Western Australia

Workers Compensation and Injury Management Act 2023

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As at 30 Jun 2026 Official Version
[PCO 00-c0-00] Published on www.legislation.wa.gov.au

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Workers Compensation and Injury Management Regulations 2024

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Defined terms

Workers Compensation and Injury Management Regulations 2024

Part 1 — Preliminary

1. Citation

These regulations are the *Workers Compensation and Injury Management Regulations 2024*.

2. Commencement

These regulations come into operation on 1 July 2024.

3. Terms used

In these regulations —

authorised audiologist has the meaning given in regulation 42(1);

CPI means —

(a) the All Groups Consumer Price Index for Perth published by the Australian Bureau of Statistics established by the *Australian Bureau of Statistics Act 1975* (Commonwealth) section 5(1); or

(b) if the Australian Bureau of Statistics does not publish the All Groups Consumer Price Index for Perth — another similar index nominated by the Minister;

Crown means the Crown in right of the State;

ENT specialist has the meaning given in regulation 47(1);

health practitioner has the meaning given in the *Health Practitioner Regulation National Law (Western Australia)* section 5;

March CPI, for a financial year, means the CPI for the last March quarter before the financial year;

NIHL register has the meaning given in regulation 63(1);

treating medical practitioner has the meaning given in section 158 of the Act;

WPI means the Wage Price Index for ordinary time hourly rates of pay excluding bonuses (all sectors) (original) for Western Australia published by the Australian Bureau of Statistics referred to in the *Australian Bureau of Statistics Act 1975* (Commonwealth) section 5(1).

4. Rounding

An amount worked out under these regulations must be rounded to the nearest whole dollar with an amount that is 50 cents more than a whole dollar being rounded up to the next whole dollar.

Part 2 — Injury from employment

5. Prescribed diseases and prescribed employment

For the purposes of section 10(1) of the Act —

(a) a disease specified in column 1 of an item of the Table in Schedule 1 is a prescribed disease; and

(b) a kind of employment specified in column 2 of that item is prescribed employment for that disease.

6. Conditions and limitations on prescribed diseases (Act s. 10(3)(a))

(1) Employment for a period (a ***qualifying period***) specified in column 2 of the Table in Schedule 1 is a condition on the operation of section 10 of the Act.

(2) Section 10 of the Act does not apply to an injury by a prescribed disease unless any qualifying period included as a condition for the prescribed employment for that prescribed disease is satisfied.

(3) A qualifying period is satisfied if, on the day on which the injury is taken, under regulation 7, to have been suffered, the worker (whether or not still in the prescribed employment) has completed a period of the prescribed employment of, or 2 or more periods of prescribed employment in aggregate amounting to, the qualifying period for the disease.

7. Day on which injury by prescribed disease is taken to have been suffered (Act s. 10(3)(b))

A worker who suffers an injury by a prescribed disease is taken to have suffered the injury —

(a) on the day on which the worker is first diagnosed with the prescribed disease by a medical practitioner; or

(b) if the worker dies as a result of the prescribed disease before they are diagnosed as described in paragraph (a) — on the day on which the worker dies.

8. Section 10 of Act applies to prescribed diseases suffered on or after 1 July 2024 (Act s. 10(4))

Except as provided in regulations 9(5) and 10(3), section 10 of the Act does not apply to an injury by a prescribed disease suffered by a worker unless the day on which the injury is taken, under regulation 7, to have been suffered is on or after 1 July 2024.

9. Prescribed employment and conditions in relation to COVID-19

(1) In this regulation —

NATA means the National Association of Testing Authorities, Australia.

(2) For the purposes of section 10 of the Act, the following kinds of employment are specified as prescribed employment for COVID-19 —

(a) employment as a health professional;

(b) employment, of any kind, in a hospital, medical practice, clinic or facility where persons attend for health-related screening, testing or treatment;

(c) employment as an ambulance officer.

(3) Despite regulation 7, a worker who suffers an injury by contracting COVID-19 is taken to have suffered the injury —

(a) on the day on which the worker is diagnosed as having COVID-19 by a medical practitioner on the basis of a test result described in subregulation (4); or

(b) if the worker dies as a result of contracting COVID-19 before they are diagnosed as described in paragraph (a) — on the day on which the worker dies.

(4) For the purposes of subregulation (3)(a), the test results are as follows —

(a) detection of SARS-CoV-2 using a SARS-CoV-2 specific nucleic acid test by a NATA accredited laboratory;

(b) isolation of SARS-CoV-2 in a cell culture, with confirmation using a SARS-CoV-2 specific nucleic acid test, by a NATA accredited laboratory;

(c) confirmation of SARS-CoV-2 specific antibodies by a NATA accredited laboratory.

(5) Despite regulation 8, section 10(2) of the Act does not apply to a worker who suffers an injury by contracting COVID-19 unless —

(a) the day on which the worker is taken, under subregulation (3), to have suffered the injury is on or after 16 February 2020; and

(b) the worker works or worked in prescribed employment for COVID-19 on the day on which the worker is taken, under subregulation (3), to have suffered the injury.

10. Prescribed employment and conditions in relation to PTSD

(1) In this regulation —

ambulance emergency communications officer means an individual whose primary duties include —

(a) to receive telephone calls for emergency ambulance attendance; and

(b) to provide instructions and advice, including first aid advice, prior to the arrival of an ambulance;

communications systems officer means an individual —

(a) employed by the department of the Public Service principally assisting in the administration of the *Fire and Emergency Services Act 1998*; and

(b) whose primary duties in that employment include to receive telephone calls and dispatch emergency services in response to incidents;

DSM-5 means the Diagnostic and Statistical Manual of Mental Disorders, 5th edition, published by the American Psychiatric Association in 2013;

incident has the meaning given in the *Fire and Emergency Services Act 1998* section 3;

paramedic means an individual registered under the *Health Practitioner Regulation National Law (Western Australia)* in the paramedicine profession;

psychiatrist means a medical practitioner registered under the *Health Practitioner Regulation National Law (Western Australia)* in the specialty of psychiatry.

(2) For the purposes of section 10(2) of the Act, the following kinds of employment are specified as prescribed employment for post-traumatic stress disorder —

(a) employment as a paramedic;

(b) employment as an ambulance officer;

(c) employment as an ambulance emergency communications officer;

(d) employment by or under the Crown —

(i) to which an industrial award or industrial agreement relating to firefighting applies; and

(ii) that is in a firefighter classification under the award or agreement;

(e) employment as a communications systems officer.

(3) Despite regulation 8, section 10(2) of the Act does not apply to a worker who suffers an injury by contracting post-traumatic stress disorder unless —

(a) the worker is diagnosed as having post-traumatic stress disorder by a psychiatrist in accordance with the

diagnostic criteria in DSM-5 for post-traumatic stress disorder; and

(b) in the case of a worker who works or worked in employment prescribed in subregulation (2)(a), (b) or (c) — the worker is first diagnosed as having post-traumatic stress disorder (whether in accordance with paragraph (a) or otherwise) on or after 1 February 2022; and

(c) in the case of a worker who works or worked in employment prescribed in subregulation (2)(d) or (e) — the worker is first diagnosed as having post-traumatic stress disorder (whether in accordance with paragraph (a) or otherwise) on or after 6 May 2023.

11. Specified diseases for firefighters

(1) For the purposes of the definitions of ***firefighter disease*** and ***qualifying period*** in section 11(1) of the Act, a cancer specified in column 1 of an item of the Table is a firefighter disease and the period specified in column 2 of that item is the qualifying period for that firefighter disease.

Table

Item	Column 1 Disease	Column 2 Qualifying period
1.	Malignant mesothelioma	15 years
2.	Primary site cervical cancer	10 years
3.	Primary site lung cancer	15 years
4.	Primary site ovarian cancer	10 years
5.	Primary site pancreatic cancer	10 years

Item	Column 1 Disease	Column 2 Qualifying period
6.	Primary site penile cancer	15 years
7.	Primary site skin cancer	15 years
8.	Primary site thyroid cancer	10 years

(2) For the purposes of section 11(4)(a) of the Act, section 11 of the Act does not apply to an injury by a prescribed firefighter disease suffered by a worker unless the day on which the worker's injury by a firefighter disease is taken, under section 11(5) of the Act, to have been suffered is on or after 13 November 2013.

Part 3 — Worker and employer

12. Prescribed workers and excluded workers (Act s. 13)

This Part provides —

(a) that an individual of a specified class or description who otherwise would not be, or might not be, a worker under section 12(2) of the Act is a worker for the purposes of the Act; and

(b) for the identification of the person who is the employer of the worker referred to in paragraph (a); and

(c) that an individual of a specified class or description who otherwise would be, or might be, a worker under section 12(2) of the Act is not a worker for the purposes of the Act.

13. Workers who hold public office

(1) In this regulation —

member of the Governor's Establishment has the meaning given in the *Governor's Establishment Act 1992* section 3;

statutory office means an office, post or position that is established under an Act by which the right to appoint to that office, post or position is vested in the Governor or a Minister.

(2) A term used in items 4 to 10 of the Table has the same meaning as it has in the *Parliamentary and Electorate Staff (Employment) Act 1992*.

(3) In the Table —

(a) an individual of a class specified in column 1 of an item is a worker; and

(b) the person specified in column 2 of that item is the employer of that worker.

Table

Item	Column 1 Worker	Column 2 Employer
1.	A person who is appointed by the Governor to a judicial office	The Crown
2.	A person who holds a statutory office	The Crown
3.	A person who is a member of the Governor's Establishment	The Crown
4.	A person who is a member of the Department of the Legislative Council, other than the Clerk and Deputy Clerk	The President of the Legislative Council
5.	A person who is an electorate officer for the Legislative Council	The President of the Legislative Council
6.	A person who is a member of the Department of the Legislative Assembly, other than the Clerk and Deputy Clerk	The Speaker of the Legislative Assembly
7.	A person who is an electorate officer for the Legislative Assembly	The Speaker of the Legislative Assembly

Item	Column 1 Worker	Column 2 Employer
8.	A person who is a member of the Department of the Parliamentary Reporting Staff	The President of the Legislative Council and the Speaker of the Legislative Assembly acting jointly
9.	A person who is a member of the Department of the Parliamentary Library	The President of the Legislative Council and the Speaker of the Legislative Assembly acting jointly
10.	A person who is a member of the Joint House Department	The President of the Legislative Council and the Speaker of the Legislative Assembly acting jointly

14. Religious workers

(1) In the Table in Schedule 2 —

(a) an individual of a class specified in column 1 of an item is a worker; and

(b) the religious body specified in column 2 of that item is the employer of that worker.

(2) Subregulation (1) applies on and after the day, if any, specified in column 3 of the item.

15. NDIS support workers

(1) A term used in this regulation has the same meaning as it has in the *National Disability Insurance Scheme Act 2013* (Commonwealth).

(2) If a participant in the National Disability Insurance Scheme (the ***NDIS***) receives funding for supports under their plan and that funding is self-managed by the participant or managed by a registered plan management provider to engage a person to deliver a funded support —

(a) the person engaged is a worker; and

(b) the participant is the employer of the worker.

(3) Subregulation (2) does not apply if the person (the ***support worker***) engaged to deliver the funded support is —

(a) employed by a person that is in the business of supplying support workers to NDIS participants; and

(b) that person has a contract with the support worker to provide the funded support to the participant.

16. Police officers and Aboriginal police liaison officers

(1) In this regulation —

Aboriginal police liaison officer means a person appointed under the *Police Act 1892* section 38B(1) to be an Aboriginal police liaison officer;

police officer means a person appointed under the *Police Act 1892* Part I to be a member of the Police Force of Western Australia.

(2) An individual appointed as a police officer or an Aboriginal police liaison officer is not a worker unless the police officer or Aboriginal police liaison officer dies as a result of an injury.

(3) The Commissioner of Police is the employer of a police officer or Aboriginal police liaison officer who dies as a result of an injury.

*[**17.** Deleted: SL 2026/35 r. 5.]*

18. Contracted sporting contestants not workers

(1) A person who is a sporting contestant under contract is not a worker if, in accordance with the contract, the person is engaged in 1 or more of the activities listed in subregulation (2).

(2) The activities are as follows —

(a) participating as a contestant in a sporting or athletic activity;

(b) engaging in training for, or preparing with a view to participating in, a sporting or athletic activity;

(c) engaging in promotional activities;

(d) travelling on a journey in connection with any of the activities in paragraphs (a) to (c).

Note for this regulation:

A person who is a licensed jockey under contract is provided for in section 15 of the Act.

Part 4 — Compensation for injury

Division 1 — Claiming compensation and responding to a claim

19. Deemed liability acceptance day

For the purposes of section 29(1) of the Act, the deemed liability acceptance day for a claim is the day after the period of 120 days beginning on the day on which the insurer or self-insurer receives the claim.

