



Workers' Compensation and Rehabilitation Act 2003

Workers' Compensation and Rehabilitation Regulation 2003

Current as at 1 July 2013

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- The list of annotations endnote gives historical information at section level.

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Queensland

Workers' Compensation and Rehabilitation Regulation 2003

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Workers' Compensation and Rehabilitation Regulation 2003

[as amended by all amendments that commenced on or before 1 July 2013]

Part 1 Preliminary

1 Short title

This regulation may be cited as the *Workers' Compensation and Rehabilitation Regulation 2003*.

2 Commencement

This regulation commences on 1 July 2003.

3 Definitions

Schedule 13 defines particular words used in this regulation.

4 Authority's trading name—Act, s 328

For section 328 of the Act, Q-COMP is prescribed as the Authority's trading name.

5 WorkCover's capital adequacy—Act, s 453

In order to maintain capital adequacy for section 453(b) of the Act, WorkCover's total assets must at least be equal to its total liabilities.

[s 6]

Part 2 Employer insurance

Division 1 Policies and premium assessments

6 Application for policy

An application for a policy must be made to WorkCover in the approved form.

7 Policies and renewals

- (1) On payment of the premium shown as payable in a premium notice issued by WorkCover to an employer, WorkCover must issue to the employer a policy, in the approved form, for the period of insurance stated in the notice.
- (2) A policy has no force or effect until—
 - (a) WorkCover receives the premium payable to WorkCover for the policy or its renewal; or
 - (b) WorkCover enters into an instalment plan for the policy under section 11.

8 Assessment of premium

- (1) This section does not apply to a policy for household workers.
- (2) WorkCover must assess premium payable under a policy for each period of insurance shown in a premium notice.
- (3) For a period of insurance before 1 July 2003, an assessment of premium must be made in accordance with the provisions of a former Act in force at the time of the relevant period of insurance.
- (4) If, after the premium is assessed, WorkCover is satisfied that premium for the period has been overpaid, WorkCover must refund or credit the amount of overpayment to the employer to whom the premium notice is given.

- (5) If, after the premium is assessed, WorkCover is satisfied that premium for the period has been underpaid, the employer to whom the premium notice is given must pay the premium as assessed.

9 Declaration of wages

- (1) This section does not apply to an employer who employs only household workers.
- (2) Each employer, other than a self-insurer, must, on or before 31 August in each year, lodge with WorkCover a declaration of wages so WorkCover can assess the employer's premium.
- (3) The declaration must be in—
 - (a) the approved form; or
 - (b) with WorkCover's approval—another form acceptable to WorkCover.
- (4) If an employer does not comply with subsection (2), the employer must pay an additional premium under schedule 1.
- (5) The additional premium payable under schedule 1 is the amount specified opposite the time after 31 August in a year when the employer complies with subsection (2).

10 Value of board and lodging

- (1) This section applies if an employer provides, or is to provide, board to a worker during a period of insurance.
- (2) The value of board provided is taken to be wages paid, or to be paid, by the employer to the worker.
- (3) For each week the employer provides, or is to provide, board, the value of board is not less than—
 - (a) the weekly allowance for board provided for under the industrial instrument governing the calling in which the worker is engaged; or
 - (b) if paragraph (a) does not apply—6% of QOTE.

[s 11]

(4) In this section—

board means accommodation, meals, laundry services or any other entitlement having a monetary value provided when lodging.

11 Payment of premium by instalments

- (1) WorkCover may accept payment of premium by instalments under an instalment plan approved by WorkCover if WorkCover is satisfied that payment of premium by the due date would impose financial hardship on the employer.
- (2) The instalment plan is subject to the following conditions—
 - (a) interest at a rate specified by WorkCover's board by gazette notice must be added to the amount of each instalment;
 - (b) interest must be calculated from the due date;
 - (c) the interest rate that applies at the start of the instalment plan remains constant until the plan ends;
 - (d) on acceptance of the instalment plan, the employer must, if required by WorkCover, enter into a payment arrangement acceptable to WorkCover;
 - (e) if an instalment of premium is not paid on or before the due date for payment of the instalment—
 - (i) the total amount of unpaid instalments and interest on outstanding instalments to that day immediately becomes payable to WorkCover; and
 - (ii) additional premium under section 12 applies to the unpaid instalments and interest; and
 - (iii) the policy for which the premium is payable ceases to have effect; and
 - (iv) the employer contravenes section 48 of the Act.

12 Additional premium for late payment of premium—Act, ss 61 and 62

- (1) This section applies if, on or before the due date, an employer does not pay—
 - (a) the amount of premium payable under a premium notice; or
 - (b) the amount by which a final assessment of premium by an industrial magistrate or the Industrial Court is more than the amount of assessment of premium paid under section 551(4) of the Act.
- (2) To remove any doubt, this section does not apply if WorkCover has accepted payment of the amount under an instalment plan and instalments are paid under the plan.
- (3) This section does not apply to an employer who employs only household workers.
- (4) The additional premium payable under section 61 or 62 of the Act is—
 - (a) if payment of the amount is made to WorkCover within 30 days after the due date—5% of the amount; or
 - (b) if payment of the amount is made to WorkCover after 30 days but within 60 days of the due date—10% of the amount; or
 - (c) if payment of the amount is made to WorkCover after 60 days of the due date or if no payment is made—10% of the amount plus interest at the annual rate mentioned in section 11(2)(a) for the period from the due date, or a later date decided by WorkCover, until the amount and all additional premium is paid to WorkCover.

[s 14]

14 Premium for appeals—Act, s 569(2)(a)

- (1) For section 569(2)(a) of the Act, premium, for an employer for a period of insurance, is an amount calculated under the formula—

$$P = \frac{W \times R}{100}$$

- (2) In subsection (1)—

P means premium.

R means the rate for the employer's industry or business specified in the notice under section 54 of the Act that applies to the period of insurance.

W means—

- (a) the wages of the employer for the preceding period of insurance; or
- (b) if the employer has only been insured for part of a period of insurance—a reasonable estimate of the wages of the employer for the period of insurance.

15 Former employer may apply to cancel policy

- (1) This section applies if a person wishes to cancel a policy because the person has stopped employing workers (a *former employer*).
- (2) This section does not apply to a former employer of only household workers.
- (3) The former employer must give WorkCover—
- (a) written notice that the former employer—
- (i) stopped employing workers on and from a date stated in the notice; and
- (ii) wishes to cancel the policy; and
- (b) written details of—
- (i) the address to which any document addressed to the former employer may be sent; and

- (ii) the former employer's wages in relation to the period starting on 1 July last preceding the day on which employment of workers stopped and ending on that day (*last employment period*).

15A Cancellation of policy if workers no longer employed

- (1) This section applies if—
 - (a) a person (a *former employer*) has notified WorkCover under section 15 that the former employer has stopped employing workers; or
 - (b) WorkCover is satisfied, after making reasonable enquiries, that a person has stopped employing workers (also a *former employer*).
- (2) WorkCover may cancel the former employer's policy.

Editor's note—

For WorkCover's liability to pay compensation for an injury sustained by a worker, see section 109(2) (Who must pay compensation) of the Act.

- (3) WorkCover must assess the premium payable by the former employer for the period during which the former employer was required by the Act to maintain a policy.
- (4) If the premium paid by the former employer for the last employment period is—
 - (a) greater than the amount of premium assessed under subsection (3)—WorkCover must refund to the former employer the amount overpaid; or
 - (b) less than the amount of premium assessed under subsection (3)—the former employer must pay WorkCover the amount of the deficit on or before the due date under a final premium notice issued for the amount of the deficit.
- (5) This section does not limit anything in chapter 2, part 3, division 2 of the Act.

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Division 2 Employer excess

16 Excess period—Act, s 65

For section 65(2) of the Act, the amount prescribed is the lesser of the following—

- (a) QOTE;
- (b) the amount of weekly compensation payable to a worker under chapter 3, part 9 of the Act.

Division 3 Self-insurance

19 Application fees—Act, s 70

For section 70 of the Act, the amount of the application fee is—

- (a) for a single employer—\$15000; or
- (b) for a group employer—\$20000.

20 Annual levy—Act, s 81

- (1) For section 81 of the Act, the amount of the levy payable by a self-insurer for each financial year or part of a financial year of a licence is an amount calculated under the formula—

$$L = (ECL \times R) + \$10000$$

- (2) In subsection (1)—

ECL means estimated claims liability calculated under part 4, division 3A stated in the most recent actuarial report agreed by the Authority, or decided by the arbiter, under that division, before a date fixed by the Authority by gazette notice.

L means annual levy.

R means the rate published in the gazette notice under section 81 of the Act for the particular financial year.

20A Provisional annual levy

- (1) If—
 - (a) the Authority and the self-insurer have not agreed on the calculation of estimated claims liability under part 4, division 3A; and
 - (b) the arbiter has not decided the estimated claims liability;
the Authority may use the amount of the estimated claims liability assessed by the approved actuary to calculate a provisional annual levy for a financial year under section 20 to ensure the self-insurer's compliance with section 81 of the Act.
- (2) If the Authority and the self-insurer agree to the amount of the estimated claims liability (*agreed amount*), the Authority must give the self-insurer an adjusted levy notice based on the agreed amount within 14 days after the Authority and the self-insurer agree to the amount of the estimated claims liability.
- (3) If the Authority and the self-insurer do not agree to the amount of the estimated claims liability and the amount decided by the arbiter (the *decided amount*) is not the same as the amount of the estimated claims liability used to calculate the provisional annual levy, the Authority must give the self-insurer an adjusted levy notice based on the decided amount within 14 days after the Authority or the self-insurer receives the statement of the arbiter's decision about the estimated claims liability.
- (4) If the amount of the adjusted levy is more than the provisional annual levy, the self-insurer must pay the Authority the difference between the amount of the provisional annual levy and the amount of the annual levy actually payable by the self-insurer.
- (5) If the amount of the adjusted levy is less than the provisional annual levy paid by the self-insurer, the Authority must pay the self-insurer the difference between the actual annual levy payable and the amount paid as the provisional annual levy.

[s 21]

21 Additional amount for late payment of levy—Act, s 82

- (1) This section applies if, on or before the due date, a self-insurer does not pay the amount of levy payable under a notice given by the Authority under section 81 of the Act.
- (2) The additional amount payable under section 82 of the Act is—
 - (a) if payment of the amount is made to the Authority within 30 days after the due date—5% of the amount; or
 - (b) if payment of the amount is made to the Authority after 30 days but within 60 days of the due date—10% of the amount; or
 - (c) if payment of the amount is made to the Authority after 60 days of the due date or if no payment is made—10% of the amount plus interest at a rate specified by the Authority's board by gazette notice for the period from the due date, or a later date decided by the Authority, until the amount and all additional amounts are paid to the Authority.

22 Conditions of licence—Act, s 83

A self-insurer's licence is subject to the following conditions—

- (a) the self-insurer must lodge with the Authority, for each year or part of a year of a licence, a declaration in the approved form of the self-insurer's wages;
- (b) the unconditional bank guarantee lodged under section 84 of the Act—
 - (i) must be issued by a bank or Queensland Treasury Corporation; and
 - (ii) must not be issued by a bank that is a related body corporate to the self-insurer; and
 - (iii) must be satisfactory to the Authority.

23 Premium payable after cancellation of self-insurer's licence—Act, s 98

- (1) This section applies if a former self-insurer continues to be an employer after the self-insurer's licence is cancelled.
- (2) The premium payable by the former self-insurer for the first 2 periods of insurance after cancellation is to be calculated according to the method and at the rate specified by WorkCover by gazette notice under section 54 of the Act as if the employer were a new employer.
- (3) However, the rate under subsection (2) can not be less than the rate calculated under the following formula—

$$R = \frac{(P + L + A) \times 100}{W}$$

- (4) In subsection (3)—

A means the administrative costs associated with claims incurred during the final period of licence, calculated by multiplying **P + L** by 0.095.

final period of licence means—

- (a) for an employer licensed as a self-insurer for 3 or more years immediately before cancellation of the licence—3 years; or
- (b) for an employer licensed as a self-insurer for less than 3 years immediately before cancellation of the licence—the period of the licence.

L means an actuarial estimate of the outstanding liability at the end of the self-insurer's licence for claims incurred during the final period of licence, excluding liability for the excess period.

P means the actual payments made by the former self-insurer, less recoveries received and payments made that are the equivalent of amounts payable for the excess period, for claims incurred during the final period of licence.

R means the premium rate.

[s 23A]

W means the wages of the self-insurer during the final period of licence.

23A Deemed levy for appeals—Act, s 569(2)(a)

- (1) For section 569(2)(a) of the Act, deemed levy, for a self-insurer for a financial year of the self-insurer's licence, is an amount calculated under the formula—

$$DL = ECL \times R$$

- (2) In subsection (1)—

DL means deemed levy.

ECL means estimated claims liability calculated under part 4, division 3A that was used to calculate the annual levy under section 20.

R means the rate published in the gazette under section 81 of the Act for the particular financial year.

24 Actuarial procedure—self-insurers

- (1) Actuarial estimates required under this division must be carried out by an actuary.
- (2) The actuary must calculate the estimate under guidelines issued by the Authority by gazette notice.

Part 3 Other insurances

Division 1 Students

25 Insurance of work experience students

- (1) In this section—

chief executive (education) means the chief executive of the department in which the *Education (General Provisions) Act 2006* is administered.

educational establishment see the *Education (Work Experience) Act 1996*, section 5.

student see the *Education (Work Experience) Act 1996*, schedule.

work experience has the meaning given by the *Education (Work Experience) Act 1996*, section 4.

work experience place means a place where work experience is, or is to be, provided for a student.

- (2) WorkCover may enter into a contract of insurance with an educational establishment or the chief executive (education) to insure the educational establishment or the chief executive (education) against liability for compensation for injury to a student arising out of work experience.
- (3) For this section, when deciding whether an injury arises out of, or in the course of, work experience, chapter 1, part 4, division 6, subdivisions 2 and 3 of the Act apply as if—
 - (a) the student were a worker; and
 - (b) work experience were the employment; and
 - (c) the work experience place were the place of employment; and
 - (d) the chief executive (education) or the educational establishment were the employer.
- (4) A student has the same entitlements to compensation as a worker.
- (5) For the entitlements of a student to compensation, all the provisions of the Act under which entitlements are decided apply to the student in the same way as they would apply to a worker including, for example—
 - the provisions of chapter 3 (Compensation)
 - the provisions of chapter 11 (Medical assessment)

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tribunals)

- the provisions of chapter 13 (Reviews and appeals).
- (6) However, insurance cover provided under a contract of insurance under this section is limited to compensation under chapter 3, parts 10 and 11 of the Act.
 - (7) Also, the contract does not cover payment of damages for injury sustained by the student.
 - (8) WorkCover has a liability under a contract of insurance entered into under this section only if the premium assessed for the contract has been paid in full.

26 Insurance of vocational placement students

- (1) In this section—

vocational placement has the meaning given by the *Vocational Education, Training and Employment Act 2000*, section 17, but does not include a paid placement.

vocational placement place means a place where vocational placement is, or is to be, provided for a vocational placement student.

vocational placement student means a student undertaking a course at a registered training organisation.

- (2) WorkCover may enter into a contract of insurance with a registered training organisation to insure the organisation against liability for compensation for injury to a vocational placement student arising out of a vocational placement.
- (3) For this section, when deciding whether an injury arises out of, or in the course of, vocational placement, chapter 1, part 4, division 6, subdivisions 2 and 3 of the Act apply as if—
 - (a) the vocational placement student were a worker; and
 - (b) vocational placement were the employment; and
 - (c) the vocational placement place were the place of employment; and
 - (d) the registered training organisation were the employer.

-
- (4) A vocational placement student has the same entitlements to compensation as a worker.
 - (5) For the entitlements of a vocational placement student to compensation, all the provisions of the Act under which entitlements are decided apply to the student in the same way as they would apply to a worker including, for example—
 - the provisions of chapter 3 (Compensation)
 - the provisions of chapter 11 (Medical assessment tribunals)
 - the provisions of chapter 13 (Reviews and appeals).
 - (6) However, insurance cover provided under a contract of insurance under this section is limited to compensation under chapter 3, parts 10 and 11 of the Act.
 - (7) Also, the contract does not cover payment of damages for injury sustained by the student.
 - (8) WorkCover has a liability under a contract of insurance entered into under this section only if the premium assessed for the contract has been paid in full.

Division 2 Eligible persons

27 Proposal for contract of insurance—Act, s 24

For section 24 of the Act, an eligible person is taken to express a wish to enter into a contract of insurance with WorkCover by lodging a fully completed and signed proposal in the approved form with WorkCover.

28 Documents to be kept by eligible person

- (1) This section applies if WorkCover has entered into a contract of insurance for chapter 1, part 4, division 3, subdivision 4 of the Act with an eligible person.
- (2) The eligible person must keep documents showing the remuneration or other benefit for performing work, or

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providing services, that the eligible person has received as an eligible person.

- (3) If the eligible person applies for weekly payments of compensation under chapter 3, part 9, division 4, subdivision 4 or division 5, subdivision 2 of the Act but can not substantiate remuneration or other benefit received, WorkCover may pay an amount WorkCover considers is reasonable.

Division 3 Other persons

29 Contracts of insurance for other persons

- (1) This section applies if a contract of insurance for chapter 1, part 4, division 3, subdivision 5 of the Act provides for a matter to be decided by a medical assessment tribunal in accordance with chapter 11 of the Act or for an appeal to a court in accordance with chapter 13 of the Act.
- (2) The provisions of the Act apply and jurisdiction is conferred on the tribunal or court to hear and decide the matter.

Division 4 Contracts of insurance generally

30 Entitlements of persons mentioned in ch 1, pt 4, div 3, sdivs 1, 2 and 4

For the entitlements of a person mentioned in chapter 1, part 4, division 3, subdivision 1, 2 or 4 of the Act to compensation, all the provisions of the Act apply to the person in the same way as they would apply to a worker including, for example—

- the provisions of chapter 11 (Medical assessment tribunals)
- the provisions of chapter 13 (Reviews and appeals).

31 WorkCover not liable if premium not paid

WorkCover is not liable under a contract of insurance under chapter 1, part 4, division 3 of the Act if the premium for the contract has not been paid in full to WorkCover on or before the due date.

32 Duty to report injury

- (1) This section applies if a person who is entitled to compensation under chapter 1, part 4, division 3 of the Act and is covered by a contract of insurance sustains an injury for which compensation may be payable.
- (2) However, this section does not apply to an eligible person.
- (3) The person with whom WorkCover has entered into the contract must complete a report in the approved form and send it to the nearest office of WorkCover.
- (4) The report must be sent immediately after the first of the following happens—
 - (a) the person with whom WorkCover has entered into the contract knows the injury has been sustained;
 - (b) the person covered by the contract reports the injury to the person with whom WorkCover has entered into the contract;
 - (c) the person with whom WorkCover has entered into the contract receives WorkCover's written request for a report.
- (5) If the person with whom WorkCover has entered into the contract fails to comply with subsection (3) within 10 days after any of the circumstances mentioned in subsection (4), the person commits an offence, unless the person has a reasonable excuse.

Maximum penalty—20 penalty units.

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Part 4 Amount of calculation of liability for self-insurers

Division 1 Outstanding liability

Subdivision 1 Purpose of div 1

33 Purpose of div 1

This division sets out the process for the calculation of an amount for a self-insurer's outstanding liability for section 87 of the Act.

Subdivision 2 Calculation

34 Appointment of actuary for calculation

WorkCover and the employer must each appoint an actuary to calculate an amount for the outstanding liability.

35 Calculation

- (1) The calculation must—
 - (a) be prepared under the actuarial standard; and
 - (b) apply a central estimate of the outstanding liability; and
 - (c) as far as practicable, be based on the employer's claims experience from claims incurred before the employer becomes or became a self-insurer; and
 - (d) apply the risk free rate of return; and
 - (e) include claims administration expenses of 7% of the outstanding liability; and
 - (f) not include a prudential margin.

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- (2) The calculation must be based on data as at the last day (the *assessment day*) of the financial quarter immediately before the day the application for self-insurance is lodged.

36 Authority to give actuaries information

The Authority must give the actuaries the information necessary to enable the actuaries to complete the calculation within the time mentioned in section 37(3).

37 Actuarial report

- (1) After completing the calculation, each actuary must prepare an actuarial report on the calculation the actuary made.
- (2) The report must—
- (a) be prepared under the actuarial standard; and
 - (b) clearly state the key assumptions made for the calculation and how the assumptions have been derived, including—
 - (i) the average amount of claims for compensation against the employer; and
 - (ii) the average amount of claims for damages against the employer; and
 - (iii) claims anticipated to have been incurred by the employer for which no formal claim has been lodged; and
 - (iv) the frequency of claims for compensation against the employer; and
 - (v) the frequency of claims for damages against the employer; and
 - (vi) the net amount of the claims after allowing for future inflation (*inflated value*); and
 - (vii) the net present value of the inflated value after allowing for income from assets set aside by the employer to pay the outstanding liability; and

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- (viii) the rate of inflation used; and
 - (c) state the following about the data used in the calculation—
 - (i) the nature of the data;
 - (ii) the actuary's assessment of its accuracy;
 - (iii) how the actuary interpreted the data; and
 - (d) state the actuarial model used in the calculation; and
 - (e) state the results of the calculation; and
 - (f) state the actuary's confidence in the results of the calculation.
- (3) The actuaries must complete the calculations and the reports within 35 days after the day the application for self-insurance is lodged.

38 Summary report

- (1) The actuaries must jointly prepare a summary report that—
 - (a) includes the individual actuarial reports; and
 - (b) states how the individual reports agree or differ.
- (2) The actuaries must give a copy of the completed summary report to the Authority, WorkCover and the employer within 2 months after the day the application for self-insurance is lodged.

39 Agreement on calculation

WorkCover and the employer may agree on the calculation having regard to the summary report.

40 Reference to arbiter if no agreement

If WorkCover and the employer can not agree on the calculation, the Authority must refer the summary report to the arbiter for decision within 14 days after the Authority is

given a copy of the summary report.

41 Arbitrator's costs

The arbitrator's costs in deciding on the calculation are to be paid by WorkCover and the employer in equal amounts.

42 Payment of amount for outstanding liability

- (1) The amount WorkCover must pay for the employer's outstanding liability is the amount agreed to by WorkCover and the employer (the *agreed amount*) or, if there is no agreement, the amount decided by the arbitrator (the *decided amount*).
- (2) WorkCover must pay the employer—
 - (a) 75% of the agreed or decided amount on the day the licence commences; and
 - (b) the balance within 1 month after the day the licence commences.
- (3) The agreed or decided amount paid to the employer must be adjusted by WorkCover's actuary to take into account—
 - (a) compensation and damages payments made between the assessment day and the day the employer becomes liable for the employer's outstanding liability; and
 - (b) claims lodged against the employer between the assessment day and the day the employer becomes liable for the employer's outstanding liability.

43 Transfer of claims information

WorkCover must give the employer claims information in relation to the employer's outstanding liability before the day the licence commences.

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Subdivision 3 Recalculation

44 Purpose of sdiv 3

This subdivision sets out the process for the recalculation of an amount for a self-insurer's outstanding liability if the self-insurer has made an election under the repealed *WorkCover Queensland Regulation 1997*, part 9, division 1, subdivision 2, as in force immediately before its repeal, to accept an interim payment on account of the outstanding liability.

45 Application of sdiv 3 for group employers

If the self-insurer is a group employer, this subdivision applies only in relation to—

- (a) the members of the group as at the day the self-insurer became liable for compensation and damages for the self-insurer's outstanding liability; or
- (b) if the self-insurer applied, on or before the day the self-insurer became liable for compensation and damages for the self-insurer's outstanding liability, for WorkCover's consent to change the group membership on the licence—the proposed members of the group as at that day.

46 Appointment of actuary for recalculation

At the end of 5 years after the self-insurer became liable for compensation and damages for the self-insurer's outstanding liability, WorkCover and the self-insurer must each appoint an actuary to recalculate an amount for the outstanding liability.

47 Recalculation

- (1) The recalculation must—
 - (a) be prepared under the actuarial standard; and

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- (b) apply a central estimate of the outstanding liability; and
 - (c) as far as practicable, be based on the self-insurer's claims experience from claims incurred before the self-insurer became a self-insurer; and
 - (d) apply the same risk free rate of return that was used in the calculation of an amount for the liability under subdivision 2; and
 - (e) include claims administration expenses of 7% of the outstanding liability; and
 - (f) not include a prudential margin; and
 - (g) have regard to compensation and damages payments made in relation to the liability between the day the self-insurer became liable for compensation and damages for the self-insurer's outstanding liability and the end of 5 years after that day; and
 - (h) exclude an amount for liability in relation to a change in the self-insurer's membership after the day the self-insurer became liable for compensation and damages for the self-insurer's outstanding liability.
- (2) The recalculation must be based on data as at the last day (the *assessment day*) of the last financial quarter for which data is available at the end of 5 years after the self-insurer became liable for compensation and damages for the self-insurer's outstanding liability.

48 Authority to give actuaries information

The Authority must give the actuaries the information necessary to enable the actuaries to complete the recalculation within the time mentioned in section 49(3).

49 Actuarial report

- (1) After completing the recalculation, each actuary must prepare an actuarial report on the calculation the actuary made.
- (2) The report must—

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- (a) be prepared under the actuarial standard; and
- (b) clearly state the key assumptions made for the recalculation and how the assumptions have been derived, including—
 - (i) the average amount of claims for compensation against the self-insurer; and
 - (ii) the average amount of claims for damages against the self-insurer; and
 - (iii) claims anticipated to have been incurred by the self-insurer for which no formal claim has been lodged; and
 - (iv) the frequency of claims for compensation against the self-insurer; and
 - (v) the frequency of claims for damages against the self-insurer; and
 - (vi) the net amount of the claims after allowing for future inflation (*inflated value*); and
 - (vii) the net present value of the inflated value as calculated at the same risk free rate of return that was used in the calculation of an amount for the liability under subdivision 2; and
 - (viii) the rate of inflation used; and
- (c) state the following about the data used in the recalculation—
 - (i) the nature of the data;
 - (ii) the actuary's assessment of its accuracy;
 - (iii) how the actuary interpreted the data; and
- (d) state the actuarial model used in the recalculation; and
- (e) state the results of the recalculation; and
- (f) state the actuary's confidence in the results of the recalculation.

- (3) The actuaries must complete the recalculations and the reports within 35 days after the end of 5 years after the self-insurer became liable for compensation and damages for the self-insurer's outstanding liability.

50 Summary report

- (1) The actuaries must jointly prepare a summary report that—
 - (a) includes the individual actuarial reports; and
 - (b) states how the individual reports agree or differ.
- (2) The actuaries must give a copy of the completed summary report to the Authority, WorkCover and the self-insurer within 2 months after the end of 5 years after the self-insurer became liable for compensation and damages for the self-insurer's outstanding liability.

51 Agreement on recalculation

WorkCover and the self-insurer may agree on the recalculation having regard to the summary report.

52 Reference to arbiter if no agreement

If WorkCover and the self-insurer can not agree on the recalculation, the Authority must refer the summary report to the arbiter for decision within 14 days after the Authority is given a copy of the summary report.

53 Arbiter's costs

The arbiter's costs in deciding on the recalculation are to be paid by WorkCover and the self-insurer in equal amounts.

54 Payment of amount for recalculation

- (1) If the amount agreed to by WorkCover and the self-insurer (the *agreed amount*) or, if there is no agreement, the amount decided by the arbiter (the *decided amount*), for the

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recalculation is more than the interim payment made under subdivision 2 on account of the outstanding liability—

- (a) the amount WorkCover must pay for the self-insurer's outstanding liability is the agreed or decided amount; and
 - (b) WorkCover must pay the self-insurer—
 - (i) the difference between the interim payment and the amount for the outstanding liability; and
 - (ii) interest on the difference, from the day the whole of the interim payment was paid, at the same risk free rate of return that was used in the calculation of an amount for the liability under subdivision 2.
- (2) If the agreed or decided amount is less than the interim payment—
- (a) the amount WorkCover must pay for the self-insurer's outstanding liability is—
 - (i) the interim payment; less
 - (ii) 30% of the difference between the interim payment and the agreed or decided amount; and
 - (b) the self-insurer must pay WorkCover—
 - (i) the difference between the interim payment and the amount for the outstanding liability; and
 - (ii) interest on the difference, from the day the whole of the interim payment was paid, at the same risk free rate of return that was used in the calculation of an amount for the liability under subdivision 2.
- (3) WorkCover or the self-insurer must pay the amount of the difference within 28 days after—
- (a) WorkCover and the self-insurer agree on the recalculation; or
 - (b) if there is no agreement—WorkCover or the self-insurer receives the statement of the arbiter's decision about the recalculation.

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- (4) On payment of the amount, no further amount is payable for the outstanding liability.

Division 2 Total liability

55 Purpose of div 2

This division sets out the process for the calculation of an amount for total liability for section 90(1), (3), (5) or (7) of the Act because of a change in a self-insurer's membership.

56 Appointment of actuary

The party with whom the liability currently resides (the *old insurer*) and the party assuming liability (the *new insurer*) must each appoint an actuary to calculate an amount for the total liability.

57 Calculation

- (1) The calculation must—
- (a) be prepared under the actuarial standard; and
 - (b) apply a central estimate of the total liability; and
 - (c) as far as practicable, be based on the claims experience of the employer or member of a group employer that is the subject of the transfer of liability; and
 - (d) apply the risk free rate of return; and
 - (e) include claims administration expenses of 7% of the total or residual liability; and
 - (f) not include a prudential margin.
- (2) The calculation must be based on data as at the last day (the *assessment day*) of the financial quarter immediately before the day the self-insurer applies to the Authority under section 89 of the Act for a change in the group membership on the licence.

[s 58]

58 Parties to give actuaries information

The parties must give the actuaries, in the form approved by the Authority, the information necessary to enable the actuaries to complete the calculation within the time mentioned in section 59(3).

59 Actuarial report

- (1) After completing the calculation, each actuary must prepare an actuarial report on the calculation the actuary made.
- (2) The report must—
 - (a) be prepared under the actuarial standard; and
 - (b) clearly state the key assumptions made for the calculation and how the assumptions have been derived, including—
 - (i) the average amount of claims for compensation against the employer or member; and
 - (ii) the average amount of claims for damages against the employer or member; and
 - (iii) claims anticipated to have been incurred by the employer or member for which no formal claim has been lodged; and
 - (iv) the frequency of claims for compensation against the employer or member; and
 - (v) the frequency of claims for damages against the employer or member; and
 - (vi) the net amount of the claims after allowing for future inflation (*inflated value*); and
 - (vii) the net present value of the inflated value after allowing for income from assets set aside by the employer or member to pay the total liability; and
 - (viii) the rate of inflation used; and
 - (c) state the following about the data used in the calculation—

- (i) the nature of the data;
 - (ii) the actuary's assessment of its accuracy;
 - (iii) how the actuary interpreted the data; and
 - (d) state the actuarial model used in the calculation; and
 - (e) state the results of the calculation; and
 - (f) state the actuary's confidence in the results of the calculation.
- (3) The actuaries must complete the calculations and the reports within 35 days after the Authority approves the application for the change in the self-insurer's membership (the *consent day*).

60 Summary report

- (1) The actuaries must jointly prepare a summary report that—
 - (a) includes the individual actuarial reports; and
 - (b) states how the individual reports agree or differ.
- (2) The actuaries must give a copy of the completed summary report to the parties and the Authority within 2 months after the consent day.

61 Agreement on calculation

The parties may agree on the calculation having regard to the summary report.

62 Reference to arbiter if no agreement

If the parties can not agree on the calculation, the Authority must refer the summary report to the arbiter for decision within 14 days after the Authority is given the summary report.

[s 63]

63 Arbitrator's costs

The arbitrator's costs in deciding on the calculation are to be paid by the parties in equal amounts.

64 Payment of amount for total liability

- (1) The amount the old insurer must pay the new insurer for the total liability is the amount agreed to by them (the *agreed amount*) or, if there is no agreement, the amount decided by the arbitrator (the *decided amount*).
- (2) The old insurer must pay the agreed or decided amount—
 - (a) within 3 months after the consent day; or
 - (b) on a later day agreed to by the parties.
- (3) The agreed or decided amount paid to the new insurer must be adjusted by the actuary of the old insurer to take into account—
 - (a) compensation and damages payments made between the assessment day and the day the new insurer assumes liability; and
 - (b) claims lodged against the employer or member between the assessment day and the day the new insurer assumes liability.
- (4) The old insurer must advise the Authority of the following no later than the day total liability is paid—
 - (a) the amount of the liability;
 - (b) the day the new insurer assumes liability;
 - (c) details of the parties and the member leaving or becoming part of the self-insurer.

65 Transfer of claims information

The old insurer must give the new insurer claims information in relation to the liability no later than the day the agreed or decided amount is paid.

Division 3 Liability after cancellation of self-insurer's licence

66 Purpose of div 3

This division sets out the process for the calculation of an amount for a former self-insurer's liability for section 102 of the Act.

67 Appointment of actuary

WorkCover and the former self-insurer must each appoint an actuary to calculate an amount for the liability.

68 Calculation

- (1) The calculation must—
 - (a) be prepared under the actuarial standard; and
 - (b) apply a central estimate of the liability; and
 - (c) as far as practicable, be based on the former self-insurer's claims experience; and
 - (d) apply the risk free rate of return; and
 - (e) include claims administration expenses of 7% of the liability; and
 - (f) not include a prudential margin.
- (2) The calculation must be based on data as at the last day (the *assessment day*) of the financial quarter immediately before the day the former self-insurer's licence is cancelled (the *cancellation day*).

69 Former self-insurer to give actuaries information

The former self-insurer must give the actuaries, in the form approved by the Authority, the information necessary to enable the actuaries to complete the calculation within the time mentioned in section 70(3).

[s 70]

70 Actuarial report

- (1) After completing the calculation, each actuary must prepare an actuarial report on the calculation the actuary made.
- (2) The report must—
 - (a) be prepared under the actuarial standard; and
 - (b) clearly state the key assumptions made for the calculation and how the assumptions have been derived, including—
 - (i) the average amount of claims for compensation against the former self-insurer; and
 - (ii) the average amount of claims for damages against the former self-insurer; and
 - (iii) claims anticipated to have been incurred by the former self-insurer for which no formal claim has been lodged; and
 - (iv) the frequency of claims for compensation against the former self-insurer; and
 - (v) the frequency of claims for damages against the former self-insurer; and
 - (vi) the net amount of the claims after allowing for future inflation (*inflated value*); and
 - (vii) the net present value of the inflated value after allowing for income from assets set aside by the former self-insurer to pay the liability; and
 - (viii) the rate of inflation used; and
 - (c) state the following about the data used in the calculation—
 - (i) the nature of the data;
 - (ii) the actuary's assessment of its accuracy;
 - (iii) how the actuary interpreted the data; and
 - (d) state the actuarial model used in the calculation; and
 - (e) state the results of the calculation; and

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- (f) state the actuary's confidence in the results of the calculation.
 - (3) The actuaries must complete the calculations and the reports within 35 days after the cancellation day.

71 Summary report

- (1) The actuaries must jointly prepare a summary report that—
 - (a) includes the individual actuarial reports; and
 - (b) states how the individual reports agree or differ.
- (2) The actuaries must give a copy of the completed summary report to the Authority, WorkCover and the former self-insurer within 2 months after the cancellation day.

72 Agreement

WorkCover and the former self-insurer may agree on the calculation having regard to the summary report.

73 Reference to actuarial arbiter if no agreement

If WorkCover and the former self-insurer can not agree on the calculation, the Authority must refer the summary report to the actuarial arbiter for decision within 14 days after the Authority is given the summary report.

74 Arbiter's costs

The arbiter's costs in deciding on the calculation are to be paid by WorkCover and the former self-insurer in equal amounts.

75 Payment of amount for liability

- (1) The amount the former self-insurer must pay WorkCover for the liability is the amount agreed to by WorkCover and the former self-insurer (the *agreed amount*) or, if there is no agreement, the amount decided by the arbiter (the *decided*

[s 75A]

amount).

- (2) The agreed or decided amount paid to WorkCover must be adjusted by the former self-insurer's actuary to take into account—
 - (a) compensation and damages payments made between the assessment day and the cancellation day; and
 - (b) claims lodged against the former self-insurer between the assessment day and the cancellation day.

Division 3A Estimated claims liability

75A Purpose of div 3A

This division sets out how to calculate estimated claims liability.

75B Definition for div 3A

In this division—

approved actuary means an actuary approved by the Authority under section 84(3) of the Act to assess the self-insurer's estimated claims liability.

75C Approved actuary

The approved actuary must calculate the estimated claims liability.

75D Calculation

- (1) The calculation must—
 - (a) be prepared under the actuarial standard; and
 - (b) apply a central estimate of the liability; and
 - (c) as far as practicable, be based on the self-insurer's claims experience; and

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- (d) apply the risk free rate of return; and
 - (e) include claims administration expenses of 7% of the liability; and
 - (f) not include a prudential margin.
- (2) The calculation must be based on data (*self-insurer's data*) necessary to enable the actuary to calculate the self-insurer's estimated claims liability and prepare and give to the Authority and the self-insurer an actuarial report on the calculation—
- (a) as at the last day of the financial quarter immediately before the anniversary of the self-insurer's licence renewal day; or
 - (b) as at another day fixed by the Authority.

75E Self-insurer to give Authority and approved actuary information

The self-insurer must give the Authority and the approved actuary, in the form approved by the Authority, the self-insurer's data necessary to enable the actuary to calculate the self-insurer's estimated claims liability and prepare and give to the Authority an actuarial report on the calculation.

75F Actuarial report

- (1) After completing the calculation, the approved actuary must prepare an actuarial report on the calculation the actuary made.
- (2) The report must—
 - (a) be prepared under the actuarial standard; and
 - (b) clearly state the key assumptions made for the calculation and how the assumptions have been derived, including—
 - (i) the average amount of claims for compensation against the self-insurer; and

[s 75G]

- (ii) the average amount of claims for damages against the self-insurer; and
 - (iii) claims anticipated to have been incurred by the self-insurer for which no formal claim has been lodged; and
 - (iv) the frequency of claims for compensation against the self-insurer; and
 - (v) the frequency of claims for damages against the self-insurer; and
 - (vi) the net amount of the claims after allowing for future inflation (*inflated value*); and
 - (vii) the net present value of the inflated value after allowing for income from assets set aside by the self-insurer to pay the liability; and
 - (viii) the rate of inflation used; and
- (c) state the following about the data used in the calculation—
- (i) the nature of the data;
 - (ii) the approved actuary's assessment of its accuracy;
 - (iii) how the approved actuary interpreted the data; and
- (d) state the actuarial model used in the calculation; and
- (e) state the results of the calculation; and
- (f) state the approved actuary's confidence in the results of the calculation; and
- (g) state the estimated claims liability.

