

**1st Edition**

September 2018 to September 2020

# **Summary of Workers' Compensation Scheme Developments /**

Australia and New Zealand



**safe work australia**



# Table of Contents

Introduction.....	3
New South Wales.....	4
Victoria .....	11
Queensland .....	14
Western Australia.....	18
South Australia.....	20
Tasmania.....	22
Australian Capital Territory.....	24
Northern Territory.....	25
Commonwealth .....	27
New Zealand .....	29

# Introduction



This is the first edition of a biennial report containing a summary of workers' compensation scheme developments in Australia and New Zealand between September 2018 and September 2020. The summaries outline significant changes in:

- administration
- scheme delivery
- policy
- amendments in legislation

Workers' compensation schemes aim to minimise the cost and impact of work-related injury and illness. Workers' compensation in Australia is predominately jurisdictionally based, with coverage of injured workers generally based on the location of employment. There are 11 main workers' compensation schemes in Australia, one for each state and territory and 3 Commonwealth schemes.

In contrast to Australia, New Zealand has a no-fault accident insurance scheme covering everyone who is injured in New Zealand, including workers, drivers, children, beneficiaries, students, unemployed, retirees and visitors. The scheme is managed by the [Accident Compensation Commission](#) (ACC), funded by compulsory levies, and replaces the right to sue for injury.

# New South Wales



## Administrative and scheme delivery changes

### New workers' compensation claims handling requirements

The State Insurance Regulatory Authority (SIRA) developed a digital claims administration platform to provide information, resources and practical guidance for insurers and other stakeholders online. The platform includes all-new standards of practice; and consolidated and streamlined workers' compensation guidelines. The information complements the reforms to the dispute resolution process platform.

### New one-stop-shop for claims handling information

In August 2019, SIRA launched an online [Claims management guide](#) to assist insurers to make claims management decisions in line with legislation and regulatory requirements, and assist workers seeking further details about their entitlements. The Claims management guide includes a range of comprehensive guidance material, forms and links to legislation and regulatory instruments.

### Standards of Practice

SIRA has developed the *Standards of Practice: expectations for insurer administration and conduct* (The Standards). The Standards are designed to support and encourage insurers to have effective claims management practices that will help deliver positive experiences and outcomes for workers, employers and the people of NSW. The Standards require insurers to apply principles across a range of processes and procedures in claims handling and administration. The principles and expectations target activities where it is known that insurer processes or procedures have impacted on the worker's claims experience. They may also seek to provide clarity where confusion or inconsistency among insurers has led to inequitable compensation outcomes for workers and employers. They are not a comprehensive suite of claims practices.

### New requirements for insurer claims administration and conduct

SIRA has created new standards of practice and guidelines for insurers to improve outcomes in the workers' compensation system.

The *Standards of Practice: expectations for insurer administration and conduct*, *Workers compensation guidelines* and *Workers compensation medical dispute assessment guidelines* took effect from 1 January 2019. They support and encourage insurers to have effective claims management practices to help deliver positive experiences and outcomes for workers, employers and the people of NSW.

They are supported by streamlined and consolidated workers' compensation guidelines which have been published in the Government Gazette on the NSW Legislation website.

The workers' compensation guidelines replace the:

- *Guidelines for Claiming workers' compensation* (1 August 2016)

- *Guidelines on injury management consultants* (27 September 2012)
- *Guidelines on independent medical examinations and reports* (13 March 2012).

*Workers compensation medical dispute assessment guidelines* have also been gazetted. They replace the *WorkCover medical assessment guidelines 2006* and complement reforms to the dispute resolution process. The *WorkCover interim payment direction guidelines 2009* have been revoked. Instead, stakeholders should refer to the Workers' Compensation Commission's practice direction no. 10 Interim payment directions for weekly payment of compensation or medical expenses compensation (30 October 2018).

## Workers' Compensation System Performance Reports

The Workers' Compensation System Annual Performance Reports for 2017/2018 & 2018/2019 are available on the SIRA website. The purpose of the reports is to identify trends and key issues impacting the workers' compensation system. SIRA also releases system performance information on a monthly basis which offer a high-level dashboard report and detailed data tables. The report identifies system performance against the workers' compensation system framework derived from the workers' compensation legislation including effectiveness, efficiency, affordability, viability, customer experience and equity.

## Increased transparency and accountability in the workers' compensation system

SIRA released a new open data application that will assist in improving transparency and accountability in the NSW workers' compensation scheme. The application is a self-service visual analytics tool that makes it easier to view scheme performance data over time.

## Customer service conduct principles

The Customer service conduct principles for insurers was released on 19 November 2019. SIRA sought feedback on the principles for insurers dealing with workers' compensation, motor accidents (compulsory third party), and home building compensation claims in NSW. Under the customer service conduct principles, insurers will be required to regularly attest to compliance with these five principles:

1. Be efficient and easy to engage
2. Act fairly, with empathy and respect
3. Resolve customer concerns quickly, respect customers' time and be proactive
4. Have systems in place to identify and address customer concerns
5. Be accountable for actions and honest in interactions with customers.

The principles aim to ensure policy holders and people who experience injury and loss are provided with fair, timely, respectful, inclusive and appropriate services, and the opportunity to give feedback on those services.

## Return to work (RTW) Coordinator online training

In July 2019, SIRA published its free RTW coordinator online training package on the SIRA website. The purpose of the training is to:

- Assist employers to meet their legislative obligations to employ a RTW coordinator with the training, skills and experience to perform the role and functions.
- Provide the minimum standard training and knowledge requirements to system participants.

- Provide information for RTW coordinators for the development of skills and competence.
- Utilisation of other levers to proactively engage with employers and RTW coordinators to influence return to work capability.

The training helps RTW coordinators to understand their role, the importance of recovery at work and how employers can meet their workers' compensation obligations.

## Recover at Work Assist

SIRA piloted a new financial assistance program for small businesses that support workers' recovery at work after injury. The Recover at Work Assist for Small Business program aims to reduce the financial hardship on small businesses that provide suitable work for injured employees. The program can provide up to \$400 per week for 6 weeks, to offset the costs of making alternative arrangements to cover a worker's usual duties while they recover at work. The program enables an employer to:

- offset the costs of covering the usual duties of the worker through assistance payments
- provide suitable work
- help the worker to stay active and return to usual activities at work and home sooner
- demonstrate a recovery at work culture and maintain good employer-employee relationships
- retain the skills and knowledge of the worker.