20. Notice of remunerated work

(1) If a worker is required to give notice of remunerated work to an employer or an insurer under section 32(1) of the Act, the notice must —

(a) contain the following information —

(i) the day on which the worker commenced the remunerated work;

(ii) if applicable, the day on which the worker ceased the remunerated work;

(iii) the job title and a description of the remunerated work;

(iv) the amount of remuneration received;

(v) the name, address and contact details of the person for whom the remunerated work is or was performed;

and

(b) be provided to the employer or insurer within 7 days beginning on whichever is the later of —

(i) the worker commencing the remunerated work; or

(ii) the worker receiving information from the insurer or self-insurer regarding the worker's

obligation to give the employer or insurer the notice of remunerated work.

(2) An insurer or self-insurer must inform a worker who makes an incapacity claim under section 25 of the Act of the worker's obligation to give notice of remunerated work under section 32(1) of the Act.

(3) The insurer or self-insurer may inform the worker of the worker's obligation to give notice by including information regarding the worker's obligation in the liability decision notice or deferred decision notice (as the case may be) given to the worker.

21. Incapacity after claim made

(1) In this regulation —

subsequent certificate of capacity means a subsequent certificate of capacity referred to in section 33 of the Act.

(2) Within 7 days after a worker receives a subsequent certificate of capacity, the worker must give the subsequent certificate of capacity to —

(a) if an insured employer has given the worker's claim to the insurer — the insurer; or

(b) if paragraph (a) does not apply — the employer.

(3) If a subsequent certificate of capacity is given to an insured employer under subregulation (2)(b), the employer must, within 7 days after receiving the subsequent certificate of capacity, give the subsequent certificate of capacity to the insurer.

(4) The claim is amended and taken to be an incapacity claim on the day on which the subsequent certificate of capacity is given to the insurer or self-insurer.

(5) The procedure set out in section 28 of the Act applies to the claim as amended under subregulation (4) as if a reference in that section to a claim were a reference to an incapacity claim.

(6) If a deferred decision notice is given under section 28 of the Act in relation to a claim that is amended and taken to be an incapacity claim under subregulation (4) —

(a) the deemed liability acceptance day under section 29 of the Act is the day after the period of 120 days beginning on the day on which the claim is amended and taken to be an incapacity claim; and

(b) the provisional payments day under section 36 of the Act is the day after the period of 28 days beginning on the day on which the claim is amended and taken to be an incapacity claim.

22. Provisional payments day

For the purposes of section 36 of the Act, the ***provisional payments day*** in respect of a worker's claim for which an insurer or self-insurer has given a deferred decision notice is the day after the period of 28 days beginning on the day on which the insurer or self-insurer receives the claim.

Division 2 — Income compensation

23. Adjusted maximum weekly rate of income compensation amount

For the purposes of sections 53 and 538 of the Act, the maximum weekly rate of income compensation for a financial year must be calculated by multiplying by 2 the average of the amounts that the Australian Bureau of Statistics published as the all employees average weekly total earnings in Western Australia for pay periods ending in the months of May and November preceding the financial year.

Note for this regulation:

Under section 538(5) of the Act, if a variation of an adjustable amount would reduce the amount for a particular period, the amount must not be varied.

24. Minimum weekly rate of income compensation (Act s. 57(7)(d))

No minimum weekly rate applies under section 57 if the worker is —

(a) a worker to whom no industrial instrument applies; or

(b) a worker to whom no minimum amount applies under the *Minimum Conditions of Employment Act 1993*.

25. Monetary value of board and lodging

(1) For the purposes of section 58(4) of the Act, but subject to subregulation (4), the monetary value of board and lodging provided to a worker is ascertained by applying the market value of the board and lodging for the period referred to in section 54(2)(a) or (b) of the Act (as the case requires).

(2) The market value of the board and lodging is determined by reference to —

(a) any industrial instrument, contract or agreement that states the value of the board and lodging provided to the worker in addition to any wages; or

(b) if the board and lodging is subject to fringe benefit tax — the taxable value of the board and lodging fringe benefit calculated in accordance with the *Fringe Benefits Tax Assessment Act 1986* (Commonwealth).

(3) Subregulation (1) does not apply if —

(a) the market value cannot be determined under subregulation (2); or

(b) the monetary value ascertained in accordance with subregulation (1) exceeds the monetary value calculated by taking the number of full days for which board and

lodging was provided by the employer to the worker for the period referred to in section 54(2)(a) or (b) of the Act (as the case requires) and multiplying it by the maximum board and lodging daily amount prescribed in regulation 26.

(4) If subregulation (1) does not apply, the monetary value of board and lodging provided to a worker is ascertained by taking the number of full days for which board and lodging was provided by the employer to the worker for the period referred to in section 54(2)(a) or (b) of the Act (as the case requires) and multiplying it by the maximum board and lodging daily amount prescribed in regulation 26.

26. Maximum board and lodging daily amount

For the purposes of sections 58(4) and 538 of the Act, the maximum board and lodging daily amount must be calculated by —

(a) for the financial year commencing on 1 July 2024 — varying the amount of $181 per day by the percentage by which the March CPI varies from the previous March CPI; or

(b) for the financial year commencing on 1 July 2025 and for each financial year after that — varying the amount per day for the previous financial year by the percentage by which the March CPI varies from the previous March CPI.

Note for this regulation:

Under section 538(5) of the Act, if a variation of an adjustable amount would reduce the amount for a particular period, the amount must not be varied.

Division 3 — Reducing, suspending and discontinuing income compensation

27. Reducing or discontinuing income compensation on basis of worker's return to work

For the purposes of section 63(1) of the Act, the information must be given by the employer to the worker in the approved form.

28. Reducing or discontinuing income compensation on basis of medical evidence

For the purposes of section 64(2) of the Act, written notice of the proposed action must be given by the employer to the worker in the approved form.

29. Required declarations provided by non-resident (Act s. 65(1))

A worker who does not reside in this State must provide the required declarations to the insurer or self-insurer —

(a) within 3 months after the day on which the worker no longer resides in the State; and

(b) if the worker continues to receive payment of income compensation and not reside in the State — within 3 months after the day on which the required declarations were last provided.

30. Suspension of income compensation while worker in custody

(1) For the purposes of section 66(2)(b) of the Act, a worker is serving a ***term of imprisonment*** if the worker is a prisoner as defined in the *Prisons Act 1981* section 3(1).

(2) For the purposes of section 66(5) of the Act, written confirmation must be given to the employer in the approved form.

Division 4 — Compensation for medical and health expenses

31. Term used

In this Division —

Australian Health Practitioner Regulation Agency means the Australian Health Practitioner Regulation Agency established under the *Health Practitioner Regulation National Law (Western Australia)* section 23.

32. Prescribed health services

For the purposes of paragraph (h) of the definition of ***medical and health expense*** in section 71(1) of the Act, and for the purposes of section 74(1) of the Act, a health service listed in column 1 of an item of the Table is a health service the expenses in respect of which are medical and health expenses, and the provider eligibility requirement listed in column 2 of that item is the provider eligibility requirement for that health service.

Table

Item	Column 1 Health service	Column 2 Provider eligibility requirements
1.	Acupuncture	A provider must be — (a) a person whose name is entered on the Register of Chinese Medicine Practitioners kept under the *Health Practitioner Regulation National Law (Western Australia)* and who holds general registration in the

Item	Column 1 Health service	Column 2 Provider eligibility requirements
		Division of acupuncturist; or (b) a health practitioner who holds general registration under the *Health Practitioner Regulation National Law (Western Australia)* endorsed as being qualified to practise as an acupuncturist.
2.	Chiropractic	A provider must be a person who holds general registration as a chiropractor with the Australian Health Practitioner Regulation Agency.
3.	Clinical psychology	A provider must be a person who holds general registration as a psychologist with the Australian Health Practitioner Regulation Agency with an area of practice endorsement in clinical psychology.
4.	Counselling psychology	A provider must be a person who holds general registration as a psychologist with the Australian Health Practitioner

Item	Column 1 Health service	Column 2 Provider eligibility requirements
		Regulation Agency with an area of practice endorsement in counselling psychology.
5.	Exercise program	A provider must be — (a) an exercise physiologist accredited by Exercise and Sports Science Australia Ltd (ABN 14 053 849 460); or (b) a person who holds general registration as a physiotherapist with the Australian Health Practitioner Regulation Agency.
6.	Mental health social work	A provider must be a person accredited as a mental health social worker by the Australian Association of Social Workers Limited (ABN 93 008 576 010).
7.	Occupational therapy	A provider must be a person who holds general registration as an occupational therapist with the Australian Health

Item	Column 1 Health service	Column 2 Provider eligibility requirements
		Practitioner Regulation Agency.
8.	Osteopathy	A provider must be a person who holds general registration as an osteopath with the Australian Health Practitioner Regulation Agency.
9.	Physiotherapy	A provider must be a person who holds general registration as a physiotherapist with the Australian Health Practitioner Regulation Agency.
10.	Psychology	A provider must be a person who holds general registration as a psychologist with the Australian Health Practitioner Regulation Agency.
11.	Speech pathology	A provider must be a certified practicing member of Speech Pathology Australia.

[Regulation 32 amended: SL 2026/35 r. 6.]

33. Matters of which arbitrator must be satisfied

(1) In this regulation —

treating specialist means a medical practitioner who —

(a) is treating a worker; and

(b) is a specialist in a particular branch of medicine that is relevant to the worker's injury.

(2) For the purposes of section 78(3)(c) of the Act, the arbitrator must be satisfied that operative intervention and reasonable post-operative treatment are required to substantially alleviate the consequences of serious impairment and improve the worker's physical condition.

(3) The applicant may satisfy the arbitrator of the matter set out in subregulation (2) by producing —

(a) a medical opinion from a treating specialist, which states that operative intervention and reasonable post-operative treatment are required to alleviate the consequences of serious impairment and improve the worker's physical condition; and

(b) a management plan provided by a treating specialist, which indicates that substantial medical improvement to the worker's physical condition is anticipated as a result of operative intervention and reasonable post-operative treatment.

Division 5 — Compensation for miscellaneous expenses

34. Maximum amount payable for wheelchair or similar appliance (Act s. 86(2) and 538(2))

The maximum amount payable to a worker as compensation for the miscellaneous expense of providing the use of a wheelchair

or similar appliance under section 86 of the Act must be calculated by —

(a) for the financial year commencing on 1 July 2024 — varying the amount of $13 994 by the percentage by which the March CPI varies from the previous March CPI; or

(b) for the financial year commencing on 1 July 2025 and for each financial year after that — varying the amount for the previous financial year by the percentage by which the March CPI varies from the previous March CPI.

Note for this regulation:

Under section 538(5) of the Act, if a variation of an adjustable amount would reduce the amount for a particular period, the amount must not be varied.

35. Travel expenses (Act s. 90(4))

(1) An expense for the running costs of the use of a worker's vehicle for approved travel is a reasonable expense if the rate applied is calculated by —

(a) for the financial year commencing on 1 July 2024 — varying the amount of 55 cents per kilometre by the percentage by which the March CPI varies from the previous March CPI; or

(b) for the financial year commencing on 1 July 2025 and for each financial year after that — varying the rate applied for the previous financial year by the percentage by which the March CPI varies from the previous March CPI.

(2) Despite regulation 4, an amount worked out under subregulation (1) must be rounded to the nearest whole cent with an amount that is half a cent more than a whole cent being rounded up to the next whole cent.

(3) An expense for meals and accommodation reasonably required in connection with approved travel is a reasonable expense if the rate applied is calculated by —

(a) for the financial year commencing on 1 July 2024 — varying the amount of $139 per day by the percentage by which the March CPI varies from the previous March CPI; or

(b) for the financial year commencing on 1 July 2025 and for each financial year after that — varying the rate applied for the previous financial year by the percentage by which the March CPI varies from the previous March CPI.

Note for this regulation:

Under section 538(5) of the Act, if a variation of an adjustable amount would reduce the amount for a particular period, the amount must not be varied.

Division 6 — Compensation for workplace rehabilitation expenses

36. When it is reasonably necessary to provide workplace rehabilitation services (Act s. 93(3))

It is reasonably necessary for an approved workplace rehabilitation provider to provide a workplace rehabilitation service if assistance is required in 1 or more of the following areas —

(a) to identify and address risk factors that may impact on a worker's successful return to work;

(b) to assess a worker's functional capacity and provide recommendations to translate functional gains into meaningful work;

(c) to provide advice on the best pathway to recovery at work;

(d) to engage with a worker's treating medical practitioner and provide information that will inform treatment

plans, certificates of capacity and return to work programs by providing insight into the work environment;

(e) to make recommendations as to how a worker can be accommodated within the workplace while they recover;

(f) to assess a workplace to determine 1 or more of the following —

(i) what duties are safe for a worker to undertake during their recovery;

(ii) if duties can be modified;

(iii) whether equipment is required to assist a worker to safely return to their duties;

(g) to provide supportive, educational and motivational rehabilitation counselling to assist a worker to maximise their function and manage their injury throughout the return to work process;

(h) to help a worker identify their vocational strengths, skills and abilities if they are unable to perform their pre-injury work and assist with identifying steps that can be taken to transition into a different type of work;

(i) to initiate and participate in a return to work case conference;

(j) to assist in the development of a return to work program.