75G Copy of actuarial report to Authority and self-insurer

The approved actuary must give a copy of the actuarial report to the Authority and the self-insurer by the day fixed by the Authority for the purpose or a later day agreed between the Authority and the actuary.

75H Authority to advise self-insurer whether agreement

Within 35 days after the approved actuary gives the Authority a copy of the actuarial report, the Authority must advise the self-insurer whether the Authority agrees or does not agree with the approved actuary's assessment of the estimated claims liability.

75I Reference to Authority's actuary if no agreement

- (1) After receiving a copy of the approved actuary's report, the Authority may ask an actuary (*Authority's actuary*) to calculate the amount of the self-insurer's estimated claims liability and give the Authority an actuarial report on the calculation the actuary made in accordance with section 75F.
- (2) The Authority must give the Authority's actuary the approved actuary's report and the self-insurer's data.

75J Agreement on estimated claims liability

If, at any time, the Authority and the self-insurer agree on the calculation of estimated claims liability having regard to the approved actuary's actuarial report or any Authority's actuary's actuarial report the estimated claims liability is the amount agreed to by the Authority and the self-insurer.

75K Reference to arbiter

- (1) If the Authority and the self-insurer can not agree on the calculation, the Authority must refer the approved actuary's report, the self-insurer's data and any Authority's actuary's actuarial report to the arbiter for decision.
- (2) The Authority must make the referral within 14 days after the day the Authority advises the self-insurer that the Authority does not agree with the self-insurer's approved actuary's actuarial report under section 75H.

[s 75L]

75L Arbiter's costs

The arbiter's costs in deciding on the calculation are to be paid by the Authority and the self-insurer in equal amounts.

Division 3B Self-insurers who become non-scheme employers

Subdivision 1 Preliminary

75M Purpose of div 3B

This division sets out the process for the calculation of an amount for a non-scheme employer's liability for section 105I of the Act.

75N Definition for div 3B

In this division—

continued licence, of a non-scheme employer, see section 105B(2) of the Act.

Subdivision 2 Calculation

75O Appointment of actuary for calculation

WorkCover and the non-scheme employer must each appoint an actuary to calculate an amount for the non-scheme employer's liability.

75P Calculation

- (1) The calculation must—
 - (a) be prepared under the actuarial standard; and
 - (b) apply a central estimate of the liability; and

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- (c) as far as practicable, be based on the non-scheme employer's claims experience; and
 - (d) apply the risk free rate of return; and
 - (e) include claims administration expenses of 7% of the liability; and
 - (f) not include a prudential margin.
- (2) The calculation must be based on data as at the last day (the *assessment day*) of the financial quarter immediately before the day the non-scheme employer's continued licence is cancelled under section 105E (the *cancellation day*) of the Act.
- (3) The data may only relate to the period before the exit date.

75Q Non-scheme employer to give actuaries information

The non-scheme employer must give the actuaries, in the form approved by the Authority, the information necessary to enable the actuaries to complete the calculation within the time mentioned in section 75R(3).

75R Actuarial report

- (1) After completing the calculation, each actuary must prepare an actuarial report on the calculation the actuary made.
- (2) The report must—
- (a) be prepared under the actuarial standard; and
 - (b) clearly state the key assumptions made for the calculation and how the assumptions have been derived, including—
 - (i) the average amount of claims for compensation against the non-scheme employer; and
 - (ii) the average amount of claims for damages against the non-scheme employer; and

[s 75S]

- (iii) claims anticipated to have been incurred by the non-scheme employer for which no formal claim has been lodged; and
 - (iv) the frequency of claims for compensation against the non-scheme employer; and
 - (v) the frequency of claims for damages against the non-scheme employer; and
 - (vi) the net amount of the claims after allowing for future inflation (*inflated value*); and
 - (vii) the net present value of the inflated value after allowing for income from assets set aside by the non-scheme employer to pay the liability; and
 - (viii) the rate of inflation used; and
- (c) state the following about the data used in the calculation—
- (i) the nature of the data;
 - (ii) the actuary's assessment of its accuracy;
 - (iii) how the actuary interpreted the data; and
- (d) state the actuarial model used in the calculation; and
- (e) state the results of the calculation; and
- (f) state the actuary's confidence in the results of the calculation.
- (3) The actuaries must complete the calculations and the reports within 35 days after the cancellation day.

75S Summary report

- (1) The actuaries must jointly prepare a summary report that—
- (a) includes the individual actuarial reports; and
 - (b) states how the individual reports agree or differ.

- (2) The actuaries must give a copy of the completed summary report to the Authority, WorkCover and the non-scheme employer within 2 months after the cancellation day.

75T Agreement

WorkCover and the non-scheme employer may agree on the calculation having regard to the summary report.

75U Reference to actuarial arbiter if no agreement

If WorkCover and the non-scheme employer can not agree on the calculation, the Authority must refer the summary report to the arbiter for decision within 14 days after the Authority is given the summary report.

75V Arbiter's costs

The arbiter's costs in deciding on the calculation are to be paid by WorkCover and the non-scheme employer in equal amounts.

75W Payment of amount for liability

- (1) The amount the non-scheme employer must pay WorkCover for the liability is the amount agreed to by WorkCover and the non-scheme employer (the *agreed amount*) or, if there is no agreement, the amount decided by the arbiter (the *decided amount*).
- (2) The agreed amount or decided amount paid to WorkCover must be adjusted by the non-scheme employer's actuary to take into account—
 - (a) compensation and damages payments made between the assessment day and the cancellation day; and
 - (b) claims lodged against the non-scheme employer between the assessment day and the cancellation day.

[s 75X]

Subdivision 3 Recalculation

75X Purpose of sdiv 3

This subdivision sets out the process for the finalisation under section 105I(5) of the Act of an amount for a non-scheme employer's liability.

75Y Appointment of actuary for recalculation

At the end of 4 years after the non-scheme employer's continued licence is cancelled under section 105E of the Act, WorkCover and the non-scheme employer must each appoint an actuary to recalculate an amount for the non-scheme employer's liability under section 105I of the Act.

75Z Recalculation

- (1) The recalculation must—
 - (a) be prepared under the actuarial standard; and
 - (b) apply a central estimate of the liability; and
 - (c) as far as practicable, be based on the self-insurer's claims experience; and
 - (d) apply the same risk free rate of return that was used in the calculation of an amount for the liability under subdivision 2; and
 - (e) include claims administration expenses of 7% of the liability; and
 - (f) not include a prudential margin; and
 - (g) have regard to compensation and damages payments made in relation to the liability between the day WorkCover became liable for compensation and damages for the non-scheme employer's liability and the end of 4 years after that day.

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- (2) The recalculation must be based on data as at the last day of the last financial quarter for which data is available at the end of 4 years after the day WorkCover became liable for compensation and damages for the non-scheme employer's outstanding liability.
 - (3) The data may only relate to the period before the exit date.

75ZA WorkCover to give actuaries information

WorkCover must give the actuaries the information necessary to enable the actuaries to complete the recalculation within the time mentioned in section 75ZB(3).

75ZB Actuarial report

- (1) After completing the recalculation, each actuary must prepare an actuarial report on the calculation the actuary made.
- (2) The report must—
 - (a) be prepared under the actuarial standard; and
 - (b) clearly state the key assumptions made for the recalculation and how the assumptions have been derived, including—
 - (i) the average amount of claims for compensation against the non-scheme employer; and
 - (ii) the average amount of claims for damages against the non-scheme employer; and
 - (iii) claims anticipated to have been incurred by the non-scheme employer for which no formal claim has been lodged; and
 - (iv) the frequency of claims for compensation against the non-scheme employer; and
 - (v) the frequency of claims for damages against the non-scheme employer; and
 - (vi) the net amount of the claims after allowing for future inflation (*inflated value*); and

[s 75ZC]

- (vii) the net present value of the inflated value as calculated at the same risk free rate of return that was used in the calculation of an amount for the liability under subdivision 2; and
 - (viii) the rate of inflation used; and
 - (c) state the following about the data used in the recalculation—
 - (i) the nature of the data;
 - (ii) the actuary's assessment of its accuracy;
 - (iii) how the actuary interpreted the data; and
 - (d) state the actuarial model used in the recalculation; and
 - (e) state the results of the recalculation; and
 - (f) state the actuary's confidence in the results of the recalculation.
- (3) The actuaries must complete the recalculations and the reports within 35 days after the end of 4 years after the day WorkCover became liable for compensation and damages for the non-scheme employer's liability.

75ZC Summary report

- (1) The actuaries must jointly prepare a summary report that—
 - (a) includes the individual actuarial reports; and
 - (b) states how the individual reports agree or differ.
- (2) The actuaries must give a copy of the completed summary report to the Authority, WorkCover and the non-scheme employer within 2 months after the end of 4 years after the day WorkCover became liable for compensation and damages for the non-scheme employer's liability.

75ZD Agreement on recalculation

WorkCover and the non-scheme employer may agree on the recalculation having regard to the summary report.

75ZE Reference to arbiter if no agreement

If WorkCover and the non-scheme employer can not agree on the recalculation, the Authority must refer the summary report to the arbiter for decision within 14 days after the Authority is given a copy of the summary report.

75ZF Arbiter's costs

The arbiter's costs in deciding on the recalculation are to be paid by WorkCover and the non-scheme employer in equal amounts.

75ZG Payment of amount for recalculation

- (1) If the amount agreed to by WorkCover and the non-scheme employer (the *agreed amount*) or, if there is no agreement, the amount decided by the arbiter (the *decided amount*), for the recalculation is more than the amount calculated under subdivision 2—
 - (a) the amount the non-scheme employer must pay WorkCover for the non-scheme employer's liability is the agreed amount or decided amount; and
 - (b) the non-scheme employer must pay WorkCover—
 - (i) the difference between the amount of the payment made under section 75W (*interim payment*) and the agreed amount or decided amount for the non-scheme employer's liability; and
 - (ii) interest on the difference, from the day the whole of the interim payment was paid, at the same risk free rate of return that was used in the calculation of an amount for the liability under subdivision 2.
- (2) If the agreed amount or decided amount is less than the interim payment—
 - (a) the amount the non-scheme employer must pay WorkCover for the non-scheme employer's liability is the agreed amount or decided amount; and

[s 75ZH]

- (b) WorkCover must pay the non-scheme employer—
 - (i) the difference between the interim payment and the agreed amount or decided amount for the liability; and
 - (ii) interest on the difference, from the day the whole of the interim payment was paid, at the same risk free rate of return that was used in the calculation of an amount for the liability under subdivision 2.
- (3) WorkCover or the non-scheme employer must pay the amount of the difference within 28 days after—
 - (a) WorkCover and the non-scheme employer agree on the recalculation; or
 - (b) if there is no agreement, WorkCover or the non-scheme employer receives the statement of the arbiter's decision about the recalculation.
- (4) On payment of the amount—
 - (a) the non-scheme employer's liability is finalised for section 105I(5) of the Act; and
 - (b) no further amount is payable for the liability.

Division 3C Total liability—member of a group who becomes non-scheme employer

75ZH Purpose of div 3C

This division sets out the process for the calculation of an amount for total liability for section 105O of the Act because a member of a group employer that is a self-insurer becomes a non-scheme employer (*non-scheme member*).

75ZI Appointment of actuary

- (1) The self-insurer of which the non-scheme member was a

member (the *old insurer*) and WorkCover must each appoint an actuary to calculate an amount for the total liability.

- (2) The actuary appointed by the old insurer must be approved by the non-scheme member.

75ZJ Calculation

- (1) The calculation must—
 - (a) be prepared under the actuarial standard; and
 - (b) apply a central estimate of the total liability; and
 - (c) as far as practicable, be based on the claims experience of the non-scheme member; and
 - (d) apply the risk free rate of return; and
 - (e) include claims administration expenses of 7% of the total or residual liability; and
 - (f) not include a prudential margin.
- (2) The calculation must be based on data as at the last day (the *assessment day*) of the financial quarter immediately before the day the non-scheme member stops being a member of the old insurer under section 105M of the Act (*final day*).
- (3) The data may only relate to the period before the exit date.

75ZK Parties to give actuaries information

The old insurer and WorkCover must give the actuaries, in the form approved by the Authority, the information necessary to enable the actuaries to complete the calculation within the time mentioned in section 75ZL(3).

75ZL Actuarial report

- (1) After completing the calculation, each actuary must prepare an actuarial report on the calculation the actuary made.
- (2) The report must—

[s 75ZL]

- (a) be prepared under the actuarial standard; and
 - (b) clearly state the key assumptions made for the calculation and how the assumptions have been derived, including—
 - (i) the average amount of claims for compensation against the non-scheme member; and
 - (ii) the average amount of claims for damages against the non-scheme member; and
 - (iii) claims anticipated to have been incurred by the non-scheme member for which no formal claim has been lodged; and
 - (iv) the frequency of claims for compensation against the non-scheme member; and
 - (v) the frequency of claims for damages against the non-scheme member; and
 - (vi) the net amount of the claims after allowing for future inflation (*inflated value*); and
 - (vii) the net present value of the inflated value after allowing for income from assets set aside by the non-scheme member to pay the total liability; and
 - (viii) the rate of inflation used; and
 - (c) state the following about the data used in the calculation—
 - (i) the nature of the data;
 - (ii) the actuary's assessment of its accuracy;
 - (iii) how the actuary interpreted the data; and
 - (d) state the actuarial model used in the calculation; and
 - (e) state the results of the calculation; and
 - (f) state the actuary's confidence in the results of the calculation.
- (3) The actuaries must complete the calculations and the reports within 35 days after the final day.

75ZM Summary report

- (1) The actuaries must jointly prepare a summary report that—
 - (a) includes the individual actuarial reports; and
 - (b) states how the individual reports agree or differ.
- (2) The actuaries must give a copy of the completed summary report to the old insurer, WorkCover and the Authority within 2 months after the final day.

75ZN Agreement on calculation

The old insurer and WorkCover may agree on the calculation having regard to the summary report.

75ZO Reference to arbiter if no agreement

If the old insurer and WorkCover can not agree on the calculation, the Authority must refer the summary report to the arbiter for decision within 14 days after the Authority is given the summary report.

75ZP Arbiter's costs

The arbiter's costs in deciding on the calculation are to be paid by the old insurer and WorkCover in equal amounts.

75ZQ Payment of amount for total liability

- (1) The amount the old insurer must pay WorkCover for the non-scheme member's total liability is the amount agreed to by them (the *agreed amount*) or, if there is no agreement, the amount decided by the arbiter (the *decided amount*).
- (2) The old insurer must pay the agreed amount or decided amount—
 - (a) within 3 months after the final day; or
 - (b) on a later day agreed to by the old insurer and WorkCover.

[s 75ZR]

- (3) The agreed amount or decided amount paid to WorkCover must be adjusted by the actuary of the old insurer to take into account—
 - (a) compensation and damages payments made between the assessment day and the final day; and
 - (b) claims lodged against the non-scheme member between the assessment day and the final day.
- (4) The old insurer must advise the Authority of the following no later than the day total liability is paid—
 - (a) the amount of the total liability;
 - (b) the day WorkCover assumes liability;
 - (c) details of the old insurer and the non-scheme member.

75ZR Transfer of claims information

The old insurer must give WorkCover claims information in relation to the liability no later than the day the agreed or decided amount is paid.

Division 4 Actuarial arbiter

76 Function of actuarial arbiter

The function of the actuarial arbiter is to consider the actuarial reports and the calculations of an amount for liability made under this part and decide on an amount for the liability.

77 Appointment of actuarial arbiter

- (1) The actuarial arbiter is to be selected by a selection panel consisting of—
 - (a) 2 individuals nominated by the Authority; and
 - (b) 2 individuals nominated by WorkCover; and

- (c) 2 individuals nominated by the Association of Self Insured Employers of Queensland.
- (2) The individual selected must be a Fellow of the Institute of Actuaries or be an Accredited Member of the Institute.
- (3) The Authority must appoint the individual selected to be the arbiter for a term of not more than 3 years.
- (4) The arbiter's conditions of appointment are to be set out in the contract made between the Authority and the arbiter.

78 Decision of arbiter

- (1) After considering the actuarial reports and the calculations of an amount for the liability by the actuaries, the arbiter must decide on—
 - (a) the central estimate for the liability; and
 - (b) an amount for the liability.
- (2) An amount for the liability decided by the arbiter can not be more than the higher of the amounts calculated by the actuaries and can not be less than the lower of the amounts.
- (3) The arbiter must give a written statement of the arbiter's decision and the reasons for the decision within 21 days after the summary report is referred to the arbiter.

79 Arbiter's decision is final

The arbiter's decision is final.

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Part 5 Compensation

Division 1 Calculation of NWE

80 Calculation of NWE

Normal weekly earnings of a worker from employment are to be calculated under this division.

81 What amounts may or may not be taken into account

- (1) Amounts paid to the worker by way of overtime, higher duties, penalties and allowances (other than amounts mentioned in subsection (2)) that are of a regular nature, required by an employer and that would have continued if not for the injury may be taken into account.
- (2) Amounts mentioned in the Act, schedule 6, definition *wages*, paragraphs (a) to (d) are not to be taken into account.

82 NWE if impracticable to calculate rate of worker's remuneration

- (1) This section applies if it is impracticable, at the date of injury to the worker, to calculate the rate of the worker's remuneration because of—
 - (a) the period of time for which a worker has been employed; or
 - (b) the terms of the worker's employment.
- (2) Regard must be had to—
 - (a) the normal weekly earnings during the 12 months immediately before the date of injury of a person in the same grade, employed in the same work, by the same employer, as that of the worker; or
 - (b) if there is no such person—the normal weekly earnings of a person in the same grade, employed in the same

class of employment, and in the same district as that of the worker.

83 NWE if worker worked for 2 or more employers

- (1) This section applies if a worker has worked under concurrent contracts of service with 2 or more employers, under which the worker has worked at 1 time for 1 employer and at another time for another of the employers.
- (2) The worker's normal weekly earnings are to be calculated as if earnings under all the contracts were earnings in the employment of the employer for whom the worker was working when the injury was sustained.

84 NWE if insurer considers calculation unfair

- (1) This section applies if an insurer considers that the calculation of normal weekly earnings under this division would be unfair.
- (2) The normal weekly earnings may be calculated in the way the insurer considers to be fair, and the calculation under this subsection is taken to be the normal weekly earnings of the worker.

Division 2 Compensation application and other procedures

85 Application for compensation

- (1) For section 132(3)(b) of the Act, a claimant must give the insurer, to the extent the insurer reasonably requires—
 - (a) proof of injury and its cause; and
 - (b) proof of the nature, extent and duration of incapacity resulting from the injury; and
 - (c) if the injury is, or results in, the death of a worker—proof of—

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- (i) the worker's death; and
 - (ii) the identity of the worker; and
 - (iii) the relationship to the worker and dependency of persons claiming to be the worker's dependants.
- (2) Also, if the injury is a latent onset injury that is a terminal condition and the worker has dependants, a claim for compensation in relation to the dependency must be supported by proof of the relationship to the worker of persons claiming to be the worker's dependants.

- (3) In this section—

dependant, of a worker, means a member of the worker's family who is completely or partly dependent on the worker's earnings.

member of the family, of a worker, means—

- (a) the worker's—
 - (i) spouse; or
 - (ii) parent, grandparent and step-parent; or
 - (iii) child, grandchild and stepchild; or
 - (iv) brother, sister, half-brother and half-sister; or
- (b) if the worker stands in the place of a parent to another person—the other person; or
- (c) if another person stands in the place of a parent to the worker—the other person.

86 Certificate given by dentist, doctor or nurse practitioner

- (1) The certificate required by section 132(3)(a) of the Act to accompany an application for compensation must be in the approved form.
- (2) However, if a worker sustains an injury in another State or country, the insurer must accept from the dentist, doctor or nurse practitioner who attends the worker a written certificate that is substantially to the effect of the approved form.

- (3) A dentist, doctor or nurse practitioner attending a worker who has sustained an injury must give the insurer a detailed report on the worker's condition within 10 days after receiving the insurer's request to do so.
- (4) The fee payable to the dentist, doctor or nurse practitioner for the report is an amount accepted by the insurer to be reasonable, having regard to the relevant table of costs.

87 If dentist, doctor or nurse practitioner not available

- (1) This section applies if a claimant does not lodge a medical certificate with an application for compensation because a person by whom the certificate is required to be given under section 132 of the Act was not available to attend the claimant.
- (2) The claimant must complete and lodge with the insurer a declaration in the approved form.
- (3) For a non-fatal injury, the declaration—
 - (a) can be accepted by the insurer only once for injury to a claimant in any 1 event; and
 - (b) is acceptable proof of incapacity of a claimant for not more than 3 days.

88 Examination of claimant or worker—Act, ss 135 and 510

- (1) For sections 135 and 510 of the Act, a personal examination must be requested in writing to the claimant or worker.
- (2) The request must specify—
 - (a) the name of the doctor or other registered person, who is not employed by the Authority or the insurer under a contract of service, engaged to make the examination; and
 - (b) if the doctor is a specialist—the field of specialty; and
 - (c) the day, time and place when and where the examination is to be made.

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- (3) A doctor or other registered person who makes a personal examination of a claimant or worker must give the insurer, within 10 days after the examination—
 - (a) a written report on the examination; and
 - (b) an itemised account for the examination.
- (4) Fees payable to a doctor or other registered person for a personal examination of a claimant or worker—
 - (a) are payable by the insurer; and
 - (b) are payable for—
 - (i) making the examination; and
 - (ii) giving a report to the insurer; and
 - (c) are the costs accepted by the insurer to be reasonable, having regard to the relevant table of costs.

89 Payment for treatment arranged by employer other than self-insurer

- (1) An employer, other than a self-insurer, may, with WorkCover's consent, make an arrangement or agreement, on behalf of WorkCover, with a doctor, hospital or institution to provide—
 - (a) medical treatment; or
 - (b) hospitalisation; or
 - (c) medical aid;to a worker who has sustained injury.
- (2) WorkCover may ratify an arrangement or agreement made by an employer without WorkCover's consent if WorkCover is satisfied that—
 - (a) the case was one of emergency; and
 - (b) in the interests of the worker, it was necessary to take immediate action.

-
- (3) WorkCover is liable to pay the reasonable expenses of medical treatment, hospitalisation or medical aid provided to the worker under the arrangement or agreement.

91 Special medical treatment, hospitalisation or medical aid

- (1) This section applies if an insurer considers that the injury sustained by a worker would require—
 - (a) special medical treatment; or
 - (b) special hospitalisation; or
 - (c) special medical aid.
- (2) The insurer may make an arrangement or agreement with a doctor, hospital or institution to provide the worker with the special medical treatment, hospitalisation or medical aid.
- (3) For special hospitalisation, the insurer may make the arrangement or agreement only to the extent specified in section 216 of the Act.
- (4) The insurer is liable to pay the cost of the special medical treatment, hospitalisation or medical aid provided to the worker under the arrangement or agreement.

Division 3 Entitlement to compensation for permanent impairment

92 Table of injuries

- (1) The table of injuries is set out in schedule 2.
- (2) The table of injuries, parts 1, 2, 4 and 6 must be read in conjunction with the relevant provisions of AMA 4.
- (3) The methods that must be used in assessing the degree of permanent impairment resulting from an injury mentioned in part 1, 2, 4 or 6 are the methods stated in AMA 4.
- (4) However, not every injury a worker may sustain is mentioned in the table of injuries and, if a worker sustains permanent

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impairment from an injury that is not mentioned in the table of injuries (other than in part 3 or 5), AMA 4 must be used in assessing the degree of permanent impairment resulting from the injury.

- (5) The table of injuries, part 3 must be read in conjunction with the ophthalmologists guide (for vision injuries) and the hearing loss tables (for hearing injuries).
- (6) The methods that must be used in assessing the degree of permanent impairment resulting from an injury mentioned in the table of injuries, part 3 are the methods stated in the ophthalmologists guide or hearing loss tables.
- (7) If there is an inconsistency between the table of injuries and AMA 4, the ophthalmologists guide or the hearing loss tables, the table of injuries prevails to the extent of the inconsistency.
- (8) For subsection (2), a provision of AMA 4 is a relevant provision of the guide for a part of the table of injuries if it is mentioned in the part as a relevant provision for the part.

93 Assessing degree of permanent impairment from multiple injuries using the table of injuries

- (1) This section applies if a worker sustains permanent impairment from multiple injuries sustained in 1 event.
- (2) The degree of permanent impairment for each injury is assessed separately and lump sum compensation is decided accordingly.

Example—

A worker sustains a fractured pelvis and a fractured wrist in the same event. The degree of permanent impairment resulting from each injury is assessed separately in the usual way under the table of injuries.

- (3) However, for multiple injuries to a single limb, the degree of permanent impairment sustained by the worker in relation to the limb is assessed by using the combined values chart in AMA 4, unless the guide specifies otherwise.

Example—

A worker sustains injuries to the worker's right wrist and right elbow

and a crush injury to the worker's left hand. The degree of permanent impairment resulting from the injuries to the right arm is assessed by using the combined values chart in AMA 4. The degree of permanent impairment resulting from the injury to the left hand is assessed in the usual way under the table of injuries.

- (4) Also, if a worker sustains multiple injuries of a kind mentioned in the table of injuries, part 4 in 1 event, the degree of permanent impairment sustained by the worker in relation to the injuries is assessed by using the combined values chart in AMA 4.

94 Assessment for industrial deafness—Act, s 179

- (1) This section sets out the way the degree of permanent impairment for industrial deafness must be assessed for section 179 of the Act.
- (2) The worker must undergo an audiometric test for hearing conducted by an audiologist.
- (3) The test must be preceded by a period of quiet of at least 8 hours.
- (4) For air conduction testing, the test must comply with AS/NZS 1269.4:2005.

Editor's note—

AS/NZS 1269.4:2005 (Occupational noise management—Auditory assessment)

- (5) The worker's hearing levels must be determined separately for the left and right ears at audiometric test frequencies 500, 1000, 1500, 2000, 3000 and 4000Hz with an audiometer complying with AS IEC 60645.3–2002.

Editor's note—

AS IEC 60645.3–2002 (Electroacoustics—Audiological equipment—Auditory test signals of short duration for audiometric and neuro-otological purposes)

- (6) The percentage loss of hearing is to be calculated by using the binaural tables and adjusted, if required, under the presbycusis correction table.

[s 95]

95 Calculation of WRI—Act, s 183

- (1) For section 183 of the Act, a worker's WRI is the percentage calculated using the following formula—

$$\frac{\text{LSPI} \times 100}{\text{MSC}}$$

- (2) In subsection (1)—

LSPI means the lump sum compensation payable under the table of injuries for the degree of permanent impairment for the injury.

MSC means maximum statutory compensation under chapter 3, part 6 of the Act.

Example—

A worker loses a thumb. The lump sum compensation payable under the table of injuries is \$45495. The maximum statutory compensation is \$157955. The worker's WRI is 28.8% [(45495 x 100) ÷ 157955].

95A Additional lump sum compensation—workers with latent onset injuries that are terminal conditions—Act, s 128B

The additional lump sum compensation payable for workers with latent onset injuries that are terminal conditions is set out in schedule 2A.

96 Additional lump sum compensation for certain workers—Act, s 192

The additional lump sum compensation payable for certain workers is set out in schedule 3.

97 Additional lump sum compensation for gratuitous care—Act, s 193

- (1) The additional lump sum compensation payable for gratuitous care is set out in schedule 4.
- (2) For section 193(5) of the Act, the assessment report of an occupational therapist must state whether, in the relationship

between the worker and the other person, the day-to-day care—

- (a) was provided to the worker before the worker sustained the impairment; and
 - (b) would ordinarily be provided in the worker's home; and
 - (c) is likely to continue to be provided in the worker's home.
- (3) The method of assessing a worker's level of dependency is the method stated in the modified barthel index.
- (4) In deciding the amount of the worker's entitlement to additional compensation, an insurer must have regard to the information in the report.

Part 6 Rehabilitation

Division 1 Caring allowance

98 Further information required in occupational therapist's report—Act, s 224

- (1) An occupational therapist's assessment report must contain the information mentioned in section 97(2).
- (2) In paying the caring allowance, an insurer must have regard to the information in the report.

99 Extent of liability for caring allowance—Act, s 225

- (1) An insurer must decide the number of hours of care required for a worker having regard to the occupational therapist's report and the graduated scale in schedule 5.
- (2) The method of assessing a worker's level of dependency is the method stated in the modified barthel index.

[s 99A]

- (3) The amount of the caring allowance—
 - (a) must be decided having regard to the number of hours of care required; and
 - (b) must be paid at an hourly rate equal to the carer pension rate divided by 35.
- (4) In subsection (3)(b)—

carer pension rate means the weekly amount of the maximum single carer pension rate payable from time to time under a Commonwealth law but does not include an amount for allowances, for example, rent assistance or family payment.

Division 1A Rehabilitation and return to work coordinators

99A Criteria for rehabilitation and return to work coordinator—Act, s 41(a)

- (1) A person meets the criteria to be a rehabilitation and return to work coordinator by—
 - (a) satisfactorily completing a workplace rehabilitation course conducted by a registered training organisation; and
 - (b) registering as a rehabilitation and return to work coordinator with the Authority.
- (2) A person continues to meet the criteria to be a rehabilitation and return to work coordinator by satisfactorily completing training relating to workplace rehabilitation under guidelines issued by the Authority by gazette notice.

99B Functions of rehabilitation and return to work coordinator—Act, s 41(b)

The functions of a rehabilitation and return to work coordinator include the following—

-
- (a) initiating early communication with an injured worker to clarify the nature and severity of the worker's injury and to compile initial notification information;
 - (b) providing overall coordination of the worker's return to work;
 - (c) developing the suitable duties program component of a rehabilitation and return to work plan, if a plan is required, in consultation with the worker and the worker's employer and ensuring the program is consistent with the current medical certificate or report for the worker's injury;
 - (d) liaising with—
 - (i) any person engaged by the employer to help in the worker's rehabilitation and return to work; and
 - (ii) the insurer about the worker's progress and indicating, as early as possible, if there is a need for the insurer to assist or intervene.

99C Employer's obligation to appoint rehabilitation and return to work coordinator—Act, s 226(1)

- (1) An employer meets the criteria for being required to appoint a rehabilitation and return to work coordinator if—
 - (a) for an employer who employs workers at a workplace in a high risk industry—the wages of the employer in Queensland for the preceding financial year were more than \$1.63m; or
 - (b) otherwise—the wages of the employer in Queensland for the preceding financial year were more than \$4.9m.
- (2) If QOTE varies, the amounts mentioned in subsection (1) must be varied proportionately.
- (3) The amount as varied is to be rounded up to the nearest \$1000.
- (4) The Authority must notify the variation of the amounts mentioned in subsection (1) by gazette notice.

[s 99D]

- (5) An employer may appoint 1 rehabilitation and return to work coordinator for more than 1 workplace if the person can reasonably perform the person's functions as a rehabilitation and return to work coordinator for each workplace.

Division 2 Workplace rehabilitation policy and procedures

99D Employer's obligation to have workplace rehabilitation policy and procedures—Act s 227(1)

- (1) An employer meets the criteria for being required to have workplace rehabilitation policy and procedures if—
 - (a) for an employer who employs workers at a workplace in a high risk industry—the wages of the employer in Queensland for the preceding financial year were more than \$1.63m; or
 - (b) otherwise—the wages of the employer in Queensland for the preceding financial year were more than \$4.9m.
- (2) If QOTE varies, the amounts mentioned in subsection (1) must be varied proportionately.
- (3) The amount as varied is to be rounded up to the nearest \$1000.
- (4) The Authority must notify the variation of the amounts mentioned in subsection (1) by gazette notice.
- (5) An employer may have 1 workplace rehabilitation policy and procedures document for all workplaces of the employer.

100 Reporting requirement for review of workplace rehabilitation policy and procedures

For section 227(4) of the Act, an employer must, within 30 days after completing a review of the employer's workplace rehabilitation policy and procedures, give the Authority written evidence, in the approved form, that the review has been completed.

Division 3 Standard for rehabilitation

101 Who this division applies to

This division applies to anyone who is required, under chapter 4, parts 3 and 4 of the Act, to provide or manage the rehabilitation of workers.

103 Standard for rehabilitation

For section 228 of the Act, the standard of rehabilitation must be in accordance with this division.

104 Doctor's approval

Approval of a worker's treating doctor must be obtained and documented for a rehabilitation and return to work plan if the doctor does not give sufficient information in the doctor's medical certificate or report on which to base the development of the plan.

105 Worker's file

A file must be kept for each worker undertaking rehabilitation and must contain copies of all relevant documentation, correspondence and accounts.

106 Rehabilitation and return to work plan

- (1) A rehabilitation and return to work plan must be developed for each worker undertaking rehabilitation.
- (2) The plan must be consistent with the worker's needs and with the current medical certificate or report for the worker's injury.
- (3) The plan must be developed in consultation with the insurer, the worker, the worker's employer, the worker's treating registered persons and any person engaged by the worker's employer to help in the worker's rehabilitation and return to

[s 106A]

work.

- (4) Any amendment of the plan must comply with subsections (2) and (3).
- (5) The plan must contain at least the following matters—
 - (a) clear and appropriate objectives with ways of achieving the objectives;
 - (b) details of rehabilitation required to meet the objectives;
 - (c) the time frames for rehabilitation;
 - (d) review mechanisms and dates for review;
 - (e) progress to date;
 - (f) if it is practicable to provide the worker with suitable duties, a suitable duties program.

106A Suitable duties program

- (1) An employer must develop a suitable duties program for a worker undertaking rehabilitation.
- (2) The employer must develop the program in consultation with the worker.
- (3) The program and any amendments to the program must be consistent with the current medical certificate or report for the worker's injury.
- (4) The program must document what are suitable duties for the worker.
- (5) Suitable duties assigned to a worker must be meaningful and have regard to the objective of the worker's rehabilitation.
- (6) The employer must give the insurer a copy of the suitable duties program.
- (7) The employer must review a worker's suitable duties on a regular basis and progressively upgrade the program consistent with the worker's recovery.

107 Case notes

- (1) Accurate and objective case notes must be kept for each worker undertaking rehabilitation.
- (2) Case notes must contain details of—
 - (a) all communications between the worker, the insurer, the worker's employer, the worker's treating registered persons, the rehabilitation and return to work coordinator and any person engaged by the employer to help in the worker's rehabilitation and return to work; and
 - (b) actions and decisions; and
 - (c) reasons for actions and decisions.

108 Early worker contact

A worker who sustains an injury and who requires rehabilitation must be contacted about rehabilitation and return to work as soon as practicable after the injury is sustained or is reported.

109 Rehabilitation

- (1) Rehabilitation must be goal directed with timely and appropriate service provision having regard to—
 - (a) the worker's injury; and
 - (b) the objectives of the rehabilitation and return to work plan; and
 - (c) the worker's rate of recovery.
- (2) Strategies used in rehabilitation must be evaluated as the case progresses to monitor their effectiveness.
- (3) The worker's employer must ensure rehabilitation for a worker is coordinated with and understood by line managers, supervisors and coworkers.
- (4) A worker must be treated with appropriate respect and equity.

[s 110]

110 Confidentiality

- (1) Information obtained during rehabilitation must be treated with sensitivity and confidentiality by all parties.
- (2) If it is necessary to obtain or release information associated with the worker's rehabilitation, the worker's authority to obtain or release the information must be obtained.
- (3) The worker's authority is not required for the release of information to the Authority or the insurer.

Part 7 Damages

111 Notice of claim for damages—Act, s 275

- (1) A notice of claim must be made in the approved form and include the following particulars—
 - (a) full particulars of the claimant, including—
 - (i) full name and any other known names; and
 - (ii) if the claimant is not the worker—the worker's full name; and
 - (iii) residential address; and
 - (iv) date of birth; and
 - (v) gender; and
 - (vi) usual occupation and, if that differs from the nature of employment at the time of the event, the nature of the employment at the time of the event; and
 - (vii) the name and address of every employer of the worker at the time of the event;
 - (b) full particulars of the event, including—
 - (i) the date, time and place of the event; and

- (ii) a description of the facts, as the claimant understands or recalls them to be, of the circumstances surrounding the event; and
 - (iii) names and addresses of all witnesses to the event, and their relationship, if any, to the worker; and
 - (iv) name and address of any person on behalf of the claimant's employer to whom the claimant reported the event and their employment details; and
 - (v) full particulars of the negligence alleged against the claimant's employer and any other party on which the claim is based; and
 - (vi) whether, and to what extent, liability expressed as a percentage is admitted for the injury and, if another party is involved, the liability expressed as a percentage that the claimant holds the other party responsible; and
 - (vii) if another party is involved—details of the notice given to the party;
- (c) full particulars of the nature and extent of—
- (i) all injuries alleged to have been sustained by the claimant because of the event; and
 - (ii) the degree of permanent impairment that the claimant alleges has resulted from the injuries; and
 - (iii) the amount of damages sought under each head of damage claimed by the claimant and the method of calculating each amount; and
 - (iv) how the claimant is presently affected by the injuries;
- (d) the name and address of each hospital at which the claimant has been treated for the injury, and the name and address of each doctor by whom the claimant has been treated for the injury;

[s 111]

- (e) the name and address of each provider of treatment or rehabilitation services who has made an assessment of, or provided treatment or rehabilitation services for, permanent impairment arising from the injury;
- (f) all personal injuries, illnesses and impairments of a medical, psychiatric or psychological nature sustained by the claimant either before or after the event that may affect the extent of the permanent impairment resulting from the injury to which the claim relates, or may affect the amount of damages in another way;
- (g) all personal injuries, illnesses and impairments of a medical, psychiatric or psychological nature sustained by the claimant either before or after the event for which the claimant has claimed damages, compensation or benefits, the name and address of any person against whom a claim for damages or compensation was made and, if an insurer, whether or not within the meaning of the Act, was involved, the name and address of the insurer;
- (h) the name and address of each hospital at which the claimant has been treated for an injury, illness or impairment mentioned in paragraph (f) or (g), and the name and address of each doctor by whom the claimant has been treated for the injury, illness or impairment;
- (i) all steps taken by the worker to mitigate their loss;
- (j) if the claimant claims damages for diminished income earning capacity—particulars of the claimant's employment during the 3 years immediately before and since the event including—
 - (i) the name and address of each of the claimant's employers; and
 - (ii) the period of employment by each employer; and
 - (iii) the capacity in which the claimant was employed by each employer; and
 - (iv) the claimant's gross and net (after tax) earnings for each period of employment; and

- (v) the periods during which the claimant was in receipt of payments from Centrelink on behalf of the department in which the *Social Security Act 1991* (Cwlth) is administered; and
- (vi) the periods during which the claimant received no income, and the reasons why the claimant was not receiving any income.

