Health & community (15%)	Construction (15%)
Occupation	Labourers (24%)	Labourers (22%)

Section 2: Claimant characteristics
Gender

Summary:

- Males incur the largest numbers of long duration claims, which is reflective of the proportion of males to females within the workforce. Numbers of long duration claims for males and females have steadily grown between 2004/05 and 2008/09 as shown in Figure 2.1.
- Males consistently had a higher rate of long duration claims per million hours worked (frequency rate) than females between 2004/05 and 2008/09, as illustrated in Figure 2.2.

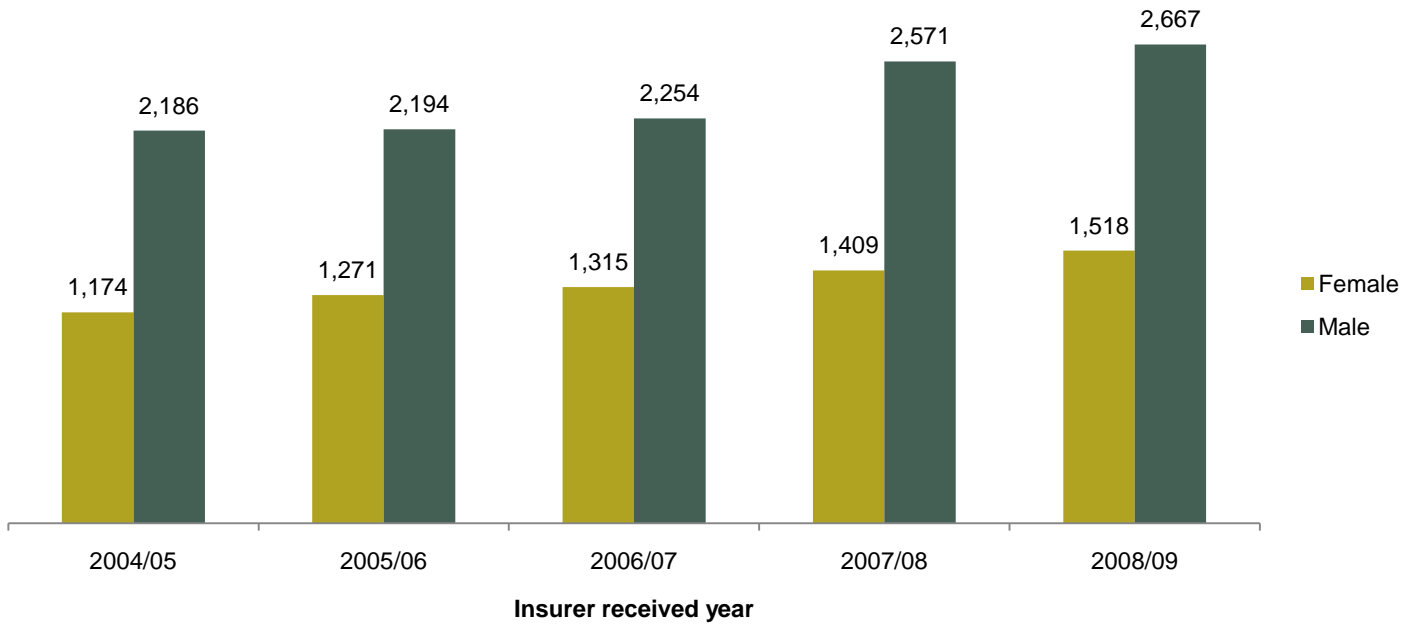


Figure 2.1: Numbers of long duration claims by gender: 2004/05 - 2008/09

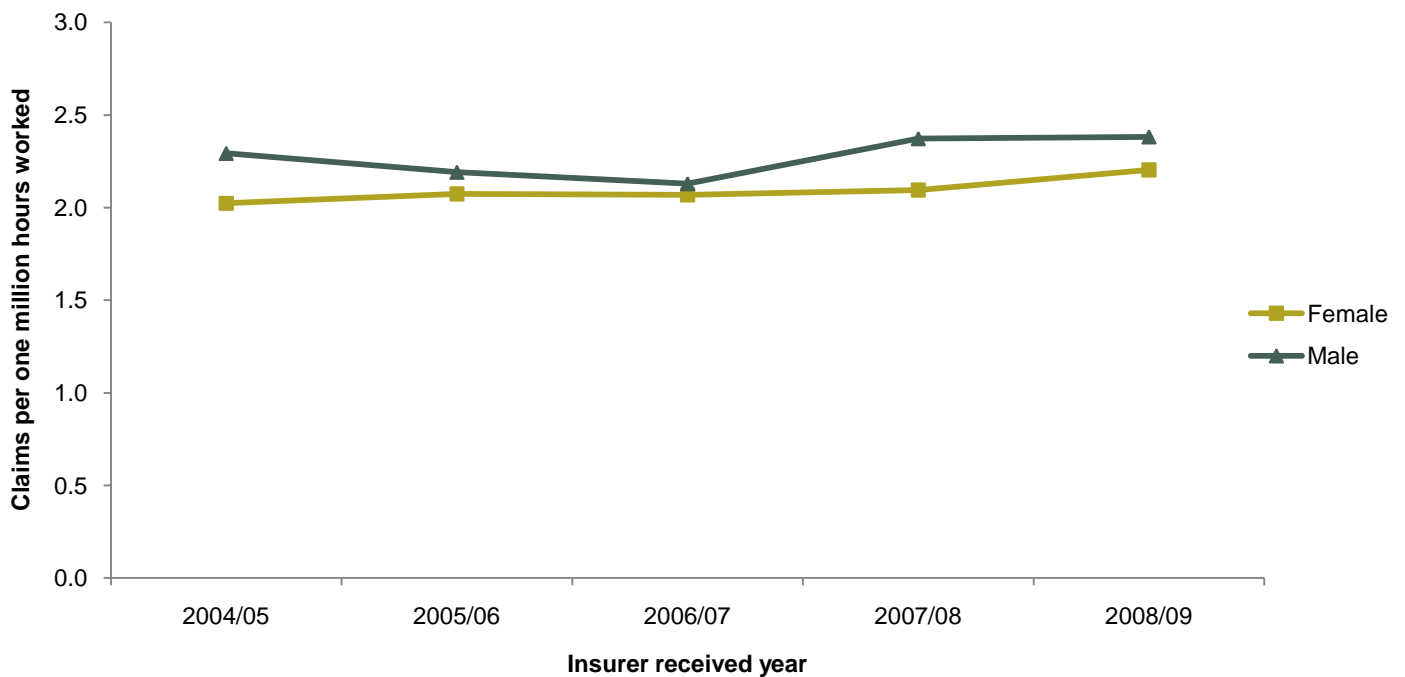


Figure 2.2 Frequency rate of long duration claims by gender 2004/05-2008/09

Section 2: Claimant characteristics

Gender

Summary:

- As shown in Figure 2.3, males account for just over two thirds (67%) of long duration claim costs. Males also have the highest average long duration claim cost at \$116,957.
- Long duration claim costs increased by 34% for males and 27% for females between 2006/07 and 2008/09.