SIRA has extended the timeframe of this pilot program to 31 December 2020.

## Employer non-insurance compliance

SIRA has implemented a multi-agency approach to compliance and enforcement targeting suspected uninsured businesses. SIRA targeted employers for not meeting their workers' compensation obligations, particularly those who deliberately avoided paying workers' compensation insurance.

## SIRA funded support programs

SIRA launched new employer and injured worker hubs on SIRA's website in response to COVID-19. The aim of the hubs is to assist employers and injured workers to understand their return to work obligations and rights following a work-related injury.

SIRA has also created the following 3 new vocational programs to support injured people and employers during the COVID-19 crisis:

1. JobCover 6 provides up to \$10,400 to a new employer who provides employment of up to 6 months to a worker.
2. Connect2work pays a host employer \$200 per week for providing a work placement of at least 15 hours per week, up to a maximum of 12 weeks.
3. Support4work provides eligible small businesses a grant of \$4,000 paid in 2 payments where they provide recover at work opportunities for their injured worker.

SIRA established the Recovery Advisory Service to help small businesses re-open and recover post-COVID. This is a three-tiered service offered by SIRA to support small businesses continue to meet their workers' compensation related obligations:

- Tier 1: Recovery Advisory Hotline - available for employers seeking advice about workers' compensation matters.

- Tier 2: Outbound calls - proactive contact with employers identified via SIRA's data, including those employers with open workers' compensation claims in priority industry groupings deemed most affected by COVID-19.
- Tier 3: Recovery Advisory visits - The Outbound call service also functions as a triage to determine if additional face-to-face assistance is required, such as an advisory visit by RTW Inspectors.

## Compliance and enforcement activities

SIRA is focusing regulatory efforts on adapting and responding to the impacts of COVID-19, taking a common-sense approach to advisory, compliance and enforcement activities. These activities focus on matters that present potential, or actual harm to injured people and policy holders, or risks to scheme sustainability and integrity. All matters of non-compliance are assessed using a risk-based approach. SIRA proactively renewed most workers' compensation self and specialised insurer licences that were due for renewal up to the end of 2020 for a period of one-year. This decision ensured business continuity and reduces regulatory burden. SIRA increased supervision and regulatory action to mitigate any insurer risks at this time as required.

## Policy Developments

### Transition Strategy for workers impacted by legislative amendments

Amendments to section 39 of the *NSW Workers Compensation Act 1987* introduced in 2012, changed entitlements to weekly income replacement for injured workers. Workers no longer have an entitlement to weekly payments after 260 weeks (5 years), unless a worker has been assessed as having a permanent impairment of more than 20%. The changes impacted workers who were in receipt of weekly payments at the time, as well as new entrants into the system. This meant that at the end of 2017 and the start of 2018, a cohort of approximately 3,500 workers were no longer entitled to receive weekly income replacement.

There were also amendments to section 59A of the *NSW Workers Compensation Act 1987*, which changed entitlements to medical expenses for injured workers at the time, as well as new entrants to the system. Workers with a permanent impairment assessment of between zero and 10% were entitled to 2 years medical entitlements following the cessation of weekly benefits. Approximately half of the workers who ceased weekly entitlements in late 2017 and early 2018 were affected by this provision in late 2019 and early 2020.

SIRA worked closely with insurers and broader Government services to ensure that workers impacted by sections 39 and 59A of the *Workers Compensation Act 1987* were provided with timely support and communication to enable orderly cessation of their weekly payments. SIRA implemented a range of supports for affected workers including:

- Community Connect funding of up to \$1,000 per worker. This funding was designed to help workers during their transition, particularly when a worker identified a barrier or need that could be addressed via community support services.
- The SIRA Support and Information Service assisted workers find and connect with community services in their local area.
- 24-hour telephone access to information and counselling services for workers and their families.

- SIRA staff were on call 24/7 throughout the December and January 2017 period to address any operational risks.

The *Standards of Practice: expectations for insurer administration and conduct*, provide assistance for insurers and claims managers in implementing the changes. They contain overarching claims management principles. These principles apply generally and guide all claims management activity to meet the system objectives outlined in section 3 of the *Workplace Injury Management and Workers Compensation Act 1998 Act*. The principles articulate a strategy built on:

- fairness and empathy
- transparency and participation
- timeliness and efficiency.

## Legislative amendments

### Easier access to compensation for NSW firefighters

The Workers Compensation Legislation Amendment (Firefighters) Bill was passed by the NSW Parliament on 22 November 2018. The new law enables eligible firefighters diagnosed with one of 12 specified primary cancers, and who meet applicable employment or volunteer service periods, to automatically be presumed to have acquired that cancer because of their firefighting work or service.

### Pre-Injury Average Weekly Earnings (PIAWE) reforms

PIAWE reforms took effect and apply to all claims from 21 October 2019 (irrespective of when the claim was made). They include commencement of schedule 3 to the *Workers Compensation Legislation Amendment Act 2018* and making of the Workers Compensation Amendment (Pre-Injury Average Weekly Earnings) Regulation 2019.

The changes simplify the way in which a worker's PIAWE is calculated to make it easier for workers and employers to understand, and for insurers to apply. The new PIAWE method will enable employers and workers to agree on the PIAWE amount to be applied as an alternative to the insurer making a PIAWE work capacity decision.

The new method:

- is transparent and can be applied across a wide range of working arrangements
- saves time, allowing employers and insurers to focus on RTW
- reduces PIAWE-related disputes.

### *Legislation Amendment (Emergency Measures) Act 2020*

The [COVID-19 Legislation Amendment \(Emergency Measures\) Act 2020](#), which commenced on 25 March 2020, amends the *Workers Compensation Act 1987* to relieve pressure on general practitioners and the overall health system during the COVID-19 pandemic.



## COVID - 19 Legislative Amendment (Emergency Measures – Miscellaneous) Act 2020

The [COVID-19 Legislative Amendment \(Emergency Measures – Miscellaneous\) Act 2020](#), which commenced on 14 May 2020, introduced a presumption for workers in prescribed employment. Workers in prescribed employment diagnosed with COVID-19 are presumed to have contracted the virus in the course of their employment. The new provisions are designed to make it quicker and easier for workers in prescribed employment to claim and access workers' compensation entitlements.