Editor's note—

See also section 276 (Noncompliance with s 275 and urgent proceedings) of the Act.

- (2) A notice of claim relating to an injury causing death must contain the following additional particulars (if relevant)—
 - (a) if the claimant is the spouse of the deceased worker—
 - (i) the date of marriage, the date of registration of the registered relationship or the date on which the de facto relationship started; and
 - (ii) if the claimant and the deceased worker were—
 - (A) married—the place of the marriage; or
 - (B) in a registered relationship—the place where the registered relationship was registered; or
 - (C) in a relationship taken to be registered as a registered relationship under the *Relationships Act 2011*—the place where the registered relationship was entered into under the relevant corresponding law; or
 - (D) de facto partners—the residential address where the de facto relationship started; and
 - (iii) the claimant's net (after tax) weekly income before and after the worker's death; and
 - (iv) the age to which the claimant intended to work and the basis of the claimant's future employment i.e. whether full-time or part-time; and
 - (v) details of any health problems that the claimant currently has; and

[s 112]

- (vi) the amount of average weekly financial benefit derived by the claimant from the deceased worker before the worker's death and the method of calculating the amount; and
- (vii) the expected date of birth of a posthumous child of the relationship; and
- (viii) details of remarriage or start of a marriage-like relationship;
- (b) if the claimant is not the spouse of the deceased worker—
 - (i) the claimant's relationship to the deceased worker; and
 - (ii) the claimant's net (after tax) weekly earnings; and
 - (iii) the age to which the claimant would have been dependent on the deceased worker and the basis of the dependency; and
 - (iv) details of any health problems that the claimant currently has; and
 - (v) the amount of average weekly financial benefit derived by the claimant from the deceased worker before the worker's death and the method of calculating the amount.

112 Notice of claim and urgent proceedings—Act, s 276

- (1) This section applies if the claimant alleges an urgent need to start a proceeding for damages despite noncompliance with section 275 of the Act.
- (2) For section 276(4) of the Act, the claimant's notice of claim must be faxed to the insurer at the insurer's registered office.
- (3) The claimant's notice of claim must include a cover page stating—
 - (a) the sender's name and address; and

- (b) the total number of pages sent, including the cover page; and
 - (c) the fax number from which the notice is sent; and
 - (d) the date of the transmission; and
 - (e) the name and fax number of the person to whom the fax is being sent; and
 - (f) the name and phone number of a person to contact if there is a problem with the transmission; and
 - (g) a statement that the transmission is for the giving of the notice of claim under section 276(4) of the Act.
- (4) If there is a dispute about the giving of the notice of claim under section 276(4) of the Act, the transmission advice generated by the sender's fax machine confirming the transmission was successful must be included as an exhibit to any affidavit of service.

112A Insurer may add another person as contributor—Act, s 278A

For section 278A(1) of the Act, the time prescribed is the later of the following—

- (a) 30 business days after the insurer receives the notice of claim;
- (b) 5 business days after the insurer identifies someone else as a contributor.

112B Contributor's response—Act, s 278B

For section 278B(1)(a) of the Act, the contributor's response must state the following—

- (a) the contributor's full name;
- (b) the contributor's business address;
- (c) the contributor's postal address;

[s 112C]

- (d) the name and contact details of the contributor's legal representatives, if appointed;
- (e) the contributor's ABN, if any;
- (f) if the contributor is a corporation—
 - (i) the corporation's ACN; and
 - (ii) the corporation's registered office.

Part 7A Assessment of damages

112C Prescribed amount of damages for loss of consortium or loss of servitium—Act, s 306M

For section 306M(1)(b) of the Act, the amount prescribed is—

- (a) for an injury sustained on or after 1 July 2010 to and including 30 June 2011—\$35340; or
- (b) for an injury sustained on or after 1 July 2011 to and including 30 June 2012—\$36350; or
- (c) for an injury sustained on or after 1 July 2012 to and including 30 June 2013—\$38290; or
- (d) for an injury sustained on or after 1 July 2013—\$39430.

112D Rules for assessing injury scale value—Act, s 306O(1)(c)(i)

- (1) This section and schedules 8 to 11 provide the rules under which a court must assess the injury scale value for an injury.
- (2) Schedule 9 provides the ranges of injury scale values for particular injuries that the court is to consider in assessing the injury scale value for those injuries.
- (3) For an injury not mentioned in schedule 9, a court, in assessing an injury scale value for the injury, may have regard to the ranges prescribed in schedule 9 for other injuries.

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- (4) Schedule 8 provides matters to which a court is to have regard in the application of schedule 9.
 - (5) Schedule 11 provides the psychiatric impairment rating scale that may be used with schedule 9.
 - (6) Schedule 10 provides matters relevant to the application of schedule 11 and requirements with which a medical expert must comply in assessing a PIRS rating for a mental disorder of an injured worker.

112E General damages calculation provisions—Act, s 306P

- (1) This section applies for section 306P of the Act.
- (2) Schedule 12, section 1 is prescribed as the general damages calculation provisions for an injury sustained on or after 1 July 2010 to and including 30 June 2011.
- (3) Schedule 12, section 2 is prescribed as the general damages calculation provisions for an injury sustained on or after 1 July 2011 to and including 30 June 2012.
- (4) Schedule 12, section 3 is prescribed as the general damages calculation provisions for an injury sustained on or after 1 July 2012 to and including 30 June 2013.
- (5) Schedule 12, section 4 is prescribed as the general damages calculation provisions for an injury sustained on or after 1 July 2013.

112F Prescribed amount of award for future loss—Act, s 306R

For section 306R of the Act, the amount prescribed is—

- (a) for an injury sustained on or after 1 July 2010 to and including 30 June 2011—\$117800; or
- (b) for an injury sustained on or after 1 July 2011 to and including 30 June 2012—\$121160; or
- (c) for an injury sustained on or after 1 July 2012 to and including 30 June 2013—\$127620; or

[s 113]

- (d) for an injury sustained on or after 1 July 2013—\$131420.

Part 8 Costs

Division 1 Proceeding before industrial magistrate or industrial commission

113 Costs—proceeding before industrial magistrate or industrial commission

- (1) The costs of a proceeding before an industrial magistrate or the industrial commission are in the discretion of the magistrate or commission.
- (2) However, if the magistrate or commission allows costs—
- (a) for costs in relation to counsel's or solicitor's fees—
- (i) the costs are to be under the *Uniform Civil Procedure Rules 1999*, schedule 3, scale E; or
- (ii) if, because of—
- (A) the work involved; or
- (B) the importance, difficulty or complexity of the matter to which the proceedings relate;
- the industrial magistrate or the industrial commission considers the amount of costs provided for under subparagraph (i) are inadequate remuneration, the magistrate or commission may allow costs (in total or in relation to any item) in an amount up to 1.5 times the amount provided for under subparagraph (i) (in total or in relation to that item); and

-
- (b) for costs in relation to witnesses' fees and expenses—the costs are to be under the *Uniform Civil Procedure (Fees) Regulation 2009*, part 4; and
 - (c) for costs in relation to bailiff's fees—the costs are to be under the *Uniform Civil Procedure (Fees) Regulation 2009*, schedule 2, part 2.
- (3) Subsection (4) applies if—
- (a) the Authority or an insurer is required to pay costs in a hearing in relation to a witness who is a doctor or otherwise is of a professional description; and
 - (b) the amount of fees and expenses payable in relation to the witness by the party that called the witness is more than the amount of costs allowed by the industrial magistrate or the industrial commission.
- (4) The Authority or the insurer may, on the application of the party that called the witness, pay an additional amount on account of the costs that the Authority or the insurer accepts as reasonable, having regard to the subject matter of the hearing.

Division 2 Claim for damages

114 Who this division applies to

This division applies only to a claimant who is—

- (a) a worker whose WRI is 20% or more; or
- (b) a dependant.

115 Definition for div 2

In this division—

net damages means damages recovered less compensation paid by an insurer.

[s 116]

116 Costs before proceeding started

- (1) This section prescribes the legal professional costs of a claim before a proceeding is started.
- (2) If a claimant recovers at least \$150000 net damages, the costs are—
 - (a) if the claim is settled—
 - (i) without holding a compulsory conference—120% of the amount in schedule 6, column A; or
 - (ii) after a compulsory conference is held—the amounts in schedule 6, columns A and B; and
 - (b) for investigation of liability by an expert—the amount in schedule 6, column C; and
 - (c) for an application to the court—the amount in schedule 6, column D.
- (3) If a claimant recovers net damages of \$50000 or more but less than \$150000, the costs are 85% of the amount under subsection (2).
- (4) If a claimant recovers less than \$50000 net damages, the costs are 85% of the amount calculated under subsection (2) multiplied by the proportion that the net damages bear to \$50000.

Example of subsection (4)—

If the net damages recovered are \$30000, the costs are (85% of the amount calculated under subsection (2)) $\times \frac{3}{5}$.

- (5) However, if a court in the proceeding awards the payment of solicitor-client costs, the costs recoverable under subsections (2), (3) and (4) are multiplied by 120%.

117 Costs after proceeding started

- (1) This section prescribes the legal professional costs of a claim after a proceeding is started.
- (2) The costs are chargeable under the relevant court scale of costs.

-
- (3) However, the costs under subsection (2) do not include—
- (a) the cost of work performed before the proceeding is started; or
 - (b) the cost of work performed before the proceeding is started that is performed again after the proceeding is started.

118 Outlays

- (1) In addition to legal professional costs, the following outlays incurred by the claimant are allowed—
- (a) 1 hospital report fee for each hospital that provided treatment for the worker's injury;
 - (b) 1 report fee for each doctor in general practice who provided treatment for the worker's injury;
 - (c) 1 medical specialist's report fee for each medical discipline reasonably relevant and necessary for the understanding of the worker's injury;
 - (d) 1 report fee of an expert investigating liability, of not more than \$1000, less any proportion of the fee agreed to be paid by the insurer;
 - (e) Australian Taxation Office or tax agents' fees for supplying copies of income tax returns;
 - (f) fees charged by the claimant's previous employers for giving information necessary for the claimant to complete the notice of claim, but not more than \$50 for each employer;
 - (g) fees charged by a mediator in an amount previously agreed to by the insurer;
 - (h) filing fees or other necessary charges incurred in relation to an application to the court before a proceeding is started;
 - (i) reasonable fees for sundry items properly incurred, other than photocopying costs.

[s 118A]

- (2) The fees—
 - (a) are allowable only for reports disclosed before the start of proceedings; and
 - (b) for subsection (1)(a) to (c)—are payable according to the recommended Australian Medical Association scale of fees.

Part 8A Medical assessment tribunals

118A Medical assessment tribunals

- (1) Each of the following medical assessment tribunals is a tribunal continued in existence under section 635 of the Act—
 - (a) a General Medical Assessment Tribunal;
 - (b) the following specialty medical assessment tribunals—
 - (i) Cardiac Assessment Tribunal;
 - (ii) Orthopaedic Assessment Tribunal;
 - (iii) Dermatology Assessment Tribunal;
 - (iv) Ear, Nose and Throat Assessment Tribunal;
 - (v) Neurology/Neurosurgical Assessment Tribunal;
 - (vi) Ophthalmology Assessment Tribunal;
 - (vii) Disfigurement Assessment Tribunal.
- (2) Also, a composite medical assessment tribunal (*composite tribunal*) is to be maintained for section 492 of the Act to assess workers with an injury or injuries who may require assessment by a number of different specialists.

118B Constitution of General Medical Assessment Tribunal

- (1) For deciding a matter referred to it, the General Medical Assessment Tribunal is constituted by—

- (a) its chairperson; and
 - (b) 2 appointees to the panel of doctors for the Tribunal, designated by the chairperson.
- (2) In designating a member of the panel to the Tribunal, the chairperson must have regard to the branch of medicine that is a recognised specialty under the Health Practitioner Regulation National Law that is relevant to the matters referred to the tribunal for decision.

118C Chairperson and deputy chairperson of General Medical Assessment Tribunal

- (1) The chairperson must preside over meetings of the General Medical Assessment Tribunal.
- (2) If the chairperson is not available to attend to the business of the General Medical Assessment Tribunal, a deputy chairperson must act as its chairperson.
- (3) A deputy chairperson may act as a member of the General Medical Assessment Tribunal only if the chairperson has designated the member for the purpose.

118D Constitution of specialty medical assessment tribunal

- (1) For deciding a matter referred to it, a specialty medical assessment tribunal is constituted by—
 - (a) its chairperson; and
 - (b) 2 appointees to the panel of doctors for the tribunal, including persons appointed to the panel as deputy chairpersons, designated by the chairperson.
- (2) In designating a member of the panel to a specialty medical assessment tribunal, the chairperson must have regard to the branch of medicine that is a recognised specialty under the Health Practitioner Regulation National Law that is relevant to the matters referred to the tribunal for decision.

[s 118E]

118E Chairperson and deputy chairperson of specialty medical assessment tribunal

- (1) The chairperson must preside over meetings of a specialty medical assessment tribunal.
- (2) If the chairperson is not available to attend to the business of a specialty medical assessment tribunal—
 - (a) if there is only 1 deputy chairperson of the tribunal—the deputy chairperson must act as its chairperson; or
 - (b) if there is more than 1 deputy chairperson of the tribunal—a deputy chairperson designated by the chairperson must act as its chairperson.

118F Constitution of composite tribunals

- (1) The constitution of a composite tribunal is to be decided by—
 - (a) the chairperson of the composite tribunal; and
 - (b) the chairperson of each specialty medical assessment tribunal relevant to the matters to be decided; and
 - (c) if the chairperson of the composite tribunal is not the chairperson of the General Medical Assessment Tribunal—the chairperson of the General Medical Assessment Tribunal.
- (2) The chairpersons must consult with the secretary of the composite tribunal about the constitution of the composite tribunal.
- (3) In deciding the constitution of the composite tribunal, the chairpersons must have regard to the branch of medicine that is a recognised specialty under the Health Practitioner Regulation National Law that is relevant to the matter referred to the composite tribunal for decision.
- (4) For deciding a matter referred to it, a composite tribunal is constituted by—
 - (a) its chairperson; and

-
- (b) at least 2 but not more than 4 appointees to the panel of doctors for the composite tribunal designated by the chairperson.
 - (5) The composite tribunal must consist of at least 1 specialist for each type of injury that is a subject of the reference to the tribunal.
 - (6) However, the number of specialists for each type of injury must be equal.

Example—

A worker has a post-traumatic stress disorder and a fractured arm, leg, and ribs. The tribunal would consist of—

- (a) 1 psychiatrist and 1 orthopaedic surgeon; or
 - (b) 2 psychiatrists and 2 orthopaedic surgeons.
- (7) If, because of subsection (5), there would be an even number of members on the composite tribunal, the chairperson must also designate a physician to be a member of the tribunal.

Example—

A worker has 3 different types of injuries. The tribunal would consist of the chairperson and 3 specialists. A physician is also to be a member of the tribunal.

118G Chairperson and deputy chairperson of composite tribunal

- (1) The chairperson must preside over meetings of a composite tribunal.
- (2) If the chairperson is not available to attend to the business of a composite tribunal—
 - (a) if there is only 1 deputy chairperson of the tribunal—the deputy chairperson must act as its chairperson; or
 - (b) if there is more than 1 deputy chairperson of the tribunal—a deputy chairperson designated by the chairperson must act as its chairperson.

[s 119]

Part 9 Miscellaneous

119 Documents to be kept—Act, s 520

- (1) An employer or contractor must keep the following documents for section 520 of the Act—
 - (a) the time and wages record and the employee register, required to be kept under the *Industrial Relations Act 1999*;
 - (b) documents, or accurate and complete copies of documents, required to be kept under a law of the Commonwealth for payments made to the employer's workers or contractors for the performance of work, including, for example—
 - (i) group certificates; and
 - (ii) group employer's reconciliation statements; and
 - (iii) prescribed payment system payer's reconciliation statements;
 - (c) the person's profit and loss account, to the extent it relates to amounts paid for wages for workers, or to contractors.
- (2) However, a document mentioned in subsection (1)(b) or (c) need not contain information an employer or contractor reasonably believes is confidential and not necessary to enable the Authority or WorkCover to calculate the person's actual expenditure on wages or for contracts for the period to which the document relates.

Examples—

- income and profit lines
 - tax file numbers
- (3) An employer or contractor need not comply with subsection (1) if—

-
- (a) the Authority or WorkCover has given the employer or contractor notice that a document need not be kept, and the notice remains in force; or
 - (b) the employer or contractor was a corporation and has been wound up.
- (4) In this section—
worker does not include a household worker.

120 Reasons for decisions must address certain matters—Act, ss 540(4) and 546(3AA)

- (1) For sections 540(4) and 546(3AA) of the Act, the reasons must—
 - (a) cite the provision of the Act under which the decision is made; and
 - (b) state the evidence considered for the decision; and
 - (c) state the evidence that was accepted or rejected for the decision and why it was accepted or rejected; and
 - (d) state the conclusions drawn from the evidence; and
 - (e) disclose the link between the evidence, the conclusions and the relevant provision of the Act.
- (2) The reasons must also clearly state the decision made and be written in plain English.

120A Declaration of designated courts—Act, s 114

Each court, tribunal or decision-making body (*body*) mentioned in schedule 7, column 2, of the State, whose name is set out in schedule 7, column 1 opposite the body, is declared to be a designated court for the purposes of section 114 of the Act.

[s 120B]

120B Declaration of provisions that are a State's legislation about damages for work related injury—Act, s 322

Each provision mentioned in schedule 7, column 3 set out opposite the name of a State in schedule 7, column 1 is declared to be that State's legislation about damages for work related injury for section 322 of the Act.

Part 10 Transitional provisions

Division 1 Provisions for Workers' Compensation and Rehabilitation Amendment Regulation (No. 1) 2004

121 Estimated claims liability for ss 20 and 23A

- (1) This section applies for the calculation of the following for the financial year or part of the financial year starting on 1 July 2004—
 - (a) annual levy under section 20;
 - (b) deemed premium under section 23A.
- (2) The estimated claims liability to be used in the calculations is the estimated claims liability assessed under section 84(3) of the Act before 1 February 2004.

122 Adjustment of annual levy

- (1) This section applies for the calculation of an adjusted annual levy for a self-insurer who holds a self-insurer licence for the financial year or part of the financial year ending on 30 June 2004.
- (2) If the amount of the deemed premium is more than the estimated deemed premium for the financial year or part of

the financial year, the self-insurer must pay to the Authority the difference between the amounts calculated under the formula—

$$AAL = R \times (D - EDP)$$

- (3) If the amount of the deemed premium is less than the estimated deemed premium for the financial year or part of the financial year, the Authority must pay to the self-insurer the difference between the amounts calculated under the formula—

$$AAL = R \times (EDP - D)$$

- (4) In this section—

AAL means adjusted annual levy.

D means the deemed premium for the self-insurer for the financial year or the part of the financial year starting on 1 July 2003, calculated under section 13 as in force immediately before 1 July 2004.

EDP means the estimated deemed premium for the self-insurer for the end of the financial year starting on 1 July 2003, calculated under section 13 as in force immediately before 1 July 2004.

R means the rate published in the gazette notice under section 81 of the Act for the particular financial year.

Division 2 Provisions for Workers' Compensation and Rehabilitation and Other Legislation Amendment Regulation (No. 1) 2004

123 Costs in proceedings before industrial magistrate

Section 113, as in force immediately before the commencement of this section, continues to apply in relation to a hearing that started before the commencement as if the

[s 124]

Workers' Compensation and Rehabilitation and Other Legislation Amendment Regulation (No. 1) 2004, section 17(4) had not been made.

124 Excess period

Section 16, as in force immediately before the commencement of this section, continues to apply in relation to an injury sustained by a worker before 1 July 2005 as if the *Workers' Compensation and Rehabilitation and Other Legislation Amendment Regulation (No. 1) 2004*, section 8 had not been made.

Division 3 Provisions for Workers' Compensation and Rehabilitation Amendment Regulation (No. 1) 2008

125 Excess period

Section 16, as in force immediately before the commencement of this section, continues to apply in relation to an injury sustained by a worker before 1 May 2008 as if the *Workers' Compensation and Rehabilitation Amendment Regulation (No. 1) 2008*, section 5 had not been made.

126 Rehabilitation and return to work coordinators

(1) A person who met the criteria for becoming a rehabilitation and return to work coordinator under old section 99A is, on the commencement, taken to meet the criteria to be a rehabilitation and return to work coordinator under section 99A(1).

(2) In this section—

commencement means the commencement of this section.

old section 99A means section 99A as in force immediately before the commencement.

127 Adding person as contributor

Section 112A, as in force immediately before the commencement of this section, continues to apply if an insurer received a notice of claim before 1 July 2008.

[s 128]

Division 4 **Provision for Workers'
Compensation and Rehabilitation
and Other Legislation Amendment
Act 2010**

128 **Excess period**

Section 16, as in force immediately before the commencement of this section, continues to apply in relation to an injury sustained by a worker before 1 July 2010 as if the *Workers' Compensation and Rehabilitation and Other Legislation Amendment Act 2010*, section 37 had not been enacted.

Schedule 1 Additional premium**section 9**

Time of lodgement of declaration of wages	Additional premium
on or after 1 September and not later than 31 October in 1 calendar year	the greater of— (a) 5% of assessed premium for the period of insurance to which the declaration relates; or (b) \$5
on or after 1 November and not later than 30 November in 1 calendar year	the greater of— (a) 10% of assessed premium for the period of insurance to which the declaration relates; or (b) \$10
on or after 1 December and not later than 31 December in 1 calendar year	the greater of— (a) 15% of assessed premium for the period of insurance to which the declaration relates; or (b) \$15
on or after 1 January in the next calendar year	the greater of— (a) 20% of assessed premium for the period of insurance to which the declaration relates; or (b) \$20

Schedule 2 Table of injuries

section 92

Part 1 Upper extremity injuries

Division 1 Preliminary

1 Application of pt 1

- (1) This part deals with upper extremity injuries.
- (2) The maximum lump sum compensation payable for an upper extremity injury is \$160000.
- (3) To decide a worker's entitlement from injury, division 2 shows—
 - (a) the maximum degree of permanent impairment that may result from the injury; and
 - (b) the maximum lump sum compensation payable for the injury; and
 - (c) the maximum WRI.

2 How to use this part of the table

- (1) Division 2 lists particular upper extremity injuries.
- (2) Injuries are stated in column 1, the maximum degree of permanent impairment resulting from the injury is stated in column 2, the maximum lump sum compensation for the injury is stated in column 3, and the maximum WRI is stated in column 4.
- (3) The maximum degree of permanent impairment resulting from an injury is stated as a degree of permanent impairment of the upper extremity.

-
- (4) Some injuries mentioned in division 2 are marked with an asterisk (*).
 - (5) These injuries may result in the same degree of maximum permanent impairment as other injuries mentioned in the division, but, for historical reasons, give rise to different amounts of maximum lump sum compensation.
 - (6) For more information on how to use the table of injuries, see sections 92 and 93 of the regulation.

3 Interaction between this part and AMA 4

- (1) The degree of permanent impairment resulting from an injury to an upper extremity is expressed in division 2 as a degree of permanent impairment of the upper extremity.
- (2) Even though an injury is not precisely described under division 2, a similar injury often will be.
- (3) If the injury is more severe than a particular similar injury, but less severe than another similar injury, the degree of permanent impairment must always be more than the less severe injury, but not as much as the more severe injury.
- (4) If an injury to an upper extremity results in permanent impairment and the injury is not mentioned in division 2, the degree of permanent impairment must be assessed under AMA 4.
- (5) The processes that may be used under AMA 4 can not result in an injury giving rise to a greater degree of permanent impairment from the injury than that specified under division 2.
- (6) The degree of permanent impairment resulting from the injury assessed under AMA 4 must be expressed as a degree of permanent impairment of the upper extremity.
- (7) The degree of permanent impairment so expressed is taken to be the degree of permanent impairment of the upper extremity for this part.
- (8) For section 92 of the regulation, the relevant provision of AMA 4 is chapter 3.

4 Formulas to be used for deciding lump sum compensation for permanent impairment

- (1) The following formula must be used to work out the amount of lump sum compensation payable for single or multiple injuries to the upper extremity—

$$\frac{\mathbf{DPI} \times \mathbf{MLSC}}{\mathbf{100}}$$

- (2) However, for a single injury (other than an injury involving sensory loss) to the index, ring or little finger, the following formula must be used—

$$\frac{\mathbf{DPI} \times \mathbf{LSC}}{\mathbf{MDPI}}$$

- (3) Also, for multiple injuries where at least 1 injury (other than sensory loss) is to the index, ring or little finger, the amount of lump sum compensation payable for the injuries is the sum of the amounts worked out for each injury under subsections (1) and (2).
- (4) In this section—

DPI means the degree of permanent impairment of the upper extremity assessed by a registered person as resulting from the injury or, for multiple injuries, the injuries.

LSC means the lump sum compensation payable for the maximum degree of permanent impairment for the injury set out in column 3 of the table of injuries.

MDPI means the maximum degree of permanent impairment resulting from the injury or another relevant injury set out in column 2 of the table of injuries.

MLSC means the maximum lump sum compensation specified in section 1(2).

Division 2 Upper extremity injuries

Column 1 Injury	Column 2 Maximum degree of permanent impairment	Column 3 Maximum lump sum compensation \$	Column 4 Maximum WRI %
Fingers and hand			
Sensory loss on either side of thumb	8	12 800	6.4
*Structural loss of index finger . . .	18	32 580	16.29
*Structural loss of 2 joints of index finger	13	24 400	12.22
*Structural loss of distal joint to index finger	8	16 280	8.14
Sensory loss to palmar surface of index finger	8	12 800	6.4
Structural loss of 2 joints of middle finger	13	20 800	10.4
Sensory loss to palmar surface of middle finger	8	12 800	6.4
*Structural loss of ring finger	8	16 280	8.14
*Structural loss of 2 joints of ring finger	6	16 280	8.14
*Structural loss of distal joint of ring finger	5	9 780	4.89
*Structural loss of little finger	8	16 280	8.14
*Structural loss of 2 joints of little finger	6	16 280	8.14
*Structural loss of distal joint of little finger	5	9 780	4.89
Structural loss of hand or arm below the elbow	90	144 000	72

Schedule 2

Column 1 Injury	Column 2 Maximum degree of permanent impairment	Column 3 Maximum lump sum compensation	Column 4 Maximum WRI
		\$	%
Crush injury to hand with multiple fractures (healed with no deformities) but resulting in mild loss of motion of all fingers with extensive scarring and soft tissue damage.	40	64 000	32
Wrist			
Carpal tunnel syndrome, whether operated or non-operated, with residual subjective symptoms or signs e.g. dysaesthesia or muscle wasting.	2	3 200	1.6
Fractured scaphoid, operated.	5	8 000	4
Fracture of radius or ulna or carpus bones with moderate limitation of wrist movements and mild limitation of elbow movements . . .	16	25 600	12.8
Elbow			
Medial or lateral epicondylitis of elbow, whether operated or non-operated, with residual subjective symptoms or signs e.g. pain and tenderness	2	3 200	1.6
Injury to elbow region resulting in moderate loss of all movements. . .	31	49 600	24.8

Column 1 Injury	Column 2 Maximum degree of permanent impairment	Column 3 Maximum lump sum compensation	Column 4 Maximum WRI
		\$	%
Shoulder and arm			
Injury to shoulder region resulting in mild loss of all movements	6	9 600	4.8
Injury to shoulder region resulting in moderate loss of all movements	16	25 600	12.8

Part 2 Lower extremity injuries

Division 1 Preliminary

1 Application of pt 2

- (1) This part deals with lower extremity injuries.
- (2) The maximum lump sum compensation payable for a lower extremity injury is \$150000.
- (3) To decide a worker's entitlement from injury, division 2 shows—
 - (a) the maximum degree of permanent impairment that may result from the injury; and
 - (b) the maximum lump sum compensation payable for the injury; and
 - (c) the maximum WRI.

2 How to use this part of the table

- (1) Division 2 lists particular lower extremity injuries.
- (2) Injuries are stated in column 1, the maximum degree of permanent impairment resulting from the injury is stated in column 2, the maximum lump sum compensation for the injury is stated in column 3, and the maximum WRI is stated in column 4.
- (3) The maximum degree of permanent impairment resulting from an injury is stated as a degree of permanent impairment of the lower extremity.
- (4) Some injuries mentioned in division 2 are marked with an asterisk (*).
- (5) These injuries may result in the same degree of maximum permanent impairment as other injuries mentioned in the division, but, for historical reasons, give rise to different amounts of maximum lump sum compensation.
- (6) For more information on how to use the table of injuries, see sections 92 and 93 of the regulation.

3 Interaction between this part and AMA 4

- (1) The degree of permanent impairment resulting from an injury to a lower extremity is expressed in division 2 as a degree of permanent impairment of the lower extremity.
- (2) Even though an injury is not precisely described under division 2, a similar injury often will be.
- (3) If the injury is more severe than a particular similar injury, but less severe than another similar injury, the degree of permanent impairment must always be more than the less severe injury, but not as much as the more severe injury.
- (4) If an injury to a lower extremity results in permanent impairment and the injury is not mentioned in division 2, the degree of permanent impairment must be assessed under AMA 4.
- (5) The processes that may be used under AMA 4 can not result in an injury giving rise to a greater degree of permanent

impairment from the injury than that specified under division 2.

- (6) The degree of permanent impairment resulting from the injury assessed under AMA 4 must be expressed as a degree of permanent impairment of the lower extremity.
- (7) The degree of permanent impairment so expressed is taken to be the degree of permanent impairment of the lower extremity for this part.
- (8) For section 92 of the regulation, the relevant provision of AMA 4 is chapter 3.

4 Formulas to be used for deciding lump sum compensation for permanent impairment

- (1) The following formula must be used to work out the amount of lump sum compensation payable for single or multiple injuries to the lower extremity—

$$\frac{\mathbf{DPI} \times \mathbf{MLSC}}{\mathbf{100}}$$

- (2) However, for a single injury to a toe, the following formula must be used—

$$\frac{\mathbf{DPI} \times \mathbf{LSC}}{\mathbf{MDPI}}$$

- (3) Also, for multiple injuries where at least 1 injury (but not all injuries) is to the toes, the amount of lump sum compensation payable for the injuries is the sum of the amounts worked out for each injury under subsections (1) and (2).
- (4) Also, for multiple toe injuries, the formula in subsection (2) must be used, but the value of LSC is as specified in division 2.
- (5) In this section—

DPI means the degree of permanent impairment of the lower extremity assessed by a registered person as resulting from the injury or, for multiple injuries, the injuries.

Schedule 2

LSC means the lump sum compensation payable for the maximum degree of permanent impairment for the injury set out in column 3 of the table of injuries.

MDPI means the maximum degree of permanent impairment resulting from the injury or another relevant injury set out in column 2 of the table of injuries.

MLSC means the maximum lump sum compensation specified in section 1(2).

Division 2 Lower extremity injuries

Column 1 Injury	Column 2 Maximum degree of permanent impairment	Column 3 Maximum lump sum compensation	Column 4 Maximum WRI
		\$	%
Toes and foot			
*Structural loss of any toe (other than great toe)	2	16 280	8.14
*Structural loss of great toe	12	32 580	16.29
*Structural loss of joint of great toe	5	16 280	8.14
Fracture of any metatarsal, worst possible outcome e.g. pain or loss of weight transfer.	10	15 000	7.5
Structural loss of a foot	63	94 500	47.25
*Structural loss of two toes (other than great toe) of a foot	4	20 000	10
*Structural loss of three toes (other than great toe) of a foot	6	23 500	11.75
*Structural loss of four toes (other than great toe) of a foot	8	27 000	13.5

Column 1 Injury	Column 2 Maximum degree of permanent impairment	Column 3 Maximum lump sum compensation	Column 4 Maximum WRI
		\$	%
*Structural loss of great toe and one other toe of a foot	14	40 000	20
*Structural loss of great toe and two other toes of a foot	16	50 000	25
*Structural loss of great toe and three other toes of a foot	18	60 000	30
*Structural loss of joint of great toe and one other toe of a foot	7	20 000	10
*Structural loss of joint of great toe and two other toes of a foot	9	23 500	11.75
*Structural loss of joint of great toe and three other toes of a foot	11	27 000	13.5
*Structural loss of joint of great toe and four other toes of a foot	13	30 500	15.25
*Structural loss of all toes of a foot	20	67 500	33.75
Ankle			
Fracture of os calcis, worst possible outcome	25	37 500	18.75
Knee			
Chondromalacia patellae, non-operated	0	0	0
Chondromalacia patellae, operated	2	3 000	1.5
Patellar fracture, whether operated or non-operated	12	18 000	9

Schedule 2

Column 1 Injury	Column 2 Maximum degree of permanent impairment	Column 3 Maximum lump sum compensation	Column 4 Maximum WRI
		\$	%
Mild aggravation of pre-existing degenerative disease in knee with subjective symptoms, but no significant clinical findings other than degenerative changes on X-ray	0	0	0
Moderate to severe aggravation or acceleration of pre-existing disease in knee with subjective symptoms, but no significant clinical findings other than degenerative changes on X-ray	7	10 500	5.25
Total knee replacement	50	75 000	37.5
Hip joint and leg			
Mild aggravation of pre-existing degenerative disease in hip joint with subjective symptoms, but no significant clinical findings other than degenerative changes on X-ray	0	0	0
Moderate to severe aggravation or acceleration of pre-existing disease in hip joint with subjective symptoms, but no significant clinical findings other than degenerative changes on X-ray	7	10 500	5.25
Injury to hip region resulting in mild loss of all movements	12	18 000	9
Injury to hip region resulting in moderate loss of all movements. . .	25	37 500	18.75

Column 1 Injury	Column 2 Maximum degree of permanent impairment	Column 3 Maximum lump sum compensation	Column 4 Maximum WRI
		\$	%
Fracture of femoral neck	50	75 000	37.5
Total hip replacement	45	67 500	33.75

Part 3 Special provision injuries

Division 1 Preliminary

1 Application of pt 3

- (1) This part deals with vision and hearing injuries and injury involving loss of a breast.
- (2) The maximum lump sum compensation payable for a vision injury under this part is \$200000.
- (3) The maximum lump sum compensation payable for a hearing injury under this part is \$81460.
- (4) The maximum lump sum compensation payable for loss of a breast under this part is \$60000.

2 How to use this part of the table

- (1) Division 2 lists particular vision and hearing injuries and injury involving loss of a breast.
- (2) Vision and hearing injuries and injury involving loss of a breast are stated in column 1, the maximum lump sum compensation for the injury is stated in column 2, and the maximum WRI is stated in column 3.

Schedule 2

- (3) Some injuries mentioned in division 2 are marked with an asterisk (*).
- (4) For historical reasons, the maximum lump sum compensation payable for these injuries may be higher relative to other injuries mentioned in this division.
- (5) For more information on how to use the table of injuries, see section 92 of the regulation.

3 Interaction between this part and the assessment guides

- (1) The lump sum compensation payable for a vision or hearing injury mentioned in division 2 is the maximum lump sum compensation payable for the injury.
- (2) If a vision or hearing injury results in permanent impairment of vision or hearing and the injury is not mentioned in division 2, the degree of permanent impairment resulting from the injury must be assessed under the relevant assessment guide.
- (3) The degree of permanent impairment must be expressed as a degree of total vision or hearing loss—
 - (a) for each eye or ear; or
 - (b) if the injury is to both eyes or both ears—of both eyes or both ears.
- (4) In this section—

relevant assessment guide means—

 - (a) for a vision injury—the ophthalmologists guide; or
 - (b) for a hearing injury—the hearing loss tables.

4 Formula to be used for deciding lump sum compensation for permanent impairment

- (1) The following formula must be used to work out the amount of lump sum compensation payable for a vision or hearing injury—

$$\frac{\text{DPI} \times \text{LSC}}{100}$$

(2) However, for multiple injuries involving at least 1 of an injury to vision, hearing or a breast, the amount of lump sum compensation payable for the injuries is the sum of the amounts worked out for each injury under subsection (1).

(3) In this section—

DPI means—

(a) for hearing loss from industrial deafness—the assessed degree of permanent impairment resulting from the injury less 5%; and

Editor's note—

For more information about the 5% reduction, see section 125 (Entitlements for industrial deafness) of the Act.

(b) for another injury under this part—the assessed degree of permanent impairment resulting from the injury.

LSC means the lump sum compensation payable under this part for the injury.

Division 2 Special provision injuries

Column 1 Injury	Column 2 Maximum lump sum compensation	Column 3 Maximum WRI
	\$	%
Vision		
*Loss of vision in 1 eye (corrected vision) . . .	65 160	32.58
*Total loss of vision in 1 eye resulting from loss of an eyeball	73 300	36.65

Schedule 2

Column 1 Injury	Column 2 Maximum lump sum compensation \$	Column 3 Maximum WRI %
Total loss of vision of 1 eye with serious diminution of vision in the other eye (less than 10% vision remaining)	170 000	85
Hearing		
Loss of hearing in 1 ear	40 000	20
*Binaural hearing loss	81 460	40.73
Injury to breast		
*Structural loss of breast	60 000	30

Part 4 Other injuries

Division 1 Preliminary

1 Application of pt 4

- (1) This part deals with the following injuries (*system injuries*)—
- (a) injuries to the musculo-skeletal system;
 - (b) injuries to the nervous system;
 - (c) injuries to the respiratory system;
 - (d) injuries to the cardiovascular system;
 - (e) injuries to the alimentary system;
 - (f) injuries to the urinary or reproductive system;
 - (g) injuries to the skin.

-
- (2) The maximum lump sum compensation payable for an injury under this part is \$200000.
 - (3) To decide a worker's entitlement from injury, division 2 shows—
 - (a) the maximum degree of permanent impairment that may result from the injury; and
 - (b) the maximum lump sum compensation payable for the injury; and
 - (c) the maximum WRI.

2 How to use this part of the table

- (1) Division 2 lists particular system injuries.
- (2) Injuries are stated in column 1, the maximum degree of permanent impairment resulting from the injury is stated in column 2, the maximum lump sum compensation for the injury is stated in column 3, and the maximum WRI is stated in column 4.
- (3) The maximum degree of permanent impairment resulting from an injury is stated as a degree of permanent impairment of the whole person.
- (4) Some injuries mentioned in division 2 are marked with an asterisk (*).
- (5) These injuries may result in the same degree of permanent impairment as other injuries mentioned in the division, but, for historical reasons, give rise to different amounts of maximum lump sum compensation.
- (6) For more information on how to use the table of injuries, see sections 92 and 93 of the regulation.