37. Engaging workplace rehabilitation provider (Act s. 93(3))

(1) A request to an approved workplace rehabilitation provider for the provision of a workplace rehabilitation service may be made by —

(a) a worker; or

(b) an employer; or

(c) an insurer or self-insurer; or

(d) a treating medical practitioner.

(2) A worker may choose which approved workplace rehabilitation provider is to provide the workplace rehabilitation service.

(3) If an insurer or self-insurer recommends a specific approved workplace rehabilitation provider, the insurer or self-insurer must inform the worker that the worker may choose a different approved workplace rehabilitation provider to provide the workplace rehabilitation service.

38. Workplace rehabilitation services that may be provided (Act s. 93(3))

A workplace rehabilitation provider may provide the type of service listed in column 1 of an item of the Table and described in column 2 of that item.

Table

Item	Column 1 Type of service	Column 2 Description of service
1.	Support counselling	Activities focused on — (a) assisting a worker to adjust to an injury and return to work; or (b) family counselling related to workplace rehabilitation; or (c) progress counselling related to the progress of, and problems with, the worker's return to work.
2.	Vocational counselling	Activities focused on problems a worker has in

Item	Column 1 Type of service	Column 2 Description of service
		selecting and preparing for vocational change.
3.	Purchase of aids and appliances	Advising and assisting a worker with the purchase of aids and appliances.
4.	Case management	Activities associated with the management of a worker's return to work, including — (a) liaising and negotiating with the parties; and (b) developing, coordinating, managing and reviewing the service delivery plan; and (c) arranging for interpreter services.
5.	Training and education	Assisting a worker to develop their skills and knowledge, which may include providing training courses or other aspects of injury management.
6.	Workplace activities	Activities involving — (a) analysis of work behaviour; and

Item	Column 1 Type of service	Column 2 Description of service
		(b) analysis and design of job duties.
7.	Placement activities	Activities focused on obtaining a new job for a worker, which may include — (a) assistance with the preparation of a résumé; and (b) preparation for an interview; and (c) research and other assistance in finding a job.
8.	Assessment of functional capacity	Activities associated with assessing a worker's functional capacity, which may include preparing a report.
9.	Vocational assessment	Activities associated with assessing a worker's vocational and retraining options, which may include preparing a report.
10.	Ergonomic assessment	Activities associated with assessing how a particular work environment may

Item	Column 1 Type of service	Column 2 Description of service
		affect a worker, which may include preparing a report.
11.	Assessment of job demands	Activities associated with identifying and assessing the physical and cognitive demands of a job, which may include preparing a report.
12.	Workplace assessment	Activities associated with assessing the suitability of various workplace alternatives and other job options, which may include preparing a report.
13.	Aids and appliances assessment	Activities associated with developing recommendations for aids and appliances to assist a worker, which may include preparing a report.
14.	Travel	Travel that is directly associated with providing a workplace rehabilitation service.
15.	Medical	Discussion with specialists and other medical practitioners about workplace rehabilitation,

Item	Column 1 Type of service	Column 2 Description of service
		which may include preparing a report.
16.	Return to work case conference	Activities associated with arranging, attending or participating in a worker's return to work case conference, which may include preparing a report.
17.	Reports	Status reports relating to workplace rehabilitation.

39. Terminating workplace rehabilitation services (Act s. 93(3))

A workplace rehabilitation service must be terminated if —

(a) an injured worker can no longer undertake or participate in workplace rehabilitation; or

(b) an injured worker is participating in workplace rehabilitation with a different provider; or

(c) the goal or outcome identified by the provider in providing 1 or more workplace rehabilitation services has been attained; or

(d) a settlement agreement has been registered under Part 2 Division 12 of the Act; or

(e) the workplace rehabilitation provider's approval is suspended or cancelled; or

(f) the injured worker and the employer agree that the services of the workplace rehabilitation provider are no longer required.

Division 7 — Compensation for noise-induced hearing loss

Subdivision 1 — Preliminary

40. Terms used

(1) In this Division —

AS/NZS followed by a designation refers to the Australian/New Zealand Standard having that designation that is published jointly by Standards Australia and Standards New Zealand;

audiological test means a test that measures the extent of a person's hearing loss;

further hearing loss means hearing loss suffered by a worker that is in addition to initial hearing loss for which the worker has previously received noise-induced hearing loss compensation;

initial hearing loss means hearing loss suffered by a worker who has not previously received noise-induced hearing loss compensation;

LAeq,8h means the 8-hour equivalent continuous A-weighted sound pressure level in decibels, with a reference level of 20 micropascals, determined in accordance with AS/NZS 1269.1:2005;

LC,peak means the C-weighted sound pressure level in decibels, with a reference level of 20 micropascals, determined in accordance with AS/NZS 1269.1:2005;

NIHL deferred decision notice has the meaning given in regulation 56(3);

NIHL liability decision notice has the meaning given in regulation 56;

noisy employer, of a worker, means an employer who employs the worker in noisy employment;

noisy employment has the meaning given in subregulation (2).

(2) Employment is ***noisy employment*** if, in the course of the employment, a worker is or was frequently required to wear personal protective equipment to reduce the risk of hearing loss associated with noise exposure that exceeds —

(a) an LAeq,8h of 85dB(A); or

(b) an LC,peak of 140dB(C).

41. Audiological tests and NIHL assessments

A claim for noise-induced hearing loss compensation can only be made if a worker has undergone —

(a) an audiological test performed by an authorised audiologist in accordance with Subdivision 2; and

(b) an NIHL assessment performed by an ENT specialist in accordance with Subdivision 3.

Subdivision 2 — Audiological tests

42. Persons authorised to perform audiological tests

(1) A person is an ***authorised audiologist*** if the person is an audiologist accredited by —

(a) Audiology Australia Ltd (ABN 31 168 531 324); or

(b) an equivalent or similar body approved by the CEO.

(2) If the CEO approves a body for the purposes of subregulation (1)(b), the CEO must publish the name of the body on the WorkCover WA website.

(3) WorkCover WA may, from time to time, require an authorised audiologist to undergo administrative training with WorkCover WA.

(4) If required by WorkCover WA to undergo administrative training, an authorised audiologist must complete the training before the date, if any, specified by WorkCover WA.

(5) An authorised audiologist who does not complete administrative training as required by WorkCover WA is not permitted to perform an audiological test for the purposes of the Act.

43. Paying for audiological tests

(1) The cost of an audiological test must be paid for by —

(a) if the current employer of the worker is a noisy employer — the current employer of the worker; or

(b) if the worker is no longer employed in noisy employment — the last noisy employer of the worker but only if the worker was employed by that noisy employer within a period of 3 months ending on the day on which the audiological test is performed; or

(c) if paragraph (a) or (b) does not apply — the worker.

(2) For the purposes of subregulation (1), the cost of an audiological test includes expenses reasonably incurred by the worker in connection with the audiological test.

(3) If the worker and the employer fail to agree on whether the employment is or was (as the case requires) noisy employment, the worker may apply to WorkCover WA for a determination on the issue.

(4) As soon as practicable after receiving an application under subregulation (3), WorkCover WA must make a determination in respect of the application.

(4A) Despite subregulation (4), WorkCover WA is not required to make a determination in respect of an application made under subregulation (3) if the worker is no longer employed by the employer the subject of the application.

(5) A determination made under subregulation (4) —

(a) must be confined to determining the following —

(i) whether the employer is or was a noisy employer of the worker;

(ii) identifying the employer who is liable to pay for the audiological test (if any);

and

(b) may be in respect of —

(i) a specific employer; or

(ii) a class of employer, which may include the specific employer referred to in subparagraph (i);

and

(c) must be in writing; and

(d) is final and binding —

(i) if the determination is in respect of a specific employer under paragraph (b)(i) — on the employer, the employer's insurer, the worker and the authorised audiologist; or

(ii) if the determination is in respect of a class of employer under paragraph (b)(ii) — on an employer of that class, the employer's insurer, a worker employed by that class of employer and any authorised audiologists.

(6) A copy of a determination made under subregulation (4) must, within 7 days after the determination is made —

(a) be given to the worker, the employer and, if another employer is identified as being liable to pay for the audiological test, that other employer; and

(b) if the determination is in respect of a class of employer — be published on the WorkCover WA website.

(7) If the cost of an audiological test is paid for by a worker who subsequently makes a successful claim for noise-induced hearing loss compensation, the last employer liable to deal with

the claim and pay compensation must reimburse to the worker the cost of the audiological test.

[Regulation 43 amended: SL 2024/89 r. 4; SL 2026/35 r. 7.]

44. Frequency of audiological tests

A noisy employer must pay for a worker's audiological test not more frequently than once every 2 years.

45. Performing audiological tests

(1) An authorised audiologist may perform an audiological test on a worker for the purpose of a claim for noise-induced hearing loss compensation.

(2) An authorised audiologist performing an audiological test on a worker must ensure that —

(a) hearing loss is measured according to standards approved or set by the CEO; and

(b) any equipment used to perform the audiological test —

(i) is approved by the CEO; or

(ii) complies with any standard approved or set by the CEO;

and

(c) any equipment used to perform the audiological test is properly calibrated according to the standards specified by the manufacturer of the equipment; and

(d) background noise levels during the audiological test do not exceed those contained in standards approved or set by the CEO.

(3) The CEO must approve or set standards for the purposes of subregulation (2)(a) and (d).

(4) The CEO must —

(a) approve the equipment that must be used when performing an audiological test for the purposes of subregulation (2)(b)(i); or

(b) approve or set standards for the purposes of subregulation (2)(b)(ii).

(5) The standards approved or set by the CEO and a list of any equipment approved by the CEO must be —

(a) published on the WorkCover WA website; or

(b) made available for inspection, free of charge, by members of the public during normal office hours at the office of WorkCover WA.

(6) On completion of an audiological test, the authorised audiologist must prepare an audiological test report in the approved form.

(7) A copy of the audiological test report prepared under subregulation (6) must be given to —

(a) the worker; and

(b) the employer required to pay for the audiological test (if any); and

(c) WorkCover WA.

Subdivision 3 — NIHL assessments

46. NIHL assessments

An ENT specialist may perform an NIHL assessment on a worker for the purpose of a claim for noise-induced hearing loss compensation if an audiological test performed in accordance with regulation 45 indicates —

(a) 10% or more initial hearing loss; or

(b) 5% or more further hearing loss.

47. Persons authorised to perform NIHL assessments

(1) A person is an ***ENT specialist*** if the person is a medical practitioner registered under the *Health Practitioner Regulation National Law (Western Australia)* in the speciality of otolaryngology.

(2) WorkCover WA may, from time to time, require an ENT specialist to undergo administrative training with WorkCover WA.

(3) If required by WorkCover WA to undergo administrative training, an ENT specialist must complete the training before the date, if any, specified by WorkCover WA.

(4) An ENT specialist who does not complete the administrative training as required by WorkCover WA is not permitted to perform an NIHL assessment for the purposes of the Act.

48. Paying for NIHL assessments

(1) The cost of an NIHL assessment must be paid for by —

(a) the employer required under regulation 43(1)(a) or (b) to pay for the audiological test; or

(b) if paragraph (a) does not apply — the worker.

(2) For the purposes of subregulation (1), the cost of an NIHL assessment includes —

(a) any additional test performed or requested by the ENT specialist; and

(b) expenses reasonably incurred by the worker in connection with the NIHL assessment.

(3) If the cost of an NIHL assessment is paid for by a worker who subsequently makes a successful claim for noise-induced hearing loss compensation, the last employer liable to deal with the claim and pay compensation must reimburse to the worker the cost of the NIHL assessment.

49. Performing NIHL assessments

(1) Before an ENT specialist can perform an NIHL assessment on a worker, the worker must provide to the ENT specialist a history of their noise exposure and employment in the approved form.

(2) The worker must also provide to the ENT specialist any other information that the ENT specialist may reasonably request for the purpose of performing the NIHL assessment.

(3) On request by the ENT specialist, any previous audiological test reports or NIHL assessment reports, or any other record related to the worker's hearing, held by the following must be provided to the ENT specialist —

(a) the worker;

(b) the worker's current noisy employer;

(c) the insurer of the worker's current noisy employer;

(d) any former noisy employer of the worker;

(e) the insurer of any former noisy employer of the worker;

(f) WorkCover WA.