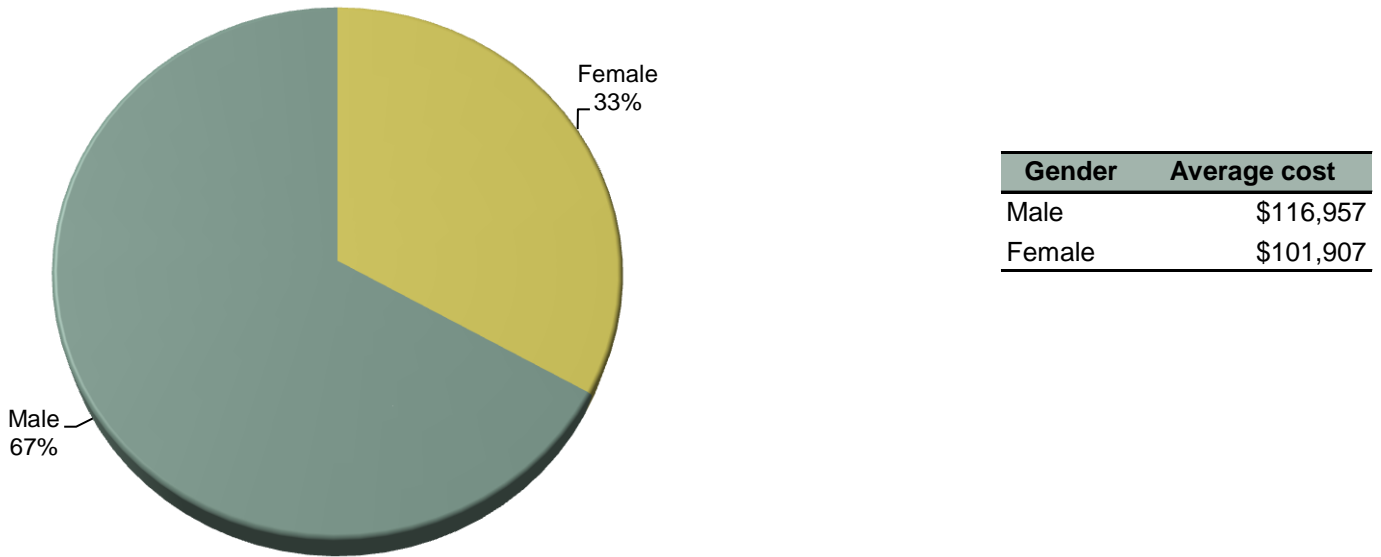


Figure 2.3: Proportion and average long duration claim cost by gender: 2008/09

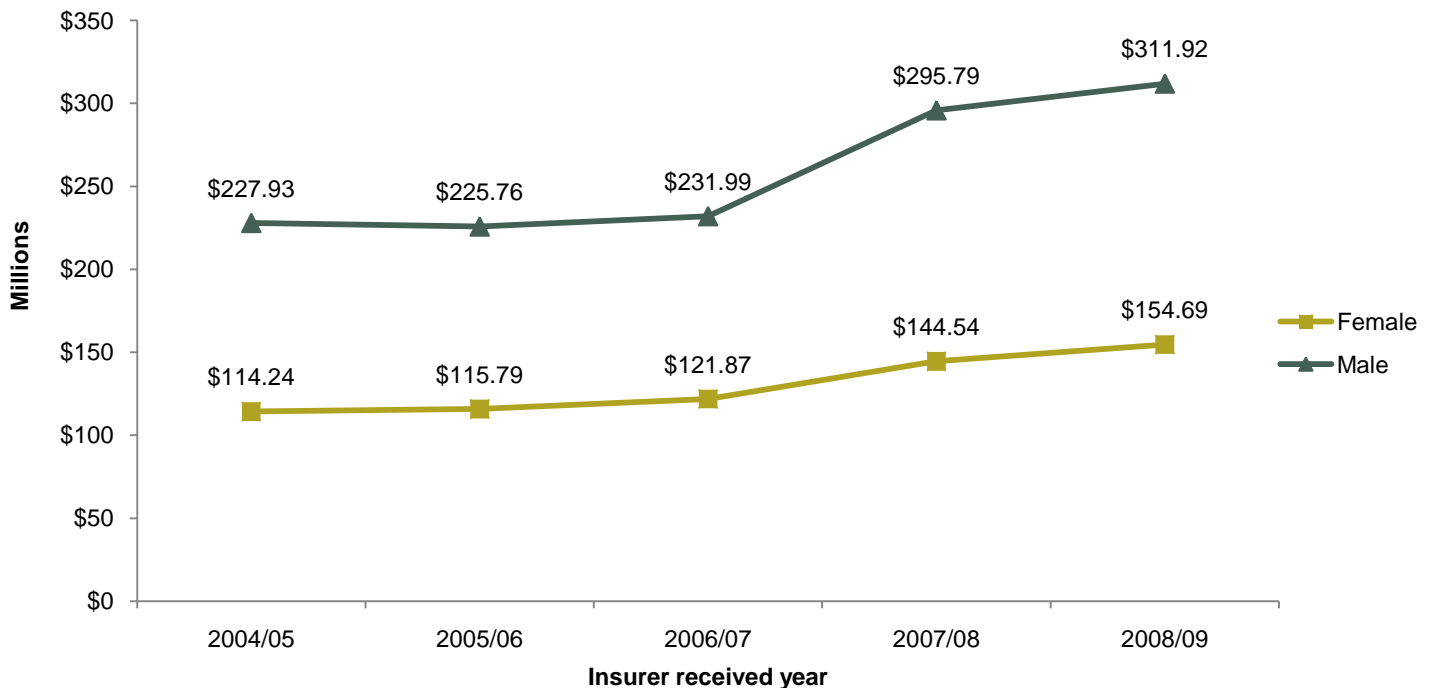


Figure 2.4: Total cost of long duration claims for males and females: 2004/05-2008/09

Section 2: Claimant characteristics
Age

Summary:

- As shown in Figure 2.5, the 25-34, 35-44 and 45-54 year age groups incur the largest numbers of long duration claims, this is reflective of the numbers of employees within these categories. The 45-54 year group recorded a 14% increase between 2006/07 and 2007/08 and continued to be the age group with the highest number of long duration claims in 2008/09.
- In 2008/09, the 55-59 and 60-64 year age groups had the highest rates of long duration claims per million hours worked (frequency rate), with 3.4 and 3.3 respectively. This was followed by the 45-54 year group (2.8) and the 65+ year group (2.8).

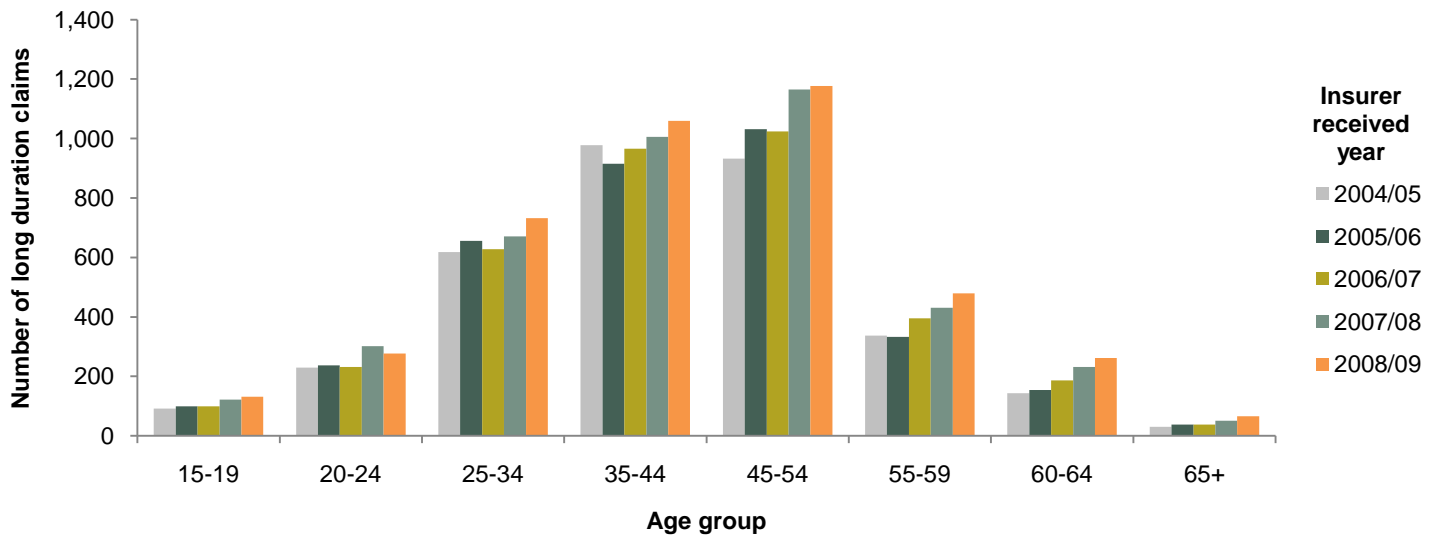


Figure 2.5: Number of long duration claims by age group: 2004/05-2009/10

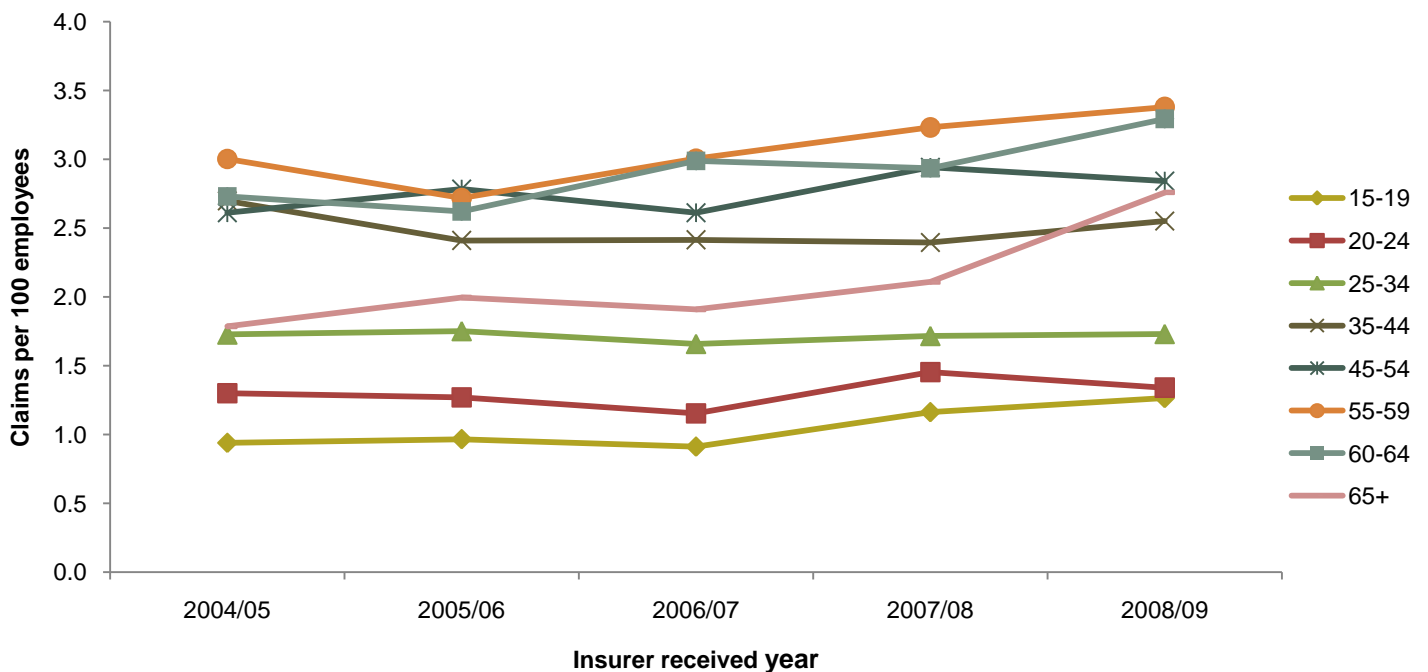


Figure 2.6: Frequency rate of long duration claims by age group: 2004/05-2008/09

Section 2: Claimant characteristics

Age

Summary:

- As illustrated in Figure 2.7, in 2008/09, the 45-54 year age group accounted for the highest proportion of long duration claims costs (29%). The 35-44 and 25-34 year age groups accounted for 27% and 18% of costs respectively. The 55-59 year age group had the highest average long duration claim cost at \$121,297.
- Long duration claim costs for the 35-44 and 45-54 year age groups increased by 26% and 19% respectively between 2006/07 and 2007/08.

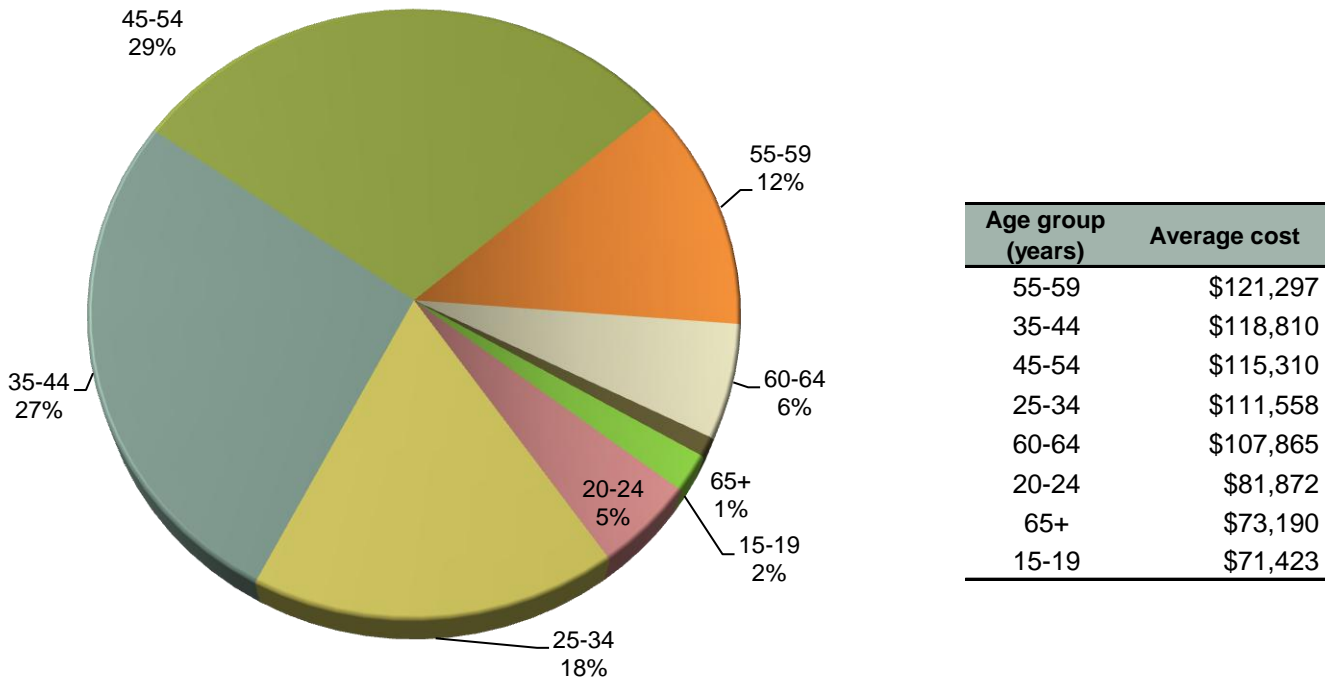


Figure 2.7: Proportion and average long duration claim cost by age group: 2008/09