3 Interaction between this part and AMA 4

- (1) The degree of permanent impairment resulting from a system injury is expressed in division 2 as a degree of permanent impairment of the whole person.

Schedule 2

- (2) Even though an injury is not precisely described under division 2, a similar injury often will be.
- (3) If the injury is more severe than a particular similar injury, but less severe than another similar injury, the degree of permanent impairment must always be more than the less severe injury, but not as much as the more severe injury.
- (4) If a system injury results in permanent impairment and the injury is not mentioned in division 2, the degree of permanent impairment must be assessed under AMA 4.
- (5) The processes that may be used under AMA 4 can not result in a system injury giving rise to a greater degree of permanent impairment from the injury than that specified under division 2.
- (6) The degree of permanent impairment resulting from the injury assessed under AMA 4 must be expressed as a degree of permanent impairment of the whole person.
- (7) The degree of permanent impairment so expressed is taken to be the degree of permanent impairment of the whole person for this part.
- (8) For section 92 of the regulation, the relevant provisions of AMA 4 are—
 - (a) for injuries to the cervicothoracic, thoracolumbar or lumbosacral spine—chapter 3; and
 - (b) for injuries to the pelvis—chapter 3; and
 - (c) for injuries to the brain and cranial nerves—chapters 4 and 9; and
 - (d) for spinal cord injuries—chapters 3 and 4; and
 - (e) for respiratory system injuries—chapter 5; and
 - (f) for cardiovascular system injuries—chapter 6; and
 - (g) for alimentary system injuries—chapter 10; and
 - (h) for urinary or reproductive system injuries—chapter 11; and
 - (i) for skin injuries—chapter 13.

4 **Formulas to be used for deciding lump sum compensation for permanent impairment**

- (1) The following formula must be used to work out the amount of lump sum compensation payable for single or multiple system injuries—

$$\frac{\mathbf{DPI} \times \mathbf{MLSC}}{\mathbf{100}}$$

- (2) However, for loss of smell, taste or speech, a cervical cord injury (with or without fracture) or complete paraplegia, the following formula must be used—

$$\frac{\mathbf{DPI} \times \mathbf{LSC}}{\mathbf{MDPI}}$$

- (3) Also, for multiple injuries involving at least 1 injury that is loss of smell, taste or speech, a cervical cord injury or paraplegia, the amount of lump sum compensation payable for the injuries is the sum of the amounts worked out for each injury under subsections (1) and (2).
- (4) In this section—

DPI means the degree of permanent impairment of the whole person assessed by a registered person as resulting from the injury or, for multiple injuries, the injuries.

LSC means the lump sum compensation payable for the maximum degree of permanent impairment for the injury set out in column 3 of the table of injuries.

MDPI means the maximum degree of permanent impairment resulting from the injury or another relevant injury set out in column 2 of the table of injuries.

MLSC means the maximum lump sum compensation specified in section 1(2).

Division 2 System injuries

Column 1 Injury	Column 2 Maximum degree of permanent impairment	Column 3 Maximum lump sum compensation	Column 4 Maximum WRI
		\$	%
Musculo-skeletal system			
Cervicothoracic spine			
Prolapsed intervertebral disc in cervical spine with referred pain, non-operated with resolution of subjective symptoms, and no loss of range of movements	10	20 000	10
Prolapsed intervertebral disc in cervical spine with referred pain, treated surgically by discectomy and fusion with resolution of referred pain. Persisting neck pain with moderate loss of range of movements	15	30 000	15
Thoracolumbar spine			
Major compression fracture of vertebral body(s) in thoracic spine, healed with subjective symptoms, but no physical signs	10	20 000	10

Column 1 Injury	Column 2 Maximum degree of permanent impairment	Column 3 Maximum lump sum compensation	Column 4 Maximum WRI
		\$	%
Lumbosacral spine			
Mild aggravation of pre-existing degenerative disease in lumbosacral spine with subjective symptoms, but no significant clinical findings other than degenerative changes on X-ray . .	0	0	0
Moderate to severe aggravation of pre-existing spondylolisthesis, treated surgically by discectomy or fusion with resolution of symptoms.	10	20 000	10
Major compression fracture of vertebral body(s) in lumbar region, healed with subjective symptoms, but no physical signs .	10	20 000	10
Prolapsed intervertebral disc in lumbosacral spine with referred pain, treated surgically by discectomy or fusion with resolution of referred pain, but persisting low back pain. Mild loss of range of movements	15	30 000	15
Prolapsed intervertebral disc in lumbosacral spine with referred pain, treated surgically by discectomy or fusion, but with persisting referred pain and low back pain. Moderate loss of range of movements.	25	50 000	25

Schedule 2

Column 1 Injury	Column 2 Maximum degree of permanent impairment	Column 3 Maximum lump sum compensation	Column 4 Maximum WRI
		\$	%
Pelvis			
Healed fracture of pelvis with displacement in any region (other than acetabulum, coccyx and sacrum) with subjective symptoms, but no significant signs	5	10 000	5
Fracture or dislocation of symphysis or sacro-iliac joint . . .	10	20 000	10
Nervous system			
Brain and cranial nerves			
Severe vertigo with subjective symptoms and signs and totally dependent.	70	140 000	70
*Loss of smell	3	24 440	12.22
*Loss of smell and taste.	6	40 720	20.36
*Loss of speech	35	114 040	57.02
Fracture of the mid third of the face with permanent nerve involvement	24	48 000	24
Spinal cord injuries			
*Cervical cord injury with or without fracture	75	180 000	90
Thoracic cord injury with or without fracture	60	120 000	60
*Complete paraplegia	75	180 000	90

Column 1 Injury	Column 2 Maximum degree of permanent impairment	Column 3 Maximum lump sum compensation	Column 4 Maximum WRI
		\$	%
Cardiovascular system			
Coronary artery disease			
A history of myocardial infarction, with no post infarction angina, on optimal medical treatment	15	30 000	15
Alimentary system			
Splenectomy	5	10 000	5
Subjective symptoms (e.g. local pain or dysaesthesia) following hernia repair(s), but no significant signs	0	0	0
Subjective symptoms and signs (e.g. pain or dysaesthesia, tenderness) following hernia repair(s)	2	4 000	2
Primary or recurrent hernia when surgery is an absolute contraindication	10	20 000	10
Viral hepatitis—			
• mild	25	50 000	25
• moderate	50	100 000	50
• severe	100	200 000	100
Urinary and reproductive systems			
Loss of both kidneys or only functioning kidney	100	200 000	100
Loss of fertility	15	30 000	15
Impotence	15	30 000	15

Schedule 2

Column 1 Injury	Column 2 Maximum degree of permanent impairment	Column 3 Maximum lump sum compensation	Column 4 Maximum WRI
		\$	%
Loss of sexual function (both impotence and infertility)	30	60 000	30
Loss of genital organs	50	100 000	50
Skin			
Chronic contact dermatitis. Signs and subjective symptoms persist intermittently on removal from exposure to the primary irritant. Intermittent treatment required . .	10	20 000	10
Chronic contact dermatitis. Signs and subjective symptoms persist almost continuously on removal from exposure to the primary irritant. Intermittent to constant treatment required	20	40 000	20
Solar induced skin disease that is malignant	25	50 000	25
Persistent neurodermatitis secondary to occupational contact irritant dermatitis. Signs and subjective symptoms persist continuously on removal from exposure to the primary irritant and are exacerbated by exposure to secondary irritants. Constant treatment required	30	60 000	30

Part 5 Prescribed disfigurement

Division 1 Preliminary

1 Application of pt 5

- (1) This part deals with prescribed disfigurement.
- (2) The maximum lump sum compensation payable for prescribed disfigurement is \$100000.
- (3) To decide a worker's entitlement from injury, division 2 shows—
 - (a) the maximum degree of permanent impairment that may result from the injury; and
 - (b) the maximum lump sum compensation payable for the injury; and
 - (c) the maximum WRI.

2 How to use this part of the table

- (1) Division 2 lists prescribed disfigurements.
- (2) Prescribed disfigurements resulting from injury are stated in column 1, the maximum percentage of permanent impairment resulting from the disfigurement is stated in column 2, the maximum lump sum compensation for the disfigurement is stated in column 3, and the maximum WRI is stated in column 4.

Editor's note—

The actual percentage of permanent impairment resulting from the prescribed disfigurement must be assessed having regard to the severity of the prescribed disfigurement—see section 128(3) (Entitlements of worker who sustains prescribed disfigurement) of the Act.

Division 2 Prescribed disfigurement

Column 1 Injury	Column 2 Maximum degree of permanent impairment	Column 3 Maximum lump sum compensation	Column 4 Maximum WRI
		\$	%
Prescribed disfigurement			
Mild almost invisible linear scarring following surgery or trauma in lines of election to any part(s) of the body with minimal discolouration, normal texture and elevation	0	0	0
Moderate linear scarring following surgery or trauma crossing lines of election to any part(s) of the body with minimal discolouration, normal texture and elevation	2	2 000	1
Moderate to severe linear scarring following surgery or trauma in or crossing lines of election to any part(s) of the body. Discoloured, indurated, atrophic or hypertrophic	10	10 000	5
Area scarring to any part(s) of the body following surgery or trauma. Atrophic or hypertrophic, markedly discoloured.	20	20 000	10
Depressed cheek, nasal or frontal bones following trauma	35	35 000	17.5
Loss, or severe deformity, of outer ear	40	40 000	20

Column 1 Injury	Column 2 Maximum degree of permanent impairment	Column 3 Maximum lump sum compensation	Column 4 Maximum WRI
		\$	%
Severe, bilateral gross facial deformity following burns or other trauma.	50	50 000	25
Loss of entire nose.	50	50 000	25
Gross scarring following burns to multiple body areas. Some areas healing spontaneously and some requiring grafting. Gross scarring at the burn and donor sites. Outcome resulting in fragile, dry, cracking skin at graft sites necessitating the need for wearing of special garments. Severe cases resulting in loss of sweat glands and lack of sweating leading to the necessity to be in a continuous air conditioned environment.	100	100 000	50

Part 6 Psychiatric or psychological injuries

1 Application of pt 6

- (1) This part deals with psychiatric or psychological injuries.
- (2) The maximum lump sum compensation payable for a psychiatric or psychological injury is \$200000.
- (3) However, most injuries will entitle an injured worker to a lesser amount.

2 Interaction between this part and AMA 4

- (1) Permanent impairment resulting from a psychiatric or psychological injury must be assessed under AMA 4.
- (2) Permanent impairment resulting from an injury must be expressed as a degree of permanent impairment of the whole person.
- (3) The degree of permanent impairment so expressed is taken to be the maximum degree of permanent impairment for this part.
- (4) For section 92 of the regulation, the relevant provision of AMA 4 is chapter 14.

3 Formula to be used for deciding lump sum compensation for permanent impairment

- (1) The following formula must be used to work out the amount of lump sum compensation payable for psychiatric or psychological injuries—

$$\frac{\mathbf{DPI} \times \mathbf{MLSC}}{\mathbf{100}}$$

- (2) In this section—

DPI means the degree of permanent impairment assessed by a registered person as resulting from the injury.

MLSC means the maximum lump sum compensation specified in section 1(2).

Schedule 2A **Graduated scale for additional compensation for workers with terminal latent onset injuries**

section 95A

1 **Graduated scale**

- (1) This schedule contains the graduated scale for additional compensation for a worker who has a terminal condition that is a latent onset injury.
- (2) The maximum amount of lump sum compensation payable under this schedule is \$200000.

2 **How to use this graduated scale**

- (1) The age of the worker when the worker lodges the worker's application for compensation is shown in column 1.
- (2) The worker's additional lump sum compensation entitlement is shown for the corresponding entry in column 2.

Graduated scale

Column 1 Worker's age	Column 2 Additional lump sum compensation
	\$
70 years or under	200 000
71 years	180 000
72 years	160 000
73 years	140 000
74 years	120 000
75 years	100 000
76 years	80 000

Schedule 2A

Column 1 Worker's age	Column 2 Additional lump sum compensation
	\$
77 years	60 000
78 years	40 000
79 years	20 000
80 years or over	nil

Schedule 3 **Graduated scale of additional compensation for certain workers**

section 96

1 **Graduated scale**

- (1) This schedule contains the graduated scale for additional compensation for a worker who sustains an injury that results in a WRI of 30% or more.
- (2) The maximum amount of lump sum compensation payable under this schedule is \$218400.

2 **How to use the graduated scale**

- (1) The WRI calculated under section 183 of the Act is shown in column 1.
- (2) A worker who sustains a WRI shown in column 1 is entitled to additional lump sum compensation in the amount shown for the corresponding entry in column 2.

Graduated scale

Column 1 WRI	Column 2 Additional lump sum compensation
%	\$
30	8 217
31	12 887
32	17 558
33	22 229
34	26 900
35	31 570
36	36 241

Schedule 3

Column 1 WRI	Column 2 Additional lump sum compensation
%	\$
37	40 912
38	45 583
39	50 253
40	54 924
41	59 595
42	64 266
43	68 936
44	73 607
45	78 278
46	82 948
47	87 619
48	92 290
49	96 961
50	101 631
51	106 302
52	110 973
53	115 644
54	120 314
55	124 985
56	129 656
57	134 327
58	138 997
59	143 668
60	148 339
61	153 010
62	157 680
63	162 351
64	167 022

Column 1 WRI	Column 2 Additional lump sum compensation
%	\$
65	171 693
66	176 363
67	181 034
68	185 705
69	190 376
70	195 046
71	199 717
72	204 388
73	209 059
74	213 729
75–100	218 400

Schedule 4 Graduated scale for additional compensation for gratuitous care

section 97

1 Graduated scale

- (1) This schedule contains the graduated scale for additional compensation for gratuitous care.
- (2) The maximum amount of lump sum compensation payable under this schedule is \$226555.

2 How to use this graduated scale

- (1) The WRI calculated under section 183 of the Act is shown in column 1.
- (2) The range of dependency assessed under the modified barthel index is shown in column 2.
- (3) In column 2—
 - moderate is a modified barthel index total score of 50–74
 - severe is a modified barthel index total score of 25–49
 - total is a modified barthel index total score of 0–24.
- (4) The worker's additional lump sum compensation entitlement is shown for the corresponding entry in column 3.

Graduated scale

Column 1 WRI	Column 2 Range of dependency (modified barthel index)	Column 3 Additional lump sum compensation
%		\$
15–39	moderate severe total	1 835 3 665 5 490
40–49	moderate severe total	3 415 6 950 10 360
50–59	moderate severe total	15 120 30 225 45 330
60–69	moderate severe total	37 785 67 985 90 640
70–79	moderate severe total	52 875 98 195 135 945
80–89	moderate severe total	60 425 122 130 181 250
90–94	moderate severe total	67 985 135 945 211 450
95–100	moderate severe total	75 525 151 070 226 555

Schedule 5 Graduated scale of care required for payment of caring allowance

section 99

1 Graduated scale

This schedule contains the graduated scale for the payment of caring allowance.

2 How to use this graduated scale

- (1) The range of dependency assessed under the modified barthel index is shown in column 1.
- (2) In column 1—
 - minimal is a modified barthel index total score of 91–99
 - mild is a modified barthel index total score of 75–90
 - moderate is a modified barthel index total score of 50–74
 - severe is a modified barthel index total score of 25–49
 - total is a modified barthel index total score of 0–24.
- (3) The maximum number of hours of care required in a week is shown for the corresponding entry in column 2.

Graduated scale

Column 1 Range of dependency (modified barthel index)	Column 2 Maximum hours of care required in a week
minimal	<10
mild	13.0
moderate	20.0
severe	23.5
total	27.0

Schedule 5A High risk industries

schedule 13, definition *high risk industry*

1 Categorisation of industries

- (1) Industries are categorised in this schedule using a system known as the Australian and New Zealand Industrial Classification (ANZSIC).
- (2) An industry stated in column 2 has the ANZSIC class stated in column 1.

Column 1
ANZSIC class

Column 2
Industry

Agriculture, forestry and fishing

- | | |
|----|---|
| 01 | agriculture |
| 02 | services to agriculture; hunting and trapping |
| 03 | forestry and logging |
| 04 | commercial fishing |

Mining

- | | |
|----|------------------------|
| 11 | coal mining |
| 12 | oil and gas extraction |
| 13 | metal ore mining |
| 14 | other mining |
| 15 | services to mining |

Manufacturing

- | | |
|----|--|
| 21 | food, beverage and tobacco manufacturing |
| 22 | textile, clothing, footwear and leather manufacturing |
| 23 | wood and paper product manufacturing |
| 24 | printing, publishing and recorded media |
| 25 | petroleum, coal, chemical and associated product manufacturing |

Column 1 ANZSIC class	Column 2 Industry
26	non-metallic mineral product manufacturing
27	metal product manufacturing
28	machinery and equipment manufacturing
29	other manufacturing
	Construction
41	general construction
42	construction trade services
	Transport and storage
61	road transport
62	rail transport
63	water transport
64	air and space transport
65	other transport
66	services to transport
67	storage
	Health and community services
86	health services
87	community services
	Personal and other services—public order and safety services
9631	police services
9632	corrective centres
9633	fire brigade services
9634	waste disposal services

Schedule 6 Legal professional costs

section 116

Column A Pre-proceeding notification and negotiation	Column B Compulsory conference	Column C Investigation by expert	Column D Pre-proceedings court applications
\$2 000	\$135 for the first hour or part of an hour \$105 for each additional hour or part of an hour	\$270	\$400

Schedule 7 Designated courts and provisions that are a State's legislation about damages for work related injury

sections 120A and 120B

Column 1	Column 2	Column 3
State	Designated court	Provisions that are that State's legislation about damages for work related injury
Australian Capital Territory	Magistrates Court	the provisions of the <i>Workers Compensation Act 1951 (ACT)</i>
New South Wales	District Court of New South Wales Workers Compensation Commission of New South Wales	the provisions of the <i>Workers Compensation Act 1987 (NSW)</i> and the <i>Workplace Injury Management and Workers Compensation Act 1998 (NSW)</i>
South Australia	Workers Compensation Tribunal	the provisions of the <i>Workers Rehabilitation and Compensation Act 1986 (SA)</i>
Tasmania	Workers Rehabilitation and Compensation Tribunal	the provisions of the <i>Workers Rehabilitation and Compensation Act 1988 (Tas)</i>
Victoria	County Court Magistrates' Court of Victoria	the provisions of the <i>Accident Compensation Act 1985 (Vic)</i> and the <i>Accident Compensation (WorkCover Insurance) Act 1993 (Vic)</i>
Western Australia	District Court of Western Australia	the provisions of the <i>Workers' Compensation and Injury Management Act 1981 (WA)</i>

Schedule 8 Matters to which court is to have regard in the application of schedule 9

section 112D(1)

Part 1 Objectives of schedule 9 (Ranges of injury scale values)

1 Objectives of sch 9

The objectives of schedule 9 include promoting—

- (a) consistency between assessments of general damages awarded by courts for similar injuries; and
- (b) similar assessments of general damages awarded by courts for different types of injury that have a similar level of adverse impact on an injured worker.

Notes—

- Under the Act, section 306O(1), if general damages are to be awarded by a court in relation to an injury sustained on or after 1 July 2010, the court must assess an injury scale value as follows—
 - the injured worker's total general damages must be assigned a numerical value (*injury scale value*) on a scale running from 0 to 100—the Act, section 306O(1)(a);
 - the scale reflects 100 equal graduations of general damages, from a case in which an injury is not severe enough to justify any award of general damages to a case in which an injury is of the gravest conceivable kind—the Act, section 306O(1)(b);
 - in assessing the injury scale value, the court must—
 - assess the injury scale value under any rules provided under a regulation; and
 - have regard to the injury scale values given to similar injuries in previous proceedings—the Act, section 306O(1)(c).
- Under the Act, section 306O(2), if a court assesses an injury scale value for a particular injury to be more or less than any injury scale

value prescribed for or attributed to similar particular injuries under the Act, section 306O(1)(c), the court must state the factors on which the assessment is based that justify the assessed injury scale value.

Part 2 How to use schedule 9

Division 1 Injury

2 Injury mentioned in sch 9

- (1) In assessing the injury scale value (*ISV*) for an injury mentioned in the injury column of schedule 9, a court must consider the range of injury scale values stated in schedule 9 for the injury.
- (2) The range of ISVs for the injury reflects the level of adverse impact of the injury on the injured worker.

3 Multiple injuries

- (1) Subject to section 9, in assessing the ISV for multiple injuries, a court must consider the range of ISVs for the dominant injury of the multiple injuries.
- (2) To reflect the level of adverse impact of multiple injuries on an injured worker, the court may assess the ISV for the multiple injuries as being higher in the range of ISVs for the dominant injury of the multiple injuries than the ISV the court would assess for the dominant injury only.

Note—

This section acknowledges that—

- the effects of multiple injuries commonly overlap, with each injury contributing to the overall level of adverse impact on the injured worker; and

- if each of the multiple injuries were assigned an individual ISV and these ISVs were added together, the total ISV would generally be too high.

4 Multiple injuries and maximum dominant ISV inadequate

- (1) This section applies if a court considers the level of adverse impact of multiple injuries on an injured worker is so severe that the maximum dominant ISV is inadequate to reflect the level of impact.
- (2) To reflect the level of impact, the court may make an assessment of the ISV for the multiple injuries that is higher than the maximum dominant ISV.
- (3) However, the ISV for the multiple injuries—
 - (a) must not be more than 100; and

Note—

Under the Act, section 306O(1)(a), an ISV is assessed on a scale running from 0 to 100.

- (b) should rarely be more than 25% higher than the maximum dominant ISV.
- (4) If the increase is more than 25% of the maximum dominant ISV, the court must give detailed written reasons for the increase.
 - (5) In this section—

maximum dominant ISV, in relation to multiple injuries, means the maximum ISV in the range for the dominant injury of the multiple injuries.

5 Adverse psychological reaction

- (1) This section applies if a court is assessing an ISV where an injured worker has an adverse psychological reaction to a physical injury.
- (2) The court must treat the adverse psychological reaction merely as a feature of the injury.

6 Mental disorder

- (1) This section applies if—
 - (a) a court is assessing an ISV; and
 - (b) a PIRS rating for a mental disorder of an injured worker is relevant under schedule 9.
- (2) The PIRS rating for the mental disorder of the injured worker is the PIRS rating accepted by the court.
- (3) A PIRS rating is capable of being accepted by the court only if it is—
 - (a) assessed by a medical expert as required under schedules 10 and 11; and
 - (b) provided to the court in a PIRS report as required under schedule 10, section 12.

7 Aggravation of pre-existing condition

- (1) This section applies if an injured worker has a pre-existing condition that is aggravated by an injury for which a court is assessing an ISV.
- (2) In considering the impact of the aggravation of the pre-existing condition, the court may have regard only to the extent to which the pre-existing condition has been made worse by the injury.

Division 2 Other matters**8 Court must have regard to particular provisions of sch 9**

- (1) In addition to providing ranges of ISVs for particular injuries, schedule 9 sets out provisions relevant to using schedule 9 to assess an ISV for particular injuries.

Examples of relevant provisions—

- examples of the injury
- examples of factors affecting ISV assessment

- comments about appropriate level of ISV
- (2) In assessing an ISV, a court must have regard to those provisions to the extent they are relevant in a particular case.
 - (3) The fact that schedule 9 provides examples of factors affecting an ISV assessment is not intended to discourage a court from having regard to other factors it considers are relevant in a particular case.

9 Court may have regard to other matters

In assessing an ISV, a court may have regard to other matters to the extent they are relevant in a particular case.

Examples of other matters—

- the injured worker's age, degree of insight, life expectancy, pain, suffering and loss of amenities of life
- the effects of a pre-existing condition of the injured worker
- difficulties in life likely to have emerged for the injured worker whether or not the injury happened
- in assessing an ISV for multiple injuries, the range for, and other provisions of schedule 9 in relation to, an injury other than the dominant injury of the multiple injuries

10 Whole person impairment

The extent of whole person impairment is an important consideration, but not the only consideration affecting the assessment of an ISV.

11 Medical report stating whole person impairment percentage

If a medical report states a whole person impairment percentage, it must state how the percentage is calculated, including—

- (a) the clinical findings; and
- (b) how the impairment is calculated; and

-
- (c) if the percentage is based on criteria provided under AMA 5—
- (i) the provisions of AMA 5 setting out the criteria; and
 - (ii) if a range of percentages is available under AMA 5 for an injury of the type being assessed—the reason for assessing the injury at the selected point in the range.

Notes—

- 1 It is not a function of a doctor to identify—
 - (a) the item in schedule 9 to which an injury belongs; or
 - (b) the appropriate ISV for an injury.
- 2 A medical report tendered in evidence in a proceeding for a claim for personal injury damages must comply with the *Uniform Civil Procedure Rules 1999*, chapter 11, part 5.

12 Greater weight to assessments based on AMA 5

- (1) This section does not apply to a medical assessment of scarring or of a mental disorder.
- (2) In assessing an ISV, a court must give greater weight to a medical assessment of a whole person impairment percentage based on the criteria for the assessment of whole person impairment provided under AMA 5 than to a medical assessment of a whole person impairment percentage not based on the criteria.

13 Greater weight to assessments of PIRS rating

In assessing an ISV, a court must give greater weight to a PIRS report provided as required under schedule 10 than to another medical assessment of the permanent impairment caused by a mental disorder.

14 ISV must be a whole number

An ISV assessed by a court must be a whole number.

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Note—

Under the Act, section 306O(1)(a), an ISV is assessed on a scale running from 0 to 100.

Schedule 9 Ranges of injury scale values

section 112D(1)

Item no.	Injury	Other provisions	Range of injury scale values (ISVs)
Part 1		Central nervous system and head injuries	
1	Quadriplegia	<p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • Presence and extent of pain • Extent of any residual movement • Degree of insight • Adverse psychological reaction • Level of function and pre-existing function • Degree of independence • Ability to participate in daily activities, including employment • Presence and extent of secondary medical complications 	75 to 100

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	<p>Comment about appropriate level of ISV</p> <p>An ISV at or near the top of the range will be appropriate only if the injured worker has assisted ventilation, full insight, extreme physical limitation and gross impairment of ability to communicate.</p>	
2 Paraplegia	<p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • Presence and extent of pain • Extent of any residual movement • Adverse psychological reaction • Level of function and pre-existing function • Degree of independence • Ability to participate in daily activities, including employment • Loss of reproductive or sexual function • Bowel or bladder incontinence • Presence and extent of secondary medical complications 	60 to 80

<p>3 Hemiplegia or severe paralysis of more than 1 limb</p>	<p>Comment for item 3</p> <p>Incomplete paralysis causing whole person impairment of less than 40% must be assessed under part 6 if it is the only injury or the dominant injury of multiple injuries.</p> <p>Examples of factors affecting ISV assessment for item 3</p> <p>The same examples apply as for item 2.</p>	
<p>4 Monoplegia</p>	<p>Comment</p> <p>See items 5, 6 and 7 and part 6.</p>	
<p>5 Extreme brain injury</p>	<p>Comment</p> <p>The injury will involve major trauma to the brain with severe permanent impairment.</p>	
<p>5.1</p>	<p><i>Substantial insight remaining</i></p> <p>Comment about appropriate level of ISV for item 5.1</p> <ul style="list-style-type: none"> An ISV at or near the top of the range will be appropriate only if the injured worker needs full-time nursing care and has the following— 	<p>71 to 100</p>

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	<ul style="list-style-type: none"> • substantial insight despite gross disturbance of brain function • significant physical limitation and destruction of pre-existing lifestyle • epileptic seizures • double incontinence • little or no language function • little or no meaningful response to environment. <ul style="list-style-type: none"> • An injured worker with an injury for which an ISV at or near the top of the range is appropriate may have some ability to follow basic commands, recovery of eye opening, return of postural reflex movement and return to pre-existing sleep patterns. <p>Examples of factors affecting ISV assessment for item 5.1</p> <ul style="list-style-type: none"> • Degree of insight • Life expectancy • Extent of bodily impairment 	
<p>5.2</p>	<p><i>Substantially reduced insight</i></p> <p>Comment for items 5.2.1 and 5.2.2</p> <ul style="list-style-type: none"> • The injured worker will have major trauma to the brain with severe permanent impairment. 	

	<ul style="list-style-type: none"> • The injured worker's insight of his or her condition may change. • Insight may be impaired in the degree, or continuity of, appreciation of the injured worker's condition. <p>Examples of factors affecting ISV assessment for items 5.2.1 and 5.2.2</p> <p>The same examples apply as for an item 5.1 injury, but reducing levels of insight progressively reduce the level of suffering and the appropriate level of ISV.</p>	
5.2.1	<i>The injured worker will have partial or complete insight (as evidenced by appropriate responses to physical or emotional stimuli) for not more than half of the person's waking hours.</i>	36 to 70
5.2.2	<i>The injured worker will have infrequent periods of partial insight and will show unreliable, rare or limited responses to physical or emotional stimuli.</i>	16 to 35
5.3	<p>Grossly reduced insight</p> <p>Comment for item 5.3</p> <p>The injured worker will be in a persistent vegetative state and have little or no insight.</p>	10 to 15

	<p>Comment about appropriate level of ISV for item 5.3</p> <p>If some minor awareness of loss remains, an ISV at or near the top of the range may be appropriate.</p>	
<p>6 Serious brain injury</p>	<p>Comment</p> <p>The injured worker will be very seriously disabled.</p> <p>Example of the injury</p> <p>Serious brain damage causing—</p> <p>(a) physical impairment, for example, limb paralysis; or</p> <p>(b) cognitive impairment with marked impairment of intellect and personality</p> <p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • Degree of insight • Life expectancy • Extent of physical limitations • Extent of cognitive limitations • Extent of sensory limitation, for example, limitation of hearing or sense of taste or smell • Level of function and pre-existing function • Degree of independence • Ability to communicate 	<p>56 to 70</p>

	<ul style="list-style-type: none"> • Behavioural or psychological changes • Epilepsy or a high risk of epilepsy • Presence of and extent of secondary medical complications <p>Comment about appropriate level of ISV</p> <p>An ISV at or near the top of the range will be appropriate only if the injured worker substantially depends on others and needs substantial professional and other care.</p>	
<p>7</p> <p>Moderate brain injury</p>	<p>Comment</p> <p>The injured worker will be seriously disabled, but the degree of the injured worker's dependence on others, although still present, is lower than for an item 6 injury.</p> <p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • Degree of insight • Life expectancy • Extent of physical limitations • Extent of cognitive limitations • Extent of sensory limitation, for example, limitation of hearing or sense of taste or smell 	<p>21 to 55</p>

	<ul style="list-style-type: none"> • Level of function and pre-existing function • Degree of independence • Ability to communicate • Behavioural or psychological changes • Epilepsy or a high risk of epilepsy • Presence of, and extent of, secondary medical complications <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV of 21 to 25 will be appropriate if there is reduced concentration and memory, or reduced mood control, and either or both— <ul style="list-style-type: none"> • reduced capacity for employment • a noticeable interference with lifestyle and leisure. • An ISV of 26 to 40 will be appropriate if there is an increased risk of epilepsy and either or both— <ul style="list-style-type: none"> • a moderate cognitive impairment • loss of, or greatly reduced capacity for, employment. 	
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	<ul style="list-style-type: none"> • An ISV of 41 to 55 will be appropriate if there is no capacity for employment, and 1 or more of the following— <ul style="list-style-type: none"> • moderate to severe cognitive impairment • marked personality change • dramatic effect on speech, sight or other senses • epilepsy or a high risk of epilepsy. 	
<p>8 Minor brain injury</p>	<p>Comment</p> <p>The injured worker will make a good recovery and be able to take part in normal social life and to return to work. There may be minor problems persisting that prevent a restoration of normal function.</p> <p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • Severity of any physical injury causing the brain damage, having regard to— <ul style="list-style-type: none"> (a) any medical assessment made immediately after the injury was caused, for example, CT or MRI scans, an ambulance officer's assessment or hospital emergency unit assessment; and 	<p>6 to 20</p>

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	<p>(b) any post-traumatic amnesia.</p> <ul style="list-style-type: none"> • Extent of any ongoing, and possibly permanent, disability • Extent of any personality change • Depression • Degree of insight • Life expectancy • Extent of physical limitations • Extent of cognitive limitations • Extent of sensory limitation, for example, limitation of hearing or sense of taste or smell • Level of function and pre-existing function • Degree of independence • Ability to communicate • Behavioural or psychological changes • Epilepsy or a high risk of epilepsy • Presence of, and extent of, secondary medical complications <p>Comment about appropriate level of ISV</p> <p>An ISV at or near the top of the range will be appropriate if the injured worker has—</p>	
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	<ul style="list-style-type: none"> • an increased risk of epilepsy; and • ongoing reduced concentration and memory, or reduced mood control, that does not significantly interfere with the person's ability to take part in normal social life or return to work. 	
<p>9 Minor head injury, other than an injury mentioned in part 3</p>	<p>Comment</p> <p>Brain damage, if any, is minimal.</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • Uncomplicated skull fracture • Concussion with transitory loss of consciousness and no residual effects <p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • Severity of any physical injury causing brain damage • Length of time to recover from any symptoms • Extent of ongoing symptoms • Presence, or absence of, headaches 	<p>0 to 5</p>

	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate for an injury from which the injured worker fully recovers within a few weeks. • An ISV at or near the top of the range will be appropriate if there is an uncomplicated skull fracture and there are associated concussive symptoms of dizziness, headache and memory loss persisting for less than 6 months. 	
<p>Part 2 Mental disorders</p>		
	<p>General comment for items 10 to 13</p> <p>This part includes references to ratings on the psychiatric impairment rating scale set out in schedule 11 (<i>PIRS ratings</i>). A PIRS rating is capable of being accepted by a court only if it is assessed by a medical expert as required under schedules 10 and 11 and provided to the court in a PIRS report.</p> <p>Examples of factors affecting ISV assessment for items 10 to 13</p> <ul style="list-style-type: none"> • PIRS rating • Degree of insight • Age and life expectancy • Pain and suffering • Loss of amenities of life 	

	<ul style="list-style-type: none"> • Likelihood difficulties would have emerged in any event • If there is extreme psychological trauma, for example, intense helplessness or horror, the immediate adverse psychological reaction 	
10	Extreme mental disorder	41 to 65
	<p>Example of the injury</p> <p>A mental disorder with a PIRS rating between 31% and 100%</p> <p>Comment about appropriate level of ISV</p> <p>Despite a very high PIRS rating, an ISV at or near the bottom of the range may be appropriate if the injured worker has reduced insight.</p>	
11	Serious mental disorder	11 to 40
	<p>Example of the injury</p> <p>A mental disorder with a PIRS rating between 11% and 30%</p>	
12	Moderate mental disorder	2 to 10
	<p>Comment</p> <p>There is generally only moderate impairment.</p>	

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	Example of the injury A mental disorder with a PIRS rating between 4% and 10%	
13 Minor mental disorder	Comment For many persons who have suffered the injury there will be little or no impact on their lives. Example of the injury A mental disorder with a PIRS rating between 0% and 3%	0 to 1
Part 3 Facial injuries		
Division 1 Skeletal injuries of the facial area		
	Examples of factors affecting ISV assessment for items 14 to 22 <ul style="list-style-type: none"> • Extent of skeletal or functional damage • Degree of cosmetic damage or disfigurement • Adverse psychological reaction • Availability of cosmetic repair 	
14 Extreme facial injury	Comment The injury will involve severe traumatic injury to the face requiring substantial reconstructive surgery.	26 to 45

	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A Le Fort I fracture or Le Fort II fracture if the degree of incapacity and disfigurement after reconstructive surgery will be very severe • A Le Fort III fracture causing incapacity in daily activities <p>Additional example of factor affecting ISV assessment</p> <p>The extent of any neurological impairment or effect on the airway</p> <p><i>Note—</i></p> <p>Le Fort I fracture, Le Fort II fracture and Le Fort III fracture are defined in schedule 13 (Dictionary).</p>	
<p>15 Serious facial injury</p>	<p>Comment</p> <p>The injury will involve serious traumatic injury to the face requiring reconstructive surgery that is not substantial.</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • A Le Fort I fracture or Le Fort II fracture if the degree of incapacity and disfigurement after reconstructive surgery will not be very severe • A Le Fort III fracture if no serious deformity will remain after reconstructive surgery 	<p>14 to 25</p>

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	<ul style="list-style-type: none"> • A serious or multiple fracture of the nasal complex either or both— <ul style="list-style-type: none"> (a) requiring more than 1 operation; and (b) causing 1 or more of the following— <ul style="list-style-type: none"> • permanent damage to the airway • permanent damage to nerves or tear ducts • facial deformity. • A serious cheekbone fracture that will require surgery and cause serious disfigurement and permanent effects despite reconstructive surgery, for example, hyperaesthesia or paraesthesia • A very serious multiple jaw fracture that will— <ul style="list-style-type: none"> (a) require prolonged treatment; and (b) despite reconstructive surgery, cause permanent effects, for example, severe pain, restriction in eating, paraesthesia or a risk of arthritis in the joints. • A severed trunk of the facial nerve (7th cranial nerve), causing total paralysis of facial muscles on 1 side of the face 	
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	<p>Additional examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • Any neurological impairment or effect on the airway • Permanent cosmetic deformity <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if the injury causes permanent cosmetic deformity, asymmetry of 1 side of the face and limited adverse psychological reaction. • An ISV at or near the top of the range will be appropriate if the injury causes serious bilateral deformity and significant adverse psychological reaction. 	
<p>16 Moderate facial injury</p>	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A simple cheekbone fracture, requiring minor reconstructive surgery, from which the injured worker will fully recover with little or no cosmetic damage • A fracture of the jaw causing— <ul style="list-style-type: none"> (a) permanent effects, for example, difficulty in opening the mouth or in eating; or (b) hyperaesthesia or paraesthesia in the area of the fracture. 	<p>6 to 13</p>

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	<ul style="list-style-type: none"> • A displaced fracture of the nasal complex from which the injured worker will almost fully recover after surgery • Severed branches of the facial nerve (7th cranial nerve) with paralysis of some of the facial muscles • A severed sensory nerve of the face with minor permanent paraesthesia 	
<p>17 Minor facial injury</p>	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A simple cheekbone fracture, for which surgery is not required and from which the injured worker will recover fully • A simple jaw fracture, requiring immobilisation and from which the injured worker will fully recover • A stable fracture of the joint process of the jaw • A displaced fracture of the nasal complex requiring only manipulation • A simple undisplaced fracture of the nasal complex, from which the injured worker will fully recover • A severed sensory nerve of the face, with good repair causing minimal or no paraesthesia 	<p>0 to 5</p>