(4) If an ENT specialist performing an NIHL assessment on a worker requires the worker to undergo a further audiological test, that further audiological test must be performed in accordance with regulation 45(2).

(5) The CEO may approve or set standards that apply to NIHL assessments.

(6) Any standards approved or set by the CEO for the purposes of subregulation (5) must be —

(a) published on the WorkCover WA website; or

(b) made available for inspection, free of charge, by members of the public during normal office hours at the office of WorkCover WA.

(7) On completion of an NIHL assessment the ENT specialist must prepare an NIHL assessment report in the approved form.

(8) A copy of the NIHL assessment report prepared under subregulation (7) must be given to —

(a) the worker; and

(b) the employer required to pay for the NIHL assessment (if any); and

(c) WorkCover WA.

Subdivision 4 — Claiming noise-induced hearing loss compensation

50. Terms used

In this Subdivision —

hearing loss matters has the meaning given in section 113(1) of the Act;

insured last employer means a last employer who is insured under a workers compensation policy;

insurer means the insurer of the insured last employer;

last employer has the meaning given in regulation 51(2).

51. Making claim for noise-induced hearing loss compensation

(1) A worker may make a claim for noise-induced hearing loss compensation if an NIHL assessment performed in accordance with regulation 49 indicates —

(a) 10% or more initial NIHL; or

(b) 5% or more further NIHL.

(2) Noise-induced hearing loss compensation must be claimed from the employer (the ***last employer***) who last employed the worker in employment of a nature to which the NIHL assessment report indicates the noise-induced hearing loss is or was due.

(3) If the worker is or was working concurrently for 2 or more employers in employment of a nature referred to in

subregulation (2), the employer for whom the worker worked the longest is the last employer.

(4) A claim for noise-induced hearing loss compensation is made when a worker has given to the last employer —

(a) a completed claim form in the approved form; and

(b) the worker's audiological test report; and

(c) the worker's NIHL assessment report.

(5) The NIHL assessment that is the subject of the report referred to in subregulation (4)(c) must be performed within the period of 12 months ending on the day on which the claim is made.

52. Claiming noise-induced hearing loss compensation when more than 1 employer liable

(1) Noise-induced hearing loss compensation may be claimed from the last employer even if there is a question as to which of 2 or more employers is liable to compensate the worker or how that liability is to be apportioned between 2 or more employers.

(2) The last employer is liable to deal with the claim and pay the noise-induced hearing loss compensation as if the last employer were wholly liable and the insurer must indemnify the last employer for the compensation paid.

(3) A worker must provide to the last employer any information in the worker's possession that the last employer may reasonably request for the purpose of identifying any noisy employment in which the worker was employed before employment with the last employer.

53. Insured employer must give claim to insurer

(1) An insured last employer must, within 7 days after a worker claims noise-induced hearing loss compensation from the last employer in accordance with regulation 51, give the worker's claim to the insurer.

Penalty for this subregulation: a fine of $5 000.

(2) An insured last employer gives a worker's claim to the insurer by giving to the insurer the claim form, the audiological test report and the NIHL assessment report that the worker gave to the employer.

54. Worker may give claim to insurer if employer defaults

(1) If an insured last employer from which a worker has claimed noise-induced hearing loss compensation fails to give the claim to the insurer in accordance with regulation 53, the worker may give the claim to the insurer.

(2) A worker gives a claim to the insurer by either —

(a) giving the insurer a copy of the claim form, the audiological test report and the NIHL assessment report that were given to the last employer; or

(b) giving the insurer another completed claim form (in the approved form), the audiological test report and the NIHL assessment report.

(3) A claim that a worker gives to an insurer is taken to have been given to the insurer by the last employer at the time the worker gives it to the insurer and the insurer must deal with the claim accordingly.

(4) WorkCover WA may, for the purposes of this regulation, disclose to a worker the identity and other details of an insurer.

55. Claim given to WorkCover WA

Within 14 days after a claim is given to an insurer or self-insurer, the insurer or self-insurer must give a copy of the claim to WorkCover WA.

56. Insurer or self-insurer to make decision on liability

(1) Within 14 days after a claim is given to an insurer or self-insurer, the insurer or self-insurer must give a

noise-induced hearing loss liability decision notice (an ***NIHL liability decision notice***) for the claim to the following —

(a) the worker;

(b) the insured last employer;

(c) WorkCover WA.

(2) An NIHL liability decision notice is a notice in the approved form stating that —

(a) the insurer or self-insurer accepts that the employer is —

(i) wholly or partially liable for the worker's noise-induced hearing loss; and

(ii) liable to pay the worker the amount of noise-induced hearing loss compensation as the last employer as if the employer were wholly liable;

or

(b) the insurer or self-insurer does not accept that the employer is liable to compensate the worker for noise-induced hearing loss on the basis that —

(i) the worker is not a worker under the Act; or

(ii) the percentage of noise-induced hearing loss is below the required threshold; or

(iii) the employer is not the last employer of the worker; or

(iv) 1 or more hearing loss matters are disputed under section 113 of the Act.

Note for this subregulation:

The last employer is liable to pay noise-induced hearing loss compensation as if the employer were wholly liable even if another employer is, or more than 1 other employers are, or may be, partially liable and required to contribute to the amount of compensation payable — see regulations 52 and 62.

(3) An NIHL liability decision notice need not be given if a decision on liability cannot be made and the insurer or

self-insurer instead gives the worker, the insured last employer and WorkCover WA, within 14 days after the claim is given to the insurer or self-insurer, a notice (a ***NIHL deferred decision notice***) in the approved form stating that a decision on liability has been deferred.

(4) An insurer or self-insurer who fails to give an NIHL liability decision notice or NIHL deferred decision notice as and when required by this regulation commits an offence.

Penalty for this subregulation: a fine of $5 000.

(5) If an insurer or self-insurer fails to give an NIHL liability decision notice or NIHL deferred decision notice as and when required by this regulation, the insurer or self-insurer is taken to have accepted that the last employer is liable to pay the worker noise-induced hearing loss compensation.

(6) For the purposes of the application of this regulation to a self-insurer —

(a) a claim made on a last employer who is a self-insurer is considered to have been given to the self-insurer when it is made by the worker; and

(b) a requirement to give a notice to an insured last employer does not apply to the self-insurer.

57. Requirements when decision on liability deferred

(1) If an insurer or self-insurer gives a NIHL deferred decision notice for a worker's claim, the insurer or self-insurer must give an NIHL liability decision notice for the claim to the worker, the insured last employer and WorkCover WA as soon as practicable and in any event before the day after the period of 120 days beginning on the day on which the insurer or self-insurer receives a claim.

(2) An insurer or self-insurer who fails to give an NIHL liability decision notice in accordance with subregulation (1) commits an offence.

Penalty for this subregulation: a fine of $5 000.

(3) If an NIHL liability decision notice is not given in accordance with subregulation (1), the insurer or self-insurer is taken to have accepted that the last employer is liable to pay the worker noise-induced hearing loss compensation.

[Regulation 57 amended: SL 2024/89 r. 5.]

58. Application of Act s. 31

If the last employer is an uninsured employer in respect of a liability to pay noise-induced hearing loss compensation, section 31 of the Act applies as if the reference to this Division were a reference to this Division of these regulations.

59. Determining disputes about hearing loss matters

(1) If an NIHL liability decision notice given by an insurer or self-insurer under regulation 56 or 57 states that liability is not accepted on the basis that 1 or more hearing loss matters are disputed under section 113 of the Act, the insurer or self-insurer must apply under Part 6 of the Act for determination of the dispute.

(2) If a worker disputes 1 or more hearing loss matters under section 113 of the Act, the worker may apply under Part 6 of the Act for determination of the dispute.

(3) An application under subregulation (1) or (2) must be accompanied by a copy of an NIHL assessment report.

(4) An arbitrator dealing with an application for determination of a dispute under subregulation (1) or (2) may —

(a) determine the amount of noise-induced hearing loss compensation (if any) to which the worker is entitled; and

(b) if the worker is entitled to an amount of noise-induced hearing loss compensation — determine which

employer or employers are liable to pay the noise-induced hearing loss compensation; and

(c) determine which employer is the last employer, which may be a different employer than the employer who received the claim form as the last employer in accordance with regulation 51(4); and

(d) make any order the arbitrator considers appropriate in the circumstances.

Note for this subregulation:

For the purposes of paragraph (c), if an arbitrator determines that a different employer is the last employer, that employer is liable to deal with the claim and pay the noise-induced hearing loss compensation in accordance with regulation 52(2).

(5) If an arbitrator determines that more than 1 employer is liable to pay noise-induced hearing loss compensation, the arbitrator must not apportion the amount of noise-induced hearing loss compensation required to be paid by each employer.

Note for this subregulation:

Only WorkCover WA can determine the amount of noise-induced hearing loss compensation required to be paid by each employer — see regulation 62.

60. Determining other disputes about liability of employer

(1) If a liability decision notice given by an insurer or self-insurer states that liability is not accepted on the basis of 1 or more of the matters set out in regulation 56(2)(b)(i) to (iii), a worker may apply under Part 6 of the Act for determination of the dispute.

(2) If a worker makes an application under subregulation (1) disputing a liability decision notice in which liability is not accepted on the basis that the employer is not the last employer of the worker —

(a) the worker must provide to the employer any information in the worker's possession that the employer may reasonably request for the purpose of

identifying any noisy employment in which the worker is or was employed; and

(b) the employer may join as a party to the dispute any other employer the employer considers is or may be liable to pay the worker noise-induced hearing loss compensation; and

(c) an arbitrator may determine that the employer or another employer who is a party to the dispute is the last employer.

(3) An arbitrator dealing with an application for determination of a dispute under subregulation (1) may —

(a) determine the amount of noise-induced hearing loss compensation (if any) to which the worker is entitled; and

(b) if the worker is entitled to an amount of noise-induced hearing loss compensation — determine which employer or employers are liable to pay the noise-induced hearing loss compensation; and

(c) determine which employer is the last employer, which may be a different employer than the employer who received the claim form as the last employer in accordance with regulation 51(4); and

(d) make any order the arbitrator considers appropriate in the circumstances.

Note for paragraph (c):

If an arbitrator determines that a different employer is the last employer, that employer is liable to deal with the claim and pay the noise-induced hearing loss compensation in accordance with regulation 52(2).

(4) If an arbitrator determines that more than 1 employer is liable to pay noise-induced hearing loss compensation, the arbitrator must not apportion the amount of noise-induced hearing loss compensation required to be paid by each employer.

Note for this subregulation:

Only WorkCover WA can determine the amount of noise-induced hearing loss compensation required to be paid by each employer — see regulation 62.

61. Time within which to pay compensation

The last employer must pay the worker noise-induced hearing loss compensation and, if required, the costs of the audiological test and NIHL assessment —

(a) within 14 days after —

(i) the worker is given an NIHL liability decision notice that states the insurer or self-insurer accepts that the last employer is liable to compensate the worker for noise-induced hearing loss; or

(ii) an arbitrator determines, under regulation 59 or 60, which employer is liable as the last employer to compensate the worker for noise-induced hearing loss;

or

(b) if another law (including a Commonwealth law) prevents payment within the period provided for in paragraph (a) — within 7 days after payment is permitted under that other law.

62. Apportionment determination

(1) This regulation applies if the last employer or the last employer's insurer wishes to recover from any other employer or any other employer's insurer a contribution to the amount of noise-induced hearing loss compensation paid by the last employer or the last employer's insurer.

(2) The last employer or the last employer's insurer must apply to WorkCover WA for a determination (an ***apportionment determination***) that does either or both of the following —

(a) apportions the amount of the liability to pay noise-induced hearing loss compensation between each employer;

(b) if an employer is insured by more than 1 insurer during the employer's period of liability — apportions the amount of the liability to indemnify the employer between each insurer.

(3) WorkCover WA must apportion the amount of the liability between each employer on the basis that —

(a) noise-induced hearing loss occurred on an equally cumulative basis over the period of noise exposure; and

(b) the amount of the liability is to be apportioned to each employer relative to the worker's period of employment.

(4) Part 6 of the Act does not apply to a dispute between employers or between insurers who have been apportioned an amount of the liability in an apportionment determination.

(5) An apportionment determination is final and binding on each employer who is apportioned an amount of the liability in the determination and each insurer who is required to indemnify the employer.

(6) Within 7 days after the apportionment determination is made, a copy of the apportionment determination must be given to the last employer or the last employer's insurer.

(7) An employer identified as being liable to pay the worker noise-induced hearing loss compensation must reimburse to the last employer or the last employer's insurer the amount that WorkCover WA apportions to the employer, and that employer's insurer or insurers (if any) must indemnify the employer for that payment as set out in the apportionment determination.