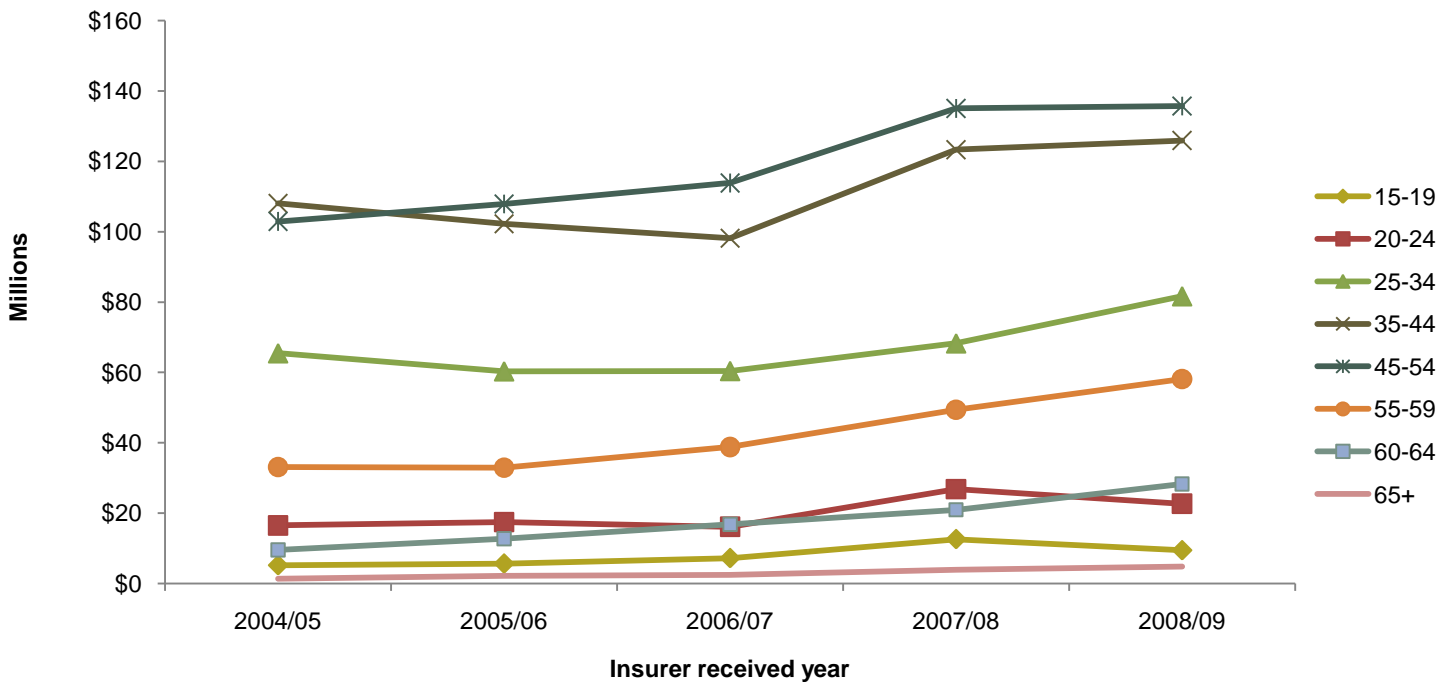


Figure 2.8: Costs by age group: 2004/05-2008/09

Section 2: Claimant characteristics
Industry

Summary:

- The health and community services, construction and manufacturing industries continue to incur the largest numbers of long duration claims. The construction industry recorded the greatest rate of change in long duration claim numbers, increasing by 63% between 2004/05 and 2008/09.
- The health and community services and construction industries also had the highest rate of long duration claims per million hours worked, (3.7 and 3.6 respectively) followed by cultural and recreational services (3.4) and transport and storage (3.4) industries.

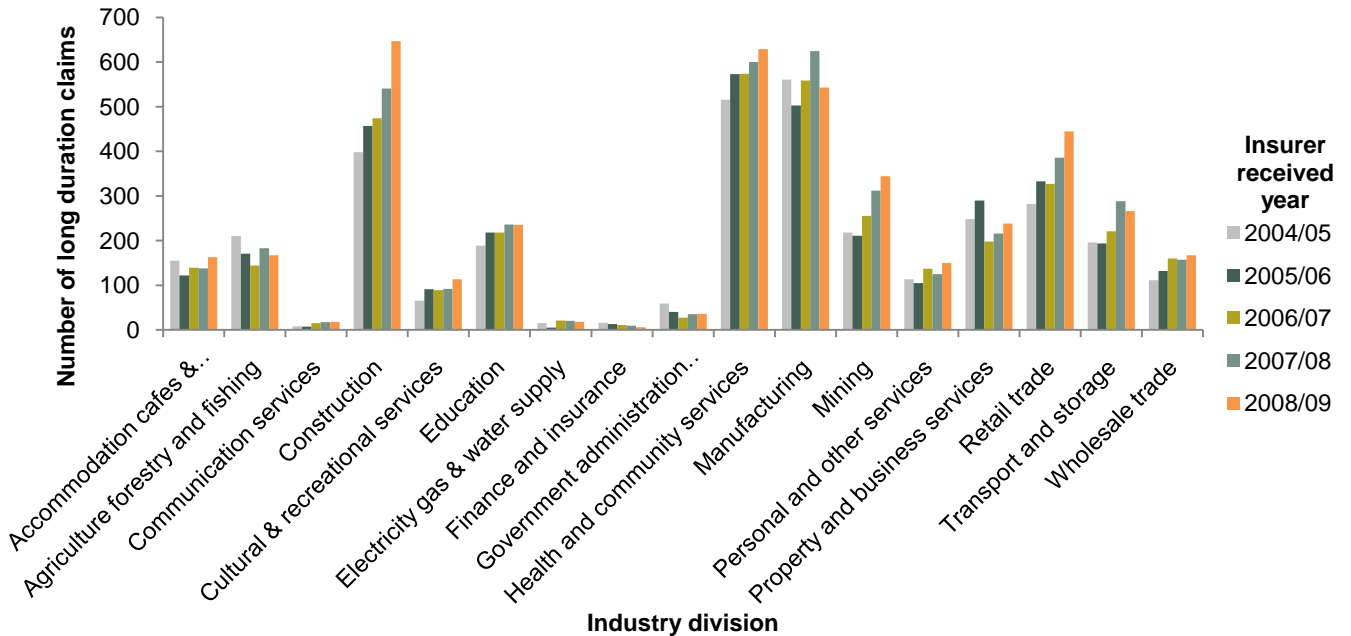


Figure 2.9: Numbers of long duration claims by industry division: 2004/05-2008/09

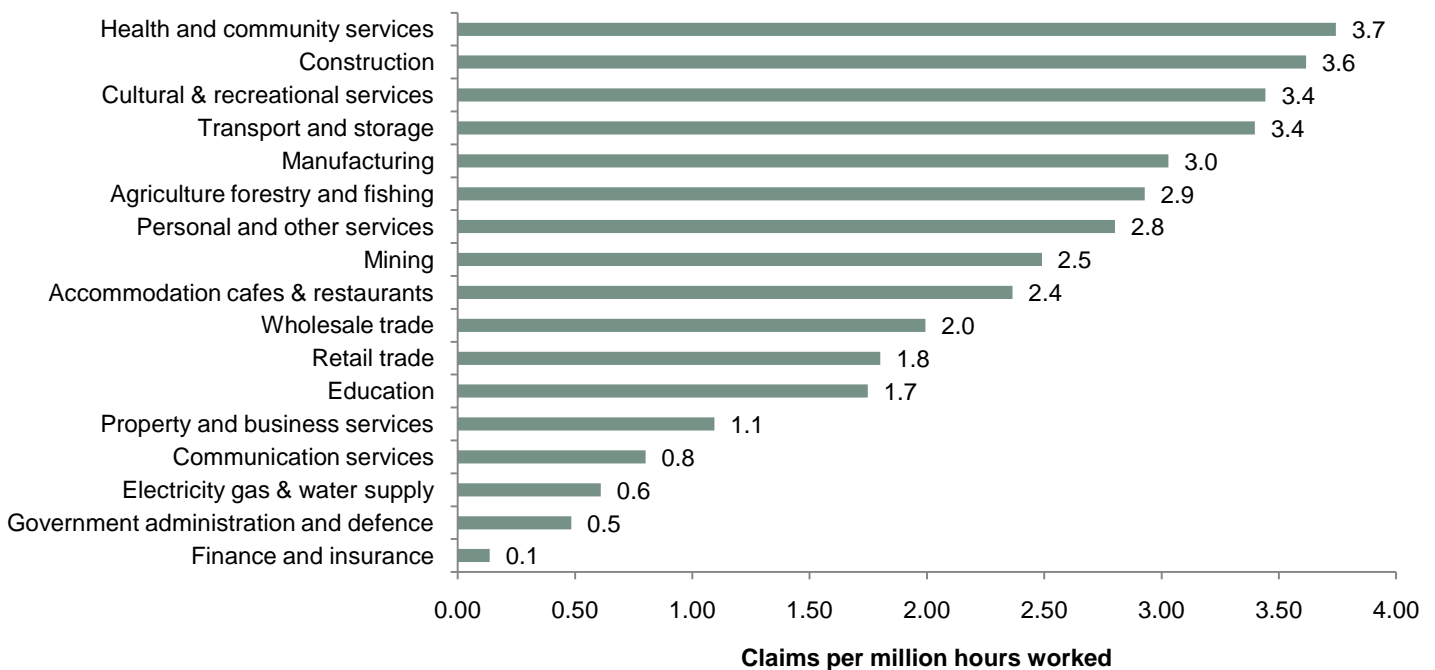


Figure 2.10 : Frequency of long duration claims by industry division: 2008/09

Section 2: Claimant characteristics
Industry

Summary:

- The construction industry accounted for the largest proportion of long duration claims costs in 2008/09 (Figure 2.11). The manufacturing and health and community service industries also represented 15% and 13% of costs respectively. The mining industry has the highest average long duration claim cost at \$143,781.
- In line with increases in long duration claim numbers, costs associated with long duration claims for the construction industry increased significantly between 2004/05 and 2008/09.