<p>18 Injury to teeth or gums</p>	<p>Comment</p> <p>There will generally have been a course of treatment as a result of the injury.</p> <p>Additional examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • Extent and degree of discomfort during treatment • Difficulty with eating <p>Comment about appropriate level of ISV</p> <p>If protracted dentistry causes the injury, the ISV may be higher than the ISV for the same injury caused by something else.</p>	
<p>18.1</p>	<p><i>Loss of or serious damage to more than 3 teeth, serious gum injury or serious gum infection</i></p>	<p>6 to 10</p>
<p>18.2</p>	<p><i>Loss of or serious damage to 2 or 3 teeth, moderate gum injury or moderate gum infection</i></p>	<p>3 to 5</p>
<p>18.3</p>	<p><i>Loss of or serious damage to 1 tooth, minor gum injury or minor gum infection</i></p>	<p>0 to 2</p>
<p>Division 2 Scarring to the face</p>		
	<p>General comment for items 19 to 22</p> <p>This division will usually apply to an injury involving skeletal damage only if the skeletal damage is minor.</p>	

<p>19 Extreme facial scarring</p>	<p>Examples of the injury</p> <ul style="list-style-type: none"> • Widespread area scarring, for example, over the side of the face or another whole area • Severe contour deformity • Significant deformity of the mouth or eyelids with muscle paralysis or tic <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV in the upper half of the range may be appropriate if the injured worker is relatively young, the cosmetic damage is very disfiguring and the adverse psychological reaction is severe. • An ISV at or near the top of the range will be appropriate if the injury is caused by burns that resulted in loss of the entire nose, eyelids or ears. 	<p>21 to 45</p>
<p>20 Serious facial scarring</p>	<p>Examples of the injury</p> <ul style="list-style-type: none"> • Substantial disfigurement and significant adverse psychological reaction • Severe linear scarring • Discoloured hypertrophic (keloid) scarring 	<p>11 to 20</p>

	<ul style="list-style-type: none"> • Atrophic scarring • Serious contour defects 	
21	<p>Moderate facial scarring</p> <p>Comment</p> <p>Any adverse psychological reaction is small, or having been considerable at the outset, has greatly diminished.</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • Scarring, the worst effects of which will be reduced by plastic surgery that will leave minor cosmetic damage • Scars crossing lines of election with discoloured, indurated, hypertrophic or atrophic scarring, of moderate severity 	6 to 10
22	<p>Minor facial scarring</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • A single scar able to be camouflaged • More than 1 very small scar if the overall effect of the scars is to mar, but not markedly to affect, appearance and adverse psychological reaction is minor • Almost invisible linear scarring, in lines of election, with normal texture and elevation 	0 to 5

Part 4		Injuries affecting the senses	
Division 1		General comment	
		<p>General comment for items 23 to 33</p> <p>Injuries mentioned in this part are commonly symptoms of brain or nervous system injury.</p>	
Division 2		Injuries affecting the eyes	
23	Total sight and hearing impairment	<p>Comment</p> <p>The injury ranks with the most devastating injuries.</p> <p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • Degree of insight • Age and life expectancy 	90 to 100
24	Total sight impairment	<p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • Degree of insight • Age and life expectancy 	50 to 80

<p>25 Complete sight impairment in 1 eye with reduced vision in the other eye</p>	<p>Comment about appropriate level of ISV</p> <p>An ISV at or near the top of the range will be appropriate if there is serious risk of further significant deterioration in the remaining eye.</p>	<p>25 to 50</p>
<p>26 Complete sight impairment in 1 eye or total loss of 1 eye</p>	<p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • The extent to which the injured worker's activities are adversely affected by the impairment or loss • Associated scarring or cosmetic damage <p>Comment about appropriate level of ISV</p> <p>An ISV at or near the top of the range will be appropriate if there is a minor risk of sympathetic ophthalmia.</p>	<p>26 to 30</p>

<p>27 Serious eye injury</p>	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A serious but incomplete loss of vision in 1 eye without significant risk of loss or reduction of vision in the other eye • An injury causing double vision that is not minor and intermittent 	<p>11 to 25</p>
<p>28 Moderate eye injury</p>	<p>Example of the injury</p> <p>Minor but permanent impairment of vision in one eye, including if there is double vision that is minor and intermittent</p>	<p>6 to 10</p>
<p>29 Minor eye injury</p>	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A minor injury, for example, from being struck in the eye, exposed to smoke or other fumes or being splashed by liquids— <ul style="list-style-type: none"> (a) causing initial pain and temporary interference with vision; and (b) from which the injured worker will fully recover within a relatively short time 	<p>0 to 5</p>

Division 3		Injuries affecting the ears	
		<p>Comment for items 30 to 33</p> <p>The injuries commonly, but not always, involve hearing loss. If the injury is to a single ear, the binaural loss must be assessed.</p> <p>Examples of factors affecting ISV assessment for item 30 to 33 injuries</p> <ul style="list-style-type: none"> • Whether the injury has an immediate effect, allowing the injured worker no opportunity to adapt, or whether it occurred over a period of time, for example, from exposure to noise • Whether the injury was suffered at an early age so that it has affected or will affect speech • Whether the injury will affect balance • The extent to which former activities will be affected • Presence of tinnitus 	
30	Extreme ear injury	<p>Definition of injury</p> <p>The injury involves a binaural hearing loss of at least 80%.</p>	36 to 55

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	<p>Additional examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • Associated problems, for example, severe tinnitus, moderate vertigo, a moderate vestibular disturbance or headaches • Availability of hearing aids or other devices that may reduce the hearing loss <p>Comment about appropriate level of ISV</p> <p>An ISV at or near the top of the range will be appropriate if the injury happened at an early age so as to prevent or to seriously affect the development of normal speech.</p>	
<p>31 Serious ear injury</p>	<p>Definition of injury</p> <p>The injury involves—</p> <ul style="list-style-type: none"> (a) a binaural hearing loss of at least 50% but less than 80%; or (b) severe permanent vestibular disturbance. <p>Comment about appropriate level of ISV</p> <p>An ISV in the lower half of the range will be appropriate if there is no speech impairment or tinnitus.</p> <p>An ISV in the upper half of the range will be appropriate if there is speech impairment and tinnitus.</p>	<p>26 to 35</p>

<p>32 Moderate ear injury</p>	<p>Definition of injury</p> <p>The injury involves—</p> <p>(a) a binaural hearing loss of at least 20% but less than 50%; or</p> <p>(b) significant permanent vestibular disturbance.</p> <p>Comment about appropriate level of ISV</p> <p>An ISV at or near the top of the range will be appropriate if there are problems associated with the injury, for example, severe tinnitus, moderate vertigo, a moderate vestibular disturbance or headaches.</p>	<p>11 to 25</p>
<p>33 Minor ear injury</p>	<p>Definition of injury</p> <p>The injury involves a binaural hearing loss of less than 20%.</p> <p>Comment</p> <ul style="list-style-type: none"> • This item covers the bulk of hearing impairment cases. • The injury is not to be judged simply by the degree of hearing loss. • There will often be a degree of tinnitus present. 	

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	<ul style="list-style-type: none"> • There may also be minor vertigo or a minor vestibular disturbance causing loss of balance. • A vestibular disturbance may increase the level of ISV. 	
33.1	<i>Moderate tinnitus or hearing loss, or both</i>	6 to 10
33.2	<i>Mild tinnitus with some hearing loss</i>	4 to 5
33.3	<i>Slight or occasional tinnitus with slight hearing loss or an occasional vestibular disturbance, or both</i>	0 to 3
Division 4 Impairment of taste or smell		
34 Total loss of taste or smell, or both	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there will be a total loss of either taste or smell. • An ISV at or near the top of the range will be appropriate if there will be a total loss of both taste and smell. 	6 to 9

35 Partial loss of smell or taste, or both	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there will be a partial loss of either taste or smell. • An ISV at or near the top of the range will be appropriate if there will be a partial loss of both taste and smell. 	0 to 5
Part 5 Injuries to internal organs		
Division 1 Chest injuries		
	<p>Example of factor affecting ISV assessment for items 36 to 39</p> <p>The level of any reduction in the capacity for employment and enjoyment of life</p>	
36 Extreme chest injury	<p>Comment</p> <p>The injury will involve severe traumatic injury to the chest, or a large majority of the organs in the chest cavity, causing a high level of disability and ongoing medical problems.</p>	46 to 65

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	<p>Comment about appropriate level of ISV</p> <p>An ISV at or near the top of the range will be appropriate if there will be total removal of 1 lung or serious heart damage, or both, with serious and prolonged pain and suffering and significant permanent scarring.</p>	
<p>37 Serious chest injury</p>	<p>Comment</p> <p>The injury will involve serious traumatic injury to the chest or organs in the chest cavity, causing serious disability and ongoing medical problems.</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • A trauma to 1 or more of the following, causing permanent damage, physical disability and impairment of function— <ul style="list-style-type: none"> • the chest • the heart • 1 or both of the lungs • the diaphragm. • An injury that causes the need for oxygen therapy for about 16 to 18 hours a day <p>Example of factors affecting ISV assessment</p> <p>The need for a permanent tracheostomy</p>	<p>21 to 45</p>

	<p>Comment about appropriate level of ISV</p> <p>An ISV at or near the top of the range will be appropriate if, after recovery, there are both of the following—</p> <p>(a) serious impairment to cardio-pulmonary function;</p> <p>(b) whole person impairment for the injury of, or of nearly, 40%.</p>	
<p>38 Moderate chest injury</p>	<p>Example of the injury</p> <p>The injury will involve serious traumatic injury to the chest or organs in the chest cavity, causing moderate disability and ongoing medical problems</p> <p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • Duration and intensity of pain and suffering • The degree of permanent impairment of lung or cardiac function, as evidenced by objective test results • The need for a temporary tracheostomy for short-term airway management 	<p>11 to 20</p>

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	<p>Comment about appropriate level of ISV</p> <p>An ISV at or near the bottom of the range will be appropriate if there will be the loss of a breast without significant adverse psychological reaction.</p> <p>An ISV in the lower half of the range will be appropriate if there was a pneumothorax, or haemothorax, requiring intercostal catheter insertion.</p> <p>An ISV at or near the top of the range will be appropriate if there are multiple rib fractures causing—</p> <p>(a) a flail segment (flail chest) requiring mechanical ventilation in the acute stage; and</p> <p>(b) moderate permanent impairment of cardio-pulmonary function.</p>	
<p>39 Minor chest injury</p>	<p>Examples of factors affecting ISV assessment for items 39.1 and 39.2</p> <ul style="list-style-type: none"> • complexity of any fractures • extent of injury to underlying organs • extent of any disability • duration and intensity of pain and suffering 	

39.1	<p><i>Complicated or significant fracture, or internal organ injury, that substantially resolves</i></p> <p>Comment</p> <p>The injury will involve significant or complicated fractures, or internal injuries, that cause some tissue damage but no significant long-term effect on organ function.</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • Multiple fractures of the ribs or sternum, or both, that may cause cardio-pulmonary contusion • Internal injuries that cause some tissue damage but no significant long-term effect on organ function <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is a fractured sternum that substantially resolves, and there is some ongoing pain and activity restriction. • An ISV at or near the top of the range will be appropriate if the injury causes significant persisting pain and significant activity restriction. 	5 to 10
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<p>39.2</p>	<p><i>Soft tissue injury, minor fracture or minor internal organ injury</i></p> <p>Comment</p> <ul style="list-style-type: none"> • The injury will involve a soft tissue injury, minor fracture, or minor and non-permanent injury to internal organs. • There may be persistent pain from the chest, for example, from the chest wall or sternocostal or costochondral joints. <p>Examples of the injury</p> <ul style="list-style-type: none"> • A single penetrating wound, causing some tissue damage but no long-term effect on lung function • An injury to the lungs caused by the inhalation of toxic fumes or smoke that will not permanently interfere with lung function • A soft tissue injury to the chest wall, for example, a laceration or serious seatbelt bruising • Fractured ribs or a minor fracture of the sternum causing serious pain and disability for weeks, without internal organ damage or permanent disability 	<p>0 to 4</p>
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	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is a soft tissue injury from which the injured worker will fully recover. • An ISV at or near the top of the range will be appropriate if there is an injury causing a small pneumothorax that does not require intercostal catheter insertion, and from which the injured worker will fully recover. 	
Division 2	Lung injury other than asthma	
	<p>General comment for items 40 to 43</p> <p>The level of an ISV for lung disease often reflects the fact that the disease is worsening and there is a risk of the development of secondary medical consequences.</p> <p>Examples of factors affecting ISV assessment for items 40 to 43</p> <ul style="list-style-type: none"> • A history of smoking tobacco will reduce the level of ISV • Adverse psychological reaction may increase the level of ISV 	
40	<p>Extreme lung injury</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • Diagnosed lung cancer 	46 to 65

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	<ul style="list-style-type: none"> • Lung disease involving serious disability causing severe pain and dramatic impairment of function and quality of life • A recurrent pulmonary embolism resulting in failure of the right side of the heart requiring a lung transplant, heart transplant or both <p>Additional examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • Age • Likelihood of progressive worsening • Duration and intensity of pain and suffering 	
<p>41 Serious lung injury</p>		
<p>41.1</p>	<p><i> Serious lung injury if progressive worsening of lung function</i></p> <p>Example of item 41.1</p> <p>Lung disease, for example, emphysema, causing—</p> <ul style="list-style-type: none"> • significantly reduced and worsening lung function • prolonged and frequent coughing • disturbance of sleep • restriction of physical activity, employment and enjoyment of life. 	<p>25 to 45</p>

	<p>Additional examples of factors affecting ISV assessment for item 41.1</p> <ul style="list-style-type: none"> • The possibility of lung cancer developing may increase the level of ISV • The need for continuous oxygen therapy 	
41.2	<p><i>Serious lung injury if no progressive worsening of lung function</i></p> <p>Examples of item 41.2</p> <ul style="list-style-type: none"> • Lung disease causing breathing difficulties, short of disabling breathlessness, requiring frequent use of an inhaler • Lung disease causing a significant effect on employment and social life, including inability to tolerate a smoky environment, with an uncertain prognosis • A recurrent pulmonary embolism causing pulmonary hypertension and cor pulmonale 	11 to 24
42 Moderate lung injury	<p>Examples of the injury</p> <ul style="list-style-type: none"> • Bronchitis that does not cause serious symptoms, with little or no serious or permanent effect on employment or social life 	6 to 10

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	<ul style="list-style-type: none"> • A pulmonary embolism requiring anticoagulant therapy for at least 1 year or pulmonary endarterectomy 	
43	<p>Minor lung injury</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • Lung disease causing slight breathlessness, with— <ul style="list-style-type: none"> (a) no effect on employment; and (b) the likelihood of substantial and permanent recovery within a few years after the injury is caused • A pulmonary embolism requiring anticoagulant therapy for less than 1 year <p>Comment about appropriate level of ISV</p> <p>An ISV at or near the bottom of the range will be appropriate if there is lung disease causing temporary aggravation of bronchitis, or other chest problems, that will resolve within a few months.</p>	0 to 5
Division 3		
Asthma		
44	<p>Extreme asthma</p> <p>Comment</p> <p>The most serious cases may confine a person to the home and destroy capacity for employment.</p>	31 to 55

	<p>Example of the injury</p> <p>Severe and permanent disabling asthma causing—</p> <ul style="list-style-type: none"> • prolonged and frequent coughing • disturbance of sleep • severe restriction of physical activity and enjoyment of life • gross reduction of capacity for employment 	
45 Severe asthma	<p>Example of the injury</p> <p>Chronic asthma, with a poor prognosis, causing—</p> <ul style="list-style-type: none"> • breathing difficulties • the need to frequently use an inhaler • significantly reduced capacity for employment. 	11 to 30
46 Moderate asthma	<p>Example of the injury</p> <p>Asthma, with symptoms that include bronchitis and wheezing, affecting employment or social life</p>	6 to 10
47 Minor asthma	<p>Example of the injury</p> <p>Asthma with minor symptoms that has no effect on employment or social life</p>	0 to 5

	<p>Comment about appropriate level of ISV</p> <p>An ISV at or near the bottom of the range will be appropriate if there is asthma treated by a general practitioner that will resolve within 1 year after the injury is caused.</p>	
<p>Division 4 Injuries to male reproductive system</p>		
	<p>General comment for items 48 to 51</p> <ul style="list-style-type: none"> • This division applies to injuries caused by physical trauma rather than as a secondary result of a mental disorder. • For a mental disorder that causes loss of reproductive system function, see part 2 (Mental disorders). • Sterility is usually either— <ul style="list-style-type: none"> (a) caused by surgery, chemicals or disease; or (b) caused by a traumatic injury that is often aggravated by scarring. <p>Examples of factors affecting ISV assessment for items 48 to 51</p> <ul style="list-style-type: none"> • Adverse psychological reaction • Effect on social and domestic life 	

<p>48 Impotence and sterility</p>	<p>Additional examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • Age • Whether the injured worker has children • Whether the injured worker intended to have children or more children <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if the sterility has little impact. • An ISV in the lower half of the range will be appropriate if an injured worker with children may have intended to have more children and has uncomplicated sterility, without impotence or any aggravating features. • An ISV in the upper half of the range will be appropriate if a young injured worker without children has uncomplicated sterility, without impotence or any aggravating features. • An ISV at or near the middle of the range will be appropriate if a middle-aged injured worker with children has sterility and permanent impotence. 	<p>5 to 37</p>
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	<ul style="list-style-type: none"> An ISV at or near the top of the range will be appropriate if a young injured worker has total impotence and loss of sexual function and sterility. 	
49	<p>Loss of part or all of penis</p> <p>Additional examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> Extent of the penis remaining Availability of a prosthesis Extent to which sexual activity will be possible 	5 to 25
50	<p>Loss of both testicles</p> <p>Comment</p> <p>See item 48 because sterility results.</p> <p>Additional example of factor affecting ISV assessment</p> <p>Level of any pain or residual scarring</p>	
51	<p>Loss of 1 testicle</p> <p>Additional example of factors affecting ISV assessment</p> <p>Age, cosmetic damage or scarring</p> <p>Comment about appropriate level of ISV</p> <p>An ISV at or near the bottom of the range will be appropriate if the injury does not reduce reproductive capacity.</p>	2 to 10

Division 5	Injuries to female reproductive system	
	<p>General comment for items 52 to 53.5</p> <ul style="list-style-type: none"> • This division applies to injuries caused by physical trauma rather than as a secondary result of a mental disorder. • For a mental disorder that causes loss of reproductive system function, see part 2 (Mental disorders). <p>Examples of factors affecting ISV assessment for items 52 to 53.5</p> <ul style="list-style-type: none"> • Extent of any physical trauma • Whether the injured worker has children • Whether the injured worker intended to have children or more children • Age • Scarring • Depression or adverse psychological reaction • Effect on social and domestic life 	
52	Infertility	
52.1	<p><i>Infertility causing severe effects</i></p> <p>Example of item 52.1</p> <p>Infertility with severe depression, anxiety and pain</p>	16 to 35

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52.2	<p><i>Infertility causing moderate effects</i></p> <p>Example of item 52.2</p> <p>Infertility without any medical complication if the injured worker has a child or children</p> <p>Comment about appropriate level of ISV for item 52.2</p> <p>An ISV at or near the top of the range will be appropriate if there is significant adverse psychological reaction.</p>	9 to 15
52.3	<p><i>Infertility causing minor effects</i></p> <p>Example of item 52.3</p> <p>Infertility if—</p> <p>(a) the injured worker was unlikely to have had children, for example, because of age; and</p> <p>(b) there is little or no adverse psychological reaction</p>	0 to 8
53 Any other injury to the female reproductive system		
53.1	<i>Post-menopausal hysterectomy</i>	5 to 15
53.2	<p><i>Female impotence</i></p> <p>Comment for item 53.2</p> <p>The injury may be correctable by surgery.</p>	5 to 15

	<p>Additional examples of factors affecting ISV assessment for item 53.2</p> <p>The level of sexual function or the extent of any corrective surgery</p>	
53.3	<p><i>An injury causing an inability to give birth by normal vaginal delivery, for example, because of pelvic ring disruption or deformity</i></p> <p>Comment for item 53.3</p> <p>The injury may be correctable by surgery.</p>	4 to 15
53.4	<p><i>Injury to female genitalia or reproductive organs, or both</i></p> <p>Comment about appropriate level of ISV for item 53.4</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is a laceration or tear with good repair. • An ISV at or near the middle of the range will be appropriate if the injury causes development of a prolapse or fistula. • An ISV at or near the top of the range will be appropriate if the injury causes the early onset of menopause or irregular hormonal activity. 	3 to 25

53.5	<p><i>Reduced fertility, caused by, for example, trauma to ovaries or fallopian tubes</i></p> <p>Comment about appropriate level of ISV for item 53.5</p> <p>An ISV in the lower half of the range will be appropriate if the injury is caused by a delay in diagnosis of an ectopic pregnancy.</p>	3 to 8
<p>Division 6 Injuries to digestive system</p>		
<p>Subdivision 1 Injury caused by trauma</p>		
<p>54 Extreme injury to the digestive system caused by trauma</p>	<p>Examples of the injury</p> <p>Severe permanent damage to the digestive system, with ongoing debilitating pain and discomfort, diarrhoea, nausea and vomiting that—</p> <p>(a) are not controllable by drugs; and</p> <p>(b) causes weight loss of at least 20%.</p> <p><i>Note—</i></p> <p><i>Digestive system</i> is defined in schedule 13 (Dictionary).</p> <ul style="list-style-type: none"> • An injury to the throat requiring a permanent gastrostomy 	19 to 40

	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is an injury to the throat requiring a temporary gastrostomy for more than 1 year and permanent dietary changes, for example, a requirement for a soft food diet. • An ISV at or near the top of the range will be appropriate if there is an injury to the throat requiring a permanent gastrostomy, with significant ongoing symptoms. <p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • the extent of any voice or speech impairment • need for ongoing endoscopic procedures 	
<p>55 Serious injury to the digestive system caused by trauma</p>	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A serious injury causing long-term complications aggravated by physical strain • An injury requiring a feeding tube for between 3 and 12 months 	<p>11 to 18</p>

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	<p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • The extent of any ongoing voice or speech impairment • Whether a feeding tube was required, and if so, for how long it was required 	
<p>56 Moderate injury to the digestive system caused by trauma</p>	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A simple penetrating stab wound, causing some permanent tissue damage, but with no significant long-term effect on digestive function • An injury requiring a feeding tube for less than 3 months <p>Example of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • Whether a feeding tube was required, and if so, for how long it was required • Whether dietary changes are required to reduce the risk of aspiration because of impaired swallowing 	<p>6 to 10</p>

<p>57 Minor injury to the digestive system caused by trauma</p>	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A soft tissue injury to the abdomen wall, for example, a laceration or serious seatbelt bruising to the abdomen or flank, or both • A minor injury to the throat or tongue causing temporary difficulties with swallowing or speech • A laceration of the tongue requiring suturing 	<p>0 to 5</p>
<p>Subdivision 2 Injury not caused by trauma</p>		
	<p>General comment for items 58 to 61</p> <p>There is a marked difference between those comparatively rare cases having a long-term or even permanent effect on quality of life and cases in which the only ongoing symptom is an allergy, for example, to specific foods, that may cause short-term illness.</p>	

<p>58 Extreme injury to the digestive system not caused by trauma</p>	<p>Example of the injury</p> <p>Severe toxicosis—</p> <p>(a) causing serious acute pain, vomiting, diarrhoea and fever, requiring hospitalisation for days or weeks; and</p> <p>(b) also causing 1 or more of the following—</p> <ul style="list-style-type: none"> • ongoing incontinence • haemorrhoids • irritable bowel syndrome; and <p>(c) having a significant impact on the capacity for employment and enjoyment of life</p> <p>Comment about appropriate level of ISV</p> <p>An ISV in the lower half of the range will be appropriate if the injury causes a chronic infection, that requires prolonged hospitalisation, that will not resolve after antibiotic treatment for 1 year.</p>	<p>13 to 35</p>
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<p>59 Serious injury to the digestive system not caused by trauma</p>	<p>Examples of the injury</p> <ul style="list-style-type: none"> • Serious but short-term food poisoning causing diarrhoea and vomiting— <ul style="list-style-type: none"> (a) diminishing over 2 to 4 weeks; and (b) with some remaining discomfort and disturbance of bowel function and impact on sex life and enjoyment of food, over a few years • Constant abdominal pain, causing significant discomfort, for up to 18 months caused by a delay in diagnosis of an injury to the digestive system <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the top of the range will be appropriate if there is an adverse response to the administration of a drug that— <ul style="list-style-type: none"> (a) requires admission to an intensive care unit; and (b) does not cause any permanent impairment; and 	<p>6 to 12</p>
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	<ul style="list-style-type: none"> (c) causes the need for ongoing drug therapy for life. • An ISV in the upper half of the range will be appropriate if a chronic infection— <ul style="list-style-type: none"> (a) requires prolonged hospitalisation and additional treatment; and (b) will be resolved by antibiotic treatment within 1 year. • An ISV at or near the bottom of the range will be appropriate if there is an adverse response to the administration of a drug that— <ul style="list-style-type: none"> (a) requires admission to an intensive care unit; and (b) does not cause any permanent impairment; and (c) does not cause the need for ongoing drug therapy for life. 	
<p>60 Moderate injury to the digestive system not caused by trauma</p>	<p>Examples of the injury</p> <ul style="list-style-type: none"> • Food poisoning— <ul style="list-style-type: none"> (a) causing significant discomfort, stomach cramps, change of bowel function and fatigue; and 	<p>3 to 5</p>

	<ul style="list-style-type: none"> (b) requiring hospitalisation for days; and (c) with symptoms lasting a few weeks; and (d) from which the injured worker will fully recover within 1 or 2 years <ul style="list-style-type: none"> • An infection that is resolved by antibiotic treatment, with or without additional treatment in hospital, within 3 months after the injury is caused • An adverse response to the administration of a drug, causing any of the following continuing over a period of more than 7 days, and requiring hospitalisation— <ul style="list-style-type: none"> (a) vomiting; (b) shortness of breath; (c) hypertension; (d) skin irritation 	
<p>61 Minor injury to the digestive system not caused by trauma</p>	<p>Examples of the injury</p> <ul style="list-style-type: none"> • Disabling pain, cramps and diarrhoea, ongoing for days or weeks 	0 to 2

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	<ul style="list-style-type: none"> • A localised infection, requiring antibiotic treatment, that heals within 6 weeks after the start of treatment • An adverse response to the administration of a drug, causing any of the following continuing over a period of not more than 7 days, and not requiring hospitalisation— <ul style="list-style-type: none"> (a) vomiting; (b) shortness of breath; (c) hypertension; (d) skin irritation • Intermittent abdominal pain for up to 6 months caused by a delay in diagnosis of an injury to the digestive system 	
<p>Division 7 Kidney or ureter injuries</p>		
	<p>General comment for items 62 to 65</p> <p>An injury to a ureter or the ureters alone, without loss of, or serious damage to, a kidney will generally be assessed under item 64 or 65.</p> <p>Examples of factor affecting ISV assessment for items 62 to 65</p> <ul style="list-style-type: none"> • Age • Risk of ongoing kidney or ureter problems, complications or symptoms • Need for future medical procedures 	

62 Extreme injury to kidneys or ureters		
62.1	<i>Loss of both kidneys causing loss of renal function and requiring permanent dialysis or transplant</i>	56 to 75
62.2	<p><i>Serious damage to both kidneys, requiring temporary or intermittent dialysis</i></p> <p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • The effect of dialysis and loss of kidney function on activities of daily living • The length of time for which dialysis was required or the frequency of intermittent dialysis • Ongoing requirement for medication, for example, to control blood pressure • Whether the injury caused the need for dietary changes, and if so, for how long <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if dialysis was required for an initial 3 months period, with intermittent dialysis required after that. 	31 to 55

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	<ul style="list-style-type: none"> An ISV at or near the top of the range will be appropriate if the injury required dialysis for about 1 year and ongoing dietary changes and medication. 	
63	<p>Serious injury to kidneys or ureters</p> <p>Comment</p> <p>The injury may require temporary dialysis for less than 3 months.</p> <p>Example of the injury</p> <p>Loss of 1 kidney if there is severe damage to, and a risk of loss of function of, the other kidney</p> <p>Comment about appropriate level of ISV</p> <p>The higher the risk of loss of function of the other kidney, the higher the ISV.</p>	19 to 30
64	<p>Moderate injury to kidneys or ureters</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> Loss of 1 kidney, with no damage to the other kidney An injury to a ureter or the ureters that requires surgery or placement of stents 	11 to 18

<p>65 Minor injury to kidneys or ureters</p>	<p>Example of the injury</p> <p>A laceration or contusion to 1 or both of the kidneys</p> <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is an injury to a kidney causing a contusion. • An ISV at or near the top of the range will be appropriate if a partial removal of a kidney is required. 	<p>0 to 10</p>
<p>Division 8 Liver, gall bladder or biliary tract injuries</p>		
	<p>Examples of factors affecting ISV assessment for items 66 to 69</p> <ul style="list-style-type: none"> • Whether there are recurrent episodes of infection or obstruction • Whether there is a risk of developing biliary cirrhosis 	
<p>66 Extreme injury to liver, gall bladder or biliary tract</p>	<p>Example of the injury</p> <p>Loss, or injury causing effective loss, of liver function, requiring constant substitutional therapy</p>	<p>51 to 70</p>

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	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there are recurrent episodes of liver failure that require hospital admission and medical management but do not require liver transplantation. • An ISV at or near the top of the range will be appropriate if the injury requires liver transplantation. 	
67	<p>Serious injury to liver, gall bladder or biliary tract</p> <p>Example of the injury</p> <p>Serious damage causing loss of over 30% of the tissue of the liver, but with some functional capacity of the liver remaining</p>	36 to 50
68	<p>Moderate injury to liver, gall bladder or biliary tract</p> <p>Example of the injury</p> <p>A laceration or contusion to the liver, with a moderate effect on liver function</p>	16 to 35

	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if the injury causes impaired liver function with symptoms of intermittent nausea and vomiting. • An ISV at or near the bottom of the range will also be appropriate if there is a gall bladder injury with recurrent infection or symptomatic stone disease, the symptoms of which may include, for example, pain or jaundice. • An ISV at or near the middle of the range will be appropriate if the injury involves removal of the gall bladder causing a bile duct injury. • An ISV at or near the top of the range will be appropriate if— <ul style="list-style-type: none"> (a) surgery is required to remove not more than 30% of the liver; or (b) bile ducts require repair, for example, placement of stents. • An ISV at or near the top of the range will also be appropriate if there is an injury to the gall bladder, that despite biliary surgery, causes ongoing symptoms, infection or the need for further endoscopic surgery. 	
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<p>69 Minor injury to liver, gall bladder or biliary duct</p>	<p>Comment</p> <p>An injury within this item should not require surgery to the liver.</p> <p>Example of the injury</p> <p>A laceration or contusion to the liver, with a minor effect on liver function</p> <p>Comment about appropriate level of ISV</p> <p>An ISV in the lower half of the range will be appropriate if there is an uncomplicated removal of the gall bladder with no ongoing symptoms.</p>	<p>3 to 15</p>
<p>Division 9 Bowel injuries</p>		
	<p>Examples of factors affecting ISV assessment for items 70 to 73</p> <ul style="list-style-type: none"> • Age • Risk of ongoing bowel problems, complications or symptoms • Need for future surgery • The degree to which dietary changes are required to manage chronic pain or diarrhoea caused by the injury 	

<p>70 Extreme bowel injury</p>	<p>Example of the injury</p> <p>An injury causing a total loss of natural bowel function and dependence on colostomy</p>	<p>41 to 60</p>
<p>71 Serious bowel injury</p>	<p>Example of the injury</p> <p>A serious abdominal injury causing either or both of the following—</p> <p>(a) impairment of bowel function (which often requires permanent or long-term colostomy, leaving disfiguring scars);</p> <p>(b) restrictions on employment and diet</p>	<p>19 to 40</p>
<p>72 Moderate bowel injury</p>	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if— <ul style="list-style-type: none"> (a) the injury requires an ileostomy or colostomy for less than 3 months; and (b) bowel function returns to normal; and (c) there are no ongoing symptoms. 	<p>7 to 18</p>

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	<ul style="list-style-type: none"> • An ISV at or near the top of the range will be appropriate if— <ul style="list-style-type: none"> (a) the injury requires temporary surgical diversion of the bowel, for example, an ileostomy or colostomy; and (b) there is ongoing intermittent abnormal bowel function requiring medication. 	
73	Minor bowel injury	3 to 6
	<p>Example of the injury</p> <p>An injury causing tears to the bowel, with minimal ongoing bowel problems</p>	
Division 10		Bladder, prostate or urethra injuries
	<p>Examples of factors affecting ISV assessment for items 74 to 77</p> <ul style="list-style-type: none"> • Age • Risk of ongoing bladder, prostate or urethra problems, complications or symptoms • Need for future surgery 	

<p>74 Extreme bladder, prostate or urethra injury</p>	<p>Example of the injury</p> <p>An injury causing a complete loss of bladder function and control, with permanent dependence on urostomy</p>	<p>40 to 60</p>
<p>75 Serious bladder, prostate or urethra injury</p>	<p>Example of the injury</p> <p>An injury causing serious impairment of bladder control, with some incontinence</p> <p>Comment about appropriate level of ISV</p> <p>An ISV in the upper half of the range will be appropriate if there is serious ongoing pain.</p>	<p>19 to 39</p>
<p>76 Moderate bladder, prostate or urethra injury</p>	<p>Example of the injury</p> <p>An injury causing continued impairment of bladder control, with minimal incontinence and minimal pain</p>	<p>7 to 18</p>

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	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is a laceration of the urethra, that required surgical repair and caused intermittent infection or bladder dysfunction. • An ISV at or near the top of the range will be appropriate if there is— <ul style="list-style-type: none"> (a) increased urinary frequency of more than once every 2 hours throughout the day and more than 3 times at night that is unresponsive to treatment; or (b) an ongoing requirement for minor surgery, for example, cystoscopy or urethral dilation. 	
<p>77 Minor bladder, prostate or urethra injury</p>	<p>Example of the injury</p> <p>A bladder injury, from which the injured worker will fully recover, with some relatively long-term interference with natural bladder function</p>	<p>3 to 6</p>

Division 11	Spleen and pancreas injuries	
78 Injuries to the pancreas	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is a contusion to the pancreas that heals. • An ISV at or near the middle of the range will be appropriate if there are chronic symptoms, for example, pain or diarrhoea. • An ISV at or near the top of the range will be appropriate if— <ul style="list-style-type: none"> (a) there are chronic symptoms with significant weight loss of between 10% and 20% of body weight, and pancreatic enzyme replacement is required; or (b) an injury to the pancreas causes diabetes. <p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • The extent of any ongoing risk of internal infection and disorders, for example, diabetes • The need for, and outcome of, further surgery, for example, surgery to manage pain caused by stone disease, infection or an expanding pseudocyst 	10 to 35

<p>79 Loss of spleen (complicated)</p>	<p>Example of the injury</p> <p>Loss of spleen if there will be a risk, that is not minor, of ongoing internal infection and disorders caused by the loss</p> <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if the injury leads to a splenectomy, with intermittent symptoms of pain, nausea and vomiting that settle. • An ISV at or near the middle of the range will be appropriate if— <ul style="list-style-type: none"> (a) the injury leads to a splenectomy, with serious infection after the splenectomy; and (b) the infection requires surgical or radiological intervention. • An ISV at or near the top of the range will be appropriate if the injury leads to a splenectomy, with portal vein thrombosis after the splenectomy. 	<p>8 to 20</p>
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<p>80 Injury to the spleen or uncomplicated loss of spleen</p>	<p>Example of the injury</p> <p>Laceration or contusion to the spleen that—</p> <p>(a) has been radiologically confirmed; and</p> <p>(b) has no ongoing bleeding; and</p> <p>(c) is managed conservatively; and</p> <p>(d) resolves fully.</p> <p>Comment about appropriate level of ISV</p> <p>An ISV at or near the top of the range will be appropriate if there has been removal of the spleen (splenectomy), with little or no risk of ongoing infections and disorders caused by the loss of the spleen.</p>	<p>0 to 7</p>
<p>Division 12 Hernia injuries</p>		
<p>81 Severe hernia</p>	<p>Example of the injury</p> <p>A hernia if after repair there is either or both—</p> <p>(a) ongoing pain; or</p> <p>(b) a restriction on physical activities, sport or employment</p>	<p>11 to 20</p>

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<p>82 Moderate hernia</p>	<p>Example of the injury</p> <p>A hernia that after repair has some real risk of recurring in the short-term</p>	<p>6 to 10</p>
<p>83 Minor hernia</p>	<p>Example of the injury</p> <p>An uncomplicated inguinal hernia, whether or not repaired</p>	<p>0 to 5</p>
<p>Part 6 Orthopaedic injuries</p>		
<p>Division 1 Cervical spine injuries</p>		
	<p>General comment for items 84 to 88</p> <ul style="list-style-type: none"> • This division does not apply to the following injuries (that are dealt with in items 1 to 3)— <ul style="list-style-type: none"> • quadriplegia • paraplegia • hemiplegia or severe paralysis of more than 1 limb. • Cervical spine injuries, other than those dealt with in items 1 to 3, range from cases of very severe disability to cases of a minor strain, with no time off work and symptoms only suffered for 2 or 3 weeks. 	