Subdivision 5 — Noise-induced hearing loss register

63. Noise-induced hearing loss register

(1) WorkCover WA must keep a noise-induced hearing loss register (an ***NIHL register***).

(2) The NIHL register must contain the following —

(a) WorkCover WA determinations made under regulation 43(4);

(b) copies of audiological test reports given to WorkCover WA under regulation 45(7)(c);

(c) copies of NIHL assessment reports given to WorkCover WA under regulation 49(8)(c);

(d) claims for noise-induced hearing loss compensation given to WorkCover WA under regulation 55;

(e) NIHL liability decision notices given to WorkCover WA under regulation 56(1)(c) or 57(1);

(f) NIHL deferred decision notices given to WorkCover WA under regulation 56(3);

(g) the amount, if any, of noise-induced hearing loss compensation paid to a worker for —

(i) initial NIHL; and

(ii) further NIHL;

(h) apportionment determinations made under regulation 62;

(i) audiometric test results that are required to be included under regulation 153.

64. Disclosure of information

(1) A person who has access to the NIHL register in the course of their employment must not disclose information in the NIHL register unless the disclosure is —

(a) authorised under subregulation (2); or

(b) authorised or required by law; or

(c) authorised by WorkCover WA.

(2) For the purpose of subregulation (1)(a), a disclosure is authorised if it is —

(a) to a dispute resolution authority; or

(b) a report, claim or notice set out in regulation 63(2)(b), (c), (d), (e) or (i) in relation to a worker that is disclosed to —

(i) the worker; or

(ii) an authorised audiologist who is to perform an audiological test on the worker; or

(iii) an ENT specialist who is to perform an NIHL assessment on the worker;

or

(c) to a licensed insurer or self-insurer; or

(d) an audiological test report or NIHL assessment report that is disclosed to the employer who has paid for the audiological test or NIHL assessment; or

(e) a WorkCover WA determination made under regulation 43(4) that is disclosed to —

(i) the employer or employer's insurer who is or might be required to pay for the audiological test of a worker; or

(ii) the worker; or

(iii) the authorised audiologist who performed or is to perform an audiological test on the worker; or

(iv) the ENT specialist who performed or is to perform an NIHL assessment on the worker.

Division 8 — Compensation for death of worker

65. Eligible dependent child allowance

For the purposes of sections 134(4) and 538 of the Act, the amount of the eligible dependent child allowance that applies at the time the allowance is paid must be calculated by —

(a) for the financial year commencing on 1 July 2024 — varying the amount of $149 per week by the percentage by which the WPI varied between the second-last December quarter before the financial year commenced and the last December quarter before the financial year commenced; or

(b) for the financial year commencing on 1 July 2025 and for each financial year after that — varying the amount for the previous financial year by the percentage by which the WPI varied between the second-last December quarter before the financial year commenced and the last December quarter before the financial year commenced.

Note for this regulation:

Under section 538(5) of the Act, if a variation of an adjustable amount would reduce the amount for a particular period, the amount must not be varied.

66. Funeral expenses

For the purposes of the definition of ***funeral expenses maximum amount*** in section 135(2) of the Act, and for the purposes of section 538 of the Act, the funeral expenses maximum amount must be calculated by —

(a) for the financial year commencing on 1 July 2024 — varying the amount of $11 739 by the percentage by which the March CPI varies from the previous March CPI; or

(b) for the financial year commencing on 1 July 2025 and for each financial year after that — varying the amount

for the previous financial year by the percentage by which the March CPI varies from the previous March CPI.

Note for this regulation:

Under section 538(5) of the Act, if a variation of an adjustable amount would reduce the amount for a particular period, the amount must not be varied.

67. Discharging liability to pay eligible dependent child allowance

(1) In this regulation —

financial year, in relation to the payment of an amount to WorkCover WA under section 142(6) of the Act, means the financial year in which the amount is to be paid.

(2) For the purposes of section 142(6) of the Act, the amount to be paid to WorkCover WA must be calculated as follows —

$$C \times \left(1 + \frac{W}{2}\right) \times \frac{1 - 0.999962^{-N}}{-0.000038}$$

where —

C is the eligible dependent child allowance calculated in accordance with regulation 65;

W is the percentage by which the WPI varied between the second-last December quarter before the financial year commenced and the last December quarter before the financial year commenced;

N is the number of weeks until the eligible dependent child reaches 21 years of age.

Division 9 — Settlements

68. Applications for registration of settlement agreements (Act s. 152(1))

(1) An application for registration of a settlement agreement must be made to the Director as soon as practicable after the parties enter into the agreement.

(2) An application under subregulation (1) must be lodged in accordance with Part 10.

69. Supporting information and documents (Act s. 152(1)(b))

(1) In this regulation —

Dust Disease Medical Panel has the meaning given in section 115 of the Act.

(2) If a settlement agreement includes provision for commuting the liability for permanent impairment compensation, the application for registration must be accompanied by —

(a) if the worker and the employer agreed under section 105 of the Act with the assessed degree of permanent impairment —

(i) a copy of the permanent impairment notice which indicates the agreement between the worker and the employer; and

(ii) a copy of each report prepared by an approved permanent impairment assessor under section 192(1) of the Act on which the agreed degree of permanent impairment is based;

or

(b) if the worker and the employer did not agree under section 105 of the Act with the assessed degree of permanent impairment — a copy of any determination made by an arbitrator under section 106(2) of the Act regarding the worker's degree of permanent impairment.

(3) If a settlement agreement includes provision for commuting the liability for dust disease impairment compensation, the application for registration must be accompanied by a copy of the determination made by the Dust Disease Medical Panel under sections 123 and 127 of the Act regarding the worker's degree of permanent whole of person impairment.

70. Circumstances in which application may be rejected (Act s. 152(3)(b))

The Director may reject an application for the registration of a settlement agreement if —

(a) the application, settlement agreement or supporting information or documentation is not in the approved form; or

(b) there is an error in the application, settlement agreement or supporting information or documentation that has not been rectified within the time required by the Director.

71. Registration of settlement agreements

(1) As soon as practicable after receiving an application for the registration of a settlement agreement, the Director must consider the application and carry out the functions of the Director under sections 152 and 154 of the Act.

(2) If the Director registers a settlement agreement, the Director must, as soon as practicable, notify the parties of the following —

(a) that the settlement agreement is registered;

(b) the date of registration.

72. Register of settlement agreements

(1) The Director must keep a register of settlement agreements.

(2) The Director may, at any time, amend the register of settlement agreements to correct a minor error.

Part 5 — Injury management

Division 1 — Injury management systems

73. Content of injury management system (Act s. 159(3))

An injury management system must include the following —

(a) a description of a worker's right to claim compensation if they suffer an injury from employment;

(b) a description of an employer's obligation to comply with the claim and injury management process set out in the Act when a claim is made;

(c) a description of the steps the employer will take if an injury from employment occurs;

(d) information about the person who has day-to-day responsibility for the injury management system and their contact details.

74. Copy of injury management system document to be given to workers on request

An employer must, on the request of a worker, provide the worker with a copy of the document that describes the injury management system.

Division 2 — Return to work

Subdivision 1 — Return to work programs

75. Approved form

A return to work program must be in the approved form.

76. Worker must have opportunity to participate in establishing return to work program

An employer required to establish a return to work program for a worker must give the worker an opportunity to participate in the establishment of the return to work program.

77. Reasonable steps to ensure worker agrees to content of return to work program

An employer must take reasonable steps to ensure that a worker agrees with the content of a return to work program established for the worker.

78. Copy of return to work program to be given to worker and medical practitioner

An employer of a worker on a return to work program must give a copy of the return to work program and any amended return to work program to the worker and the worker's treating medical practitioner.

79. Amending return to work program

(1) If the treating medical practitioner of a worker on a return to work program amends a certificate of capacity or modifies in writing the restrictions on the work that the worker is considered capable of doing, the employer must, as soon as practicable after becoming aware of the amendment or modification, amend the worker's return to work program as required to take account of the amendment or modification.

(2) If an employer amends a worker's return to work program in circumstances other than the circumstances referred to in subregulation (1), the employer must take reasonable steps to ensure that the worker agrees with the content of the modified return to work program.

80. Implementation of return to work program

The employer of a worker on a return to work program must ensure that the program is implemented in a timely manner.

Subdivision 2 — Return to work case conferences

81. Requirement to participate in return to work case conference (Act s. 165(3)(a))

(1) The maximum frequency a worker may be required to participate in a return to work case conference is not more than once every 4 weeks.

(2) Subregulation (1) does not apply if the return to work case conference is arranged by the worker's treating medical practitioner.

(3) A worker is not required to attend or participate in a return to work case conference unless the conference is scheduled during reasonable hours.

82. Conduct of return to work case conference (Act s. 165(3)(b))

(1) The following matters may be discussed at a return to work case conference —

(a) the workplace, the worker's duties and the worker's return to work opportunities;

(b) the types of duties the employer can provide while the worker has work restrictions and the workplace support the worker will need to fulfil those types of duties;

(c) any modifications which may be required to the workplace or work equipment;

(d) any barriers that are, or may be, impacting a worker's return to work;

(e) whether to develop or modify a return to work or injury management activity or goal specified in a certificate of capacity or return to work program.

(2) The following matters must not be discussed at a return to work case conference —

(a) matters relating to the treating medical practitioner's diagnosis, the medical assessment findings or the certified capacity for work;

(b) matters relating to liability for the claim, including the following —

(i) how the injury happened;

(ii) whether the injury is a new injury or the recurrence, aggravation or acceleration of a pre-existing injury;

(iii) challenging a fact stated by the worker or treating medical practitioner;

(c) matters relating to a worker's injury that may be dealt with by requiring the worker to undergo an examination by a medical practitioner under section 180(1) of the Act.

83. Persons who may attend return to work case conference

(1) In this regulation —

support person includes the following —

(a) an authorised agent as defined in section 303 of the Act and regulation 106;

(b) a carer;

(c) a family member;

(d) a legal practitioner;

(e) a union representative.

(2) A return to work case conference may be attended by any of the following —

(a) the worker, with or without 1 support person;

(b) the employer and, if applicable, the employer's insurer;

(c) the worker's treating medical practitioner;

(d) an approved workplace rehabilitation provider.

Division 3 — Certificate of capacity

84. Matters specified in certificate of capacity (Act s. 169(1)(b))

A certificate of capacity must specify the following matters —

(a) a medical assessment;

(b) for a first certificate of capacity and a progress certificate of capacity —

(i) an injury management plan, including activities or interventions, or both, and goals; and

(ii) the next review date, if any;

(c) for a first certificate of capacity — a consent authority that the worker may sign, giving consent for any medical practitioner who treats the worker to discuss the worker's injury with the employer, the insurer and health professionals for the purpose of the worker's claim for compensation and return to work options;

(d) for a progress certificate of capacity — a progress report.

85. Who can issue certificate of capacity (Act s. 169(2)(b))

A medical practitioner who is not the worker's treating practitioner may issue a certificate of capacity if —

(a) the worker —

(i) is in a regional or remote area; or

(ii) has been admitted to hospital;

and

(b) the medical practitioner provided the worker with initial treatment in relation to the injury but is not providing ongoing treatment or monitoring or performing any

other functions of a treating medical practitioner provided for in section 170(3) of the Act.

Division 4 — Workplace rehabilitation providers

86. Criteria for grant of approval for workplace rehabilitation providers (Act s. 173(2))

(1) For the purposes of this Division, a ***rehabilitation consultant*** for a workplace rehabilitation provider is a person who —

(a) holds a qualification described in regulation 87(1); and

(b) has the experience described in regulation 87(2); and

(c) has, in the workplace rehabilitation provider's opinion, sufficient knowledge of the matters described in regulation 87(3).

(2) The criteria that must be satisfied for a grant of approval of a workplace rehabilitation provider is as follows —

(a) WorkCover WA considers that the workplace rehabilitation provider has sufficient material and financial resources and operational capability and capacity to —

(i) provide effective workplace rehabilitation services; and

(ii) comply with the Act, the approval criteria set out in this regulation, any conditions of approval (whether imposed by WorkCover WA or the Act) and any orders set out under section 94 of the Act; and

(iii) ensure that workplace rehabilitation services are delivered by rehabilitation consultants; and

(iv) ensure that all rehabilitation consultants who deliver a workplace rehabilitation service provided by the workplace rehabilitation provider maintain the relevant qualifications,

experience and knowledge set out in regulation 87; and

(v) provide induction, ongoing training and, if required, supervision to a rehabilitation consultant who delivers a workplace rehabilitation service provided by the workplace rehabilitation provider; and

(vi) provide information as required to WorkCover WA to assist WorkCover WA monitor and review the activities of the workplace rehabilitation provider under section 178 of the Act; and

(vii) comply with the laws of the State and the Commonwealth, including laws relating to record keeping, security of information, privacy and confidentiality;

(b) the workplace rehabilitation provider has at least 1 person in the management structure who —

(i) holds a rehabilitation consultant qualification; and

(ii) has at least 5 years' experience in workplace rehabilitation;

(c) the workplace rehabilitation provider has the required mandatory insurance cover, including professional indemnity insurance, public liability insurance and workers compensation insurance.