This amendment also enables the sharing of financial risk arising out of COVID-19 between all insurers. The cost-sharing mechanism would enable COVID-19 claims costs to be redistributed across the workers' compensation system. This would prevent individual employers and insurers bearing a disproportionate and inequitable amount of risk and will help to maintain a healthy and competitive workers' compensation market in NSW. It is anticipated that redistributed costs would largely be passed on through employer premiums. In this way, all employers would contribute to supporting workers who contract COVID-19 at work.

## COVID - 19 Workers Compensation Amendment (Consequential COVID-19 Matters) Regulation 2020

In July the [Workers Compensation Amendment \(Consequential COVID-19 Matters\) Regulation 2020](#) commenced to support the legislative provisions around presumption.

The Regulation sets out the medical tests and results required for workers to be taken to have contracted COVID-19 for the purposes of the presumption. The Regulation also provides further detail about these workers' presumptive right to weekly payments and clarifies the categories of prescribed employment.

Other changes include:

- Amendments to the *Workers' compensation guidelines* to remove barriers for workers to access consultations and examinations by telehealth or video consultation and requiring insurers to consider public health orders when requiring workers to attend appointments.
- Changes to certificates of capacity came into effect in April 2020 to relieve pressure on the health system during the pandemic, and to make it easier for workers to continue to receive their weekly payments, without needing to visit their nominated treating doctor. The changes mean that the SIRA-approved treating physiotherapist or psychologist can issue second and subsequent certificates of capacity.
- Introduced changes to the Workers' Compensation Market Practice and Premiums Guidelines to minimise the impact of JobKeeper payments on workers' compensation premiums and to ensure that employer premiums are not inflated by government programs designed to support workers and employers during the COVID-19 pandemic.
- Developed a new *Standard of practice 32: Managing claims during the COVID-19 pandemic*, which is aimed at ensuring a flexible and adaptable approach to claims, applicable to all claims and insurers from 26 June 2020. The Standard of practice is designed to expedite certain claims management decisions, reduce barriers, and support workers through their recovery and return to work.
- Updating various Workers' Compensation Fees Orders to reflect changes to telehealth, certification of capacity and fitness by treating physiotherapists and psychologists, various definitions, payment classification coding and independent medical examinations.

## Personal Injury Commission (PIC)

The [\*Personal Injury Commission Act 2020\*](#) establishes a new tribunal that delivers joined-up dispute resolution services for injured people claiming against the compulsory third party (CTP) and workers' compensation insurance schemes. From March 2021, the PIC will form a single, independent tribunal in NSW with specialist motor accidents and workers' compensation divisions.

Currently, there are multiple dispute resolution bodies delivering dispute resolution services in the schemes:

- SIRA's Dispute Resolution Service deals with CTP disputes under the 2017 CTP scheme, and by the Claims Assessment and Resolution Service (known as CARS), and the Medical Assessment Service (known as MAS) under the 1999 CTP scheme.
- The Workers' Compensation Commission (WCC) deals with workers' compensation disputes.

The functions of these bodies will be transferred to the PIC. The Bill also introduces a new Independent Review Office (IRO) that can deal with claims complaints about insurers in both the CTP and workers' compensation schemes. The changes to dispute resolution services and claims complaints are not yet in effect and will commence from March 2021. SIRA will continue to deliver its existing services. As the Bill has no impact on the underlying operation of the workers' compensation scheme, there are no changes to the compensation, benefits and entitlements of injured workers.



## Administrative and scheme delivery changes

### Ongoing improvements to Spinal Surgery requests

In 2017, WorkSafe established Multi-Disciplinary Independent Medical Examinations (MD IMEs) for lumbar spinal fusions and other complex surgery requests, as part of trialling a new process for assessing spinal surgery requests.

This process involves simultaneous engagement of a spinal surgeon and a pain specialist in assessing an injured worker to provide a joint medical opinion on the appropriateness of the surgery request and other possible alternative treatment options if surgery is not considered appropriate.

Positive outcomes of this trial led to a WorkSafe decision in 2018 to continue use of MD IMEs as part of the ongoing process for spinal surgery requests.

By the end of December 2019, nearly 800 MD IMEs were completed, with surgery recommended in 37% of the cases. In the 63% of cases where it was recommended that surgery be denied, over half of these workers took up alternative treatment options. Denied requests of workers assessed under the new process have shown to be less likely to seek recourse through the Accident Compensation Conciliation Service and Medical Panels have upheld decisions for the majority of denied requests.

## Policy Developments

### Justice Legislation Amendment (Supporting Victims and Other Matters) Act 2020

The [\*Justice Legislation Amendment \(Supporting Victims and Other Matters\) Act 2020\*](#) was passed in November 2020. The Act aims to temporarily amend the *Workplace Injury Rehabilitation and Compensation Act 2013* (WIRC Act) and *Accident Compensation Act 1985* (AC Act) to exclude earnings for workers financially impacted by the effects of COVID-19 for the period between 1 March 2020 and 31 December 2020. The intended effect of this is to ensure that a worker's pre-injury average weekly earnings (PIAWE) are calculated as if the worker was not financially disadvantaged by the impacts of COVID-19. The rationale for the proposed amendments is as follows:

- COVID-19 has had a significant impact on Victoria with businesses and many workers needing to reduce hours and earnings or losing jobs as a result of COVID-19 restrictions.
- The reduction in a workers' hours and earnings due to COVID-19 restrictions has a direct impact on PIAWE calculation and therefore a workers' weekly compensation entitlements. A lower PIAWE will result in the worker being financially disadvantaged for the life of their claim.

## Provisional Payments for mental injury

In September 2018, the Victorian Government announced the establishment of a Provisional Payments Pilot (pilot) for eligible emergency workers and volunteers who lodge a claim for mental injury. The pilot precedes legislation which will provide all Victorian workers who lodge a mental injury claim with provisional payments. In June 2019 the Provisional Payments Pilot was launched by WorkSafe Victoria and the Victorian Department of Justice and Community Safety (DJCS).

The pilot was expanded in November 2020 to also apply to all public health staff, including medical and support staff, who lodge a new mental injury claim. The inclusion of this cohort is intended to provide additional support to healthcare workers in response to the pandemic.

Under the pilot, eligible emergency workers and volunteers who submit a claim for a primary mental injury are eligible to receive payments for medical and like services, prior to their claim being determined. The pilot also offers payments for medical and like expenses for up to 13 continuous weeks, from the date of lodgement, for participants where their claim is not accepted.