	<ul style="list-style-type: none"> • Symptoms associated with nerve root compression or damage can not be taken into account in assessing an ISV under item 84, 85 or 86 unless objective signs are present of nerve root compression or damage, for example— <ul style="list-style-type: none"> • CT or MRI scans or other radiological evidence • muscle wasting • clinical findings of deep tendon reflex loss, motor weakness and loss of sensation. 	
<p>84 Extreme cervical spine injury</p>	<p>Comment</p> <p>These are extremely severe injuries that cause gross limitation of movement and serious interference with performance of daily activities.</p> <p>The injury will involve significant upper or lower extremity impairment and may require the use of an adaptive device or prosthesis.</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • A total neurological loss at a single level • Severe multilevel neurological dysfunction 	41 to 75

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	<ul style="list-style-type: none"> • Structural compromise of the spinal canal with extreme upper or lower extremity motor and sensory impairments • Fractures involving more than 50% compression of a vertebral body with neural compromise <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is whole person impairment of about 29%. • An ISV at or near the top of the range will be appropriate if there is a cervical spine injury causing monoplegia of the dominant upper limb and whole person impairment of at least 60%. 	
<p>85 Serious cervical spine injury</p>	<p>Comment</p> <ul style="list-style-type: none"> • The injury will cause serious upper extremity impairment or serious permanent impairment of the cervical spine. • The injury may involve— <ul style="list-style-type: none"> (a) a change of motion segment integrity; or (b) bilateral or multilevel nerve root compression or damage. 	<p>16 to 40</p>

	<p>Examples of the injury</p> <ul style="list-style-type: none"> • Loss of motion in a motion segment because of a surgical or post-traumatic fusion • A fracture involving more than 25% compression of 1 vertebral body • An injury showing objective signs of nerve root damage after surgery <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if— <ul style="list-style-type: none"> (a) the injured worker has had surgery and symptoms persist; or (b) there is a fracture involving 25% compression of 1 vertebral body. • An ISV in the middle of the range will be appropriate if there is a fracture involving about 50% compression of a vertebral body, with ongoing pain. • An ISV at or near the top of the range will be appropriate if— 	
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	<p>(a) the injured worker has had a fusion of vertebral bodies that has failed, leaving objective signs of significant residual nerve root damage and ongoing pain, affecting 1 side of the body; and</p> <p>(b) there is whole person impairment of about 28%.</p>	
<p>86 Moderate cervical spine injury— fracture, disc prolapse or nerve root compression or damage</p>	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the top of the range will be appropriate if— <ul style="list-style-type: none"> (a) there is a disc prolapse for which there is radiological evidence at an anatomically correct level; and (b) there are symptoms of pain and 3 or more of the following objective signs that are anatomically localised to an appropriate spinal nerve root distribution— <ul style="list-style-type: none"> (i) sensory loss; (ii) loss of muscle strength; 	<p>5 to 15</p>

	<p>(iii) loss of reflexes;</p> <p>(iv) unilateral atrophy; and</p> <p>(c) the impairment has not improved after non-operative treatment.</p> <ul style="list-style-type: none"> • An ISV of about 10 will be appropriate if there is a fracture of a vertebral body with up to 25% compression, and ongoing pain. • An ISV at or near the bottom of the range will be appropriate for an uncomplicated fracture of a posterior element of 1 or more of the vertebral segments, for example, spinous or transverse processes, without neurological impairment. 	
<p>87 Moderate cervical spine injury—soft tissue injury</p>	<p>Comment</p> <p>The injury will cause moderate permanent impairment, for which there is objective evidence, of the cervical spine.</p> <p>Comment about appropriate level of ISV</p> <p>An ISV of not more than 10 will be appropriate if there is whole person impairment of 8% caused by a soft tissue injury for which there is no radiological evidence.</p>	<p>5 to 10</p>

<p>88 Minor cervical spine injury</p>	<p>Comment</p> <ul style="list-style-type: none"> • Injuries within this item include a whiplash injury with no ongoing symptoms, other than symptoms that are merely a nuisance, remaining more than 18 months after the injury is caused. • There will be no objective signs of neurological impairment. <p>Example of the injury</p> <p>A soft tissue or whiplash injury if symptoms are minor and the injured worker recovers, or is expected to recover, from the injury to a level where the injury is merely a nuisance within 18 months after the injury is caused</p> <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if the injury will resolve without any ongoing symptoms within months after the injury is caused. • An ISV at or near the top of the range will be appropriate if the injury, despite improvement, causes headaches and some ongoing pain. 	<p>0 to 4</p>
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Division 2	Thoracic spine or lumbar spine injuries	
	<p>General comment for items 89 to 93</p> <ul style="list-style-type: none"> • This division does not apply to the following injuries (that are dealt with in items 1 to 3)— <ul style="list-style-type: none"> • quadriplegia • paraplegia • hemiplegia or severe paralysis of more than 1 limb. • Thoracic or lumbar spine injuries, other than those dealt with in items 1 to 3, range from cases of very severe disability to cases of a minor strain, with no time off work and symptoms suffered only for 2 or 3 weeks. • Symptoms associated with nerve root compression or damage can not be taken into account in assessing an ISV under item 89, 90 or 91 unless objective signs are present of nerve root compression or damage, for example— <ul style="list-style-type: none"> • CT or MRI scans or other radiological evidence • muscle wasting 	

	<ul style="list-style-type: none"> clinical findings of deep tendon reflex loss, motor weakness and loss of sensation. 	
<p>89 Extreme thoracic or lumbar spine injury</p>	<p>Comment</p> <p>These are extremely severe injuries causing gross limitation of movement and serious interference with performance of daily activities. There may be some motor or sensory loss, and some impairment of bladder, ano-rectal or sexual function.</p> <p>Example of the injury</p> <p>A fracture involving compression of a thoracic or lumbar vertebral body of more than 50%, with neurological impairment</p> <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 25%. An ISV at or near the top of the range will be appropriate if there is whole person impairment for the injury of at least 45%. 	<p>36 to 60</p>

<p>90 Serious thoracic or lumbar spine injury</p>	<p>Comment</p> <ul style="list-style-type: none"> • The injury will cause serious permanent impairment in the thoracic or lumbar spine. • The injury may involve— <ul style="list-style-type: none"> (a) bilateral or multilevel nerve root damage; or (b) a change in motion segment integrity, for example, because of surgery. <p>Example of the injury</p> <p>A fracture involving at least 25% compression of 1 thoracic or lumbar vertebral body</p> <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if— <ul style="list-style-type: none"> (a) the injured worker has had surgery and symptoms persist; or (b) there is a fracture involving 25% compression of 1 vertebral body. • An ISV in the middle of the range will be appropriate if there is a fracture involving 50% compression of a vertebral body, with ongoing pain. 	<p>16 to 35</p>
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	<ul style="list-style-type: none"> • An ISV at or near the top of the range will be appropriate if the injured worker has had a fusion of vertebral bodies that has failed— <ul style="list-style-type: none"> (a) leaving objective signs of significant residual nerve root damage and ongoing pain, affecting 1 side of the body; and (b) causing whole person impairment of 24%. 	
<p>91 Moderate thoracic or lumbar spine injury— fracture, disc prolapse or nerve root compression or damage</p>	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the top of the range will be appropriate if— <ul style="list-style-type: none"> (a) there is a disc prolapse for which there is radiological evidence at an anatomically correct level; and (b) there are symptoms of pain and 3 or more of the following objective signs, that are anatomically localised to an appropriate spinal nerve root distribution— <ul style="list-style-type: none"> (i) sensory loss; 	<p>5 to 15</p>

	<p>(ii) loss of muscle strength;</p> <p>(iii) loss of reflexes;</p> <p>(iv) unilateral atrophy; and</p> <p>(c) the impairment has not improved after non-operative treatment.</p> <ul style="list-style-type: none"> • An ISV of about 10 will be appropriate if there is a fracture of a vertebral body with up to 25% compression, and ongoing pain. • An ISV at or near the bottom of the range will be appropriate for an uncomplicated fracture of a posterior element of 1 or more of the vertebral segments, for example spinous or transverse processes, without neurological impairment. 	
<p>92 Moderate thoracic or lumbar spine injury—soft tissue injury</p>	<p>Comment</p> <p>The injury will cause moderate permanent impairment, for which there is objective evidence, of the thoracic or lumbar spine.</p>	<p>5 to 10</p>

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	<p>Comment about appropriate level of ISV</p> <p>An ISV of not more than 10 will be appropriate if there is whole person impairment of 8% caused by a soft tissue injury for which there is no radiological evidence.</p>	
<p>93 Minor thoracic or lumbar spine injury</p>	<p>Example of the injury</p> <p>A soft tissue injury of the thoracic or lumbar spine with no—</p> <ul style="list-style-type: none"> • significant clinical findings • fractures • documented neurological impairment • significant loss of motion segment integrity • other objective signs of impairment relating to the injury <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the top of the range will be appropriate, whether or not the injured worker continues to suffer some ongoing pain, if the injury will substantially reach maximum medical improvement, with only minor symptoms, within about 18 months after the injury is caused. 	<p>0 to 4</p>

	<ul style="list-style-type: none"> An ISV at or near the bottom of the range will be appropriate if the injury will resolve without any ongoing symptoms within months after the injury is caused. 	
Division 3	Shoulder injuries	
	<p>General comment for items 94 to 97</p> <ul style="list-style-type: none"> Injuries under items 94 to 97 include subluxations or dislocations of the sternoclavicular joint, acromioclavicular joint or glenohumeral joint. Soft tissue injuries may involve the musculoligamentous supporting structures of the joints. Fractures may involve the clavicle, the scapula (shoulder blade) and the humerus. <p>Comment about appropriate level of ISV for items 94 to 97</p> <p>An ISV at or near the top of the range will generally only be appropriate if the injury is to the shoulder of the dominant upper limb.</p>	
94	Extreme shoulder injury	31 to 50
	<p>Comment</p> <p>These are the most severe traumatic injuries causing gross permanent impairment.</p>	

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	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A severe fracture or dislocation, with secondary medical complications • Joint disruption with poor outcome after surgery • Degloving • Permanent nerve palsies <p>Additional comment about appropriate level of ISV</p> <p>An ISV at or near the top of the range will be appropriate if there is whole person impairment of 45% and complete loss of all shoulder function of the dominant upper limb.</p>	
<p>95 Serious shoulder injury</p>	<p>Comment</p> <p>The injury will involve serious trauma to the shoulder causing serious permanent impairment.</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • A crush injury • A serious fracture with secondary arthritis • Nerve palsies from which the injured worker will partially recover 	<p>16 to 30</p>

	<ul style="list-style-type: none"> • Established non-union of a clavicular or scapular fracture despite open reduction and internal fixation (ORIF) • Established non-union of a clavicular or scapular fracture if surgery is not appropriate or not possible, and there is significant functional impairment <p>Additional comment about appropriate level of ISV</p> <p>An ISV at or near the top of the range will be appropriate if there is whole person impairment for the injury of 25% and the injury is to the dominant upper limb.</p>	
<p>96 Moderate shoulder injury</p>	<p>Examples of the injury</p> <ul style="list-style-type: none"> • Traumatic adhesive capsulitis with discomfort, limitation of movement and symptoms persisting or expected to persist for about 2 years • Permanent and significant soft tissue disruption, for example, from tendon tears or ligament tears • A fracture, from which the injured worker has made a reasonable recovery, requiring open reduction and internal fixation 	<p>6 to 15</p>

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	<ul style="list-style-type: none"> • Nerve palsies from which the injured worker has made a good recovery • Painful persisting dislocation of the acromioclavicular joint • An injury to the sternoclavicular joint causing permanent, painful instability <p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 6%. • An ISV at or near the top of the range will be appropriate if there is whole person impairment for the injury of 12% and the injury is to the dominant upper limb. 	
<p>97 Minor shoulder injury</p>	<p>Examples of the injury</p> <ul style="list-style-type: none"> • Soft tissue injury with considerable pain from which the injured worker makes an almost full recovery in less than 18 months • Fracture from which the injured worker has made an uncomplicated recovery • Strain injury of the acromioclavicular joint or sternoclavicular joint 	<p>0 to 5</p>

Division 4		Amputation of upper limbs
		<p>Comment about appropriate level of ISV for items 98 to 99.3</p> <p>An ISV at or near the top of the range will generally only be appropriate if the amputation is of the dominant upper limb.</p>
98	Loss of both upper limbs, or loss of 1 arm and extreme injury to the other arm	<p>Comment</p> <p>The effect of the injury is to reduce the injured worker to a state of considerable helplessness.</p> <p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • Whether the amputations are above or below the elbow (the loss of the elbow joint adds greatly to the disability) • The length of any stump suitable for use with a prosthesis • Severity of any phantom pains <p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV of 70 to 85 will be appropriate if— <ul style="list-style-type: none"> (a) both upper limbs are amputated at the shoulder; or

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	<ul style="list-style-type: none"> (b) 1 arm is amputated at the shoulder, and there is a loss of function in the other arm, causing whole person impairment of 60%. • An ISV of 65 to 80 will be appropriate if— <ul style="list-style-type: none"> (a) both upper limbs are amputated through the elbow or above the elbow but below the shoulder; or (b) 1 arm is amputated through the elbow or above the elbow but below the shoulder, and there is a loss of function in the other arm, causing whole person impairment of 57%. • An ISV of 55 to 75 will be appropriate if— <ul style="list-style-type: none"> (a) both upper limbs are amputated below the elbow; or (b) 1 arm is amputated below the elbow, and there is a loss of function in the other arm, causing whole person impairment of 54%. 	
<p>99 Loss of 1 upper limb</p>	<p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • Whether the amputation is above or below the elbow (the loss of the elbow joint adds greatly to the disability) 	

	<ul style="list-style-type: none"> • Whether the amputation was of the dominant arm • The length of any stump suitable for use with a prosthesis • Severity of any phantom pains • Extent of any disability in the other arm 	
99.1	<i>An upper limb amputation at the shoulder</i>	50 to 65
99.2	<p><i>An upper limb amputation through the elbow or above the elbow but below the shoulder</i></p> <p>Additional comment about appropriate level of ISV for item 99.2</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will generally be appropriate if there is an amputation through the elbow. • An ISV at or near the top of the range will be appropriate if there is a short stump because a short stump may create difficulties in the use of a prosthesis. 	40 to 65
99.3	<p><i>An upper limb amputation below the elbow</i></p> <p>Additional comment about appropriate level of ISV for item 99.3</p> <p>An ISV at or near the top of the range will be appropriate if there is an amputation through the forearm with residual severe pain in the stump and phantom pains.</p>	35 to 60

Division 5		Elbow injuries
	<p>Comment about appropriate level of ISV for items 100 to 103</p> <p>An ISV at or near the top of the range will generally only be appropriate if the injury is to the elbow of the dominant upper limb.</p>	
100	<p>Extreme elbow injury</p> <p>Comment</p> <p>The injury will involve an extremely severe elbow injury, falling short of amputation, leaving little effective use of the elbow joint.</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • Whole person impairment for the injury of between 24% and 42% • A complex elbow fracture, or dislocation, with secondary complications • Joint disruption, with poor outcome after surgery • Degloving • Permanent nerve palsies • An injury causing severe limitation of elbow movement with the joint constrained in a non-functional position 	26 to 50

<p>101 Serious elbow injury</p>	<p>Comment</p> <p>The injury will involve significant disability and require major surgery.</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • A serious fracture with secondary arthritis • A crush injury • Nerve palsies from which the injured worker will partially recover • Permanent, poor restriction of range of motion with the elbow constrained in a satisfactory functional position <p>Additional comment about appropriate level of ISV</p> <p>An ISV at or near the top of the range will be appropriate if there is whole person impairment for the injury of 23% and the injury is to the elbow of the dominant upper limb.</p>	<p>13 to 25</p>
<p>102 Moderate elbow injury</p>	<p>Comment</p> <p>The injury will cause moderate long-term disability but does not require protracted surgery.</p>	<p>6 to 12</p>

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	<p>Examples of the injury</p> <ul style="list-style-type: none"> • Soft tissue disruption, for example, a ligament or tendon tear • A fracture, from which the injured worker has made a reasonable recovery, requiring open reduction and internal fixation • Nerve palsies from which the injured worker has made a good recovery <p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 5%. • An ISV at or near the top of the range will be appropriate if there is a moderately severe injury to the elbow of the dominant upper limb— <ul style="list-style-type: none"> (a) requiring prolonged treatment; and (b) causing whole person impairment of 10%. 	
<p>103 Minor elbow injury</p>	<p>Comment</p> <p>The injury will cause no permanent damage and no permanent impairment of function.</p>	<p>0 to 5</p>

	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A fracture with an uncomplicated recovery • A soft tissue injury with pain, minor tennis elbow syndrome or lacerations 	
Division 6	Wrist injuries	
	<p>Comment about appropriate level of ISV for items 104 to 107</p> <p>An ISV at or near the top of the range will generally only be appropriate if the injury is to the wrist of the dominant upper limb.</p>	
104 Extreme wrist injury	<p>Comment</p> <p>The injury will involve severe fractures, or a dislocation, causing a high level of permanent impairment.</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • A severe fracture or dislocation with secondary joint complications • Joint disruption with poor outcome after surgery • Degloving • Permanent nerve palsies 	25 to 40

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	<p>Additional comment about appropriate level of ISV</p> <p>An ISV at or near the top of the range will be appropriate if there is whole person impairment for the injury of 36% and the injury is to the wrist of the dominant upper limb.</p>	
105 Serious wrist injury	<p>Examples of the injury</p> <ul style="list-style-type: none"> • An injury causing significant permanent loss of wrist function, for example, severe problems with gripping or pushing objects, but with some useful movement remaining • Non-union of a carpal fracture • Severe carpal instability <p>Additional comment about appropriate level of ISV</p> <p>An ISV at or near the top of the range will be appropriate if there is whole person impairment for the injury of 20% and the injury is to the wrist of the dominant upper limb.</p>	16 to 24
106 Moderate wrist injury	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A wrist injury that is not serious and causes some permanent disability, for example, some persisting pain and stiffness 	6 to 15

	<ul style="list-style-type: none"> • Persisting radio-ulnar instability • Recurrent tendon subluxation or entrapment <p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 6%. • An ISV at or near the top of the range will be appropriate if there is whole person impairment for the injury of 12%. 	
107 Minor wrist injury	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A fracture from which the injured worker almost fully recovers • A soft tissue injury, for example, severe bruising • Continued pain following carpal tunnel release 	0 to 5
Division 7	Hand injuries	
	<p>General comment for items 108 to 119</p> <p>Hands are cosmetically and functionally the most important part of the upper limbs.</p>	

	<p>Comment about appropriate level of ISV for items 108 to 119</p> <ul style="list-style-type: none"> • The appropriate ISV for loss of a hand is only a little less than the appropriate ISV for the loss of the relevant arm. • An ISV at or near the top of the range will generally be appropriate if the injury is to the dominant hand. 	
<p>108 Total or effective loss of both hands</p>	<p>Example of the injury</p> <p>A serious injury causing extensive damage to both hands making them little more than useless</p> <p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • The level of residual capacity left in either hand • Severity of any phantom pains if there has been an amputation or amputations <p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if both hands remain attached to the forearms and are of some cosmetic importance. • An ISV at or near the top of the range will be appropriate if both hands are amputated through the wrist. 	<p>51 to 75</p>

<p>109 Serious injury to both hands</p>	<p>Comment</p> <p>The injury will involve significant loss of function in both hands, for example, loss of 50% or more of the use of each hand.</p>	<p>40 to 50</p>
<p>110 Total or effective loss of 1 hand</p>	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A crushed hand that has been surgically amputated • Traumatic amputation of all fingers and most of the palm <p>Example of factor affecting ISV assessment</p> <p>Severity of any phantom pain if there has been an amputation</p> <p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there has been an amputation of the fingers at the metacarpophalangeal joints, but the thumb remains, and there is whole person impairment for the injury of 32%. • An ISV at or near the top of the range will be appropriate if— <ul style="list-style-type: none"> (a) there has been amputation of the dominant hand at the wrist; and 	<p>35 to 60</p>

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	<p>(b) there is residual severe pain in the stump and ongoing complications, for example, chronic regional pain syndrome or neuroma formation.</p>	
<p>111 Amputation of the thumb or part of the thumb</p>	<p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • The level of amputation, for example, at carpo metacarpal (CMC) joint, through the distal third of the thumb metacarpal, at the metacarpophalangeal (MCP) joint or thumb interphalangeal (IP) joint • Whether the injury is to the dominant hand • The extent of any damage to the fingers <p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if— <ul style="list-style-type: none"> (a) there has been an amputation through the interphalangeal joint of the thumb; and (b) there is whole person impairment for the injury of 11%. 	<p>15 to 28</p>

	<ul style="list-style-type: none"> • An ISV at or near the middle of the range will be appropriate if there has been an amputation through the proximal phalanx. • An ISV at or near the top of the range will be appropriate if— <ul style="list-style-type: none"> (a) there has been an amputation at the base of the thumb at the carpometacarpal (CMC) joint level of the dominant hand; and (b) there are ongoing debilitating complications. 	
<p>112 Amputation of index, middle and ring fingers, or any 2 of them</p>	<p>Comment</p> <p>The amputation will cause complete loss or nearly complete loss of 2 or all of the following fingers of the hand—</p> <ul style="list-style-type: none"> • index finger • middle finger • ring finger. <p>Example of factor affecting ISV assessment</p> <p>The level of the amputation, for example, whether the hand has been made to be of very little use and any remaining grip is very weak</p>	<p>15 to 30</p>

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	<p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if 2 fingers, whether index, middle or ring fingers, are amputated at the level of the proximal interphalangeal joints. • An ISV at or near the middle of the range will be appropriate if there is whole person impairment for the injury of 19%. • An ISV at or near the top of the range will be appropriate if— <ul style="list-style-type: none"> (a) the index, middle and ring fingers are amputated at the level of the metacarpophalangeal joint (MCP joint) or there is whole person impairment for the injury of at least 27%; and (b) the injury is to the dominant hand. 	
<p>113 Amputation of individual fingers</p>	<p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • Whether the amputation was of the index or middle finger • The level of the amputation • Any damage to other fingers short of amputation 	<p>5 to 20</p>

	<p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if— <ul style="list-style-type: none"> (a) there has been an amputation at the level of the distal interphalangeal joint of the little or ring finger; or (b) there is whole person impairment for the injury of 3%. • An ISV of not more than 11 will be appropriate if— <ul style="list-style-type: none"> (a) there has been an amputation of the index or middle finger at the proximal interphalangeal joint (PIP joint); or (b) there is whole person impairment for the injury of 8%. • An ISV at or near the top of the range will be appropriate if there is complete loss of the index or middle finger of the dominant hand, and serious impairment of the remaining fingers causing whole person impairment of at least 15%. 	
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<p>114 Amputation of thumb and all fingers</p>	<p>Comment</p> <p>As the injury will cause effective loss of the hand, see item 110.</p>	
<p>115 Any other injury to 1 or more of the fingers or the thumb</p>	<p>Comment about appropriate level of ISV for items 115.1 to 115.4</p> <p>An ISV of not more than 5 will be appropriate if substantial function of the hand remains.</p> <p>Examples of factors affecting ISV</p> <ul style="list-style-type: none"> • Whether the injury is to the thumb, or index or middle finger • Any damage to other fingers • Whether the injury is to the dominant hand 	
<p>115.1</p>	<p><i>Extreme injury to 1 or more of the fingers or the thumb</i></p> <p>Example of the injury</p> <p>Total loss of function of 1 or more of the fingers, with the joints ankylosed in non-functional positions</p>	<p>16 to 25</p>

	<p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 14%. • An ISV at or near the top of the range will be appropriate if there is an injury to the thumb of the dominant hand causing total loss of function of the thumb. 	
115.2	<p><i>Serious injury to 1 or more of the fingers or the thumb</i></p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • A severe crush injury causing ankylosis of the fingers • A bursting wound, or an injury causing severe finger damage, causing residual scarring and dysfunction • An injury leaving a digit that interferes with the remaining function of the hand • Division of 1 or more of the long flexor tendons of the finger, with unsuccessful repair 	11 to 15
115.3	<p><i>Moderate injury to 1 or more of the fingers or the thumb</i></p> <p>Comment</p> <p>There will be permanent discomfort, pain or sensitive scarring</p>	6 to 10

	<p>Examples of the injury</p> <ul style="list-style-type: none"> • Moderate injury to the thumb or index finger causing loss of movement or dexterity • A crush injury causing multiple fractures of 2 or more fingers • Division of 1 or more of the long flexor tendons of the finger, with moderately successful repair <p>Additional comment about appropriate level of ISV</p> <p>An ISV at or near the top of the range will be appropriate if there is whole person impairment for the injury of 8% and the injury is to the dominant hand.</p>	
<p>115.4</p>	<p><i>Minor injury to 1 or more of the fingers or the thumb</i></p> <p>Example of the injury</p> <p>An uncomplicated fracture or soft tissue injury that has healed with minimal residual symptoms</p> <p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is a straightforward fracture of 1 or more of the fingers, with complete resolution within a short time. • An ISV at or near the top of the range will be appropriate if there has been— 	<p>0 to 5</p>

	<p>(a) a fracture causing minor angular or rotational malunion of the thumb, or index or middle finger, of the dominant hand; or</p> <p>(b) some adherence of a tendon following surgical repair, limiting full function of the digit.</p>	
<p>116 Extreme hand injury</p>	<p>Comment</p> <ul style="list-style-type: none"> • The injury will involve a severe traumatic injury to the hand, that may include amputation of part of the hand, causing gross impairment of the hand. • A hand injury causing whole person impairment for the injury of 35% will generally fall within this item. <p>Examples of the injury</p> <ul style="list-style-type: none"> • An injury reducing a hand's capacity to 50% or less • An injury involving the amputation of several fingers that are rejoined to the hand leaving it clawed, clumsy and unsightly • An amputation of some fingers and part of the palm causing grossly reduced grip and dexterity and gross disfigurement 	<p>31 to 45</p>

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	<p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if the injured hand has some residual usefulness for performing activities of daily living. • An ISV at or near the top of the range will be appropriate if the injured hand— <ul style="list-style-type: none"> (a) has little or no residual usefulness for performing activities of daily living; and (b) is the dominant hand. 	
<p>117 Serious hand injury</p>	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A severe crush injury causing significantly impaired function despite surgery • Serious permanent tendon damage <p>Additional comment about appropriate level of ISV</p> <p>An ISV at or near the top of the range will be appropriate if there is whole person impairment for the injury of 20%.</p>	<p>16 to 30</p>

118 Moderate hand injury	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A crush injury, penetrating wound or deep laceration, requiring surgery • Moderately serious tendon damage • A hand injury causing whole person impairment for the injury of between 5% and 12% 	6 to 15
119 Minor hand injury	<p>Examples of the injury</p> <p>A soft tissue injury, or an injury that does not require surgery, with nearly full recovery of hand function</p>	0 to 5
Division 8	<p>Upper limb injuries, other than injuries mentioned in divisions 3 to 7</p>	
	<p>Comment about appropriate level of ISV for items 120 to 123</p> <p>An ISV at or near the top of the range will generally only be appropriate if the injury is to the dominant upper limb.</p>	

<p>120 Extreme upper limb injury, other than an injury mentioned in divisions 3 to 7</p>	<p>Comment</p> <p>The injury will involve an extremely serious upper limb injury, falling short of amputation, leaving the injured worker little better off than if the whole arm had been lost.</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • A serious brachial plexus injury affecting peripheral nerve function • A non-union of a fracture, with peripheral nerve damage to the extent that an arm is nearly useless <p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 31%. • An ISV at or near the top of the range will be appropriate if— <ul style="list-style-type: none"> (a) there is a complete brachial plexus lesion shown by a flail arm and paralysis of all muscles of the hand; and 	<p>36 to 65</p>
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	<p>(b) the injury is to the dominant limb.</p> <ul style="list-style-type: none"> An ISV at or near the top of the range will also be appropriate if there is a serious crush injury that causes whole person impairment for the injury of 55%. 	
<p>121 Serious upper limb injury, other than an injury mentioned in divisions 3 to 7</p>	<p>Examples of the injury</p> <ul style="list-style-type: none"> A serious fracture of the humerus, radius or ulna, or any combination of the humerus, radius and ulna, if there is significant permanent residual impairment of function A brachial plexus injury requiring nerve grafts with partial recovery of shoulder and elbow function and normal hand function <p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 16%. 	<p>21 to 35</p>

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	<ul style="list-style-type: none"> An ISV at or near the top of the range will be appropriate if there is an injury to the dominant limb causing whole person impairment of 30%. 	
<p>122 Moderate upper limb injury, other than an injury mentioned in divisions 3 to 7</p>	<p>Examples of the injury</p> <ul style="list-style-type: none"> A fracture that causes impairment of associated soft tissues, including nerves and blood vessels A fracture with delayed union or infection Multiple fractures of the humerus, radius or ulna, or multiple fractures of any combination of the humerus, radius and ulna <p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 6% An ISV in the lower half of the range will be appropriate if there is a complicated fracture of the humerus, radius or ulna, or any combination of the humerus, radius and ulna— 	<p>6 to 20</p>

	<p>(a) requiring open reduction and internal fixation; and</p> <p>(b) from which the injured worker has recovered or is expected to recover.</p> <ul style="list-style-type: none"> • An ISV at or near the top of the range will be appropriate if there is a crush injury causing significant skin or muscle loss with permanent residual impairment. • An ISV at or near the top of the range will also be appropriate if there is whole person impairment for the injury of 15%. 	
<p>123 Minor upper limb injury, other than an injury mentioned in divisions 3 to 7</p>	<p>Example of the injury</p> <p>An uncomplicated fracture of the humerus, radius or ulna, or any combination of the humerus, radius and ulna, from which the injured worker has fully recovered within a short time</p>	<p>0 to 5</p>

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	<p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there are soft tissue injuries, lacerations, abrasions and contusions, from which the injured worker will fully or almost fully recover. • An ISV at or near the top of the range will be appropriate if there is a brachial plexus injury from which the injured worker has substantially recovered within a few weeks, leaving some minor functional impairment. 	
<p>Division 9 Pelvis or hip injuries</p>		
	<p>General comment for items 124 to 127</p> <ul style="list-style-type: none"> • The most serious injuries to the pelvis or hips can be as devastating as a leg amputation and will have similar ISVs. • However, the appropriate ISV for other injuries to the pelvis or hips will generally be no higher than about 20. <p>Examples of factors affecting ISV assessment for items 124 to 127</p> <ul style="list-style-type: none"> • Exceptionally severe specific sequelae will increase the level of ISV 	

	<ul style="list-style-type: none"> • The availability of remedies, for example, a total hip replacement is an important factor in assessing an ISV • Age 	
124 Extreme pelvis or hip injury	<p>Examples of the injury</p> <ul style="list-style-type: none"> • An extensive pelvis fracture • Degloving • Permanent nerve palsies <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 40%. • An ISV at or near the top of the range will be appropriate if the injured worker is not able to mobilise without a wheelchair and is relatively young. 	46 to 65
125 Serious pelvis or hip injury	<p>Comment</p> <p>There will be substantial residual disability, for example, severe lack of bladder and bowel control, sexual dysfunction, or deformity making the use of 2 canes or crutches routine.</p>	26 to 45

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	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A fracture dislocation of the pelvis involving both ischial and pubic rami • Traumatic myositis ossificans with formation of ectopic bone around the hip • A fracture of the acetabulum leading to degenerative changes and leg instability requiring an osteotomy, with the likelihood of future hip replacement surgery <p>Comment about appropriate level of ISV</p> <p>An ISV at or near the bottom of the range will be appropriate for an injury causing whole person impairment for the injury of 20%.</p>	
<p>126 Moderate pelvis or hip injury</p>	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A significant pelvis or hip injury, with no major permanent disability • A hip fracture requiring a hip replacement • A fracture of the sacrum extending into the sacro-iliac joint causing ongoing significant symptoms and whole person impairment of at least 10% 	<p>11 to 25</p>

	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 10%. • An ISV at or near the top of the range will be appropriate if there is a fracture requiring a hip replacement that is only partially successful, so that there is a clear risk of the need for revision surgery. 	
<p>127 Minor pelvis or hip injury</p>	<p>Examples of the injury</p> <ul style="list-style-type: none"> • An uncomplicated fracture of 1 or more of the bones of the pelvis or hip that does not require surgery or cause permanent impairment • Undisplaced coccygeal fractures • Undisplaced or healed pubic rami fractures • An injury to the coccyx requiring surgery, that is successful. <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is a soft tissue injury from which the injured worker fully recovers. 	<p>0 to 10</p>

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	<ul style="list-style-type: none"> • An ISV at or near the middle of the range will be appropriate if there is whole person impairment for the injury of 5%. • An ISV at or near the top of the range will be appropriate if the person has ongoing coccydynia and difficulties with sitting. 	
Division 10 Amputation of lower limbs		
Subdivision 1 Amputation of both lower limbs		
	<p>Examples of factors affecting ISV assessment for items 128 and 129</p> <ul style="list-style-type: none"> • The level of each amputation • Severity of any phantom pain • Pain in the stumps • Extent of any ongoing symptoms 	
128	<p>Loss of both lower limbs above or through the knee</p> <p>Comment about appropriate level of ISV</p> <p>An ISV at or near the top of the range will be appropriate if each amputation is near the hips so neither stump can be used with a prosthesis.</p>	55 to 70

<p>129 Below the knee amputation of both lower limbs</p>	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 48%. • An ISV at or near the top of the range will be appropriate if— <ul style="list-style-type: none"> (a) both legs are amputated just below the knees leaving little or no stumps for use with prostheses; and (b) there is poor quality skin cover; and (c) there is a chronic regional pain syndrome. 	<p>50 to 65</p>
<p>Subdivision 2 Amputation of 1 lower limb</p>		
	<p>Examples of factors affecting ISV assessment for items 130 and 131</p> <ul style="list-style-type: none"> • The level of the amputation • Severity of any phantom pain • Whether there have been problems with a prosthesis, for example, pain and further damage to the stump 	

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<p>130 Above or through the knee amputation of 1 lower limb</p>	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if the amputation is through or just above the knee. • An ISV at or near the top of the range will be appropriate if the amputation is near the hip and a prosthesis can not be used. 	<p>35 to 50</p>
<p>131 Below the knee amputation of 1 lower limb</p>	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate in a straightforward case of a below-knee amputation with no complications. • An ISV at or near the top of the range will be appropriate if there is an amputation close to the knee joint, leaving little or no stump for use with a prosthesis. 	<p>31 to 45</p>

Division 11	Lower limb injuries, other than injuries mentioned in division 9 or 10 or divisions 12 to 15	
132 Extreme lower limb injury, other than an injury mentioned in division 9 or 10 or divisions 12 to 15	<p>Comment</p> <p>These are the most severe injuries short of amputation, leaving the injured worker little better off than if the whole leg had been lost.</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • Extensive degloving of the lower limb • An injury causing gross shortening of the lower limb • A fracture that has not united despite extensive bone grafting • Serious neurovascular injury • A lower limb injury causing whole person impairment of 40% 	31 to 55

<p>133 Serious lower limb injury, other than an injury mentioned in division 9 or 10 or divisions 12 to 15</p>	<p>Comment</p> <ul style="list-style-type: none"> • Removal of extensive muscle tissue and extensive scarring may have a significant enough impact to fall within this item. • An injury to multiple joints or ligaments causing instability, prolonged treatment and a long period of non-weight-bearing may have a significant enough impact to fall within this item, but generally only if those results are combined. <p>Example of the injury</p> <p>Multiple complex fractures of the lower limb that are expected to take years to heal and cause serious deformity and serious limitation of mobility</p> <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 16%. 	<p>21 to 30</p>
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	<ul style="list-style-type: none"> An ISV at or near the top of the range will be appropriate if there is whole person impairment for the injury of 25%. 	
<p>134 Moderate lower limb injury, other than an injury mentioned in division 9 or 10 or divisions 12 to 15</p>	<p>Examples of the injury</p> <ul style="list-style-type: none"> A fracture causing impairment of associated soft tissues, including nerves and blood vessels A fracture with delayed union or infection Multiple fractures of the femur, tibia or fibula, or multiple fractures of any combination of the femur, tibia and fibula <p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> Period of non-weight-bearing Presence or risk of degenerative change Imperfect union of a fracture Muscle wasting Limited joint movement Unsightly scarring 	11 to 20

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	<ul style="list-style-type: none"> • Permanently increased vulnerability to future damage <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 10%. • An ISV at or near the middle of the range will be appropriate if there is a deep vein thrombosis requiring treatment for life. • An ISV at or near the top of the range will be appropriate if there is whole person impairment for the injury of 15%. 	
<p>135 Minor lower limb injury, other than an injury mentioned in division 9 or 10 or divisions 12 to 15</p>	<p>Example of the injury</p> <p>An uncomplicated fracture of the femur, tibia or fibula, from which the injured worker has fully recovered</p>	<p>0 to 10</p>

	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is a deep vein thrombosis requiring treatment for less than 6 months, from which the injured worker will fully recover. • An ISV at or near the bottom of the range will also be appropriate if— <ul style="list-style-type: none"> (a) there are soft tissue injuries, lacerations, cuts, bruising or contusions, from which the injured worker will fully or almost fully recover; and (b) any residual disability will be minor. • An ISV at or near the top of the range will be appropriate if there is a deep vein thrombosis requiring treatment for at least 1 year. • An ISV at or near the top of the range will also be appropriate if the injured worker is left with impaired mobility or a defective gait. • An ISV at or near the top of the range will also be appropriate if there is whole person impairment for the injury of 9%. 	
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Division 12		Knee injuries	
		<p>General comment for items 136 to 139</p> <p>The availability of remedies, for example, a total knee replacement is an important factor in assessing an ISV under this division.</p>	
136	Extreme knee injury	<p>Example of the injury</p> <p>A severe knee injury if there is a disruption of the joint, gross ligamentous damage, loss of function after unsuccessful surgery, lengthy treatment and considerable pain</p> <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 20%. • An ISV at or near the top of the range will be appropriate if a total knee replacement was needed and— <ul style="list-style-type: none"> (a) it is very likely that the knee replacement will need to be repeated; or (b) there are ongoing severe symptoms, poor function and whole person impairment for the injury of more than 30%. 	25 to 40

<p>137 Serious knee injury</p>	<p>Comment</p> <p>The injury may involve—</p> <p>(a) ongoing pain, discomfort, limitation of movement, instability or deformity; and</p> <p>(b) a risk, in the long-term, of degenerative changes caused by damage to the joint surfaces, muscular wasting or ligamentous or meniscal injury.</p> <p>Example of the injury</p> <p>A leg fracture extending into the knee joint, causing pain that is constant, permanent and limits movement or impairs agility</p> <p>Comment about appropriate level of ISV</p> <p>An ISV at or near the middle of the range will be appropriate if there is a ligamentous injury, that required surgery and prolonged rehabilitation, causing whole person impairment of 15% and functional limitation.</p>	<p>11 to 24</p>
<p>138 Moderate knee injury</p>	<p>Examples of the injury</p> <p>A dislocation or torn cartilage or meniscus causing ongoing minor instability, wasting and weakness</p>	<p>6 to 10</p>

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	<p>Comment about appropriate level of ISV</p> <p>An ISV at or near the top of the range will be appropriate if there is whole person impairment for the injury of 8%.</p>	
139 Minor knee injury	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A partial cartilage, meniscal or ligamentous tear • A laceration • A twisting or bruising injury 	0 to 5
Division 13	Ankle injuries	
	<p>Comment about appropriate level of ISV for items 140 to 143</p> <p>The appropriate ISV for the vast majority of ankle injuries is 1 or 2.</p>	
140 Extreme ankle injury	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A transmalleolar fracture of the ankle with extensive soft tissue damage causing 1 or more of the following— <ul style="list-style-type: none"> (a) severe deformity with varus or valgus malalignment; (b) a risk that any future injury to the relevant leg may lead to a below-knee amputation of the leg; 	21 to 35