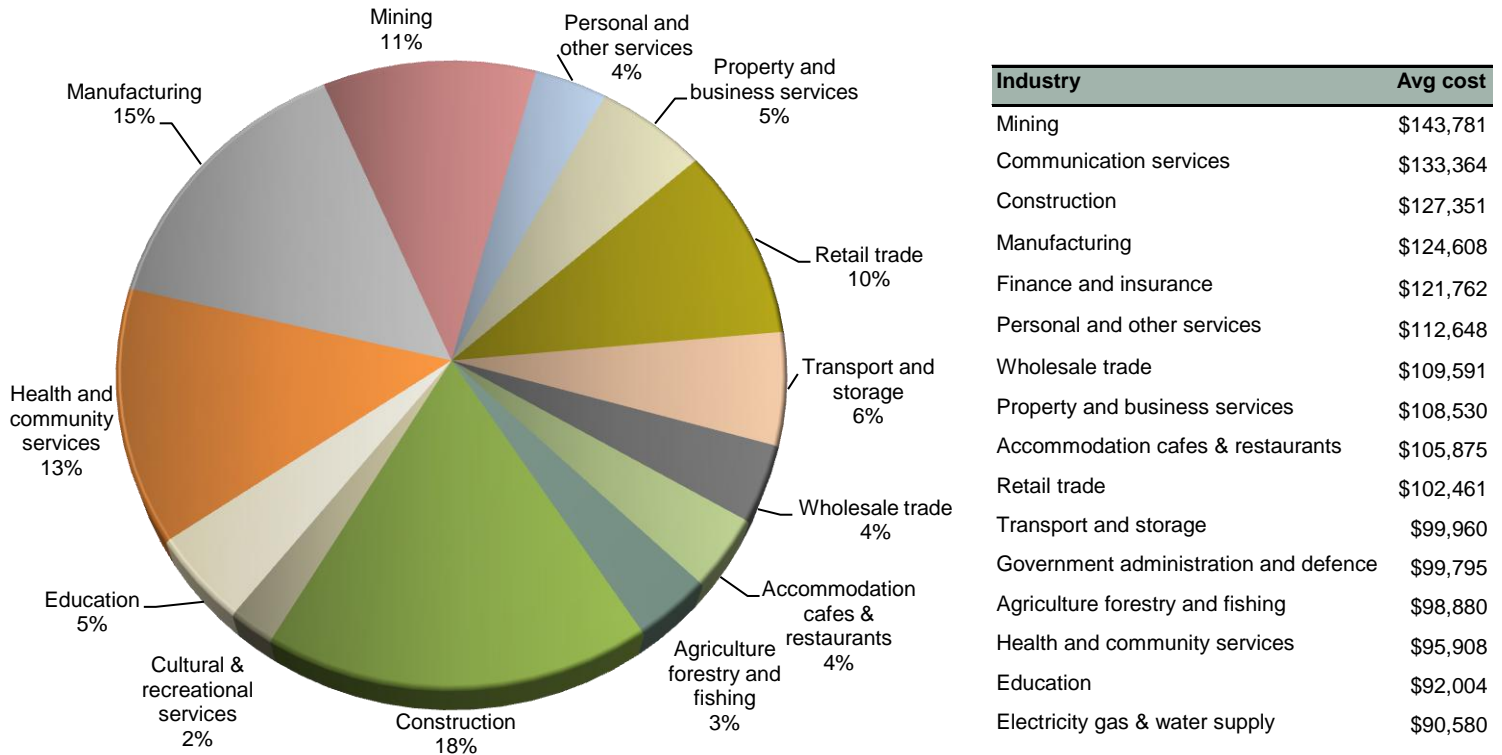


Figure 2.11: Proportion and average long duration claim cost by industry division: 2008/09

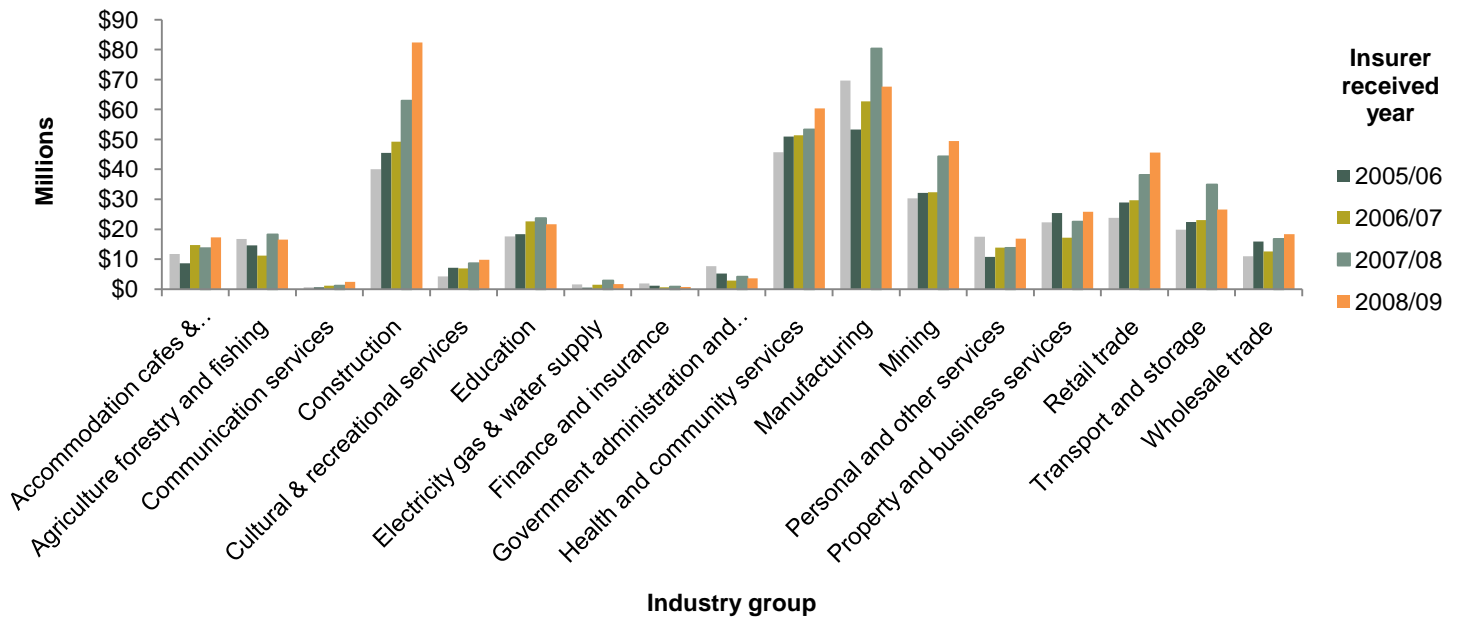


Figure 2.12: Costs for long duration claims by industry division: 2004/05-2008/09

Section 2: Claimant characteristics
Occupation

Summary:

- As illustrated in Figure 2.14, in 2008/09 tradespersons and related workers, intermediate production and transport workers and labourers and related workers each accounted for around 20% of long duration claim numbers.
- Numbers of long duration claims increased in 2008/09 for every occupational category except labourers and related workers, managers and administrators and advanced clerical and service workers.