Evaluation of the pilot indicated that participants were able to connect with services earlier than those who were not participating in the pilot. Participants also reported that the pilot alleviated concerns about the financial implications of seeking treatment while awaiting their claim determination.

The Victorian Government introduced The Workplace Injury Rehabilitation and Compensation Amendment (Provisional Payments) Bill 2020 into Parliament on 25 November 2020. The scheme is an expansion of the Government's pilot. Under the proposed new legislation, Victorian workers who seek compensation for a mental health injury will receive payments to cover the cost of reasonable medical expenses while their claim is being determined.

Workers whose claims are rejected will continue to receive access to payments for up to 13 weeks from the date they submitted their claim. This measure is intended to give certainty of immediate support whether a claim is accepted or not, encouraging workers to seek the treatment that they need.

Under the proposed legislation, employers will be required to provide early notification of mental injury claims to their Agent (within 3 business days of receiving the claim). Agents will then need to determine whether a claim is eligible to receive provisional payments within 2 business days. Self-insurers will have 5 business days to determine a provisional payments claim. Where employers do not meet these early notification requirements penalties will be applied.

## Legislative Amendments

### *Firefighters' Presumptive Rights and Fire Services Amendment Legislation (Reform) Act 2019*

The [\*Firefighters' Presumptive Rights Compensation and Fire Services Legislation Amendment \(Reform\) Act 2019\*](#) came into effect in July 2019. It allows career and volunteer firefighters to access presumptive compensation for specified cancers contracted while serving as a firefighter. The compensation applies to career and volunteer firefighters who:

- have served in active firefighting roles for a specified number of years, depending on the cancer type
- have been diagnosed since 1 June 2016 with one of 12 specified cancer types

- are diagnosed during their service or within 10 years after the conclusion of their service
- have a listed cancer because of an exceptional exposure event in a firefighting capacity.

Additionally, presumptive compensation will be available for volunteer firefighters where they have attended fires to the extent reasonably necessary to fulfil the purpose of engaging in firefighting. Firefighters who do not meet the qualifying period requirement may be able to access the presumption on the basis that they have attended an exceptional exposure event. An advisory committee has been established to provide advice to WorkSafe regarding the scheme.

In 2019, the Victorian Government committed to introducing legislation that extends the presumptive entitlement to forest firefighters engaged by Forest Fire Management Victoria. The development of this legislation is currently underway.

## ***COVID-19 Omnibus (Emergency Measures) and Other Acts Amendment Act 2020***

The [COVID-19 Omnibus \(Emergency Measures\) Act 2020](#) and the [COVID-19 Omnibus \(Emergency Measures\) Amendment Act 2020](#) (COVID-19 Omnibus Acts) were passed in October 2020, amending the *Workplace Injury Rehabilitation and Compensation Act 2013* (WIRC Act). The amendments extend the notice period given to an injured worker for second entitlement determinations made during relevant period from 13 weeks to 39 weeks.

Under the WIRC Act, a worker with an accepted WorkCover claim may be entitled to weekly payments for up to 130 weeks if they are unfit for their pre-injury duties. Weekly payments only continue beyond 130 weeks (the second entitlement period) if a worker is assessed as having no current work capacity and is likely to continue to have no current work capacity indefinitely (second entitlement determination).

Prior to the COVID-19 Omnibus Acts amendments, the WIRC Act specifies that a worker's entitlement to weekly payments must not be terminated on the ground that the second entitlement period has expired, unless and until the Victorian WorkCover Authority or the self-insurer has made a second entitlement determination and has given at least 13 weeks' notice of the decision to terminate weekly payments.

A worker who has received notice of the decision to terminate weekly payments will continue to be entitled to weekly payments until the 13 week notice period has expired. The notice period is intended to provide the worker with an opportunity to make arrangements, both financial and work, in preparation for the termination of weekly payments.

The effect of the COVID-19 Omnibus acts amendments is that injured workers whose weekly payments are terminated as a result of the second entitlement period determination during the relevant period receive 39 weeks' notice of termination, in lieu of the current 13 week notice period. The relevant period initially set by the first of the COVID-19 Omnibus Acts was to apply to workers who were due to receive their notice of termination between 1 December 2019 and 23 October 2020. The second of these Acts further extended the period to 31 December 2020.

# Queensland



## Administrative and scheme delivery changes

### Workers' Psychological Support Service

Since 2018 the Office of Industrial Relations has administered a grant for the [Workers' Psychological Support Service](#), which connects workers with a work-related psychological injury with existing community and social support services, including emergency accommodation and housing support, family and domestic violence services, grief and loss support, financial counselling, and social inclusion programs. Workers and their families can access the service prior to, during, or after they have made a claim.

### Mine dust health support service

The Queensland Government has established the [Mine Dust Health Support Service](#) as a shared initiative between the Office of Industrial Relations, Resources Safety and Health Queensland and WorkCover Queensland to support more than 200 people with confidential access to counselling, and guidance regarding respiratory health screening, community supports and compensation entitlements.

### Virtual hearings for medical assessment tribunals for injured workers

The Office of Industrial Relations developed new ways of working in response to the COVID-19 pandemic to ensure continuity of medical assessment tribunal services in Queensland. Depending on a worker's individual circumstances, a range of options including virtual hearings are now available to ensure the timely resolution of matters while respecting the safety of everyone involved. Medical assessment tribunals continue to expand their virtual hearing model and as at September 2020 more than 100 virtual hearings have been held to assess a range of physical and psychological injuries.

## Policy Developments

### Gig Economy Review

The 2018 review of the Queensland workers' compensation scheme, '[The Operation of the Queensland Workers' Compensation Scheme, report of the second five yearly review of the scheme](#)' by Professor David Peetz, identified there are some Queenslanders working in the gig economy who are not covered under Queensland's workers' compensation scheme, and recommended investigation into opportunities to protect vulnerable workers.

As part of the Queensland Government's investigation into the [Possible extension of workers' compensation coverage to certain gig workers \(such as ride share drivers and food couriers\)](#) a [Consultation Regulatory Impact Statement \(RIS\)](#) was released in 2019. Written submissions have now closed. The Government is currently considering the submissions and its response to the review's recommendations into the gig economy.

# National Injury Insurance Scheme – Regulatory Impact Statement

Queensland's National Injury Insurance Scheme (NIIS) provides for lifetime treatment, care and support needs of people who have sustained serious personal injury in particular circumstances involving motor vehicle and workplace accidents.