	<p>(c) marked reduction in walking ability with constant dependence on walking aids;</p> <p>(d) inability to place the relevant foot for even load-bearing distribution.</p> <ul style="list-style-type: none"> • An ankylosed ankle in a severely misaligned position with severe ongoing pain and other debilitating complications • Whole person impairment for the injury of more than 20% <p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • A failed arthrodesis • Regular disturbance of sleep • Need for an orthosis for load bearing and walking 	
<p>141 Serious ankle injury</p>	<p>Example of the injury</p> <p>An injury requiring a long period of treatment, a long time in plaster or insertion of pins and plates, if—</p> <p>(a) there is permanent significant ankle instability; or</p> <p>(b) the ability to walk is severely limited on a permanent basis</p> <p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • Unsightly scarring 	<p>11 to 20</p>

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	<ul style="list-style-type: none"> • The significance of any malunion • A requirement for modified footwear • Whether, and to what degree, there is swelling following activity <p>Additional comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 10%. • An ISV at or near the top of the range will be appropriate if a major tendon controlling foot or ankle movement is severed. 	
<p>142 Moderate ankle injury</p>	<p>Examples of the injury</p> <p>A fracture, ligamentous tear or similar injury causing moderate disability, for example—</p> <ul style="list-style-type: none"> • difficulty in walking on uneven ground • awkwardness on stairs • irritation from metal plates • residual scarring 	<p>6 to 10</p>

	<p>Additional comment about appropriate level of ISV</p> <p>An ISV at or near the bottom of the range will be appropriate if there is whole person impairment for the injury of 6%.</p>	
143 Minor ankle injury	<p>Examples of the injury</p> <p>A sprain, ligamentous or soft tissue injury or minor or undisplaced fracture</p> <p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • Whether the injured worker has fully recovered from the injury, and if not, whether there is any tendency for the ankle to give way • Whether there is scarring, aching or discomfort 	0 to 5
Division 14	Foot injuries	
Subdivision 1	Amputations	
144 Amputation of both feet	<p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • Severity of any phantom pain • Pain in the stumps • Extent of any ongoing symptoms 	32 to 65

	<p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there are amputations of both feet at the forefoot (transmetatarsal level amputations). • An ISV of about 40 will be appropriate if there are amputations of both feet at the mid foot (tarsometatarsal level or Lisfranc amputations). • An ISV at or near the top of the range will be appropriate if each amputation is at the level of the ankle (Syme's amputation) and the stumps can not be used with prostheses. 	
<p>145 Amputation of 1 foot</p>	<p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • Severity of any phantom pain • Pain in the stump • Extent of any ongoing symptoms <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if the amputation is at the forefoot (transmetatarsal level amputation). 	<p>20 to 35</p>

	<ul style="list-style-type: none"> • An ISV of about 26 will be appropriate if the amputation is at the mid foot (tarsometatarsal level or Lisfranc amputation). • An ISV at or near the top of the range will be appropriate if the amputation is at the level of the ankle (Syme's amputation) and the stump can not be used with a prosthesis. 	
Subdivision 2 Other foot injuries		
146 Extreme foot injury that is not an amputation	<p>Comment</p> <p>There will be permanent and severe pain or very serious permanent disability.</p> <p>Example of the injury</p> <p>An unusually severe foot injury causing whole person impairment of 15% or more, for example, a heel fusion or loss of the tibia-calcaneum angle</p> <p>Comment about appropriate level of ISV</p> <p>An ISV at or near the top of the range will be appropriate if there is subtalar fibrous ankylosis in a severely malaligned position, ongoing pain and whole person impairment for the injury of 24%.</p>	13 to 25

<p>147 Serious foot injury</p>	<p>Examples of the injury</p> <ul style="list-style-type: none"> • A severe midfoot deformity causing whole person impairment of 8% • A lower level loss of the tibia-calcaneum angle 	<p>9 to 12</p>
<p>148 Moderate foot injury</p>	<p>Example of the injury</p> <p>A displaced metatarsal fracture causing permanent deformity, with ongoing symptoms of minor severity, for example, a limp that does not prevent the injured worker engaging in most daily activities</p>	<p>4 to 8</p>
<p>149 Minor foot injury</p>	<p>Examples of the injury</p> <p>A simple metatarsal fracture, ruptured ligament, puncture wound or similar injury</p> <p>Comment about appropriate level of ISV</p> <p>An ISV of 2 or less will be appropriate if there is a straightforward foot injury, for example, a fracture, laceration or contusions, from which the injured worker will fully recover.</p>	<p>0 to 3</p>

Division 15	Toe injuries	
150 Extreme toe injury	<p>Examples of factors affecting ISV assessment for items 150.1 to 150.3</p> <ul style="list-style-type: none"> • Whether the amputation was traumatic or surgical • Extent of the loss of the forefoot • Residual effects on mobility 	
150.1	<p><i>Amputation of all toes</i></p> <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the middle of the range will be appropriate if the amputation is through the metatarsophalangeal joints (MTP joints) of all toes. • An ISV at or near the top of the range will be appropriate if there is complete amputation of all toes and amputation of a substantial part of the forefoot. 	8 to 20
150.2	<p><i>Amputation of the great toe</i></p> <p>Example of factor affecting ISV assessment for item 150.2</p> <p>The level at which the amputation happens or any ongoing symptoms</p>	6 to 12

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	<p>Comment about appropriate level of ISV</p> <p>An ISV at or near the top of the range will be appropriate if there is complete loss of the great toe and ball of the foot caused by an amputation through the first metatarsal bone.</p>	
<p>150.3</p>	<p><i>Amputation of individual lesser toes</i></p> <p>Example of factor affecting ISV assessment for item 150.3</p> <p>The level at which the amputation happens or any ongoing symptoms</p> <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is an amputation of 1 lesser toe and— <ul style="list-style-type: none"> (a) there is no ongoing pain; and (b) there is little or no loss of function of the foot; and (c) the cosmetic effect of the amputation is minor. • An ISV at or near the top of the range will be appropriate if there is complete amputation of all lesser toes and part of the forefoot. 	<p>3 to 5</p>

<p>151 Serious toe injury</p>	<p>Comment</p> <p>The injury will cause serious and permanent disability.</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • A severe crush injury causing ankylosis of the toes • A bursting wound, or an injury causing severe toe damage, with significant symptoms 	<p>8 to 12</p>
<p>152 Moderate toe injury</p>	<p>Comment</p> <p>There will be permanent discomfort, pain or sensitive scarring.</p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • A moderate injury to the great toe • A crush injury causing multiple fractures of 2 or more toes <p>Comment about appropriate level of ISV</p> <p>An ISV at or near the top of the range will be appropriate if there has been more than 1 unsuccessful operation, or there are persisting stabbing pains, impaired gait or similar effects.</p>	<p>4 to 7</p>

<p>153 Minor toe injury</p>	<p>Examples of the injury</p> <p>A relatively straightforward fracture or soft tissue injury</p> <p>Comment about appropriate level of ISV</p> <p>An ISV of 1 will be appropriate if there is a straightforward fracture of 1 or more toes with complete resolution within a short time.</p>	<p>0 to 3</p>
<p>Division 16 Limb disorders</p>		
	<p>General comment</p> <p>The ISV for a limb disorder must be assessed having regard to the item of this schedule that—</p> <p>(a) relates to the part of the body affected by the disorder; and</p> <p>(b) is for an injury that has a similar level of adverse impact to the disorder.</p> <p>Examples of a limb disorder</p> <ul style="list-style-type: none"> • Tenosynovitis (inflammation of synovial sheaths of tendons usually resolving with rest over a short period and sometimes leading to ongoing symptoms of loss of grip and dexterity) • Peripheral nerve injury (the constriction of the motor or sensory nerves or thickening of surrounding tissue, for example, carpal tunnel syndrome or sciatica) 	

	<ul style="list-style-type: none"> • Epicondylitis (inflammation around the elbow joint, for example, medially (golfer's elbow) or laterally (tennis elbow)) • Vascular disorders, for example, deep vein thrombosis <p>Examples of factors affecting ISV assessment</p> <ul style="list-style-type: none"> • Whether the disorder is bilateral or one sided • The level of pain, swelling, tenderness or crepitus or other symptoms • The capacity to avoid a recurrence of symptoms • The ability to engage in daily activities • The availability and likely benefit of surgery • Whether the disorder is to a dominant or non-dominant limb 	
<p>Part 7 Scarring to parts of the body other than the face</p>		
	<p>General comment</p> <ul style="list-style-type: none"> • This part applies to external appearance and physical condition of the skin only, and includes scarring to the scalp, trunk and limbs. • Facial scarring must be assessed under part 3, division 3. 	

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	<ul style="list-style-type: none"> • This part does not apply to adhesions, or scarring, of internal organs. • This part will usually apply to an injury involving skeletal damage only if the skeletal damage is minor. • Many of the physical injuries mentioned in this schedule involve some scarring from the initial injury and subsequent surgery, including skin grafting, to repair the injury and this has been taken into account in fixing the range of ISVs for the injuries. <p><i>Example—</i></p> <p style="padding-left: 40px;">The ISV range for an injury causing a closed fracture of a limb takes into account the potential need for open reduction and internal fixation of the fracture and the resulting surgical wound and scar.</p> <p>Examples of factors affecting ISV assessment for items 154.1 to 154.4</p> <ul style="list-style-type: none"> • Location of a scar • Age • Adverse psychological reaction • Likelihood of a scar fading or becoming less noticeable over time 	
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154 Scarring to a part of the body other than the face		
154.1	<p><i>Extreme scarring to a part of the body other than the face</i></p> <p>Comment about appropriate level of ISV</p> <ul style="list-style-type: none"> • An ISV at or near the bottom of the range will be appropriate if there is— <ul style="list-style-type: none"> (a) extensive scarring to 1 or more of the limbs and significant cosmetic disfigurement; and (b) either— <ul style="list-style-type: none"> (i) the need to keep the limb or limbs covered or wear special clothing; or (ii) ongoing limitation in the ability to participate in activities because of cosmetic disfigurement or functional impairment. • An ISV at or near the top of the range will be appropriate if there is gross permanent scarring over an extensive area or areas of the body, with ongoing pain and other symptoms. 	14 to 25

<p>154.2</p>	<p><i>Serious scarring to a part of the body other than the face</i></p> <p>Comment</p> <p>There is serious scarring—</p> <ul style="list-style-type: none"> (a) requiring extensive medical treatment or surgery; and (b) causing significant ongoing limitation in the ability to participate in activities because of cosmetic disfigurement or functional impairment. <p>Examples of the injury</p> <ul style="list-style-type: none"> • Significant scarring over the upper and lower arm requiring skin grafting if— <ul style="list-style-type: none"> (a) there are post-operative complications requiring additional medical treatment for up to 18 months; and (b) there is maximum medical improvement within 2 years after the scarring is caused. • Hypertrophic (keloid) scarring caused by a burn to the front of the neck, with an intermittent sensation of burning, itching or irritation. 	<p>9 to 13</p>
<p>154.3</p>	<p><i>Moderate scarring to a part of the body other than the face</i></p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • Several noticeable scars that are hypertrophic (keloid) 	<p>4 to 8</p>

	<ul style="list-style-type: none"> • A significant linear scar in an area of cosmetic importance, for example, the front of the neck 	
154.4	<p><i>Minor scarring to a part of the body other than the face</i></p> <p>Examples of the injury</p> <ul style="list-style-type: none"> • Scarring caused by a superficial burn that heals within a few weeks and causes some minor change of pigmentation in a noticeable area. • A single noticeable scar, or several superficial scars, to 1 or both of the legs, arms or hands, with some minor cosmetic damage. 	0 to 3
Part 8	Burn injuries	
	<p>General comment</p> <ul style="list-style-type: none"> • The ISV for a burn injury must be assessed having regard to the item of this schedule that— <ul style="list-style-type: none"> (a) relates to the part of the body affected by the burn injury; and (b) is for an injury that has a similar level of adverse impact to the burn injury. • Burns to the face must be assessed under part 3, division 3. 	

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	<ul style="list-style-type: none"> • In burns cases, the ISV for an injury to a part of the body causing functional impairment will generally be at or near the top of the range for an injury to that part of the body. • In serious burns cases, the effects of scarring are more comprehensive and less able to be remedied than the effects of scarring from other causes. 	
<p>Part 9 Injuries affecting hair</p>		
<p>155 Extreme injury affecting head hair</p>	<p>Example of the injury</p> <p>Total permanent loss of head hair</p>	<p>11 to 15</p>
<p>156 Serious injury affecting head hair</p>	<p>Example of the injury</p> <p>Damage to head hair, caused by, for example, defective waving or tinting, if—</p> <p>(a) the physical effect of the damage is—</p> <p>(i) dermatitis; or</p> <p>(ii) tingling or burning of the scalp, causing dry, brittle hair that breaks off or falls out, or both; and</p>	<p>4 to 10</p>

	<p>(b) the physical effect leads to depression, loss of confidence and inhibited social life</p> <p>Comment about appropriate level of ISV</p> <p>An ISV in the upper half of the range will be appropriate if—</p> <p>(a) thinning continues and prospects of regrowth are poor; or</p> <p>(b) there is a partial loss of areas of hair and regrowth is slow.</p>	
<p>157 Moderate injury affecting head hair or loss of body hair</p>	<p>Examples of the injury</p> <ul style="list-style-type: none"> • Hair that has been pulled out leaving bald patches • The same example applies as for item 156 but with fewer or only moderate symptoms <p>Example of factor affecting ISV assessment</p> <p>Length of time before regrowth</p>	<p>0 to 3</p>

Part 10		Dermatitis
158	Extreme dermatitis	<p>Examples of the injury</p> <p>Permanent dermatitis having a severe effect on employment and domestic capability, with some mental disorder</p>
159	Serious dermatitis	<p>Example of the injury</p> <p>Dermatitis that—</p> <ul style="list-style-type: none"> (a) lasts for years or indefinitely; and (b) involves cracking and soreness; and (c) affects employment and domestic capability; and (d) causes marked adverse psychological reaction
160	Moderate dermatitis	<p>Example of the injury</p> <p>Dermatitis lasting for a significant period, but settling with treatment or a change of personal conduct, or both</p>

161 Minor dermatitis	Examples of the injury Itching, skin irritation or a rash, alone or in combination, that resolves with treatment within a few months of the start of treatment	0 to 2
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Schedule 10 Matters relevant to PIRS assessment by medical expert

section 112D(1)

Part 1 Explanation of the PIRS

1 PIRS rates permanent impairment caused by mental disorder

The PIRS set out in schedule 11 rates permanent impairment caused by a mental disorder.

Note—

PIRS ratings are referred to in schedule 9, part 2. A PIRS rating is capable of being accepted by a court under schedule 8, section 6 only if it is—

- (a) assessed by a medical expert as required under this schedule and schedule 11; and
- (b) provided to the court in a PIRS report as required under section 12.

2 Areas of functional impairment

- (1) The PIRS consists of 6 scales, each of which rates permanent impairment in an area of function.
- (2) Each scale has 5 classes of impairment, ranging from little or no impairment to total impairment.

Part 2 Assessment of PIRS rating

3 Medical expert must comply with requirements

- (1) A medical expert must comply with this schedule and schedule 11 in assessing a PIRS rating for a mental disorder of an injured worker.
- (2) The medical expert may give an assessment only if the medical expert has examined the injured worker.

4 How to assess a PIRS rating

- (1) To assess a PIRS rating for a mental disorder of an injured worker, a medical expert must follow the steps set out in this section.

Note—

Section 8 provides an example completed worksheet that could be used to assess a PIRS rating.

- (2) Step 1—for each area of functional impairment set out in the PIRS, the medical expert must—
 - (a) decide which level of impairment set out in the PIRS describes the level of impairment caused by the mental disorder of the injured worker; and
 - (b) read off from the PIRS the class, for example, class 1, that corresponds to the level that has been decided.
- (3) In deciding which level to choose for an area of functional impairment, the medical expert—
 - (a) must have regard to—
 - (i) the examples of indicators of the level of impairment set out in the PIRS for the area to the extent they are relevant in a particular case; and
 - (ii) all factors the medical expert considers relevant to the injured worker's level of impairment, including, for example, the injured worker's age and pre-existing functional capacity for the area; and

- (b) may have regard to the range of percentages of impairment set out in the PIRS for the area as a guide to the level of impairment.

Note—

The examples of impairment set out in the PIRS assume a full pre-existing functional capacity for the area which may not be appropriate in a particular case.

- (4) Step 2—the medical expert must list the class number of the 6 classes read off under step 1 in ascending order.
- (5) Step 3—the medical expert must work out the median of the class numbers (the *median class score*) under section 6.
- (6) Step 4—the medical expert must work out the total of the class numbers (the *total class score*) by adding together all of the class numbers.
- (7) Step 5—from the conversion table in section 7, the medical expert must read off the percentage impairment, that corresponds to the particular median class score when found in conjunction with the particular total class score.
- (8) Subject to section 5, the percentage impairment is the PIRS rating assessed by the medical expert for the mental disorder of the injured worker.

5 Assessment if pre-existing mental disorder

- (1) If an injured worker has a pre-existing mental disorder, a medical expert must—
 - (a) work out a percentage impairment for the pre-existing mental disorder at the time immediately before the injury using the steps set out in section 4 (the *pre-injury rating*); and
 - (b) work out a percentage impairment for the current mental disorder using the steps set out in section 4 (the *post-injury rating*); and
 - (c) subtract the pre-injury rating from the post-injury rating.
- (2) The remaining percentage impairment is the PIRS rating assessed by the medical expert for the mental disorder of the

injured worker.

Editor's note—

See also section 11 (Pre-existing mental disorder).

6 How to work out a median class score

- (1) A median class score is the number that would fall at the middle point between the third class number and the fourth class number if all the class numbers are listed in ascending order.
- (2) If the median class score under subsection (1) is not a whole number, the median class score must be rounded up to the nearest whole number.

Note—

A median class score, as opposed to a mean class score or average class score, has the advantage of not being too influenced by 1 extreme score.

7 Conversion table

This section sets out the conversion table for use under section 4.

Conversion table for percentage impairment Median class score

	1	2	3	4	5
6	0%				
7	0%				
8	1%				
9	1%	4%			
10	2%	5%			
11	2%	5%			
12	2%	6%			
13	3%	7%	11%		
14	3%	7%	13%		
15		8%	15%		
16		9%	17%		
17		9%	19%	31%	
18		10%	22%	34%	
19			24%	37%	
20			26%	41%	
21			28%	44%	61%
22			30%	47%	65%
23				50%	70%
24				54%	74%
25				57%	78%
26				60%	83%
27					87%
28					91%
29					96%
30					100%

Total class score

8 Example worksheet

This section sets out an example of a completed worksheet that could be used to assess a PIRS rating for a mental disorder.

Area of functional impairment	Class					
1 Self care and personal hygiene	1					
2 Social and recreational activities		2				
3 Travel			3			
4 Social functioning					5	
5 Concentration, persistence and pace					5	
6 Adaptation					5	
List of class numbers in ascending order:	1	2	3	5	5	
Median class score (using section 6):						4
Total class score:						21
Percentage impairment (using conversion table in section 7):						44%
PIRS rating (if no pre-existing mental disorder):						44%

Part 3 Particular cases

9 Refusal of treatment

- (1) This section applies if an injured worker refuses treatment that could lead to a significant improvement in the level of permanent impairment caused by a mental disorder of the injured worker.
- (2) Despite the injured worker's refusal of treatment, a medical expert may assess a PIRS rating for the mental disorder of the injured worker.

- (3) The refusal of treatment must not affect the medical expert's assessment of the PIRS rating.
- (4) The medical expert must note the refusal of treatment in the PIRS report and state in the report the likely effect of treatment and any reasons known to the medical expert for the refusal of treatment.
- (5) Subsection (6) applies if a PIRS report given to a court states that the injured worker refuses treatment that could lead to a significant improvement in the level of permanent impairment caused by the mental disorder of the injured worker.
- (6) The court may, in assessing the ISV for an injury or multiple injuries of the injured worker, take into account the refusal of treatment and the matters stated in the PIRS report under subsection (4).
- (7) In this section—
PIRS report means a report under section 12.

10 Cognitive impairment

If a medical expert assessing a PIRS rating for a mental disorder of an injured worker suspects the injured worker has a cognitive impairment, the medical expert must take into account the following factors—

- (a) the relevant medical history of the injured worker;
- (b) any medical treatment, and progress towards rehabilitation, for the cognitive impairment;
- (c) any results of radiological scans, including CT and MRI scans, electroencephalograms and psychometric tests made available to the medical expert.

11 Pre-existing mental disorder

If a medical expert assessing a PIRS rating for a mental disorder of an injured worker considers the injured worker had a pre-existing mental disorder, the medical expert must—

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- (a) make appropriate enquiry into the pre-existing mental disorder; and
 - (b) consider any psychiatric or psychological reports made available to the medical expert.

Part 4 Report of PIRS rating

12 Court to be given PIRS report

- (1) This section applies if a party to a proceeding wants a court to accept a PIRS rating assessed by a medical expert for a mental disorder of an injured worker.
- (2) The party must give the court a written report from the medical expert stating the following matters—
 - (a) the mental disorder diagnosed by the medical expert;
 - (b) the PIRS rating assessed by the medical expert for the mental disorder of the injured worker;
 - (c) how the PIRS rating is assessed, including—
 - (i) for each area of functional impairment set out in the PIRS—
 - (A) the relevant clinical findings; and
 - (B) the level of impairment set out in the PIRS that the medical expert decided described the level of impairment caused by the mental disorder of the injured worker; and
 - (C) the class set out in the PIRS that corresponds to the level that was decided; and
 - (ii) the median class score and total class score worked out under section 4; and
 - (iii) if the injured worker had a pre-existing mental disorder, the information mentioned in subparagraphs (i) and (ii) in relation to the

pre-injury rating and the post-injury rating as defined under section 5;

- (d) details of any cognitive impairment of the injured worker.

Schedule 11 Psychiatric impairment rating scale

section 112D(1)

Area of functional impairment: self-care and personal hygiene

Class	Level of impairment	Examples of indicators of level of impairment <i>Note</i> —These must be had regard to under schedule 10, section 4(3)(a)(i).	Percentage impairment ranges <i>Note</i> —These may be had regard to under schedule 10, section 4(3)(b).
Class 1	Little or no impairment		0 to 3%
Class 2	Mild impairment	<ul style="list-style-type: none"> • can live independently • looks after himself or herself adequately, although may look unkempt occasionally • sometimes misses a meal or relies on takeaway food 	4 to 10%
Class 3	Moderate impairment	<ul style="list-style-type: none"> • can not live independently without regular support • needs prompting to shower daily and wear clean clothes • does not prepare own meals • frequently misses meals 	11 to 30%

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		<ul style="list-style-type: none"> if living independently, a family member or community nurse visits, or needs to visit, 2 to 3 times a week to ensure a minimum level of hygiene and nutrition 	
Class 4	Severe impairment	<ul style="list-style-type: none"> needs supervised residential care if unsupervised, may accidentally or deliberately hurt himself or herself 	31 to 60%
Class 5	Totally impaired	<ul style="list-style-type: none"> needs assistance with basic functions, for example, feeding or toileting 	more than 60%

Area of functional impairment: social and recreational activities

Class	Level of impairment	Examples of indicators of level of impairment <i>Note</i> —These must be had regard to under schedule 10, section 4(3)(a)(i).	Percentage impairment ranges <i>Note</i> —These may be had regard to under schedule 10, section 4(3)(b).
Class 1	Little or no impairment	<ul style="list-style-type: none"> regularly goes to cinemas, restaurants or other recreational venues 	0 to 3%

		<ul style="list-style-type: none"> belongs to clubs or associations and is actively involved in them 	
Class 2	Mild impairment	<ul style="list-style-type: none"> occasionally goes to social events without needing a support person, but does not become actively involved, for example, by dancing or cheering a team 	4 to 10%
Class 3	Moderate impairment	<ul style="list-style-type: none"> rarely goes to social events, and usually only when prompted by family or a friend does not become involved in social events will not go out without a support person remains quiet and withdrawn 	11 to 30%
Class 4	Severe impairment	<ul style="list-style-type: none"> never leaves own residence tolerates the company of a family member or close friend will go to a different room or garden when a person, other than a family member or close friend, comes to visit someone at own residence 	31 to 60%

Schedule 11

Class 5	Totally impaired	<ul style="list-style-type: none"> can not tolerate living with anybody extremely uncomfortable when visited by a close family member 	more than 60%
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Area of functional impairment: travel

Class	Level of impairment	Examples of indicators of level of impairment <i>Note</i> —These must be had regard to under schedule 10, section 4(3)(a)(i).	Percentage impairment ranges <i>Note</i> —These may be had regard to under schedule 10, section 4(3)(b).
Class 1	Little or no impairment	<ul style="list-style-type: none"> can travel to new environments without supervision 	0 to 3%
Class 2	Mild impairment	<ul style="list-style-type: none"> can travel without a support person, but only in a familiar area, for example, to go to the local shops or visit a neighbour 	4 to 10%
Class 3	Moderate impairment	<ul style="list-style-type: none"> can not travel away from own residence without a support person 	11 to 30%

		<ul style="list-style-type: none">• there may be problems resulting from excessive anxiety or cognitive impairment	
Class 4	Severe impairment	<ul style="list-style-type: none">• finds it extremely uncomfortable to leave his or her own residence even with a trusted person	31 to 60%
Class 5	Totally impaired	<ul style="list-style-type: none">• can not be left unsupervised, even at own residence• may require 2 or more persons to supervise him or her when travelling	more than 60%

Area of functional impairment: social functioning

Class	Level of impairment	Examples of indicators of level of impairment <i>Note</i> —These must be had regard to under schedule 10, section 4(3)(a)(i).	Percentage impairment ranges <i>Note</i> —These may be had regard to under schedule 10, section 4(3)(b).
Class 1	Little or no impairment	<ul style="list-style-type: none"> has no difficulty in forming and sustaining relationships, for example, with a spouse or close friend lasting years 	0 to 3%
Class 2	Mild impairment	<ul style="list-style-type: none"> existing relationships are strained tension and arguments between the injured worker and a spouse or close family member some friendships are lost 	4 to 10%
Class 3	Moderate impairment	<ul style="list-style-type: none"> established relationships are severely strained, as is shown by periods of separation or domestic violence 	11 to 30%

		<ul style="list-style-type: none"> if the injured worker has children, then a spouse, family members or community services are providing most of the care for the children 	
Class 4	Severe impairment	<ul style="list-style-type: none"> can not form or sustain long-term relationships pre-existing relationships, for example, with a spouse or close friend, have ended can not care for dependents, for example, child dependents (if any) or an elderly parent 	31 to 60%
Class 5	Totally impaired	<ul style="list-style-type: none"> can not function within society lives away from populated areas actively avoids social contact 	more than 60%

Area of functional impairment: concentration, persistence and pace

Class	Level of impairment	Examples of indicators of level of impairment <i>Note</i> —These must be had regard to under schedule 10, section 4(3)(a)(i).	Percentage impairment ranges <i>Note</i> —These may be had regard to under schedule 10, section 4(3)(b).
Class 1	Little or no impairment	<ul style="list-style-type: none"> • can complete vocational education and training or a university course within a normal time frame 	0 to 3%
Class 2	Mild impairment	<ul style="list-style-type: none"> • can undertake a basic or standard retraining course at a slower pace • can focus on intellectually demanding tasks for up to 30 minutes, then may feel fatigued or develop headaches 	4 to 10%

Class 3	Moderate impairment	<ul style="list-style-type: none"> • can not read more than newspaper articles • finds it difficult to follow complex instructions, for example, operating manuals or building plans • can not make significant repairs to motor vehicle or type long documents • can not follow a pattern for making clothes or tapestry or knitting 	11 to 30%
Class 4	Severe impairment	<ul style="list-style-type: none"> • able only to read a few lines before losing concentration • has difficulty in following simple instructions • impaired concentration is obvious even during brief conversation • can not live alone or needs regular assistance from family members or community services 	31 to 60%
Class 5	Totally impaired	<ul style="list-style-type: none"> • needs constant supervision and assistance within an institutional environment 	more than 60%

Area of functional impairment: adaptation*Note—*

This area of functional impairment deals with employability.

Class	Level of impairment	Examples of indicators of level of impairment <i>Note—</i> These must be had regard to under schedule 10, section 4(3)(a)(i).	Percentage impairment ranges <i>Note—</i> These may be had regard to under schedule 10, section 4(3)(b).
Class 1	Little or no impairment	<ul style="list-style-type: none"> • can work full-time in the position in which the injured worker worked immediately before the injury (the <i>pre-injury position</i>) • the injured worker's duties at work and performance of the duties are consistent with the worker's education and training • can cope with the normal demands of the job 	0 to 3%

Class 2	Mild impairment	<ul style="list-style-type: none"> • can work in the pre-injury position, but for no more than 20 hours a week, for example, because the injured worker is no longer happy to work with particular persons • can work full-time in a different position where performance of the relevant duties requires the use of comparable skill and intellect to that required to perform the duties of the pre-injury position 	4 to 10%
Class 3	Moderate impairment	<ul style="list-style-type: none"> • can not work at all in the pre-injury position • only able to work less than 20 hours a week in a different position where performance of the relevant duties requires less skill or is otherwise less demanding, for example, less stressful 	11 to 30%
Class 4	Severe impairment	<ul style="list-style-type: none"> • can not work more than 1 or 2 days at a time • works less than 20 hours a fortnight • the pace at which work is done is reduced 	31 to 60%

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		<ul style="list-style-type: none">• attendance at work is erratic	
Class 5	Totally impaired	<ul style="list-style-type: none">• needs constant supervision and assistance within an institutional environment	more than 60%

Schedule 12 General damages calculation provisions

section 112E

1 General damages calculation provision—1 July 2010 to 30 June 2011

The general damages must be calculated for an injury sustained on or after 1 July 2010 to and including 30 June 2011 as follows—

- (a) if the injury scale value of the injury is assessed as 5 or less—by multiplying the injury scale value by \$1180;
- (b) if the injury scale value of the injury is assessed as 10 or less but more than 5—by adding to \$5900 an amount calculated by multiplying the number by which the injury scale value exceeds 5 by \$1410;
- (c) if the injury scale value of the injury is assessed as 15 or less but more than 10—by adding to \$12950 an amount calculated by multiplying the number by which the injury scale value exceeds 10 by \$1650;
- (d) if the injury scale value of the injury is assessed as 20 or less but more than 15—by adding to \$21200 an amount calculated by multiplying the number by which the injury scale value exceeds 15 by \$1880;
- (e) if the injury scale value of the injury is assessed as 25 or less but more than 20—by adding to \$30600 an amount calculated by multiplying the number by which the injury scale value exceeds 20 by \$2120;
- (f) if the injury scale value of the injury is assessed as 30 or less but more than 25—by adding to \$41200 an amount calculated by multiplying the number by which the injury scale value exceeds 25 by \$2360;
- (g) if the injury scale value of the injury is assessed as 35 or less but more than 30—by adding to \$53000 an amount

- calculated by multiplying the number by which the injury scale value exceeds 30 by \$2590;
- (h) if the injury scale value of the injury is assessed as 40 or less but more than 35—by adding to \$65950 an amount calculated by multiplying the number by which the injury scale value exceeds 35 by \$2830;
 - (i) if the injury scale value of the injury is assessed as 50 or less but more than 40—by adding to \$80100 an amount calculated by multiplying the number by which the injury scale value exceeds 40 by \$3040;
 - (j) if the injury scale value of the injury is assessed as 60 or less but more than 50—by adding to \$110500 an amount calculated by multiplying the number by which the injury scale value exceeds 50 by \$3250;
 - (k) if the injury scale value of the injury is assessed as 70 or less but more than 60—by adding to \$143000 an amount calculated by multiplying the number by which the injury scale value exceeds 60 by \$3460;
 - (l) if the injury scale value of the injury is assessed as 80 or less but more than 70—by adding to \$177600 an amount calculated by multiplying the number by which the injury scale value exceeds 70 by \$3680;
 - (m) if the injury scale value of the injury is assessed as 90 or less but more than 80—by adding to \$214400 an amount calculated by multiplying the number by which the injury scale value exceeds 80 by \$3890;
 - (n) if the injury scale value of the injury is assessed as 100 or less but more than 90—by adding to \$253300 an amount calculated by multiplying the number by which the injury scale value exceeds 90 by \$4120.

2 General damages calculation provision—1 July 2011 to 30 June 2012

The general damages must be calculated for an injury sustained on or after 1 July 2011 to and including 30 June 2012 as follows—

-
- (a) if the injury scale value of the injury is assessed as 5 or less—by multiplying the injury scale value by \$1210;
 - (b) if the injury scale value of the injury is assessed as 10 or less but more than 5—by adding to \$6050 an amount calculated by multiplying the number by which the injury scale value exceeds 5 by \$1450;
 - (c) if the injury scale value of the injury is assessed as 15 or less but more than 10—by adding to \$13300 an amount calculated by multiplying the number by which the injury scale value exceeds 10 by \$1700;
 - (d) if the injury scale value of the injury is assessed as 20 or less but more than 15—by adding to \$21800 an amount calculated by multiplying the number by which the injury scale value exceeds 15 by \$1930;
 - (e) if the injury scale value of the injury is assessed as 25 or less but more than 20—by adding to \$31450 an amount calculated by multiplying the number by which the injury scale value exceeds 20 by \$2180;
 - (f) if the injury scale value of the injury is assessed as 30 or less but more than 25—by adding to \$42350 an amount calculated by multiplying the number by which the injury scale value exceeds 25 by \$2430;
 - (g) if the injury scale value of the injury is assessed as 35 or less but more than 30—by adding to \$54500 an amount calculated by multiplying the number by which the injury scale value exceeds 30 by \$2660;
 - (h) if the injury scale value of the injury is assessed as 40 or less but more than 35—by adding to \$67800 an amount calculated by multiplying the number by which the injury scale value exceeds 35 by \$2910;
 - (i) if the injury scale value of the injury is assessed as 50 or less but more than 40—by adding to \$82350 an amount calculated by multiplying the number by which the injury scale value exceeds 40 by \$3130;
 - (j) if the injury scale value of the injury is assessed as 60 or less but more than 50—by adding to \$113650 an amount

- calculated by multiplying the number by which the injury scale value exceeds 50 by \$3340;
- (k) if the injury scale value of the injury is assessed as 70 or less but more than 60—by adding to \$147050 an amount calculated by multiplying the number by which the injury scale value exceeds 60 by \$3560;
 - (l) if the injury scale value of the injury is assessed as 80 or less but more than 70—by adding to \$182650 an amount calculated by multiplying the number by which the injury scale value exceeds 70 by \$3780;
 - (m) if the injury scale value of the injury is assessed as 90 or less but more than 80—by adding to \$220450 an amount calculated by multiplying the number by which the injury scale value exceeds 80 by \$4000;
 - (n) if the injury scale value of the injury is assessed as 100 or less but more than 90—by adding to \$260450 an amount calculated by multiplying the number by which the injury scale value exceeds 90 by \$4240.

3 General damages calculation provision—1 July 2012 to 30 June 2013

The general damages must be calculated for an injury sustained on or after 1 July 2012 to and including 30 June 2013 as follows—

- (a) if the injury scale value of the injury is assessed as 5 or less—by multiplying the injury scale value by \$1270;
- (b) if the injury scale value of the injury is assessed as 10 or less but more than 5—by adding to \$6350 an amount calculated by multiplying the number by which the injury scale value exceeds 5 by \$1530;
- (c) if the injury scale value of the injury is assessed as 15 or less but more than 10—by adding to \$14000 an amount calculated by multiplying the number by which the injury scale value exceeds 10 by \$1790;
- (d) if the injury scale value of the injury is assessed as 20 or less but more than 15—by adding to \$22950 an amount

-
- calculated by multiplying the number by which the injury scale value exceeds 15 by \$2030;
- (e) if the injury scale value of the injury is assessed as 25 or less but more than 20—by adding to \$33100 an amount calculated by multiplying the number by which the injury scale value exceeds 20 by \$2300;
 - (f) if the injury scale value of the injury is assessed as 30 or less but more than 25—by adding to \$44600 an amount calculated by multiplying the number by which the injury scale value exceeds 25 by \$2560;
 - (g) if the injury scale value of the injury is assessed as 35 or less but more than 30—by adding to \$57400 an amount calculated by multiplying the number by which the injury scale value exceeds 30 by \$2800;
 - (h) if the injury scale value of the injury is assessed as 40 or less but more than 35—by adding to \$71400 an amount calculated by multiplying the number by which the injury scale value exceeds 35 by \$3070;
 - (i) if the injury scale value of the injury is assessed as 50 or less but more than 40—by adding to \$86750 an amount calculated by multiplying the number by which the injury scale value exceeds 40 by \$3300;
 - (j) if the injury scale value of the injury is assessed as 60 or less but more than 50—by adding to \$119750 an amount calculated by multiplying the number by which the injury scale value exceeds 50 by \$3520;
 - (k) if the injury scale value of the injury is assessed as 70 or less but more than 60—by adding to \$154950 an amount calculated by multiplying the number by which the injury scale value exceeds 60 by \$3750;
 - (l) if the injury scale value of the injury is assessed as 80 or less but more than 70—by adding to \$192450 an amount calculated by multiplying the number by which the injury scale value exceeds 70 by \$3980;
 - (m) if the injury scale value of the injury is assessed as 90 or less but more than 80—by adding to \$232250 an amount

calculated by multiplying the number by which the injury scale value exceeds 80 by \$4210;

- (n) if the injury scale value of the injury is assessed as 100 or less but more than 90—by adding to \$274350 an amount calculated by multiplying the number by which the injury scale value exceeds 90 by \$4470.