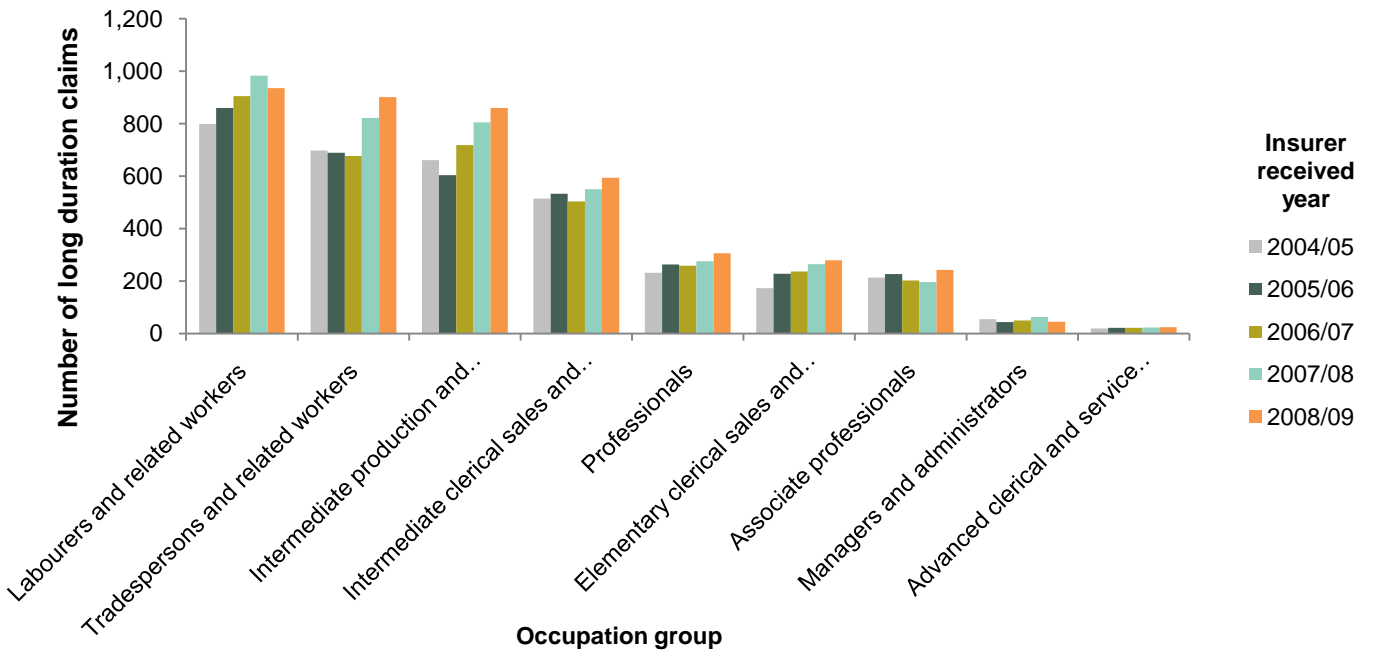


Figure 2.13: Long duration claims by occupation group 2004/05-2008/09

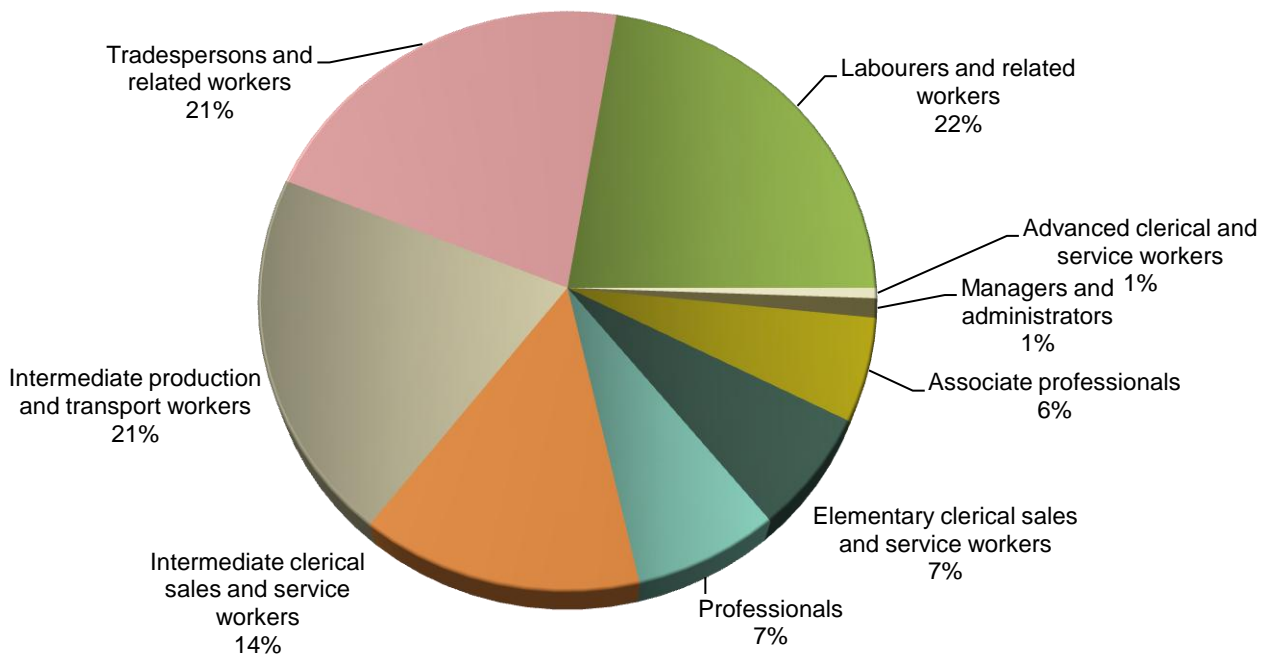


Figure 2.14: Proportions of long duration claims by occupation group 2008/09

Section 2: Claimant characteristics
Occupation

Summary:

- As shown in Figure 2.15, tradespersons and related workers incur 25% of long duration claims costs. Intermediate production and transport workers and labourers and related workers also incur high proportions of costs (22% and 21% respectively). The "tradespersons and related workers" category has the highest average long duration claim cost at \$127,844.
- In line with increases in claim numbers, costs associated with long duration claims for these occupational categories have increased significantly over the period 2004/05 to 2008/09.

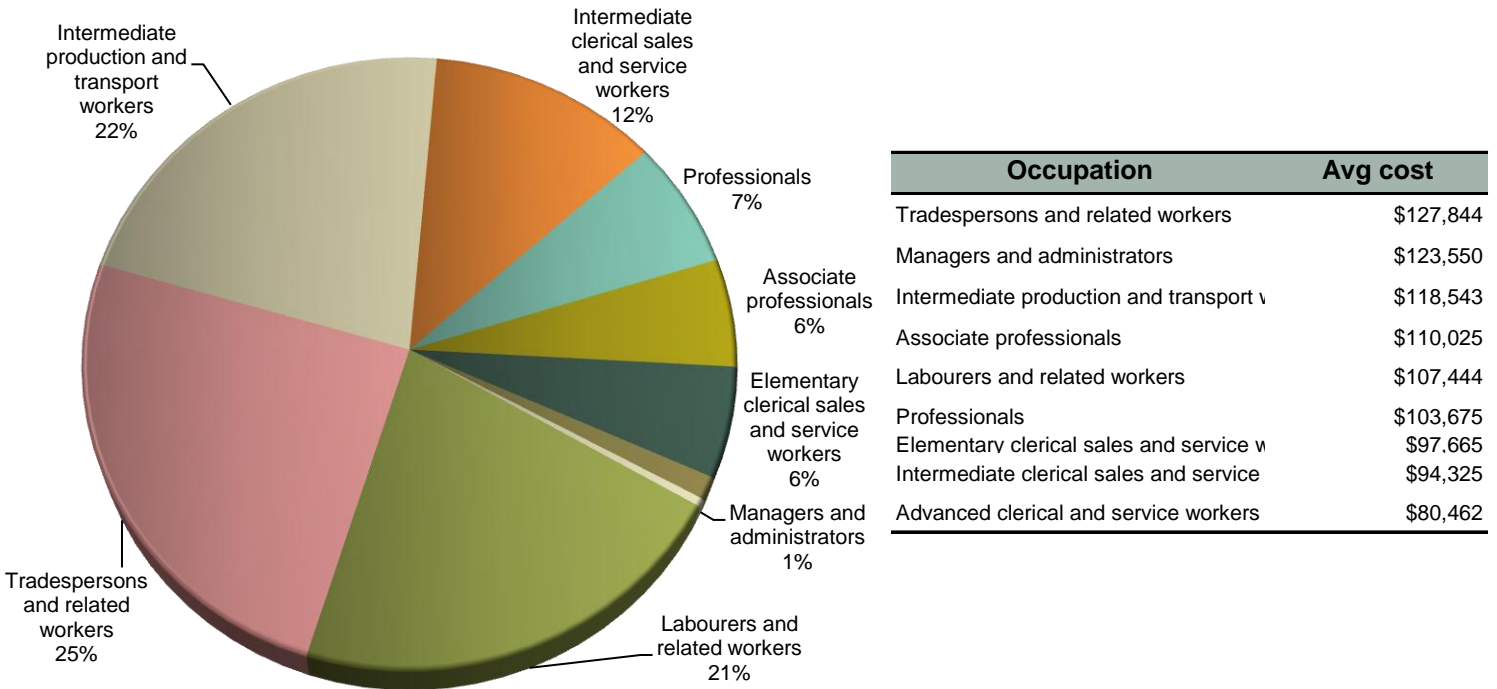


Figure 2.15: Proportion and average long duration claim cost by occupation group: 2008/09

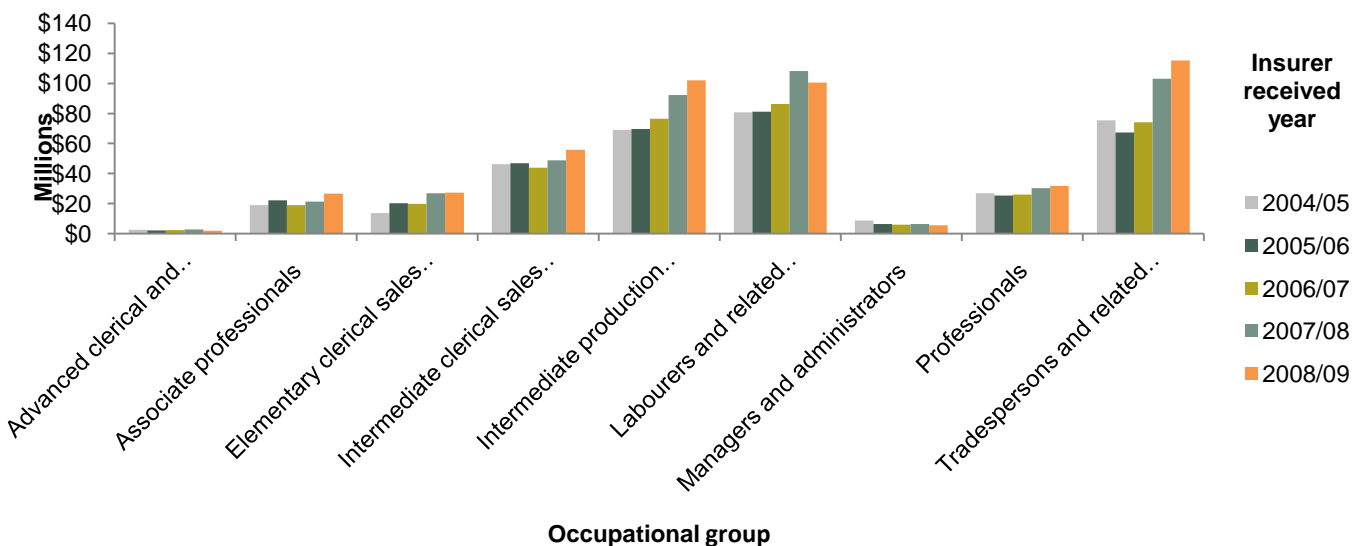


Figure 2.16: Costs for long duration claims by occupation division: 2004/05-2008/09

**Section 3: Injury attributes
Overview**

As there is a high proportion of unfinalised claims in the most recent lodgement year, 2008/09 is the most recent lodgement year provided for breakdowns of claimant characteristics and claim attributes.

For the purposes of this report, journey claims between home and work, asbestos-related diseases and fatalities were excluded.

Injury attributes (pg 21-25)	2004/05	2008/09
Highest proportion of long duration claims:		
Level of incapacity	Permanent partial (53%)	Permanent partial (49%)
Nature of injury	Sprains and strains (60%)	Sprains and strains (57%)
Mechanism of injury	Body stressing (50%)	Body stressing (47%)
Bodily location	Upper limbs (6%)	Upper limbs (8%)
Agency of occurrence	Equipment and tools (30%)	Equipment and tools (26%)

Section 3: Injury attributes
Level of incapacity

Summary:

- From Figure 3.1, numbers of long duration claims resulting in temporary incapacity and partial permanent incapacity have increased between 2004/05 and 2008/09.
- On average, between 2004/05 and 2008/09, partial permanent incapacity claims accounted for 68% of long duration claim costs. Over this period, claims resulting in permanent total incapacity had the highest average cost of \$147,810.