Statutory responsibility for administration of lifetime treatment, care and support in the motor vehicle scheme lies with the National Injury Insurance Agency Queensland (the Agency), and for the workers' compensation scheme, workers' compensation insurers (Insurers).

As a safety net for seriously injured workers who have elected to leave the NIIS, the *Workers' Compensation and Rehabilitation Act 2003* allows workers the right to apply for re-entry to the NIIS if a period of at least five years and other pre-conditions, as prescribed by regulation, have been met.

Regulations specifying the pre-conditions for re-entry were not made at the time of commencement of the scheme to allow for the development of scheme experience. As the scheme matures, and more participants decide to stay or take damages, appropriate regulations for re-entry are necessary to provide certainty for all.

On 15 June 2020, a Consultation Regulatory Impact Statement was published for eight weeks and sought feedback from stakeholders on regulating re-entry to the NIIS after accepting lump sum damages. The Government is considering the submissions made and preparing a Decision Regulatory Impact Statement for consideration in due course.

## Silicosis research

WorkCover Queensland commissioned Monash University and the University of Illinois in a joint research literature review to understand the current state of knowledge to inform return to work and vocational rehabilitation support for workers diagnosed with work-related silicosis or other chronic work-related respiratory conditions, and to establish a way findings could be effectively translated into policy and practice. The review has been finalised and is [published](#) on the WorkSafe website.

In addition, in October 2020 the Queensland Government committed up to \$5 million over four years for medical research into treatment to improve the health and wellbeing of workers suffering from occupational dust lung disease. This funding will support research to determine the efficacy and sensitivity of methods for early diagnosis and prevention of disease including anti-fibrotic medications, pulmonary rehabilitation, whole lung lavage and other developing treatments. This research is essential as there is currently limited information, data and robust research available on how we can best support and treat these workers.

## Clinical guidelines for silicosis

The Queensland Government identified the need to provide clear guidance for health practitioners for the assessment and diagnosis of diseases related to respirable crystalline silica exposure. As a result, the Office of Industrial Relations established the Practitioner Guidance for Silicosis Reference Group, including key health specialists from the Thoracic Society of Australia and New Zealand, the Australasian Faculty of Occupational and Environmental Medicine, the Australian and New Zealand Society of Occupational Medicine, the Royal Australian and New Zealand College of Radiologists, and the Australian College of Rural and Remote Medicine.

The [Guideline](#) for assessing engineered stone workers exposed to silica was finalised in November 2019, received in-principle support from members of the Reference Group, and has been disseminated to the Reference Group for circulation to their members. The Guideline was published on the WorkSafe website in January 2020.



# Legislative Amendments

## *Workers' Compensation and Rehabilitation and Other Legislation Amendment Act 2019*

On 22 October 2019 the Queensland Parliament passed the [Workers' Compensation and Rehabilitation and Other Legislation Amendment Act 2019](#) (the Act). The objective of the Act was to implement 12 legislative recommendations made by Professor David Peetz in his report [The Operation of the Queensland Workers' Compensation Scheme: Report of the second five-yearly review of the scheme](#), completed in May 2018. The amendments are outlined below.

### General scheme

- Clarify WorkCover Queensland's ability to fund and provide programs and incentives that support employers improving health and safety performance, after consulting with the regulator under the *Work Health and Safety Act 2011* or any other relevant health and safety regulator.
- Extend workers' compensation coverage to unpaid interns.

### Insurers

- Require insurers to provide ongoing rehabilitation and return to work services if the injured worker has been unable to return to work after their entitlement to weekly benefits and medical expenses ceases. The employer's obligations for rehabilitation and return to work are also aligned with their insurer's obligations.
- Clarify that insurers have a discretion to accept claims submitted more than 6 months after the injury is diagnosed, if the injured worker has lodged a claim within 20 days of developing an incapacity for work from their injury.

### Employers

- Provide an additional way that employers can ensure that rehabilitation and return to work coordinators are appropriately qualified, and requiring employers to provide details of their rehabilitation and return to work coordinators to insurers, to support compliance and the provision of advisory services to coordinators.
- Exempt expressions of regret and apologies provided by employers following a workplace injury from being considered in any assessment of liability for damages brought under the *Workers' Compensation and Rehabilitation Act 2003* to align with the approach taken in the *Civil Liability Act 2003*.
- Require self-insured employers to report injuries and any payments made to injured workers to their insurer, aligning their obligations with the existing obligations on employers insured with WorkCover Queensland.

### Psychiatric and Psychological Injuries

- Amend the meaning of injury for a psychiatric or psychological disorder to remove 'the major' as a qualifier for employment's 'significant contributing factor' to the injury.
- Require insurers to take all reasonable steps to provide claimants with psychiatric or psychological injuries access to reasonable support services relating to their injury during claim determination.



# Workers' Compensation and Rehabilitation and Other Legislation Amendment Bill 2020

On 26 November 2020, the [\*Workers' Compensation and Rehabilitation and Other Legislation Amendment Bill 2020\*](#) (the Bill) was introduced into Queensland Parliament to provide presumptive workers' compensation laws for first responders and eligible employees diagnosed with posttraumatic stress disorder (PTSD) by a psychiatrist. The presumption will apply to workers or relevant volunteers who are:

- First responders responding to time-critical, often life-threatening incidents i.e. police officers, paramedics, firefighters, corrective service officers, authorized officers in child safety and nurses and doctors in certain areas and includes those working in the private sector; and
- Eligible employees in certain first responder departments who experience repeated or extreme exposure to graphic details of traumatic incidents through:
  - attending the scene of traumatic incidents (e.g. first responders collecting human remains); or
  - experience the incident as it happens to others (e.g. police communications officers); or
  - investigate, review or assess traumatic incidents that have happened to others (e.g. a person repeatedly exposed to details from investigating child sex abuse complaints).

The presumption applies if the first responder or eligible employee's PTSD is diagnosed by a psychiatrist in accordance with the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5). However, if there is no specialist diagnosis, this will be arranged and paid for by the insurer. The presumption can be rebutted if it is proved the PTSD did not arise out of, or in the course of, employment or employment was not a significant contributing factor. However, the presumption cannot be rebutted on the basis of reasonable management action taken in a reasonable way. The Bill was referred to the Education, Employment and Training Committee for detailed consideration and report by 12 February 2021.