87. Qualifications, experience and knowledge of rehabilitation consultants

(1) A person is qualified to be a rehabilitation consultant if the person is —

(a) a health practitioner registered under the *Health Practitioner Regulation National Law (Western*

Australia) to practise 1 or more of the following health professions (other than as a student) —

(i) chiropractor;

(ii) occupational therapist;

(iii) medical practitioner;

(iv) nurse;

(v) psychologist (including a person who holds a provisional registration);

(vi) physiotherapist;

or

(b) a rehabilitation counsellor who is a full or associate member of the Australian Society of Rehabilitation Counsellors; or

(c) a rehabilitation counsellor who is a full member of the Rehabilitation Counselling Association of Australasia; or

(d) an exercise physiologist accredited by Exercise and Sports Science Australia Ltd (ABN 14 053 849 460); or

(e) a social worker who is a full member of the Australian Association of Social Workers; or

(f) a speech pathologist who is a Certified Practising member of Speech Pathology Australia.

(2) A person has the experience required to be a rehabilitation consultant if the person has —

(a) 12 months or more of experience delivering workplace rehabilitation services; or

(b) if the person has less than 12 months of experience delivering workplace rehabilitation services (a provisional rehabilitation consultant), the person has —

(i) completed a comprehensive induction and learning development plan; and

(ii) been under supervision for at least 12 months.

(3) A person has the knowledge required to be a rehabilitation consultant if they have knowledge of the conditions and standards of practice relevant to the provision of workplace rehabilitation services, including WorkCover WA's Workplace Rehabilitation Providers Principles and Standards of Practice.

Part 6 — Medical assessment

Division 1 — Medical examination of worker

88. Frequency and time of medical examinations

(1) A worker must not be required under section 180 of the Act to undergo examination by a medical practitioner —

(a) more frequently than once every 2 weeks; or

(b) if the examination is scheduled during unreasonable hours.

(2) A worker must not be required under section 180 of the Act to attend medical examinations by more than 3 medical practitioners who are specialists in the same field of medicine.

(3) This regulation does not limit the number of times a worker may be required to attend a medical examination by a medical practitioner.

Division 2 — Assessing degree of permanent impairment

89. Requests for assessment of worker's degree of permanent impairment

An assessment of a worker's degree of permanent impairment may be requested by —

(a) the worker; or

(b) the insurer or self-insurer, as the case may be.

90. Paying for assessments

(1) If an insurer or self-insurer requests an assessment of a worker's degree of permanent impairment, the cost of the assessment must be paid for by whichever made the request.

(2) If a worker requests an assessment of the worker's degree of permanent impairment and the assessment is not a

miscellaneous expense under section 91 of the Act, the cost of the assessment must be paid for by the worker.

91. Powers of approved permanent impairment assessors (Act s. 191)

(1) An assessor may require a worker to attend at a specific place for the purpose of conducting an assessment of the worker's degree of permanent impairment by notifying the worker of the requirement in the approved form.

(2) An assessor may require the worker, the employer or the employer's insurer to produce any relevant document or provide any relevant information to the assessor by giving notice of the requirement in the approved form.

(3) An assessor may require the worker, the employer or the employer's insurer to consent to another person who has any relevant document or information producing the document or providing the information to the assessor by notifying the worker, the employer or the employer's insurer of the requirement in the approved form.

92. Period for compliance with requirements

If the time to comply with a requirement referred to in regulation 91 is not specified, the requirement must be complied with within 7 days after the day on which the person receives notice of the requirement.

Part 7 — Insurance

Division 1 — Employer obligations

93. Remuneration paid to or for benefit of workers (Act s. 200)

A payment in money or money's worth paid to or for the benefit of a worker is remuneration for the purposes of Part 5 of the Act if it is a payment (however described) that is included as remuneration in the WorkCover WA Remuneration Guidelines.

Note for this regulation:

The WorkCover WA Remuneration Guidelines are published on the WorkCover WA website.

94. Employers required to keep certain records (Act s. 209(1)(d))

An employer must keep a record under section 209 of the Act of the following —

(a) information submitted to a licensed insurer, either directly or via a broker, for the purposes of —

(i) obtaining a quote in respect of a workers compensation policy; or

(ii) the issue or renewal of a workers compensation policy;

(b) any certificate of currency issued by a licensed insurer in respect of a workers compensation policy.

Division 2 — Licensed insurers

95. Term used

In this Division —

APRA means the Australian Prudential Regulation Authority established under the *Australian Prudential Regulation Authority Act 1998* (Commonwealth) section 7;

Insurance Act means the *Insurance Act 1973* (Commonwealth);

prudential matters has the meaning given in the Insurance Act section 3(1).

96. Criteria for grant of insurer licence (Act s. 228(2))

The criteria that must be satisfied for the grant of an insurer licence are as follows —

(a) the insurer is authorised under the Insurance Act section 12 to carry on insurance business in Australia;

(b) the insurer is financially and prudentially viable to the extent that it is able to comply with the prudential standards determined by APRA under the Insurance Act;

(c) WorkCover WA considers that the insurer has sufficient material and financial resources and the capacity and capability to —

(i) meet current and future claim liabilities for the workers compensation policies issued by the insurer; and

(ii) carry out the functions and obligations of a licensed insurer as required by the Act; and

(iii) comply with any requirements or timeframes imposed by the Act; and

(iv) comply with any condition of the licence, whether imposed by the Act or WorkCover WA; and

(v) provide a high standard of claims management and injury management to optimise return to work outcomes; and

(vi) underwrite and administer workers compensation policies effectively; and

(vii) manage disputes and complaints arising out of the activities of a licensed insurer effectively; and

(viii) provide a high standard of service to employers, workers and other scheme participants; and

(ix) establish processes to provide information as required to WorkCover WA; and

(x) comply with the laws of the State and the Commonwealth, including laws relating to record keeping, security of information, privacy and confidentiality.

97. Licensed insurer to give notice of certain events

(1) In this regulation —

relevant event, in relation to a licensed insurer, means —

(a) APRA has revoked, or has given written notice of its intention to revoke, the licensed insurer's authorisation under the Insurance Act section 15; or

(b) APRA has taken, or has given written notice of its intention to take, any action under the Insurance Act section 13; or

(c) APRA has, under the Insurance Act section 32, varied or revoked a prudential standard that applies to the licensed insurer; or

(d) APRA has served the body corporate of the licensed insurer with a written notice under the Insurance Act section 52(1).

(2) A licensed insurer must, within 24 hours after becoming aware that a relevant event has occurred in relation to the licensed insurer, give WorkCover WA written notice of the event.

98. WorkCover WA and APRA may exchange information

WorkCover WA and APRA may exchange information and documents regarding the prudential matters of a licensed insurer.

Division 3 — Insurance obligations of licensed insurers

99. Information reasonably required by licensed insurers (Act s. 236(3))

(1) In this regulation —

contractor and ***principal*** have the meanings given in section 214 of the Act.

(2) Information that an insurer reasonably requires for the purposes of the issue or renewal of a workers compensation policy or the provision of a quote of premium is as follows —

(a) a description of the nature of the business carried on by the employer;

(b) a description of the activities performed by the employer's workers;

(c) a statement as to whether the employer holds a current workers compensation policy;

(d) if the employer does not hold a current workers compensation policy — information as to whether the employer has ever held a workers compensation policy;

(e) information regarding the aggregate annual remuneration paid to workers for each of the previous 5 years;

(f) the total number of workers compensation claims made by the employer's workers for each of the previous 5 years (if any);

(g) information about the employer's work health and safety management plan, if any, prepared by the employer in accordance with the *Work Health and Safety Act 2020*;

(h) subject to subregulation (3), if the employer is a contractor or a principal to whom section 215 of the Act applies, information regarding —

(i) the aggregate amount of remuneration paid to workers for work done under the contract; and

(ii) the industry classification of the work to be done under the contract;

(i) if a company applies to issue or renew a workers compensation policy on the basis that a director of the company is a worker — information that shows that the director is remunerated for providing personal manual labour or services;

(j) information regarding any contractual indemnities entered into by the employer or for which indemnity is intended to be provided to a principal or other third party in the employer's workers compensation policy, if permitted by the Act or the insurer.

(3) Subregulation (2)(h) does not apply if the employer is a principal to whom section 221 of the Act applies.

100. Insurance requirement (Act s. 237(1)(g))

(1) In this regulation —

former Act means the *Workers' Compensation and Injury Management Act 1981*.

(2) Section 202 of the Act does not require an employer to have a current workers compensation policy for liability to pay compensation under the Act, or damages, arising out of —

(a) a claim directly or indirectly occasioned by any event happening through or in consequence of —

(i) war; or

(ii) invasion; or

(iii) acts of foreign enemies; or

(iv) hostilities whether war be declared or not; or

(v) civil war; or

(vi) rebellion; or

(vii) revolution; or

(viii) insurrection; or

(ix) military or usurped power;

or

(b) a liability covered by a policy as referred to in section 162 of the former Act and to which section 596 of the Act applies.

(3) Section 202 of the Act does not require an employer to obtain or keep current a policy of insurance for liability to pay damages arising out of —

(a) a claim brought in respect of an injury that occurred outside Australia; or

(b) a claim brought outside Australia.

(4) Section 202 of the Act does not require an employer to obtain or keep current a policy of insurance for liability to pay —

(a) exemplary or punitive damages; or

(b) an aggregate amount of damages exceeding $50 million arising out of all claims in respect of a single event.

Note for this regulation:

Section 289 of the Act provides that a workers compensation policy does not insure, and is not required to insure, an employer for any compensation liability in respect of a declared act of terrorism.

101. Terms and conditions (Act s. 237(1))

A workers compensation policy issued by a licensed insurer must be in the form set out in Schedule 3.

102. Licensed insurer permitted to refuse to indemnify employer (Act s. 241(1))

A licensed insurer may refuse to indemnify an employer against liability to pay damages in respect of an injury to a worker for which the employer is liable if —

(a) the employer knew, or ought to have known, about the risk of injury; and

(b) the employer intentionally or recklessly failed to take reasonable precautions to prevent the injury occurring; and

(c) the employer's conduct or intentional or reckless failure to take reasonable precautions caused or contributed to the injury for which damages are claimed.

103. Cancellation of insurance policy

For the purposes of section 242(3)(b) of the Act, the premium due must have remained unpaid for a period of 90 days beginning on the day on which the policy period (as defined in the policy) of insurance commences.

104. Limits on claims for declared acts of terrorism (Act s. 291)

(1) In respect of 1 or more declared acts of terrorism, the total amount of the compensation liability for claims payable under Part 5 Division 9 of the Act during any financial year is limited to $100 million.

(2) In respect of a declared act of terrorism, the total amount of the claims that are payable under Part 5 Division 9 of the Act is limited to $100 million.

Division 4 — Licensed self-insurers

105. Criteria for grant of self-insurer licence

Before a self-insurer licence is issued, WorkCover WA must be satisfied that the self-insurer has sufficient material and financial resources and the capacity and capability to —

(a) meet current and future claim liabilities of the self-insurer; and

(b) carry out the functions and obligations of a licensed self-insurer as required by the Act; and

(c) comply with any requirements or timeframes imposed by the Act; and

(d) comply with any condition of the licence, whether imposed by the Act or WorkCover WA; and

(e) provide a high standard of claims management and injury management to optimise return to work outcomes; and

(f) manage disputes and complaints arising out of the activities of a licensed self-insurer effectively; and

(g) provide a high standard of service to workers and other scheme participants; and

(h) establish processes to provide information as required to WorkCover WA; and

(i) comply with the laws of the State and the Commonwealth, including laws relating to record keeping, security of information, privacy and confidentiality.

Part 8 — Dispute resolution

Division 1 — Conciliation and arbitration

106. Authorised agents (Act s. 303)

A person who is a member of any of the following classes of persons is an ***authorised agent*** —

(a) an officer of an organisation as those terms are defined in the *Industrial Relations Act 1979* section 7(1);

(b) an officer of an association of employers or an association of employees that is registered as an organisation under the *Fair Work (Registered Organisations) Act 2009* (Commonwealth) section 26;

(c) a person employed by a licensed insurer or self-insurer;

(d) if a licensed insurer or self-insurer engages a person to provide claims management services to the licensed insurer or self-insurer —

(i) the person engaged to provide claims management services; or

(ii) if the person engaged to provide claims management services employs or engages another person to provide claims management services — the other person;

(e) if a licensed insurer or self-insurer engages a company, agency or body to provide claims management services to the licensed insurer or self-insurer — the person employed or engaged by the company, agency or body to provide claims management services;

(f) a person (other than a legal practitioner) employed by a law practice as defined in the *Legal Profession Uniform Law (WA)* section 6(1);

(g) an officer (as defined in the *Associations Incorporation Act 2015* section 3) or an employee of the Asbestos

Diseases Society of Australia Inc.
(ABN 70 388 918 998);

(h) a person who is an officer or employee of the body known as UnionsWA Incorporated;

(i) a person who is an officer or employee of the Chamber of Commerce and Industry of Western Australia Limited (ABN 96 929 977 985).