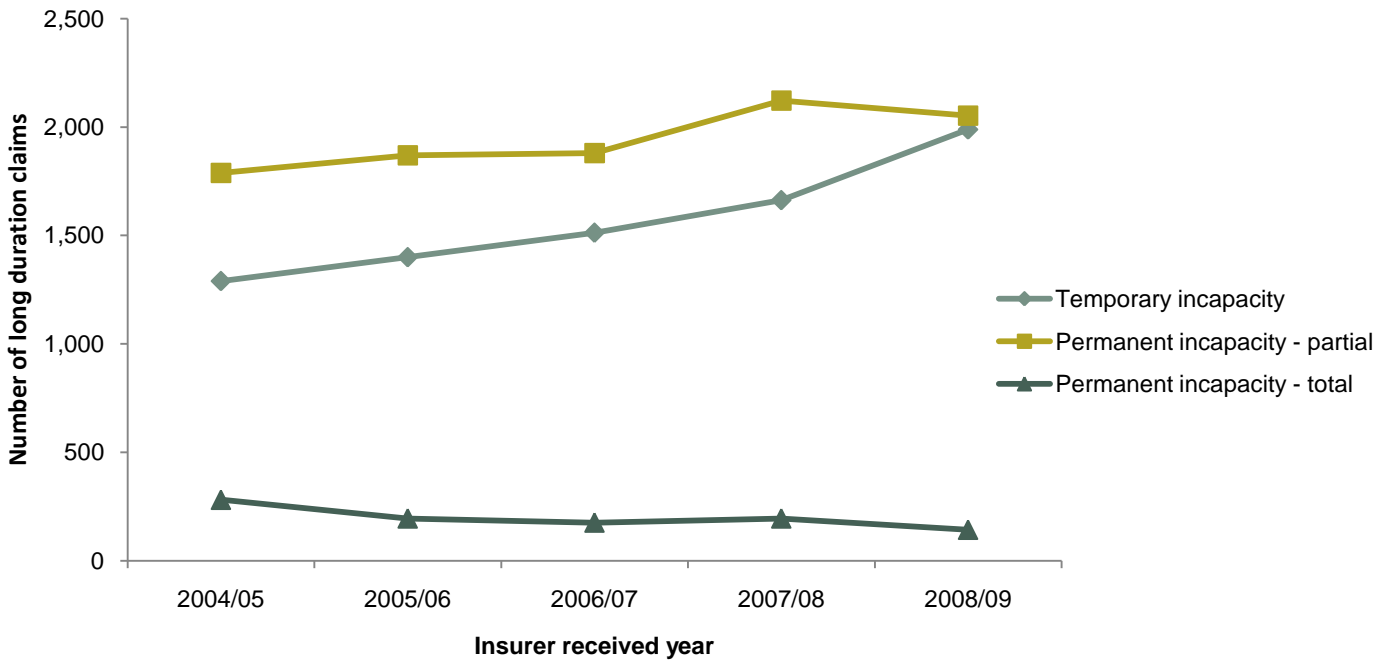


Figure 3.1: Numbers of long duration claims by level of incapacity: 2004/05 to 2008/09

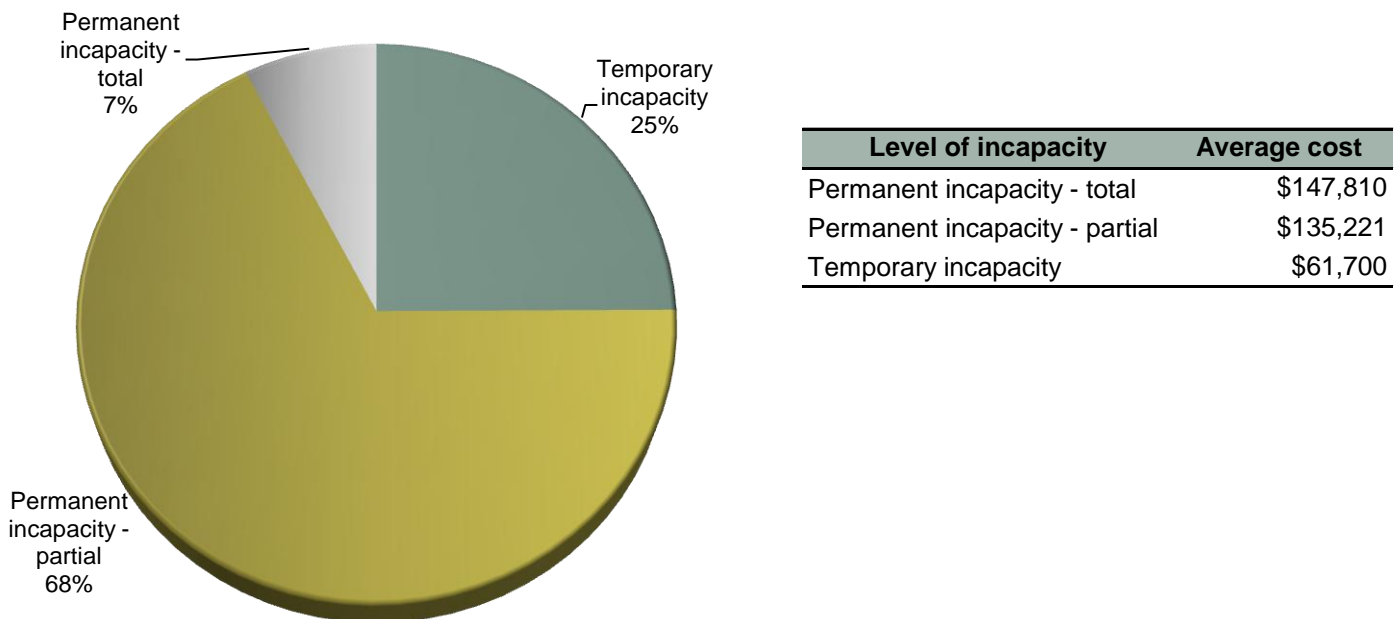


Figure 3.2: Proportion and average long duration claim cost by level of incapacity 2004/05-2008/09

Section 3: Injury attributes
Nature

Summary:

- As shown in Figure 3.3, sprains and strains are the most common cause of long duration claims, consistently accounting for just under 60% of long duration claims each year. The number of long duration claims involving sprains and strains and other injuries, such as fractures, have increased between 2006/07 and 2008/09.
- In 2008/09, costs associated with sprains and strains also accounted for just over half of long duration claim costs. Long duration claims resulting in other types of injury have the highest average long duration claim cost, \$116,736.

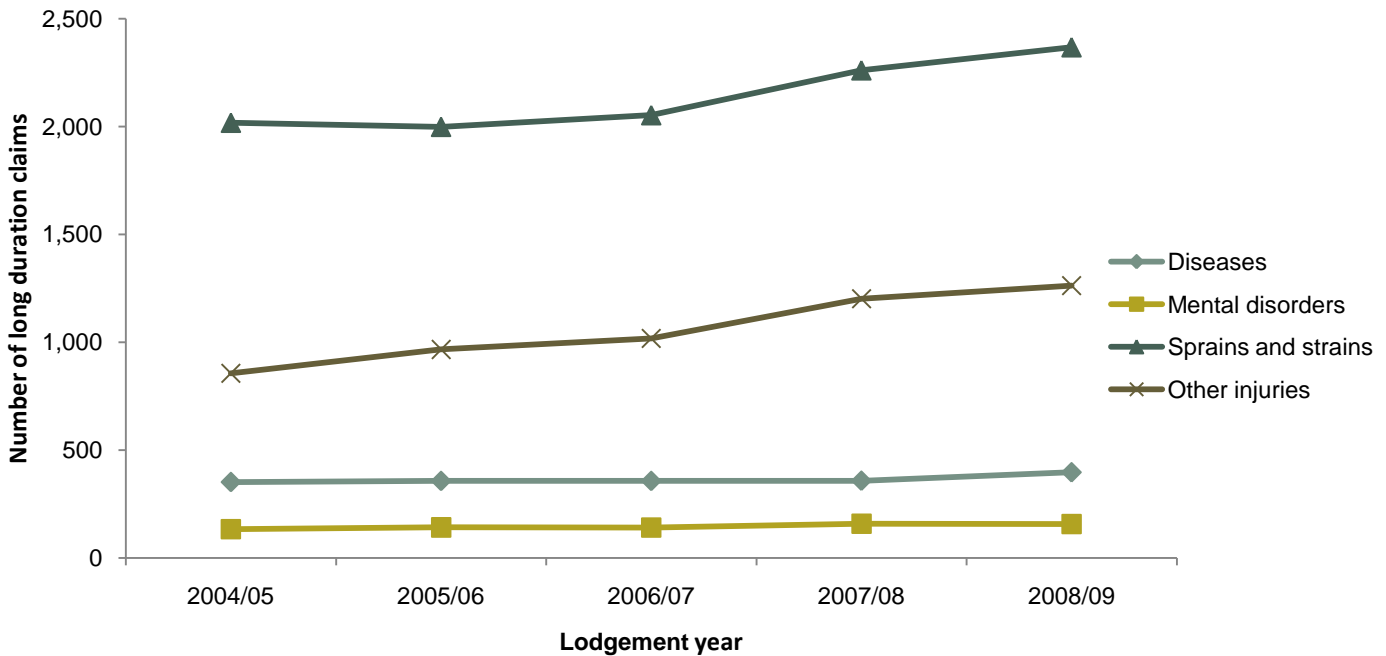
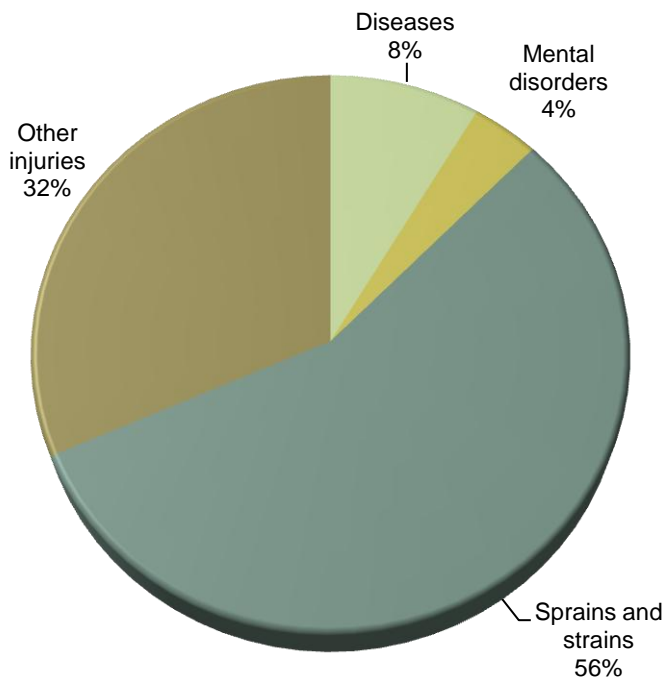


Figure 3.3: Numbers of long duration claims by level of incapacity: 2004/05 to 2008/09



Nature of injury	Average cost
Other injuries	\$116,736
Mental disorders	\$113,495
Sprains and strains	\$110,426
Diseases	\$100,441

Figure 3.4: Proportion and average long duration claim cost by nature of injury 2008/09

Section 3: Injury attributes
Mechanism of injury

Summary:

- Body stressing* is by far the most common cause of long duration claims, consistently accounting for just under half the number of long duration claims each year. Increases in numbers of long duration claims between 2006/07 and 2008/09 are attributable to body stressing and falls, slips and trips.
- As shown in Figure 3.6, in 2008/09, costs associated with body stressing accounted for just under 50% of long duration claim costs. Long duration claims caused by being hit by moving objects had the highest average claim cost, \$124,154.