# Western Australia



## Administrative and scheme delivery changes

### Silicosis Fact Sheet

WorkCover WA has published a [fact sheet](#) for workers in the engineered stone benchtop industry who may have been exposed to silica dust in the course of their work. The fact sheet sets out the process for making a compensation claim for workers with a provisional or confirmed diagnosis, and the responsibility of insurers where a claim has been made.

### Insurer and Self-Insurer Principles and Standards of Practice

The [Insurer and self-insurer principles and standards of practice](#) were launched on 1 July 2020. These principles and standards provide a set of service expectations on insurers and self-insurers in order to:

- Ensure high standards of service are provided to employers and workers
- Support effective claims handling, injury management, underwriting and administrative practices

The [Insurer and self-insurer principles and standards of practice](#) are supported by a 6 part series of short explanatory videos.

### Surgical Billing Review Panel

The Orthopaedic Services Claims Advisory Review Panel (OSCARP) was launched in August 2019. This initiative was led by the Australian Orthopaedic Association (WA), and supported by WorkCover WA. OSCARP is comprised of experienced orthopaedic surgeons. Its role is to assist insurers and surgeons to ensure the appropriate use of surgical item codes and billing practices for planned surgeries.

## Policy Developments

The drafting of a Bill to modernise workers' compensation legislation is in the final stages with an exposure draft of the new legislation expected to be released for public consultation in early 2021. The Bill will incorporate recommendations from WorkCover WA's *Review of the Workers' Compensation and Injury Management Act 1981: Final Report*. The Bill will also implement lifetime care and support arrangements for catastrophically injured workers, delivering on a commitment between the Commonwealth and state and territory governments.

# Legislative Amendments

## *Workers Compensation and Injury Management Amendment (COVID-19 Response) Act 2020*

[The Workers Compensation and Injury Management Amendment \(COVID-19 Response\) Act 2020](#) came into effect on 12 October 2020. It amends the Workers' Compensation Act and Regulations to address the following priority issues in response to the COVID-19 pandemic:

- Establish a presumption of work-related injury for COVID-19 contracted by health care workers
- Discontinue the common law termination day
- Provide for a revised notice to be given to workers about common law claims
- Provide for email service of liability decision notices to workers from insurers and self-insurers
- Provide for annual indexation of capped worker entitlements.

The legislative amendments implement the McGowan Government's commitment to address COVID-19 related barriers in the workers' compensation statute as a priority.

A series of fact sheets explaining the changes are available at:

<https://www.workcover.wa.gov.au/resources/legislation-rules-amendments/recent-legislative-amendments/>

In addition, WorkCover WA released several Bulletins to address and clarify COVID-19 related issues, including:

- Coverage for COVID-19 and injuries occurring while working from home
- Temporary telehealth arrangements for consultations
- Jobkeeper and wage declarations
- Conciliation and Arbitration arrangements
- Information for employers
- Guidance on claims management, injury management and return to work.

These Bulletins can be accessed at: <https://www.workcover.wa.gov.au/news-archive/covid-19-bulletins/>

# South Australia



## Administrative and scheme delivery changes

### Opioid awareness campaign

ReachForTheFacts is an awareness campaign led by ReturnToWorkSA aimed at reducing opioid use. Due to the success of the campaign, ReturnToWorkSA recently began a second phase focussing on the psycho-social effects of opioid use.

### COVID-19

ReturnToWorkSA has taken steps to support South Australian businesses during this difficult time, including:

- maintaining the average premium rate at 1.65% in 2020-21
- excluding Job Keeper payments from 2020-21 premium calculations
- tailoring solutions for individual employer circumstances, including reviewing remuneration (if the employer's workforce has reduced), entering into payment arrangements, or deferring payment
- maintaining the 2020-21 self-insured fee rate for private and Crown self-insured employers at the 2019-20 rate

These initiatives balance the need to keep the Return to Work scheme viable, so future premiums are as low as possible, with the need to support South Australian businesses during the COVID-19 crisis.

At the time of this report, 7 COVID-19 related claims had been received within the SA Return to Work scheme, with 6 accepted and one withdrawn. Data received from Crown agencies reports 2 COVID-19 related claims, both of which were accepted.

Overall, the number of *all* scheme claims received per day returned to 'business as usual' levels in June 2020, compared to the low numbers experienced in April.

## Legislative amendments

### Silicosis

On 11 June 2020, the [Return to Work \(Prescribed Class of Injury\) Variation Regulations 2020](#) commenced to add "pneumoconiosis (including silicosis) and other injuries that are caused by exposure to crystalline silica" to the list of regulated injuries set out in the Return to Work Regulations.

By doing this, non-seriously injured workers diagnosed with silicosis and other similar insidious diseases, can be eligible to receive medical treatment for these injuries beyond the normal time limitations of the Return to Work scheme (3 year maximum for non-seriously injured workers).

## Salvation Army

On 15 October 2020, the [Return to Work \(Exclusions\) Variation Regulations 2020](#) commenced to allow Salvation Army Officers to come within the coverage of the *Return to Work Act 2014*.

# Tasmania



## Administrative and scheme delivery changes

### Licence and Permit Conditions

The Board has reviewed its licence and permit conditions in relation to licensed insurers, self-insurers and the Tasmanian State Service. These amendments are applicable from 1 January 2021.

### Injury Management Program Guidelines

The *Injury management program guidelines* applicable to scheme participants have been updated and came into effect on 1 September 2019 for licensed/self-insurers and on 1 January 2020 for the Tasmanian State Service.

The guidelines include issues in relation to flagging complex claims and include an element in relation to the management of psychological claims (primary and secondary). The guidelines recommend that insurers/employers consider the Safe Work Australia publication: [\*Taking Action: A best practice framework for the management of psychological claims in the Australian workers' compensation sector\*](#) when developing and implementing systems for the management of psychological claims.

## Policy developments

The WorkCover Tasmania Board and WorkSafe Tasmania have completed, and are currently undertaking, a number of reviews and other bodies of work.

### Presumption for PTSD in the Private Sector

Consideration is being given to extending presumptive provisions for PTSD to the private sector. At the time of writing, this remains a work in progress.

### Step Down Provisions

A full review was undertaken of the application of section 69B, i.e. step down provisions, within the *Workers Rehabilitation and Compensation Act 1988*. Significant stakeholder consultation was undertaken, as was a data analysis of the Tasmanian jurisdiction's claims experience, and a jurisdictional review of Australian, New Zealand and international legislation. The Board's recommendations have been provided to the Minister for Building and Construction, for consideration, and tabling in both Houses of Parliament.