4 General damages calculation provision—1 July 2013

The general damages must be calculated for an injury sustained on or after 1 July 2013 as follows—

- (a) if the injury scale value of the injury is assessed as 5 or less—by multiplying the injury scale value by \$1310;
- (b) if the injury scale value of the injury is assessed as 10 or less but more than 5—by adding to \$6550 an amount calculated by multiplying the number by which the injury scale value exceeds 5 by \$1580;
- (c) if the injury scale value of the injury is assessed as 15 or less but more than 10—by adding to \$14450 an amount calculated by multiplying the number by which the injury scale value exceeds 10 by \$1840;
- (d) if the injury scale value of the injury is assessed as 20 or less but more than 15—by adding to \$23650 an amount calculated by multiplying the number by which the injury scale value exceeds 15 by \$2090;
- (e) if the injury scale value of the injury is assessed as 25 or less but more than 20—by adding to \$34100 an amount calculated by multiplying the number by which the injury scale value exceeds 20 by \$2370;
- (f) if the injury scale value of the injury is assessed as 30 or less but more than 25—by adding to \$45950 an amount calculated by multiplying the number by which the injury scale value exceeds 25 by \$2640;
- (g) if the injury scale value of the injury is assessed as 35 or less but more than 30—by adding to \$59150 an amount calculated by multiplying the number by which the injury scale value exceeds 30 by \$2880;

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- (h) if the injury scale value of the injury is assessed as 40 or less but more than 35—by adding to \$73550 an amount calculated by multiplying the number by which the injury scale value exceeds 35 by \$3160;
 - (i) if the injury scale value of the injury is assessed as 50 or less but more than 40—by adding to \$89350 an amount calculated by multiplying the number by which the injury scale value exceeds 40 by \$3400;
 - (j) if the injury scale value of the injury is assessed as 60 or less but more than 50—by adding to \$123350 an amount calculated by multiplying the number by which the injury scale value exceeds 50 by \$3620;
 - (k) if the injury scale value of the injury is assessed as 70 or less but more than 60—by adding to \$159550 an amount calculated by multiplying the number by which the injury scale value exceeds 60 by \$3860;
 - (l) if the injury scale value of the injury is assessed as 80 or less but more than 70—by adding to \$198150 an amount calculated by multiplying the number by which the injury scale value exceeds 70 by \$4100;
 - (m) if the injury scale value of the injury is assessed as 90 or less but more than 80—by adding to \$239150 an amount calculated by multiplying the number by which the injury scale value exceeds 80 by \$4340;
 - (n) if the injury scale value of the injury is assessed as 100 or less but more than 90—by adding to \$282550 an amount calculated by multiplying the number by which the injury scale value exceeds 90 by \$4600.

Schedule 13 Dictionary

section 3

actuarial standard means 'Professional Standard 300—Actuarial reports and advice on outstanding claims in general insurance' issued by the Institute of Actuaries of Australia (ACN 000 423 656).

Editor's note—

A copy of the standard may be inspected at the Authority's office at 347 Ann Street, Brisbane.

actuary means an actuary approved by the Authority.

adverse psychological reaction does not include a mental disorder.

AMA 4 means the 'Guides to the Evaluation of Permanent Impairment' (4th edition) published by the American Medical Association.

AMA 5 means the 'Guides to the Evaluation of Permanent Impairment' (5th edition) published by the American Medical Association.

ankylosis means fixation of a joint in a specific position.

arbiter means the actuarial arbiter appointed under section 77.

AS/NZS means a standard published jointly by Standards Australia and Standards New Zealand.

assessed premium, for an employer, means premium calculated using the employer's wages for a period of insurance.

binaural tables means the binaural tables recommended and published by National Acoustic Laboratories.

central estimate has the meaning given by the actuarial standard, section 10.

claim, for part 4, means—

- (a) an application for compensation; or

- (b) a claim for damages.

digestive system—

- (a) means the organs and other parts of the body forming the alimentary tract, and includes the tongue, throat and abdominal wall; but
- (b) does not include an organ or other part of the body mentioned in the injury column of schedule 9.

dominant injury, of multiple injuries, means—

- (a) if the highest range for 2 or more of the injuries of the multiple injuries is the same—the injury of those injuries selected as the dominant injury by a court assessing an ISV; or
- (b) otherwise—the injury of the multiple injuries having the highest range.

Note—

The selection as a dominant injury of a particular injury from 2 or more injuries having the same highest range will not affect the outcome of the court's assessment of an ISV for the multiple injuries.

DSM 4 means the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders, Text Revision (DSM-IV-TR) published by the American Psychiatric Association in 2000.

estimated claims liability has the same meaning as in section 84(6) of the Act.

financial quarter means a period of 3 months beginning on 1 January, 1 April, 1 July or 1 October.

further premium, for an employer, means an amount, other than assessed premium or provisional premium, payable by an employer to WorkCover under the Act, and includes the following—

- (a) arrears of premium;
- (b) additional premium under section 9(4);
- (c) interest on premium under section 11(2);
- (d) an amount of unpaid premium or a payment or penalty payable under section 57(2) of the Act;

- (e) additional premium for late payment under section 61 or 62 of the Act;
- (f) additional premium under section 63 of the Act;
- (g) an amount payable under section 67 of the Act as in force immediately before the commencement of the *Workers' Compensation and Rehabilitation and Other Legislation Amendment Act 2010*, section 36.

hearing loss tables means 'Report No. 118—Improved Procedure for Determining Percentage Loss of Hearing' (1988) published by National Acoustic Laboratories.

highest range means the range of ISVs having the highest maximum ISV.

high risk industry means an industry stated in schedule 5A.

household worker means a person employed solely in and about, or in connection with, a private dwelling house or the grounds of the dwelling house.

injured worker means a worker who sustained an injury.

ISV means injury scale value.

last employment period see section 15(3)(b)(ii).

Le Fort I fracture means a horizontal segmented fracture of the alveolar process of the maxilla.

Le Fort II fracture means a unilateral or bilateral fracture of the maxilla—

- (a) in which the body of the maxilla is separated from the facial skeleton and pyramidal in shape; and
- (b) that may extend through the body of the maxilla down the midline of the hard palate, through the floor of the orbit and into the nasal cavity.

Le Fort III fracture means a fracture in which the entire maxilla and 1 or more facial bones are completely separated from the brain case.

lower extremity see AMA 4.

medical expert, for an assessment of a PIRS rating, means a person—

- (a) who is appropriately qualified to perform the assessment, including a psychologist, neuropsychologist or psychiatrist; and
- (b) who has had appropriate training in the use of the PIRS.

mental disorder means a mental disorder recognised under DSM 4.

modified barthel index means the guidelines and modified scoring of the barthel index stated in the article 'Improving the Sensitivity of the Barthel Index for Stroke Rehabilitation' by S Shah, F Vanclay and B Cooper published in the Journal of Clinical Epidemiology, 1989, vol 42 no 8, pp 703-709.

ophthalmologists guide means the publication 'Percentage Incapacity—A Guide for Members' published by the Royal Australian College of Ophthalmologists in 1992.

Editor's note—

A copy of the ophthalmologists guide may be obtained at the Authority's office at 347 Ann Street, Brisbane.

PIRS means the psychiatric impairment rating scale set out in schedule 11.

PIRS rating, for a mental disorder, means a rating on the PIRS for the permanent impairment caused by the mental disorder.

pre-existing, in relation to an injury, means existing at the time immediately before the injury.

premium includes assessed premium, provisional premium and further premium.

presbycusis correction table means the presbycusis correction table recommended and published by Hearing Australia.

provisional premium, for an employer, means premium calculated using a reasonable estimate of wages for a period of insurance.

prudential margin has the meaning given by the actuarial standard, section 12.

range, in relation to an ISV for an injury, means the range of ISVs for the injury set out in schedule 9.

registered training organisation see the *Vocational Education, Training and Employment Act 2000*, schedule 3.

risk free rate of return has the meaning given by the actuarial standard, section 13.

structural loss, for schedule 2, means anatomical loss.

Example—

an amputation of a finger

upper extremity see AMA 4.

whole person impairment, in relation to an injury, means an estimate, expressed as a percentage, of the impact of a permanent impairment caused by the injury on the injured worker's overall ability to perform activities of daily living other than employment.

Endnotes

1 Index to endnotes

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2 Date to which amendments incorporated

This is the reprint date mentioned in the *Reprints Act 1992*, section 5(c). Accordingly, this reprint includes all amendments that commenced operation on or before 1 July 2013. Future amendments of the *Workers' Compensation and Rehabilitation Regulation 2003* may be made in accordance with this reprint under the *Reprints Act 1992*, section 49.

3 Key

Key to abbreviations in list of legislation and annotations

Key	Explanation	Key	Explanation
AIA	= Acts Interpretation Act 1954	(prev)	= previously
amd	= amended	proc	= proclamation
amdt	= amendment	prov	= provision
ch	= chapter	pt	= part
def	= definition	pubd	= published
div	= division	R[X]	= Reprint No. [X]
exp	= expires/expired	RA	= Reprints Act 1992
gaz	= gazette	reloc	= relocated
hdg	= heading	renum	= renumbered
ins	= inserted	rep	= repealed
lap	= lapsed	(retro)	= retrospectively
notfd	= notified	rv	= revised version
num	= numbered	s	= section
o in c	= order in council	sch	= schedule
om	= omitted	sdiv	= subdivision
orig	= original	SIA	= Statutory Instruments Act 1992
p	= page	SIR	= Statutory Instruments Regulation 2002
para	= paragraph	SL	= subordinate legislation
prec	= preceding	sub	= substituted
pres	= present	unnum	= unnumbered
prev	= previous		

4 Table of reprints

A new reprint of the legislation is prepared by the Office of the Queensland Parliamentary Counsel each time a change to the legislation takes effect.

The notes column for this reprint gives details of any discretionary editorial powers under the *Reprints Act 1992* used by the Office of the Queensland Parliamentary Counsel in preparing it. Section 5(c) and (d) of the Act are not mentioned as they contain mandatory requirements that all amendments be included and all necessary consequential amendments be incorporated, whether of punctuation, numbering or another kind. Further details of the use of any discretionary editorial power noted in the table can be obtained by contacting the Office of the Queensland Parliamentary Counsel by telephone on 3237 0466 or email legislation.queries@oqpc.qld.gov.au.

From 29 January 2013, all Queensland reprints are dated and authorised by the Parliamentary Counsel. The previous numbering system and distinctions between printed and electronic reprints is not continued with the relevant details for historical reprints included in this table.

Reprint No.	Amendments included	Effective	Notes
1	none	1 July 2003	
1A	2004 SL No. 74	1 July 2004	
1B	2004 SL No. 289	17 December 2004	
1C	2004 SL No. 289	1 April 2005	
1D	2004 SL No. 289	1 July 2005	

Reprint No.	Amendments included	Effective	Notes
1E	2004 SL No. 289	22 August 2005	
1F	2005 SL No. 308	16 December 2005	
1G	2005 SL No. 308	1 January 2006	R1G withdrawn, see R2
2	—	1 January 2006	
2A	2006 SL No. 246	30 October 2006	
2B	2007 SL No. 12	16 February 2007	
2C	2008 SL No. 2	1 January 2008	
2D	2008 SL No. 105	24 April 2008	
2E	2008 SL No. 105	1 May 2008	
2F	2008 SL No. 105	1 July 2008	
2G	2008 Act No. 61	25 November 2008	
3	2009 SL No. 14	20 February 2009	
3A	2008 SL No. 105	1 July 2009	
3B	2009 SL No. 183	1 September 2009	
3C	2009 Act No. 38	26 October 2009	
3D	2010 SL No. 108	1 July 2010	R3D withdrawn, see R4
	2010 Act No. 24		
4	—	1 July 2010	
4A	2011 SL No. 129	1 July 2011	
4B	2012 SL No. 16	23 February 2012	
4C	2012 Act No. 12	27 June 2012	
4D	2012 SL No. 72	1 July 2012	
5	2012 SL No. 103	20 July 2012	

Current as at	Amendments included	Notes
1 July 2013	2013 SL No. 109 2013 SL No. 118	

5 List of legislation

Regulatory impact statements

For subordinate legislation that has a regulatory impact statement, specific reference to the statement is included in this list.

Explanatory notes

All subordinate legislation made on or after 1 January 2011 has an explanatory note. For subordinate legislation made before 1 January 2011 that has an explanatory note, specific reference to the note is included in this list.

Workers' Compensation and Rehabilitation Regulation 2003 SL No. 119

made by the Governor in Council on 19 June 2003

notfd gaz 20 June 2003 pp 633–6

ss 1–2 commenced on date of notification

remaining provisions commenced 1 July 2003 (see s 2)

exp 1 September 2013 (see SIA s 54)

Endnotes

Note—The expiry date may have changed since this reprint was published. See the latest reprint of the SIR for any change.

amending legislation—

Workers' Compensation and Rehabilitation Amendment Regulation (No. 1) 2004 SL No. 74

notfd gaz 18 June 2004 pp 506–7

ss 1–2 commenced on date of notification

remaining provisions commenced 1 July 2004 (see s 2)

Workers' Compensation and Rehabilitation and Other Legislation Amendment Regulation (No. 1) 2004 SL No. 289 ss 1, 2(3)–(5), pt 2

notfd gaz 17 December 2004 pp 1277–85

ss 1–2 commenced on date of notification

ss 5–6, 8–9, 19 (to the extent it ins s 124) commenced 1 July 2005 (see s 2(3))

ss 13–14 commenced 1 April 2005 (see s 2(4) and 2005 SL No. 39)

ss 16, 17(1)–(3) commenced 22 August 2005 (see s 2(5), 2004 No. 45 s 68 and 2005 SL No. 203)

remaining provisions commenced on date of notification

Note—An explanatory note was prepared.

Workers' Compensation and Rehabilitation and Other Legislation Amendment Regulation (No. 1) 2005 SL No. 308 ss 1–2(1), pt 2, s 3 sch

notfd gaz 16 December 2005 pp 1490–6

ss 1–2 commenced on date of notification

ss 4(2) (to the extent it ins def *high risk industry*), 7–8, 13–14, 16 commenced 1 January 2006 (see s 2(1))

remaining provisions commenced on date of notification

Note—Two regulatory impact statements and an explanatory note were prepared.

Education (General Provisions) Regulation 2006 SL No. 246 ss 1, 2(3), 90(1) sch 1

notfd gaz 6 October 2006 pp 577–80

ss 1–2 commenced on date of notification

remaining provisions commenced 30 October 2006 (see s 2(3))

Workers' Compensation and Rehabilitation and Another Regulation Amendment Regulation (No. 1) 2007 SL No. 12 s 1, pt 2

notfd gaz 16 February 2007 pp 760–1

commenced on date of notification

Electrical Safety and Other Legislation Amendment Regulation (No. 1) 2008 SL No. 2 ss 1–2(1), pt 4

notfd gaz 25 January 2008 pp 324–5

ss 1–2 commenced on date of notification

remaining provisions commenced 1 January 2008 (see s 2(1))

Workers' Compensation and Rehabilitation Amendment Regulation (No. 1) 2008 SL No. 105

notfd gaz 24 April 2008 pp 2186–8

ss 1–2 commenced on date of notification

ss 5, 14 (to the extent it ins pt 10, div 3 hdg and s 125) commenced 1 May 2008 (see s 2(1))

ss 10, 11, 13, 14 (to the extent it ins s 127) commenced 1 July 2008 (see s 2(2))

ss 9, 14 (to the extent it ins s 126) commenced 1 July 2009 (see s 2(3))

remaining provisions commenced on date of notification

Note—A regulatory impact statement and explanatory note were prepared.

Workplace Health and Safety and Other Legislation Amendment Act 2008 No. 61 s 1, pt 5

date of assent 25 November 2008

commenced on date of assent

Workers' Compensation and Rehabilitation Amendment Regulation (No. 1) 2009 SL No. 14

notfd gaz 20 February 2009 pp 852–3

commenced on date of notification

Note—An explanatory note was prepared.

Uniform Civil Procedure (Fees) Regulation 2009 SL No. 183 ss 1–2, pt 6 div 7

notfd gaz 28 August 2009 pp 1491–6

ss 1–2 commenced on date of notification

remaining provisions commenced 1 September 2009 (see s 2)

Electrical Safety and Other Legislation Amendment Act 2009 No. 38 ss 1, 2(2), pt 16

date of assent 22 September 2009

ss 1–2 commenced on date of assent

remaining provisions commenced 26 October 2009 (2009 SL No. 233)

Health and Other Legislation Amendment Regulation (No. 1) 2010 SL No. 108 pts 1, 18

notfd gaz 11 June 2010 pp 459–61

ss 1–2 commenced on date of notification

remaining provisions commenced 1 July 2010 (see s 2)

Workers' Compensation and Rehabilitation and Other Legislation Amendment Act 2010 No. 24 pts 1, 3, s 35 sch

date of assent 17 June 2010

ss 1–2 commenced on date of assent

remaining provisions commenced 1 July 2010 (see s 2)

Workers' Compensation and Rehabilitation Amendment Regulation (No. 1) 2011 SL No. 129

notfd gaz 1 July 2011 pp 589–96

ss 1–2 commenced on date of notification

remaining provisions commenced 1 July 2011 (see s 2)

Civil Partnerships Regulation 2012 SL No. 16 pts 1, 6

notfd gaz 3 February 2012 pp 227–8

ss 1–2 commenced on date of notification

remaining provisions commenced 23 February 2012 (see s 2)

Endnotes

**Civil Liability and Other Legislation Amendment Regulation (No. 1) 2012 SL No. 72
pts 1, 4**

notfd gaz 15 June 2012 pp 329–30
ss 1–2 commenced on date of notification
remaining provisions commenced 1 July 2012 (see s 2)

**Civil Partnerships and Other Legislation Amendment Act 2012 No. 12 ss 1, 59(1)–(2)
sch pts 1–2**

date of assent 27 June 2012
commenced on date of assent

**Vocational Education, Training and Employment and Other Legislation Amendment
Regulation (No. 1) 2012 SL No. 103 pts 1, 16**

notfd gaz 20 July 2012 pp 863–7
commenced on date of notification

TAFE Queensland Regulation 2013 SL No. 109 ss 1–2, 16 sch 1 pt 2

notfd gaz 21 June 2013 pp 503–7
ss 1–2 commenced on date of notification
remaining provisions commenced 1 July 2013 (see s 2)

**Civil Liability and Other Legislation Amendment Regulation (No. 1) 2013 SL No.
118 pts 1, 4**

notfd gaz 28 June 2013 pp 739–47
ss 1–2 commenced on date of notification
remaining provisions commenced 1 July 2013 (see s 2)

6 List of annotations

Definitions

s 3 Note—prev s 3 contained definitions for this Act. Definitions are now located in schedule 13 (Dictionary). Annotations for definitions contained in prev s 3 are located in annotations for sch 13.
amd 2010 Act No. 24 s 36(7)

WorkCover's capital adequacy—Act, s 453

s 5 sub 2004 SL No. 289 s 5
amd 2008 SL No. 105 s 4
sub 2009 SL No. 14 s 3

PART 2—EMPLOYER INSURANCE

Assessment of premium

s 8 amd 2004 SL No. 289 s 6

Payment of premium by instalments

s 11 amd 2009 No. 38 s 66

Deemed premium—s 20

s 13 om 2004 SL No. 74 s 5

Premium for appeals—Act, s 569(2)(a)

s 14 sub 2004 SL No. 74 s 6

Former employer may apply to cancel policy

s 15 sub 2004 SL No. 289 s 7

Cancellation of policy if workers no longer employed

s 15A ins 2004 SL No. 289 s 7

Excess period—Act, s 65

s 16 sub 2004 SL No. 289 s 8
amd 2008 SL No. 105 s 5
sub 2010 Act No. 24 s 37

Employer's election to insure against payment for excess period—Act, s 67

s 17 om 2010 Act No. 24 s 38

Amount payable to insure against payment for excess period—Act, s 67

s 18 amd 2004 SL No. 289 s 9
om 2010 Act No. 24 s 38

Division 3—Self-insurance

div hdg (prev div 4 hdg) amd 2004 SL No. 289 s 10

Annual levy—Act, s 81

s 20 sub 2004 SL No. 74 s 7
amd 2009 No. 38 s 66

Provisional annual levy

s 20A ins 2004 SL No. 74 s 8

Additional amount for late payment of levy—Act, s 82

s 21 amd 2009 No. 38 s 66

Conditions of licence—Act, s 83

s 22 amd 2004 SL No. 74 s 9; 2004 SL No. 289 s 11

Premium payable after cancellation of self-insurer's licence—Act, s 98

s 23 amd 2009 No. 38 s 66

Deemed levy for appeals—Act, s 569(2)(a)

s 23A ins 2004 SL No. 74 s 10
sub 2004 SL No. 289 s 12
amd 2009 No. 38 s 67

Actuarial procedure—self-insurers

s 24 amd 2009 No. 38 s 68

Insurance of work experience students

s 25 amd 2006 SL No. 246 s 90(1) sch 1

Insurance of vocational placement students

s 26 amd 2008 SL No. 105 s 6; 2012 SL No. 103 s 62

Endnotes

Entitlements of persons mentioned in ch 1, pt 4, div 3, sdivs 1, 2 and 4
s 30 prov hdg amd 2010 Act No. 24 s 35 sch

PART 4—AMOUNT OF CALCULATION OF LIABILITY FOR SELF-INSURERS

Division 3A—Estimated claims liability

div 3A (ss 75A–75L) ins 2004 SL No. 74 s 11

Division 3B—Self-insurers who become non-scheme employers

div hdg ins 2005 SL No. 308 s 5

Subdivision 1—Preliminary

sdiv 1 (ss 75M–75N) ins 2005 SL No. 308 s 5

Subdivision 2—Calculation

sdiv 2 (ss 75O–75W) ins 2005 SL No. 308 s 5

Subdivision 3—Recalculation

sdiv 3 (ss 75X–75ZG) ins 2005 SL No. 308 s 5

Division 3C—Total liability—member of a group who becomes non-scheme employer

div 3C (ss 75ZH–75ZR) ins 2005 SL No. 308 s 5

Appointment of actuarial arbiter

s 77 amd 2010 Act No. 24 s 39

Application for compensation

s 85 amd 2008 Act No. 61 s 44

Certificate given by dentist, doctor or nurse practitioner

prov hdg amd 2010 Act No. 24 s 35 sch

s 86 amd 2010 Act No. 24 s 35 sch

If dentist, doctor or nurse practitioner not available

prov hdg amd 2010 Act No. 24 s 35 sch

s 87 amd 2010 Act No. 24 s 35 sch

Maximum liability for cost of hospitalisation—Act, s 218

s 90 om 2004 SL No. 289 s 13

Special medical treatment, hospitalisation or medical aid

s 91 amd 2004 SL No. 289 s 14

Table of injuries

s 92 amd 2010 Act No. 24 s 35 sch

Assessing degree of permanent impairment from multiple injuries using the table of injuries

s 93 amd 2010 Act No. 24 s 35 sch

Assessment for industrial deafness—Act, s 179

s 94 amd 2008 SL No. 105 s 7

Calculation of WRI—Act, s 183

s 95 amd 2008 SL No. 105 s 8

Additional lump sum compensation—workers with latent onset injuries that are terminal conditions—Act, s 128B

s 95A ins 2005 SL No. 308 s 6

PART 6—REHABILITATION**Division 1A—Rehabilitation and return to work coordinators**

div hdg ins 2005 SL No. 308 s 7

Criteria for rehabilitation and return to work coordinator—Act, s 41(a)

s 99A ins 2005 SL No. 308 s 7
sub 2008 SL No. 105 s 9
amd 2009 No. 38 s 68; 2012 SL No. 103 s 63

Functions of rehabilitation and return to work coordinator—Act, s 41(b)

s 99B ins 2005 SL No. 308 s 7

Employer's obligation to appoint rehabilitation and return to work coordinator—Act, s 226(1)

s 99C ins 2005 SL No. 308 s 7
amd 2008 SL No. 105 s 10; 2009 No. 38 s 68

Employer's obligation to have workplace rehabilitation policy and procedures—Act s 227(1)

s 99D ins 2005 SL No. 308 s 8
amd 2008 SL No. 105 s 11; 2009 No. 38 s 68

Definition for div 3

s 102 om 2005 SL No. 308 s 3 sch

Doctor's approval

s 104 sub 2005 SL No. 308 s 9

Rehabilitation and return to work plan

s 106 sub 2005 SL No. 308 s 10

Suitable duties program

s 106A ins 2005 SL No. 308 s 10

Case notes

s 107 amd 2005 SL No. 308 s 11

Early worker contact

s 108 amd 2005 SL No. 308 s 3 sch

Rehabilitation

s 109 amd 2005 SL No. 308 s 12

Notice of claim for damages—Act, s 275

s 111 amd 2008 SL No. 105 s 12; 2012 SL No. 16 s 18; 2012 Act No. 12 s 59 sch pts 1–2

Insurer may add another person as contributor—Act, s 278A

s 112A ins 2004 SL No. 289 s 15
amd 2008 SL No. 105 s 13

Endnotes

Contributor's response—Act, s 278B

s 112B ins 2004 SL No. 289 s 15

PART 7A—ASSESSMENT OF DAMAGES

pt hdg ins 2010 Act No. 24 s 40

Prescribed amount of damages for loss of consortium or loss of servitium—Act, s 306M

s 112C ins 2010 Act No. 24 s 40
amd 2011 SL No. 129 s 4; 2012 SL No. 72 s 12; 2013 SL No. 118 s 11

Rules for assessing injury scale value—Act, s 306O(1)(c)(i)

s 112D ins 2010 Act No. 24 s 40

General damages calculation provisions—Act, s 306P

s 112E ins 2010 Act No. 24 s 40
amd 2011 SL No. 129 s 5; 2012 SL No. 72 s 13; 2013 SL No. 118 s 12

Prescribed amount of award for future loss—Act, s 306R

s 112F ins 2010 Act No. 24 s 40
amd 2011 SL No. 129 s 6; 2012 SL No. 72 s 14; 2013 SL No. 118 s 13

PART 8—COSTS

Division 1—Proceeding before industrial magistrate or industrial commission

div hdg amd 2004 SL No. 289 s 16

Costs—proceeding before industrial magistrate or industrial commission

prov hdg amd 2004 SL No. 289 s 17(1)

s 113 amd 2004 SL No. 289 s 17(2)–(4); 2009 SL No. 183 s 37

PART 8A—MEDICAL ASSESSMENT TRIBUNALS

pt hdg ins 2005 SL No. 308 s 13

Medical assessment tribunals

s 118A ins 2005 SL No. 308 s 13

Constitution of General Medical Assessment Tribunal

s 118B ins 2005 SL No. 308 s 13
amd 2010 SL No. 108 s 71

Chairperson and deputy chairperson of General Medical Assessment Tribunal

s 118C ins 2005 SL No. 308 s 13

Constitution of specialty medical assessment tribunal

s 118D ins 2005 SL No. 308 s 13
amd 2010 SL No. 108 s 71

Chairperson and deputy chairperson of specialty medical assessment tribunal

s 118E ins 2005 SL No. 308 s 13

Constitution of composite tribunals

s 118F ins 2005 SL No. 308 s 13
amd 2010 SL No. 108 s 71

Chairperson and deputy chairperson of composite tribunal

s 118G ins 2005 SL No. 308 s 13

Documents to be kept—Act, s 520

s 119 amd 2005 SL No. 308 s 3 sch; 2010 Act No. 24 s 35 sch

Reasons for decisions must address certain matters—Act, ss 540(4) and 546(3AA)

prov hdg amd 2005 SL No. 308 s 14(1)

s 120 amd 2005 SL No. 308 s 14(2)

Declaration of designated courts—Act, s 114

s 120A ins 2007 SL No. 12 s 4

Declaration of provisions that are a State's legislation about damages for work related injury—Act, s 322

s 120B ins 2007 SL No. 12 s 4

PART 10—TRANSITIONAL PROVISIONS

pt hdg prev pt 10 hdg om R1 (see RA s 7(1)(k))

 pres pt 10 hdg ins 2004 SL No. 74 s 12

 sub 2004 SL No. 289 s 18

Division 1—Provisions for Workers' Compensation and Rehabilitation Amendment Regulation (No. 1) 2004

div hdg ins 2004 SL No. 289 s 18

 amd 2010 Act No. 24 s 35 sch

Estimated claims liability for ss 20 and 23A

s 121 prev s 121 om R1 (see RA s 40)

 pres s 121 ins 2004 SL No. 74 s 12

Adjustment of annual levy

s 122 ins 2004 SL No. 74 s 12

 amd 2009 No. 38 s 68

Division 2—Provisions for Workers' Compensation and Rehabilitation and Other Legislation Amendment Regulation (No. 1) 2004

div hdg ins 2004 SL No. 289 s 19

 amd 2010 Act No. 24 s 35 sch

Costs in proceedings before industrial magistrate

s 123 ins 2004 SL No. 289 s 19

Excess period

s 124 ins 2004 SL No. 289 s 19

Division 3—Provisions for Workers' Compensation and Rehabilitation Amendment Regulation (No. 1) 2008

div hdg ins 2008 SL No. 105 s 14

 amd 2010 Act No. 24 s 35 sch

Excess period

s 125 ins 2008 SL No. 105 s 14

Rehabilitation and return to work coordinators

s 126 ins 2008 SL No. 105 s 14

Endnotes

Adding person as contributor

s 127 ins 2008 SL No. 105 s 14

**Division 4—Provision for Workers' Compensation and Rehabilitation and Other
Legislation Amendment Act 2010**

div 4 (s 128) ins 2010 Act No. 24 s 41

SCHEDULE 2—TABLE OF INJURIES

sch 2 sub 2005 SL No. 308 s 15

PART 1—UPPER EXTREMITY INJURIES

pt hdg sub 2005 SL No. 308 s 15

Division 1—Preliminary

div hdg sub 2005 SL No. 308 s 15

Application of pt 1

s 1 sub 2005 SL No. 308 s 15

How to use this part of the table

s 2 sub 2005 SL No. 308 s 15

Interaction between this part and AMA 4

prov hdg amd 2010 Act No. 24 s 35 sch

s 3 sub 2005 SL No. 308 s 15

amd 2010 Act No. 24 s 35 sch

**Formulas to be used for deciding lump sum compensation for permanent
impairment**

s 4 sub 2005 SL No. 308 s 15

Division 2—Upper extremity injuries

div 2 sub 2005 SL No. 308 s 15

PART 2—LOWER EXTREMITY INJURIES

pt hdg sub 2005 SL No. 308 s 15

Division 1—Preliminary

div hdg sub 2005 SL No. 308 s 15

Application of pt 2

s 1 sub 2005 SL No. 308 s 15

How to use this part of the table

s 2 sub 2005 SL No. 308 s 15

Interaction between this part and AMA 4

prov hdg amd 2010 Act No. 24 s 35 sch

s 3 sub 2005 SL No. 308 s 15

amd 2010 Act No. 24 s 35 sch

**Formulas to be used for deciding lump sum compensation for permanent
impairment**

s 4 sub 2005 SL No. 308 s 15

Division 2—Lower extremity injuries**div 2** sub 2005 SL No. 308 s 15**PART 3—SPECIAL PROVISION INJURIES****pt hdg** sub 2005 SL No. 308 s 15**Division 1—Preliminary****div 1 (ss 1–4)** sub 2005 SL No. 308 s 15**Division 2—Special provision injuries****div 2** sub 2005 SL No. 308 s 15**PART 4—OTHER INJURIES****pt hdg** sub 2005 SL No. 308 s 15**Division 1—Preliminary****div hdg** sub 2005 SL No. 308 s 15**Application of pt 4****s 1** sub 2005 SL No. 308 s 15**How to use this part of the table****s 2** sub 2005 SL No. 308 s 15**Interaction between this part and AMA 4****prov hdg** amd 2010 Act No. 24 s 35 sch**s 3** sub 2005 SL No. 308 s 15
amd 2010 Act No. 24 s 35 sch**Formulas to be used for deciding lump sum compensation for permanent impairment****s 4** sub 2005 SL No. 308 s 15**Division 2—System injuries****div 2** sub 2005 SL No. 308 s 15**PART 5—PRESCRIBED DISFIGUREMENT****pt hdg** sub 2005 SL No. 308 s 15**Division 1—Preliminary****div 1 (ss 1–2)** sub 2005 SL No. 308 s 15**Division 2—Prescribed disfigurement****div 2** sub 2005 SL No. 308 s 15**PART 6—PSYCHIATRIC OR PSYCHOLOGICAL INJURIES****pt hdg** sub 2005 SL No. 308 s 15**Application of pt 6****s 1** sub 2005 SL No. 308 s 15**Interaction between this part and AMA 4****prov hdg** amd 2010 Act No. 24 s 35 sch**s 2** sub 2005 SL No. 308 s 15
amd 2010 Act No. 24 s 35 sch

Endnotes

Formula to be used for deciding lump sum compensation for permanent impairment
s 3 sub 2005 SL No. 308 s 15

**SCHEDULE 2A—GRADUATED SCALE FOR ADDITIONAL COMPENSATION
FOR WORKERS WITH TERMINAL LATENT ONSET INJURIES**
ins 2005 SL No. 308 s 15

**SCHEDULE 3—GRADUATED SCALE OF ADDITIONAL COMPENSATION
FOR CERTAIN WORKERS**
sub 2005 SL No. 308 s 15; 2008 SL No. 2 s 8 (retro)

**SCHEDULE 4—GRADUATED SCALE FOR ADDITIONAL COMPENSATION
FOR GRATUITOUS CARE**
sub 2005 SL No. 308 s 15

SCHEDULE 5A—HIGH RISK INDUSTRIES
sch hdg amd 2010 Act No. 24 s 35 sch
sch 5A ins 2005 SL No. 308 s 16

**SCHEDULE 7—DESIGNATED COURTS AND PROVISIONS THAT ARE A
STATE'S LEGISLATION ABOUT DAMAGES FOR WORK RELATED
INJURY**
prev sch 7 om R1 (see RA s 40)
pres sch 7 ins 2007 SL No. 12 s 5

**SCHEDULE 8—MATTERS TO WHICH COURT IS TO HAVE REGARD IN THE
APPLICATION OF SCHEDULE 9**
sch 8 ins 2010 Act No. 24 s 42

**PART 1—OBJECTIVES OF SCHEDULE 9 (RANGES OF INJURY SCALE
VALUES)**
pt 1 (s 1) ins 2010 Act No. 24 s 42

PART 2—HOW TO USE SCHEDULE 9
pt hdg ins 2010 Act No. 24 s 42

Division 1—Injury
div 1 (ss 2–7) ins 2010 Act No. 24 s 42

Division 2—Other matters
div 2 (ss 8–14) ins 2010 Act No. 24 s 42

SCHEDULE 9—RANGES OF INJURY SCALE VALUES
ins 2010 Act No. 24 s 42
amd 2011 SL No. 129 s 7

**SCHEDULE 10—MATTERS RELEVANT TO PIRS ASSESSMENT BY MEDICAL
EXPERT**
sch 10 ins 2010 Act No. 24 s 42

PART 1—EXPLANATION OF THE PIRS
pt 1 (ss 1–2) ins 2010 Act No. 24 s 42

PART 2—ASSESSMENT OF PIRS RATING
pt 2 (ss 3–8) ins 2010 Act No. 24 s 42

PART 3—PARTICULAR CASES**pt 3 (ss 9–11)** ins 2010 Act No. 24 s 42**PART 4—REPORT OF PIRS RATING****pt 4 (s 12)** ins 2010 Act No. 24 s 42**SCHEDULE 11—PSYCHIATRIC IMPAIRMENT RATING SCALE**

ins 2010 Act No. 24 s 42

amd 2013 SL No. 109 s 16 sch 1 pt 2

SCHEDULE 12—GENERAL DAMAGES CALCULATION PROVISIONS**sch hdg** ins 2010 Act No. 24 s 42**General damages calculation provision—1 July 2010 to 30 June 2011****prov hdg** amd 2011 SL No. 129 s 8(2)**s 1** ins 2010 Act No. 24 s 42

num 2011 SL No. 129 s 8(1)

amd 2011 SL No. 129 s 8(3)

General damages calculation provision—1 July 2011 to 30 June 2012**prov hdg** amd 2012 SL No. 72 s 15(1)**s 2** ins 2011 SL No. 129 s 8(4)

amd 2012 SL No. 72 s 15(2)

General damages calculation provision—1 July 2012 to June 2013**prov hdg** amd 2013 SL No. 118 s 14(1)**s 3** ins 2012 SL No. 72 s 15(3)

amd 2013 SL No. 118 s 14(2)

General damages calculation provision—1 July 2013**s 4** ins 2013 SL No. 118 s 14(3)**SCHEDULE 13—DICTIONARY**

Note—definitions for this Act were originally located in prev s 3.

ins 2010 Act No. 24 s 42

def *actuarial standard* reloc from s 3 2010 Act No. 24 s 36(6)def *actuary* reloc from s 3 2010 Act No. 24 s 36(6)def *AMA 4* ins 2010 Act No. 24 s 36(2)

reloc from s 3 2010 Act No. 24 s 36(6)

def *AMA guide* amd 2005 SL No. 308 s 4(3)

om 2010 Act No. 24 s 36(1)

def *arbiter* reloc from s 3 2010 Act No. 24 s 36(6)def *AS/NZS* reloc from s 3 2010 Act No. 24 s 36(6)def *assessed premium* reloc from s 3 2010 Act No. 24 s 36(6)def *binaural tables* amd 2005 SL No. 308 s 4(4)

reloc from s 3 2010 Act No. 24 s 36(6)

def *central estimate* reloc from s 3 2010 Act No. 24 s 36(6)def *claim* reloc from s 3 2010 Act No. 24 s 36(6)def *estimated claims liability* ins 2004 SL No. 74 s 4

reloc from s 3 2010 Act No. 24 s 36(6)

def *financial quarter* reloc from s 3 2010 Act No. 24 s 36(6)def *further premium* amd 2010 Act No. 24 s 36(3)

Endnotes

- reloc from s 3 2010 Act No. 24 s 36(6)
- def **hearing loss tables** sub 2005 SL No. 308 s 4(1)–(2)
- reloc from s 3 2010 Act No. 24 s 36(6)
- def **high risk industry** ins 2005 SL No. 308 s 4(2)
- reloc from s 3 2010 Act No. 24 s 36(6)
- def **household worker** reloc from s 3 2010 Act No. 24 s 36(6)
- def **injured worker** ins 2010 Act No. 24 s 36(2)
- reloc from s 3 2010 Act No. 24 s 36(6)
- def **last employment period** ins 2004 SL No. 289 s 4
- reloc from s 3 2010 Act No. 24 s 36(6)
- def **lower extremity** amd 2010 Act No. 24 s 36(4)
- reloc from s 3 2010 Act No. 24 s 36(6)
- def **modified barthel index** reloc from s 3 2010 Act No. 24 s 36(6)
- def **ophthalmologists guide** sub 2005 SL No. 308 s 4(1)–(2); 2010 Act No. 24 s 36(1)–(2)
- reloc from s 3 2010 Act No. 24 s 36(6)
- def **premium** reloc from s 3 2010 Act No. 24 s 36(6)
- def **presbycusis correction table** reloc from s 3 2010 Act No. 24 s 36(6)
- def **provisional premium** reloc from s 3 2010 Act No. 24 s 36(6)
- def **prudential margin** reloc from s 3 2010 Act No. 24 s 36(6)
- def **registered training organisation** ins 2012 SL No. 103 s 64
- def **risk free rate of return** reloc from s 3 2010 Act No. 24 s 36(6)
- def **structural loss** ins 2005 SL No. 308 s 4(2)
- reloc from s 3 2010 Act No. 24 s 36(6)
- def **upper extremity** amd 2010 Act No. 24 s 36(5)
- reloc from s 3 2010 Act No. 24 s 36(6)

7 Information about retrospectivity

Retrospective amendments that have been consolidated are noted in the list of legislation and list of annotations. Any retrospective amendment that has not been consolidated is noted in an editor's note to the text.

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