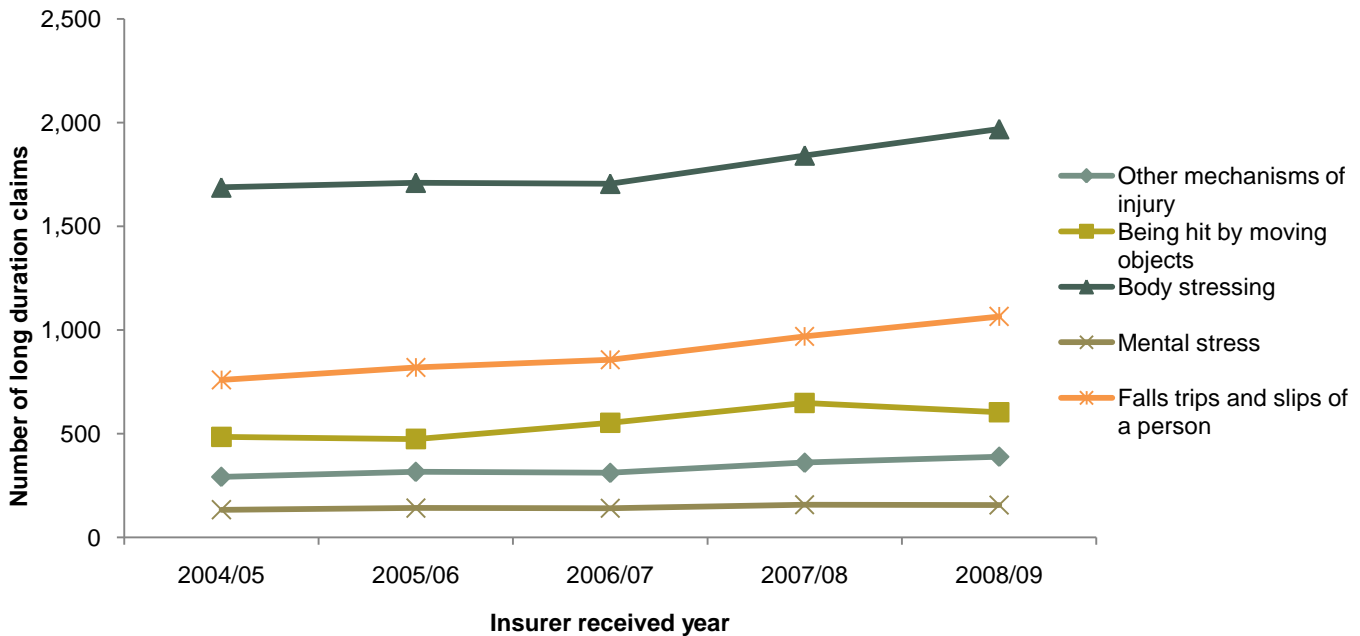


Figure 3.5: Numbers of long duration claims by mechanism of injury: 2004/05 to 2008/09

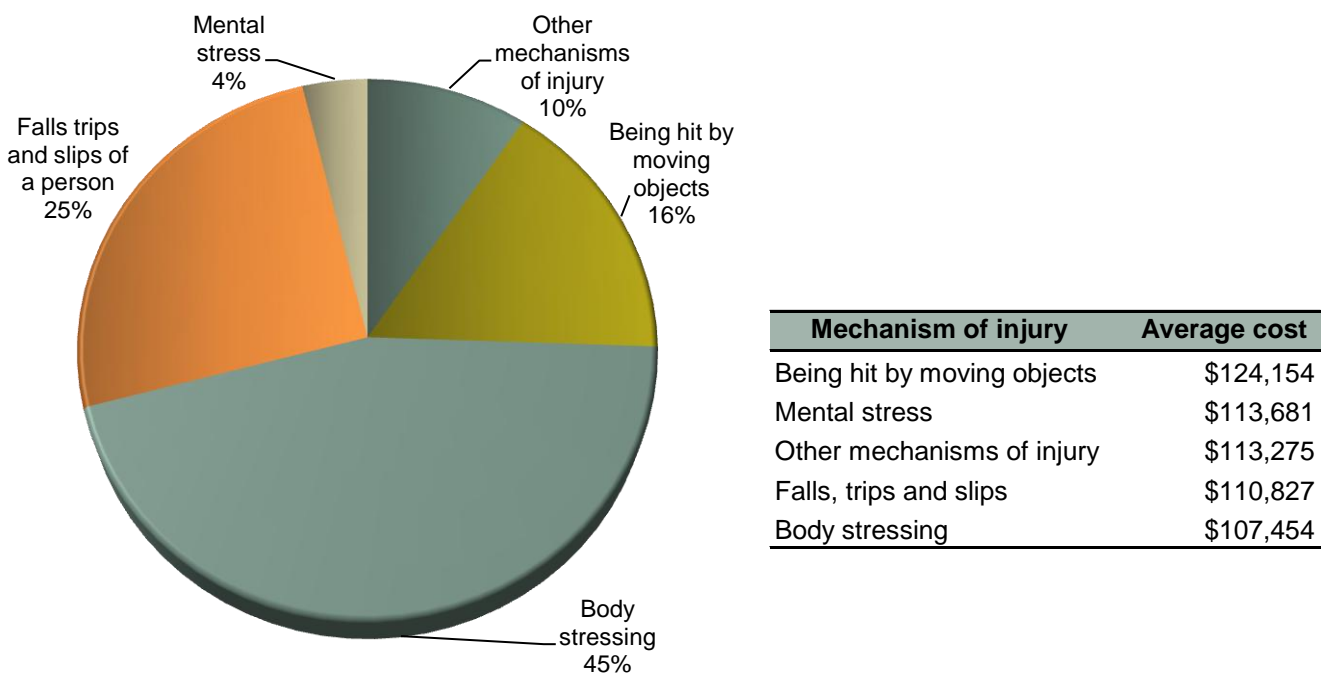


Figure 3.6: Proportion and average long duration claim cost by mechanism of injury 2008/09

* See Definitions for further explanation.

Section 3: Injury attributes
Bodily location

Summary:

- Long duration claims most commonly involve injuries to the upper limbs. As shown in Figure 3.7, numbers of long duration claims involving upper and lower limbs have significantly increased between 2006/07 and 2008/09.
- In 2008/09, costs associated with injuries to upper and lower limbs accounted for 53% of long duration claim costs. Long duration claims involving multiple bodily locations had the highest average long duration claim cost, \$133,157.

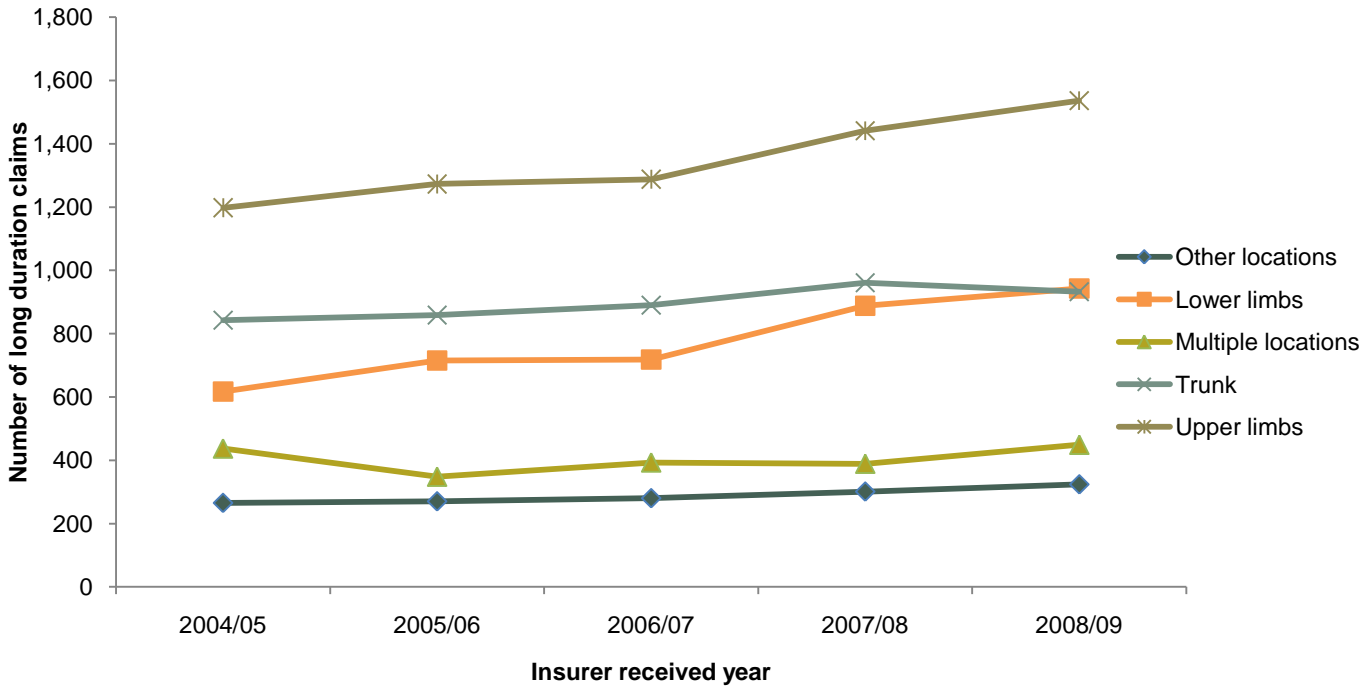


Figure 3.7: Numbers of long duration claims by bodily location: 2004/05 to 2008/09