107. Relevant documents (Act s. 306(1))

For the purposes of section 306 of the Act, a certificate of currency issued by an insurer in respect of a policy is a relevant document.

108. Rates of interest

(1) The interest payable in respect of any sum ordered to be paid under section 358 of the Act must be calculated at a rate of 6% per annum.

(2) The interest payable in respect of any sum ordered to be paid under section 359 of the Act must be calculated at a rate of 6% per annum.

(3) The interest payable in respect of any sum agreed to be paid under section 360 of the Act must be calculated at a rate of 6% per annum.

109. Witness allowances (Act s. 380(b))

(1) In this regulation —

Costs Committee means the committee established under section 402(2) of the Act;

costs determination has the meaning given in section 405(1) of the Act;

earnings has the meaning given in section 45 of the Act.

(2) If a witness attends to give evidence at a conciliation conference or arbitration hearing the witness is entitled to be paid an amount by way of an allowance as compensation for their attendance.

(3) The amount of an allowance ordered to be paid to a witness must not exceed the amount that is fixed by the Costs Committee under a costs determination as the maximum amount for the allowance.

(4) In determining the amount of an allowance, the arbitrator or conciliator, as the case requires, must have regard to the following —

(a) any earnings the witness lost by attending to give evidence;

(b) any expenses for meals, accommodation and travel the witness reasonably incurred by attending to give evidence.

Division 2 — Costs

110. Terms used

(1) In this Division —

assessment of costs has the meaning given in regulation 111;

costs order has the meaning given in regulation 111.

(2) A dispute resolution authority is a ***taxing officer*** for the purposes of this Division.

111. Application for assessment of costs

A person who has paid or is liable to pay, or who is entitled to receive or has received, costs as a result of an order (a ***costs order***) for the payment of an unspecified amount of costs made by a dispute resolution authority (whether the order was made before, on or after 1 July 2024) may apply under the conciliation rules or the arbitration rules, as the case requires,

for an assessment (an ***assessment of costs***) of the whole of, or any part of, those costs by a taxing officer.

112. Taxing officer may require copy of application to be given to other persons

(1) A taxing officer may, by written notice, require an applicant to give a copy of the application for an assessment of costs to —

(a) a party to the proceedings in which the costs order was made; or

(b) a legal practitioner or authorised agent acting for a party to those proceedings; or

(c) any interested party.

(2) The application must be given in accordance with the conciliation rules or the arbitration rules, as the case requires.

(3) If an applicant, without reasonable excuse, fails to comply with a notice given under subregulation (1), the taxing officer may refuse to deal with the application.

113. Taxing officer may require documents or further particulars

(1) A taxing officer conducting an assessment of costs may, by written notice, do either or both of the following —

(a) require a person to produce any relevant document held by the person;

(b) require an applicant to give to the taxing officer further particulars as to any item of costs claimed.

(2) A notice given under subregulation (1)(a) or (b) must specify the period within which it must be complied with.

(3) If a person, without reasonable excuse, fails to comply with a notice given under subregulation (1)(a) or (b), the taxing officer may —

(a) refuse to deal with the application; or

(b) deal with the application on the basis of the information provided.

(4) Nothing in this regulation requires a person to provide a document that would disclose information, or otherwise provide information, that is the subject of legal professional privilege.

114. Consideration of application

(1) Before an application for an assessment of costs is determined, a taxing officer must give parties to the proceedings in which the costs order was made a reasonable opportunity to make submissions in relation to the application.

(2) In considering an application for an assessment of costs, a taxing officer is not bound by the rules of evidence and may be informed in any manner the taxing officer thinks fit.

115. Assessment to give effect to order and costs determination

An assessment of costs must be in accordance with and give effect to —

(a) the costs order made by the dispute resolution authority; and

(b) any relevant costs determination made by the Costs Committee under section 405 of the Act.

116. Matters to be considered by taxing officer

(1) In considering an application for an assessment of costs, a taxing officer must have regard to the following —

(a) whether or not it was reasonable to carry out the work to which the costs relate;

(b) what is a fair and reasonable amount of costs for the work concerned.

(2) In assessing what is a fair and reasonable amount of costs, the taxing officer may have regard to the following —

(a) the skill, labour and responsibility displayed on the part of the legal practitioner or agent responsible for the matter;

(b) the complexity, novelty or difficulty of the matter;

(c) the quality of the work done and whether the level of expertise was appropriate to the nature of the work done;

(d) the place where and circumstances in which the legal services or agent services were provided;

(e) the time within which the work was required to be done;

(f) the outcome of the matter.

(3) If the dispute resolution authority has ordered that the costs are to be assessed on a specific basis, the taxing officer must assess the costs on that basis.

117. Costs of assessment

The costs of and incidental to an assessment are to be awarded at the discretion of the taxing officer.

118. Enforcement of assessment

(1) The taxing officer must issue to each party a certificate that sets out the amount at which costs have been assessed and allowed by the taxing officer.

(2) The costs are payable under the order made by the dispute resolution authority as to the costs.

119. Correction of error

At any time after making a determination the taxing officer who made the determination may, for the purpose of correcting an error in the determination —

(a) make a new determination in substitution for the previous determination; and

(b) issue a new certificate under regulation 118(1) that sets out the new determination.

Part 9 — Common law

120. Election to retain right to seek damages

(1) For the purposes of section 421(1)(b) of the Act, a worker may elect to retain the right to seek an award of damages by completing the approved form and lodging it with the Director.

(2) An approved form that is lodged with the Director in accordance with subregulation (1) must be accompanied by —

(a) the supporting assessment of the worker's degree of permanent whole of person impairment to be recorded by the Director; or

(b) if the election to retain the right to seek an award of damages is in respect of a dust disease —

(i) a supporting assessment of the worker's degree of permanent whole of person impairment in the determination made by the Dust Disease Medical Panel under section 127 or 426(3) of the Act; or

(ii) an agreement made under section 426(5) of the Act, which states the worker's degree of permanent whole of person impairment as agreed between the worker and the employer.

Note for this subregulation:

The supporting assessment must be in the approved form; see section 421(10) of the Act.

121. Requirement to record election

(1) Unless section 421(3) of the Act applies, the Director must, as soon as practicable after an election has been lodged with the Director in accordance with regulation 120 —

(a) register the election by recording the election and supporting assessment in a register kept for that purpose; and

(b) notify the worker and the employer of the following —

(i) that the election has been registered;

(ii) the date on which the election was registered.

(2) An election is registered on the day on which the Director records the election in the register.

122. Maximum damages award for less than 25% impairment

For the purposes of sections 424(1) and 538 of the Act, the maximum amount of damages for less than 25% impairment must be calculated by —

(a) for the financial year commencing on 1 July 2024 — varying the amount of $530 724 by the percentage by which the WPI varied between the second-last December quarter before the financial year commenced and the last December quarter before the financial year commenced; or

(b) for the financial year commencing on 1 July 2025 and for each financial year after that — varying the amount for the previous financial year by the percentage by which the WPI varied between the second-last December quarter before the financial year commenced and the last December quarter before the financial year commenced.

Note for this regulation:

Under section 538(5) of the Act, if a variation of an adjustable amount would reduce the amount for a particular period, the amount must not be varied.

Part 10 — Management and disclosure of information

Division 1 — General

123. Terms used

In this Part —

EDS means the electronic document system operated by or on behalf of the Director that, amongst other things, enables an EDS document to be lodged with the Director;

EDS document means either of the following —

(a) a settlement document;

(b) an election document;

EDS exempt, in relation to a lump sum agreement or election, has the meaning given in regulation 125;

election means an election under Part 7 Division 2 of the Act;

election document, in relation to an election, means either of the following —

(a) the approved form under regulation 120(1) for the election;

(b) any document referred to in regulation 120(2) supporting the election;

give has the meaning given in section 497(1) of the Act;

lodge has the meaning given in section 497(1) of the Act;

lump sum agreement means either of the following —

(a) a settlement agreement;

(b) a settlement referred to in section 433(3) of the Act;

settlement agreement has the meaning given in section 149(1) of the Act;

settlement document, in relation to a lump sum agreement, means any of the following —

(a) a settlement agreement referred to in section 152(1) of the Act;

(b) an application under regulation 68 for registration of a settlement agreement;

(c) any document referred to in regulation 69 supporting an application for registration of a settlement agreement;

(d) an agreement to rectify an error in a settlement agreement or supporting information and document made for the purposes of section 152(2) of the Act;

(e) a memorandum of the terms of a settlement referred to in section 433(3) of the Act.

Division 2 — Giving or lodging EDS documents or notices using EDS

124. Requirement to lodge EDS documents using EDS (Act s. 497(3)(a))

(1) An EDS document must be lodged with the Director using the EDS unless —

(a) the person lodging the document is EDS exempt in relation to that document; or

(b) the office of the Director is open for business and the EDS is unavailable for use.

(2) Despite subregulation (1)(a), a person who is EDS exempt may use the EDS to lodge an EDS document.

(3) The Director may at any time require a person who has lodged an EDS document by using the EDS to also lodge the document in person or by post.

(4) A person who lodges an EDS document that is a settlement agreement referred to in section 152(1) of the Act must confirm

that the settlement agreement has been executed in accordance with the laws of the State.

125. EDS exempt

(1) A person who is required to lodge an election document in relation to an election or a settlement document in relation to a lump sum agreement is ***EDS exempt*** in relation to the document at a particular time if, at that time —

(a) in the case of an election, the person —

(i) is self-represented; and

(ii) is neither an insurer nor a self-insurer; and

(iii) is the worker to whom the election relates or the employer of the worker to whom the election relates;

or

(b) in the case of a lump sum settlement, the person —

(i) is self-represented; and

(ii) is a party to the lump sum agreement; and

(iii) is neither an insurer nor a self-insurer;

or

(c) the person is exempt under subregulation (3) from the requirement to lodge the EDS document using the EDS.

(2) A person is self-represented in relation to an election or lump sum agreement if —

(a) in the case of a worker — a legal practitioner is not engaged by or on behalf of the worker in relation to the election or lump sum agreement; or

(b) in the case of an employer — the employer is uninsured.

(3) The Director may exempt a person from a requirement to lodge any or all EDS documents using the EDS if satisfied that it

would be unreasonable for the person to be required to use the EDS to lodge the EDS document.

126. EDS unavailable or person EDS exempt

(1) This regulation applies if —

(a) a person lodging an EDS document is EDS exempt in relation to the document; or

(b) the office of the Director is open for business and the EDS is unavailable for use.

(2) The EDS document may be lodged by —

(a) presenting it at the office of the Director when the office is open for business; or

(b) sending it to the office of the Director by pre-paid post; or

(c) sending the document by email when the office of the Director is open for business to an email address provided by the Director.

(3) An email by which a document is lodged under this regulation must —

(a) state the sender's name and email address; and

(b) state a telephone number by which the sender can be contacted; and

(c) describe the document being given by the email; and

(d) if more than 1 document is being lodged under this regulation — list the documents being lodged.

(4) The Director may determine and publish requirements as to the permissible format and the maximum size of an EDS document that is sent to the Director by email under subregulation (2)(c).

(5) An EDS document lodged by email under subregulation (2)(c) must comply with any published requirements as to the permissible format and the maximum size.

(6) The Director may at any time require a person who has lodged an EDS document by email to also lodge the document in person or by post.

(7) If a person who is not EDS exempt lodges an EDS document in accordance with subregulation (2), the Director may, at any time, require the person to also lodge the document using the EDS.

127. When EDS document is taken to have been lodged (Act s. 497(3)(c))

(1) In this regulation —

working day means a day on which the office of the Director is open for business that is not a Saturday, a Sunday or a public holiday throughout the State.

(2) An EDS document lodged with the Director is taken to have been lodged —

(a) in the case of an EDS document lodged using the EDS —

(i) if the EDS document becomes accessible using the EDS before 5 pm on a working day — on that working day; or

(ii) if paragraph (i) does not apply — on the next working day after the EDS document becomes accessible;

or

(b) in the case of an EDS document lodged in accordance with regulation 126(2)(a), (b) or (c) —

(i) if the EDS document is received before 5 pm on a working day — on that working day; or

(ii) if paragraph (i) does not apply — on the next working day after the EDS document is received.