### Older Workers

Previous amendments to the *Workers Rehabilitation and Compensation Act 1988* in relation to the removal of age restrictions for older workers was reviewed in light of issues raised by stakeholders, and unintended consequences identified by the Workers Rehabilitation and Compensation Tribunal (the Tribunal).

The review of section 87 considered concerns raised by stakeholders that the *Workers Rehabilitation and Compensation Act 1988* was perceived to be discriminatory to older workers because, in some circumstances, they are required to seek a decision from the Tribunal to enable access to workers' compensation entitlements equal to those to which younger workers would be entitled. Drafting of legislative changes in relation to this section are currently under consideration.

## Presumption for certain diseases in fire-fighters

In 2013, amendments to the *Workers Rehabilitation and Compensation Act 1988* established a rebuttable presumption that certain forms of cancer developed by fire-fighters are taken to be work related for the purpose of claiming workers' compensation under the Act. A review of this amendment is due to be undertaken in early 2021.

## Legislative amendments

### *Workers Rehabilitation and Compensation Amendment (Presumption as to Cause of Disease) Act 2019*

The [\*Workers Rehabilitation and Compensation Amendment \(Presumption as to Cause of Disease\) Act 2019\*](#) provided presumption as to the cause of PTSD for relevant workers. These workers were defined as a worker who is employed by:

- the Crown or appointed under an Act of the State
- a Government Business Enterprise, within the meaning of the *Government Business Enterprises Act 1995*
- a State-owned company, within the meaning of the *Government Business Enterprises Act 1995*.

This amendment was the first of its kind in the Australian jurisdiction.

### *Workers Rehabilitation and Compensation Amendment Act 2019*

The [\*Workers Rehabilitation and Compensation Amendment Act 2019\*](#) amended section 69B of the *Workers Rehabilitation and Compensation Act 1988* to exempt police officers from a decrease in the weekly benefit payment made to an injured worker, after set periods of time. This amendment specifically applies to police officers who are injured whilst on front line duty.

The Minister for Building and Construction has also directed the WorkCover Tasmania Board to undertake further work in relation to PTSD and the step down provisions within the Act.

# Australian Capital Territory



## Administrative and scheme delivery changes

Eligible authorities and corporations may be granted a licence by the Safety, Rehabilitation and Compensation Commission to self-insure their workers' compensation liabilities and manage claims under the *Safety, Rehabilitation and Compensation Act 1988*. On 1 March 2019 the ACT Government became a licensed self-insurer under the *Safety and Rehabilitation Compensation Act 1988* (Cth).

## Legislative amendments

### *Statute Law Amendment Act 2018*

In November 2018, the *Workers Compensation Act 1951* was amended by the [Statute Law Amendment Act 2018](#) to reinstate an entitlement to compensation that was inadvertently removed. This entitlement relates to the payment of weekly compensation for up to 2 years following the initial date of incapacity to workers who are pension age or older when incapacitated.

### *Workers Compensation Amendment Act 2020*

In September 2019, the *Workers Compensation Act 1951* was amended by the [Workers Compensation Amendment Act 2020](#) to ensure that the Default Insurance Fund can provide workers' compensation benefits to workers in situations where both a contractor and principal contractor are uninsured. Amendments were also made to ensure that family day care educators have access to workers' compensation.

### *Employment and Workplace Safety Legislation Amendment Act 2020*

In July 2020, amendments were passed by the ACT Legislative Assembly to the *Workers Compensation Act 1951* under the [Employment and Workplace Safety Legislation Amendment Act 2020](#) to modernise the provisions that deal with insurer and self-insurer approval to align with a best practice licensing framework. The amendments do not commence until January 2021 and will not impact insurers and self-insurers until current approvals expire in December 2021.



# Northern Territory



## Legislative Amendments

### *Return to Work Legislation Amendment Act 2020*

The [Return to Work Legislation Amendment Act 2020](#) was enacted on 29 July 2020. It reversed a number of changes made to the legislation in 2015 and improves the operation of the NT Workers Compensation Scheme.

The Act amends the name of the workers' compensation medical certificate, to Certificate of Capacity and the meaning of worker to:

- Clarify that a person is a worker if they are an employee for PAYG purposes even if the employer is not complying with the PAYG provisions.
- Clarify that an Australian Business Number is not a determinant factor in establishing whether or not a person is a worker.
- Deem that all individuals who work for a labour hire organisation are workers under the Act.
- Expand the definition of worker so that any immediate family member who is not living with the employer will be covered for workers' compensation irrespective of whether they are named in the policy.
- Expand the categories of domestic workers that can be covered for workers' compensation.

The Act enables:

- Reasonable and necessary household services to include the reasonable costs of childcare in certain circumstances.
- Settlement provisions to provide that for a catastrophically injured person the settlement is void if that settlement involves an amount that finalises a claim for any medical, rehabilitation and related expenses.

The Act introduces:

- Rebuttable presumption for first responders that PTSD is taken to be work related for the purpose of claiming workers' compensation.
- Definitions of 'Labour Hire Arrangement' and 'Provider of Labour Hire Services.'
- Exceptions for the recovery of overpayments from workers made under the Act if the benefit payable was incorrectly calculated and payment was made 6 months prior to requesting recovery of the overpaid amount.
- A requirement for the insurer/employer to accept liability for proposed medical treatment unless they have a contrary medical opinion.

The Act reinstates:

- Coverage for journey claims as applicable prior to the 2015 amendments which covers injuries sustained on a journey to and from work other than those that involve the use of a

motor vehicle. Such injuries are covered under the Motor Accidents Compensation (MAC) scheme.

- Removal of the cap on normal weekly earnings. This has removed the 2015 amendments provided for a cap of 250% of average weekly earnings to be placed on a worker's normal weekly earnings after the first 26 weeks of incapacity.

## Amendments to Return to Work Regulations 1986

The amendments to the Return to Work Regulations 1986 defines first responder as a person with specialised training (such as a paramedic, police officer, fire-fighter, or other emergency personnel), who attends the site of an incident and provides assistance for an actual or potential injury to persons or damage to property, undertakes a risk to the first responder and where time may be of the essence to save lives and property. The regulations outlines that PTSD applies to all work as a first responder, including as a volunteer, but not including a person trained as a first responder who has not attended in person at an emergency situation or incident.