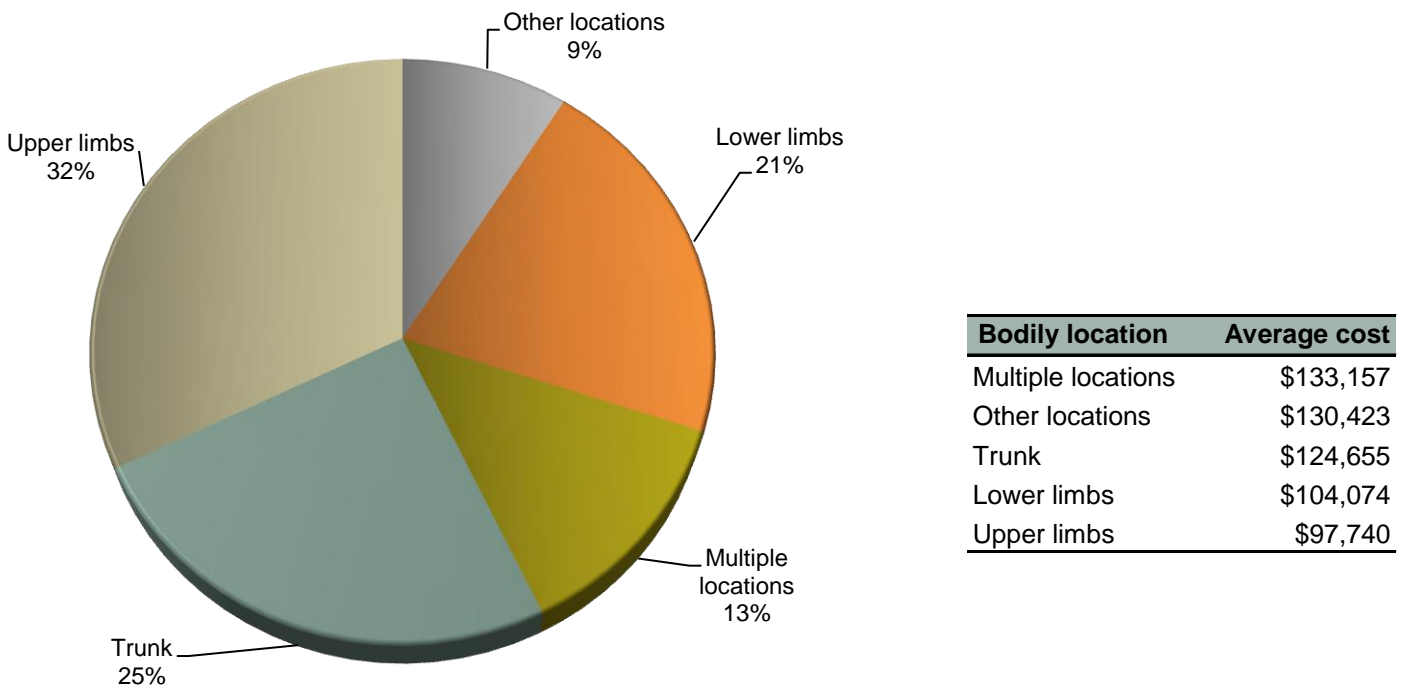


Figure 3.8: Proportion and average long duration claim cost by bodily location 2008/09

Section 3: Injury attributes
Agency of occurrence

Summary:

- While the majority of long duration claims continue to be attributable to equipment, tools and appliances, the number of long duration claims attributable to environmental agencies almost doubled between 2004/05 and 2008/09. This category includes outdoor environment (e.g. buildings, weather), indoor environment (steps and stairways) as well as underground areas (e.g. roof, tunnel, mine).

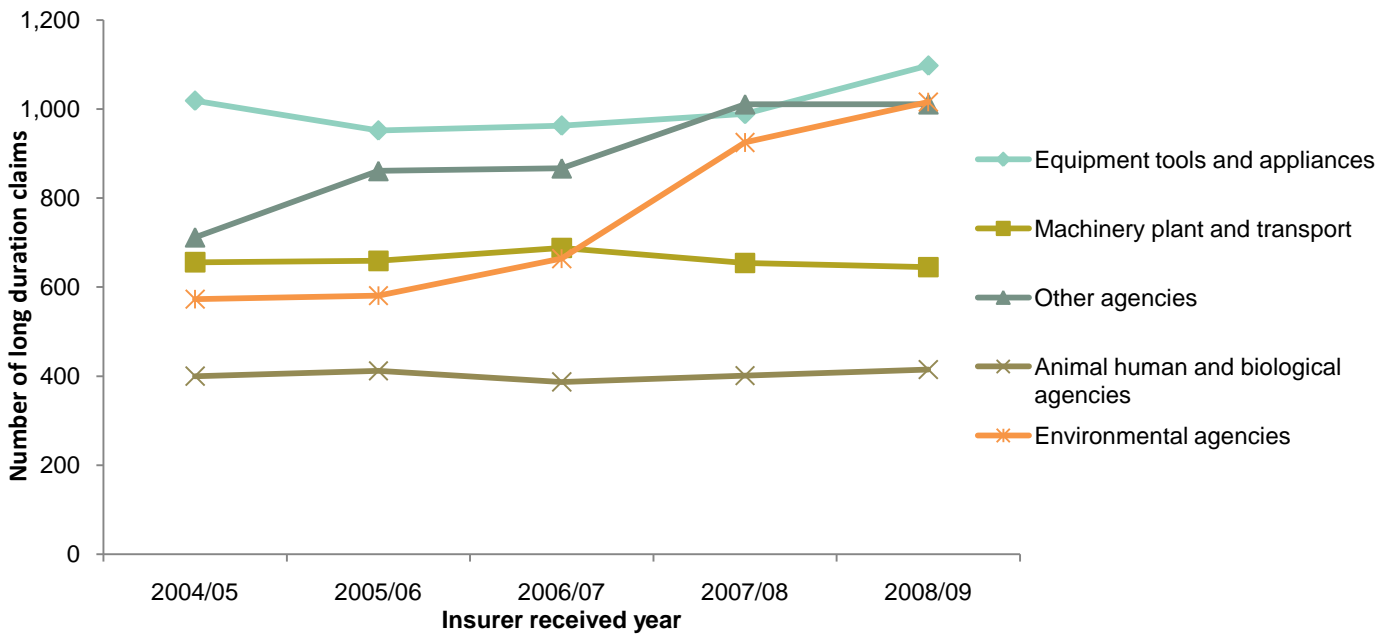


Figure 3.9: Numbers of long duration claims by mechanism of injury: 2004/05 to 2008/09

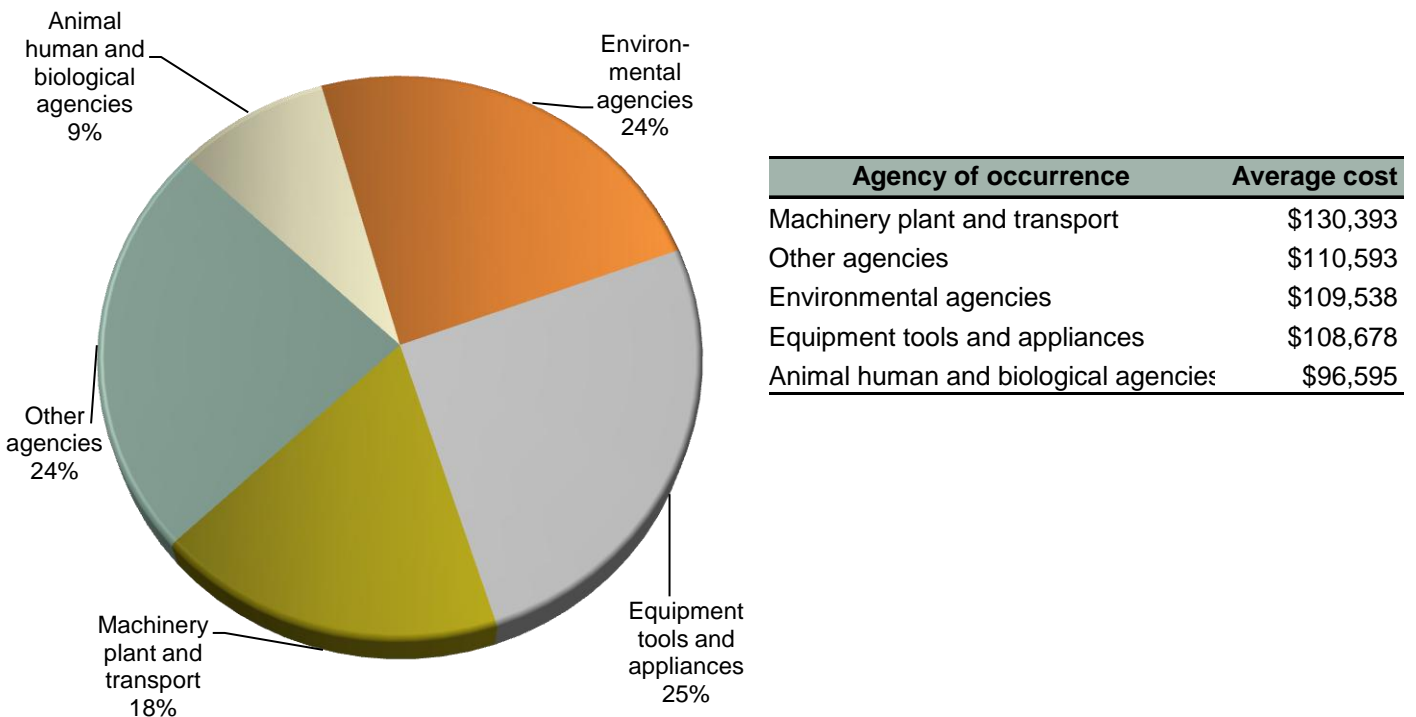


Figure 3.10: Proportion and average long duration claim cost by agency of occurrence 2008/09

Section 4: Definitions

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>National Occupational Health and Safety Commission's Type of Occurrence Classification System 2.1</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 long duration claims (see definition below). 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>National Occupational Health and Safety Commission's Type of Occurrence Classification System 2.1</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>National Occupational Health and Safety Commission's Type of Occurrence Classification System 2.1</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; this is in contrast with claim payments.
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"> • journey claims between home and work • asbestos-related diseases, including mesothelioma and pneumoconiosis • fatalities <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: Definitions

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.
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) 1993, 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, etcetera). 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).
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.
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. See also "claims data".
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. A comprehensive list of inclusions and exclusions for each classification used in this report is available from the National Occupational Health and Safety Commission's Type of Occurrence Classification System 2.1 (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 injury or disease suffered is generally physical, although the classification includes categories for mental illness. Injury results from a single traumatic event where the harm or hurt is immediately apparent (for example, burns resulting from an acid splash) or conversely, disease resulting from repeated or long-term exposure to an agent (for example, noise induced hearing loss). The full list of inclusions/exclusions for each of the categories used in this report is available from the National Occupational Health and Safety Commission's Type of Occurrence Classification System 2.1 (available online at safeworkaustralia.gov.au)
Occupation	Occupational classification is based on the Australian Classification of Occupations 2nd edition, 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)

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.