The amendments also include 4 additional presumptive cancers for firefighters pursuant to Regulation 5B:

- Asbestos related diseases
- Skin cancer
- Lung cancer
- Liver cancer.

# Commonwealth



## Administrative and scheme delivery changes

### COVID-19 Resources

Comcare has developed a series of resources to provide guidance to the jurisdiction in responding to COVID-19. These resources have included Comcare factsheets, infographics, posters, and webinars, which cover a range of topics from 'Looking after your mental health'; 'Working from home'; 'Transitioning to usual workplaces as restrictions ease'; as well as other key advice to employees and employers. Some of these factsheets have been developed in collaboration the Australian Public Service Commission.

### Self-insured Licensees

On 1 January 2019, DHL Express (Australia) Pty Ltd commenced a self-insurance licence under the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act), including the management of their own compensation claims. On 1 March 2019, the Australian Capital Territory commenced its licence.

As at 30 September 2020, Ramsay Health Care Australia had applied for a self-insurance licence, which has been granted and will commence on 1 December 2020.

## Policy Developments

### Principles on the role of the GP in supporting work participation

The Collaborative Partnership to improve work participation (the Partnership) developed Australia's first national principles on the role of GPs in supporting work participation (the Principles). Led by the Australasian Faculty of Occupational and Environmental Medicine, the Principles provide clarity around roles and expectations of all stakeholders involved in supporting work engagement, recovery at, and return to good work. In early 2020 the Principles were officially recognised as a Supported Position Statement by the Royal Australian College of General Practitioners (RACGP).

### NewAccess workplaces

NewAccess service is a model of Low-intensity Cognitive Behavioural Therapy (Li-CBT) and has been proven effective for individuals who are experiencing mild to moderate anxiety and/or depression. Comcare, in partnership with Beyond Blue, ran a 6 month pilot trial of NewAccess in 2018-19. Following the success of the initiative, Comcare is leading an expanded pilot trial over two years called NewAccess Workplaces, for Australian Public Service agency partners. The program was rolled out to the partner agencies from 15 June 2020. More than 121 participants have exited the program, with 80% of participants clinically recovered.

## Early Intervention Pilot

Comcare partnered with 3 APS agencies, to trial a structured early intervention service to reduce the impact of injury or illness on employees. The pilot provided early and appropriate clinical and self-management support to employees to mitigate the development of a chronic and/or secondary condition. An independent evaluation of this project demonstrated strong results including improved recovery and return to work outcomes for workers. Comcare is in the process of translating the evidence into practice through developing better practice guidance and communications.

## Legislative Amendments

### Safety, Rehabilitation and Compensation Regulations 2019

On 28 March 2019 the [Safety, Rehabilitation and Compensation Regulations 2019](#) commenced. These were a substantial remake of the previous 2002 Regulations, which incorporate a range of updates as well as amendments for clarity and consistency.

### The Safety, Rehabilitation and Compensation (Guidelines for Rehabilitation Authorities) Instrument 2019

The [Safety, Rehabilitation and Compensation \(Guidelines for Rehabilitation Authorities\) Instrument 2019](#) commenced on 9 July 2019. It substantially simplified and streamlined the previous guidelines to ensure quality service delivery from rehabilitation authorities.

**Note:** Please note that this is not an exhaustive list of legislative amendments, there is a more detailed list in the [Department of Employment, Skills, Small and Family Business annual report 2018-19](#) and the [Attorney General's Department annual report 2019-20](#).

# New Zealand



## Administrative and scheme delivery changes

### Business customers

In response to feedback from levy consultations in 2018, self-employed invoices have been changed to arrears, based on actual earnings. Historically, the Accident Compensation Corporation (ACC) invoiced in advance based on the previous year's earnings. ACC has also launched a digital platform, MyACC, which allows business customers to pay levies on-line.

### Navigation Service

In September 2019, ACC introduced a free and independent Navigation Service, run by external providers, to help clients navigate ACC's processes or to better understand its decisions about claims or entitlements.

### Introduction of Next Generation Case Management System

In September 2020, ACC completed the rollout of a new case management system (Next Generation Case Management, or NGCM). NGCM is designed to help clients recover and return to work sooner through tailoring support to each client's specific needs. Case handlers can work more closely with those who require the most support, spending more time on high-quality conversations and decision-making with clients and less time on administrative tasks.

NGCM includes an automated claims lodgement system, an upgraded claims management system, a new payments system, and a digital self-service tool that allows clients to book and access some ACC services from their mobile devices. Results to date have seen substantial improvements in customer satisfaction and return to work outcomes compared with previous processes.

## Policy Developments

### Funding policy changes

In 2019, changes to ACC's Funding Policy were agreed by Cabinet. For the levied accounts (Earners', Work, Motor Vehicle), the risk margin included within the valuation of the liability of each account has been removed when calculating the sufficiency of assets to cover the Outstanding Claims Liability (a valuation of how much money ACC needs today to cover the lifetime costs of all existing injuries). Forecast adjustments, with a 7.5% year-on-year cap, have been introduced for the taxpayer-funded Non-Earners' account to maintain the funding ratio. Cabinet also decided to move from a two-yearly levy cycle to a three-yearly cycle from 2021/22.

### COVID-19 response

Temporary policy changes made by the ACC to limit the financial impact of COVID-19 on customers included:

- A hold placed on vocational independence (i.e. when a claimant is considered to be rehabilitated and given notice of the end of their entitlement to compensation and rehabilitation assistance) decisions while COVID-19 restrictions were in place.
- Weekly compensation calculations changed so payments were based on earnings prior to COVID-19 restrictions.
- Telehealth services enabled for 29 provider types (e.g. GPs, physiotherapists), where clinically appropriate.
- Healthcare providers able to remotely lodge claims (i.e. without seeing clients in person).
- Increased initial length of time people could be certified by providers as unfit to work.
- 'Did-not-attend' allowance increased to assist provider sustainability.
- Provider compliance requirements suspended to reduce administrative burden.
- Collection of all debts put on hold.
- Annual levy invoicing deferred for 3 months.

ACC confirmed COVID-19 cover was possible for healthcare workers who meet the criteria for a work-related gradual process, disease or infection under section 30 of the *Accident Compensation Act 2001*. Assessment of coverage includes consideration of the extent to which a person's work environment and tasks could have led to exposure to the virus, as well as looking at the virus' prevalence in the community at that time, and other possible sources for exposure (e.g. family or friends).