128. When Director is taken to have given notice or copy of document in relation to EDS document (Act s. 497(3)(c))

(1) In this regulation —

electronic notification, in relation to a person, includes notification by an email sent to an email address provided by the person;

notify includes to dispatch or send a notice.

(2) A requirement for the Director to notify a person, or to give a person a copy of a document, in relation to an EDS document is satisfied, on a day, if —

(a) before 5 pm on that day —

(i) the notice or copy of the document becomes accessible to the person using the EDS; and

(ii) electronic notification that the notice or copy of the document is accessible is sent to the person;

or

(b) the notice or copy of the document is sent to the person by pre-paid post 2 business days before that day; or

(c) the notice or copy of the document is sent to an email address provided by the person before 5 pm on that day.

(3) Subregulation (2)(a) does not apply if the person —

(a) is EDS exempt in relation to the EDS document; and

(b) does not have access to the EDS in relation to the EDS document.

129. Complete and legible documents

All documents lodged by means of the EDS must be —

(a) clearly written, typed or reproduced (as the case requires); and

(b) properly completed.

Division 3 — Giving documents generally

130. Application of Division

(1) This Division applies to any document required to be given under the Act that is not an EDS document.

(2) This Division does not limit the operation of the *Interpretation Act 1984* section 76.

131. Giving documents (Act s. 497(3)(a))

(1) Subject to subregulation (3), if a document is required under the Act to be given to a person, the document may be given by sending the document by email to the last known email address of the person.

(2) An email by which a document is given under this regulation must —

(a) state the sender's name and email address; and

(b) state a telephone number by which the sender can be contacted; and

(c) describe the document being given by the email; and

(d) if more than 1 document is being given under this regulation — list the documents being given.

(3) Subregulation (1) does not apply if —

(a) the manner by which the document is to be given is provided for in the Act; or

(b) the document is not permitted to be given by email.

132. When document is taken to have been given using email (Act s. 497(3)(c))

A document given by email is taken to have been given on the day on which the document is sent by email in accordance with regulation 131.

Division 4 — Status and effect of documents given or lodged electronically using EDS or email

133. Electronic lodgment of documents (Act s. 497(3)(f))

If a document is given or lodged electronically in accordance with Division 2 or 3 —

(a) any requirement under the Act to notify a person or to give or lodge the document is satisfied; and

(b) any requirement for a signature on the document is satisfied by an electronic signature; and

(c) the electronic document must be dealt with as if it were a physical document.

Part 11 — Variation of adjustable amounts

134. General maximum amounts (Act s. 538(3))

For the purposes of section 538 of the Act, the general maximum amount that applies must be calculated by —

(a) for the financial year commencing on 1 July 2024 — varying the amount of $252 724 by the percentage by which the WPI varied between the second-last December quarter before the financial year commenced and the last December quarter before the financial year commenced; or

(b) for the financial year commencing on 1 July 2025 and for each financial year after that — varying the general maximum amount for the previous financial year by the percentage by which the WPI varied between the second-last December quarter before the financial year commenced and the last December quarter before the financial year commenced.

Notes for this regulation:

1. Under section 538(5) of the Act, if a variation of an adjustable amount would reduce the amount for a particular period, the amount must not be varied.

2. The amount of $252 724 is the prescribed amount before commencement which replaces the amount of $243 991 specified as the general maximum amount in section 538 of the Act — see section 566 of the Act.

Part 12 — Miscellaneous

Division 1 — Inspectors

135. Identification of inspectors (Act s. 509(2)(b))

The identity card of an inspector must include the following —

(a) a photograph of the inspector;

(b) the name of the inspector;

(c) the signature of the inspector;

(d) the signature of the CEO;

(e) the inspector's date of appointment as an inspector.

Division 2 — Infringements

136. Prescribed offences and modified penalties (Act s. 522)

(1) The offences described in Schedule 4 are offences for which an infringement notice may be issued under the *Criminal Procedure Act 2004* Part 2.

(2) The modified penalty specified opposite an offence in Schedule 4 is the modified penalty for that offence for the purposes of the *Criminal Procedure Act 2004* section 5(3).

137. Approved officers and authorised officers

(1) The CEO may, in writing, appoint persons or classes of persons to be authorised officers or approved officers for the purposes of the *Criminal Procedure Act 2004* Part 2 in relation to infringement notices issued under that Part for an offence under a section of the Act specified in Schedule 4.

(2) The CEO must issue to each person appointed as an authorised officer under subregulation (1) a certificate, badge or identity card identifying the officer as a person authorised to issue infringement notices.

(3) A person appointed as an authorised officer under subregulation (1) may show that they are an authorised officer by producing the certificate, badge or identity card issued to them under subregulation (2).

138. Forms

For the purposes of the *Criminal Procedure Act 2004* Part 2, the forms set out in Schedule 5 are prescribed in relation to the matters specified in those forms.

Division 3 — Employment connected with State

139. Adjacent areas of a State

For the purposes of the definition of ***State*** in section 528 of the Act, each area described in Schedule 6 for a State is the State's adjacent area.

Division 4 — Registered independent agents

140. Terms used

In this Division —

code of conduct means the Registered Independent Agents Code of Conduct set out in Schedule 7;

compliance audit or investigation means a compliance audit or investigation referred to in section 578(6) of the Act;

registered independent agent means a transitioned independent agent who, on 1 July 2024, becomes registered as an independent agent.

141. Conditions on registration of registered independent agents (Act s. 578(6)(b))

It is a condition of registration that a registered independent agent must —

(a) comply with the code of conduct; and

(b) maintain professional indemnity insurance that provides minimum coverage of $1 million for each and every claim under the insurance; and

(c) comply with any request made by WorkCover WA that relates to a compliance audit or investigation.

142. Suspension or cancellation of independent agent's registration (Act s. 578(6)(d))

(1) Disciplinary action may be taken against a registered independent agent on the ground that the independent agent —

(a) improperly obtained registration; or

(b) contravened a condition of registration; or

(c) acted or omitted to do something, or engaged in conduct, that renders the person unfit to be registered; or

(d) failed to respond within a specified time to —

(i) a compliance audit or investigation; or

(ii) a request by Workcover WA for information.

(2) WorkCover WA may, on receipt of a written complaint or of its own volition following a compliance audit or investigation, carry out any investigation necessary to decide whether there is proper cause for disciplinary action in respect of a registered independent agent.

(3) If WorkCover WA is satisfied that proper cause exists for disciplinary action, WorkCover WA may —

(a) reprimand or caution the registered independent agent; or

(b) attach a condition to the registration; or

(c) suspend the registration for a period not exceeding 12 months; or

(d) cancel the registration.

(4) WorkCover WA cannot take disciplinary action under this regulation unless it has given the registered independent agent an opportunity to show cause why the action should not be taken.

143. Review by State Administrative Tribunal (Act s. 578(6)(e))

A registered independent agent may apply to the State Administrative Tribunal for a review of WorkCover WA's decision to suspend or cancel the registered independent agent's registration.

144. Compliance audits and investigations (Act s. 578(6)(f))

WorkCover WA may conduct a compliance audit or investigation (for the purpose referred to in section 578(6)(f) of the Act).

145. Requirement to provide information or documents to WorkCover WA (Act s. 578(6)(g))

(1) In this regulation —

confidential information means information that relates to a client or former client.

(2) A registered independent agent must, on request by WorkCover WA, provide information or produce documents to WorkCover WA for the purposes of a compliance audit or investigation.

(3) A registered independent agent must obtain a release or consent from any client before providing confidential information or producing a document that contains confidential information to WorkCover WA under subregulation (2).

(4) A request by WorkCover WA for the purposes of subregulation (2) must —

(a) be in writing; and

(b) specify the information or document required; and

(c) specify the timeframe within which to comply with the requirement; and

(d) explain the consequences of failing to respond to the request in the timeframe specified.

146. Obligations of registered independent agents during transition period (Act s. 578(6)(j))

(1) During the period commencing on 1 July 2024 and ending on the day that is 3 months before the day on which the transition period terminates under section 578(5) of the Act, a registered independent agent must notify in writing each client of the agent —

(a) of the day on which the transition period terminates; and

(b) that the scheme for the registration of independent agents is terminated on the day on which the transition period terminates; and

(c) that the registered independent agent will cease to be a registered independent agent on the day after the day on which the transition period terminates.

(2) A registered independent agent must not engage a new client within 3 months before the day on which the transition period terminates.

Part 13 — Transitional provisions

Division 1 — General transitional provisions

147. Deemed disputed claims under former Act

(1) In this regulation —

deemed disputed former Act claim means a claim for weekly payments of compensation made under the former Act that is deemed to be disputed under section 57A(3a) or 57B(2a) of the former Act.

(2) Section 551 of the Act does not apply to or in respect of a deemed disputed former Act claim.

(3) A deemed disputed former Act claim is not required under section 551 to be dealt with under the Act as if made under the Act.

(4) A dispute about a deemed disputed former Act claim must be dealt with under the Act as if the dispute arose under the Act.

Division 2 — Noise-induced hearing loss

148. Terms used

In this Division —

audiometric test —

(a) means an audiometric test referred to in regulation 19C of the former regulations; and

(b) includes any of the following —

(i) an audiometric test carried out by an audiometric officer;

(ii) an air conduction test carried out after an audiometric test referred to in subparagraph (i);

(iii) a full audiometric test;

(iv) an otorhinolaryngological assessment;

former regulations means the *Workers' Compensation and Injury Management Regulations 1982*;

full audiometric test means a full audiometric test referred to in regulation 19C(7), (8) and (9) of the former regulations that is carried out by an audiologist or an approved medical practitioner;

otorhinolaryngological assessment means a full otorhinolaryngological assessment referred to in regulation 19C(8) and (9) of the former regulations that is carried out by a medical practitioner registered in the specialty of otorhinolaryngology for the purpose of determining the percentage of noise-induced hearing loss.

149. Noise-induced hearing loss before 1 March 1991

Compensation for noise-induced hearing loss is payable under section 108 of the Act only in respect of noise induced hearing loss suffered after 1 March 1991.

150. Pending noise-induced hearing loss claims

(1) A claim for compensation for noise induced hearing loss made under the former Act (a ***former Act NIHL claim***) that was not decided before 1 July 2024 must be dealt with as a claim for noise-induced hearing loss compensation (as defined in section 108(1) of the Act) under the Act as if made under the Act.

(2) A former Act NIHL claim is considered to have been decided under the former Act if —

(a) liability for the compensation claimed was accepted under the former Act by the insurer or employer; or

(b) an arbitrator determined under the former Act that the worker was entitled to the compensation claimed; or

(c) an election has been made under section 24A or 31E of the former Act in respect of the claim; or

(d) the compensation claimed has been paid.

(3) If liability for a former Act NIHL claim that must be dealt with under the Act was disputed by the insurer or employer in respect of any of the following matters, and the dispute was not determined under the former Act before 1 July 2024, the dispute must be dealt with under the Act —

(a) the amount of compensation to which the worker is entitled; or

(b) the liability of an employer to pay compensation; or

(c) the results of a full audiometric test; or

(d) the percentage of noise induced hearing loss determined by an otorhinolaryngological assessment.

151. Full audiometric tests

(1) A full audiometric test carried out before 1 July 2024 in accordance with regulation 19C of the former regulations is taken to be an audiological test performed by an authorised audiologist in accordance with Part 4 Division 7 Subdivision 2.

(2) Any report prepared and delivered to WorkCover WA under regulation 19F(1) of the former regulations in respect of the full audiometric test is taken to be an audiological test report prepared under regulation 45(6).

152. Otorhinolaryngological assessments

An otorhinolaryngological assessment carried out before 1 July 2024 in accordance with regulation 19C of the former regulations is taken to be an NIHL assessment performed by an ENT specialist in accordance with Part 4 Division 7 Subdivision 3.

153. Noise-induced hearing loss register

If an audiometric test is carried out in accordance with regulation 19C of the former regulations before 1 July 2024, the results of that test must be included in the NIHL register.

Schedule 1 — Prescribed diseases and prescribed employment

[r. 5]

Table

Item	Column 1 Prescribed disease	Column 2 Prescribed employment
Infectious diseases		
1.	Anthrax	Employment involving work with animals or animal carcasses (such as an animal handler, pelt handler, abattoir worker or meat inspector).
2.	Avian Influenza	Employment involving work with birds (such as a poultry slaughterer, poultry farm worker, pet shop worker, veterinarian or veterinary nurse) or frontline health care occupations with direct patient contact (such as a nurse, doctor or physiotherapist).
3.	Brucellosis	Employment involving work with animals or animal carcasses (such as a veterinarian, farmer or farm worker, abattoir worker or laboratory worker).
4.	COVID-19	Employment as provided for in regulation 9(2) and with the conditions set out in regulation 9(3) and (5).
5.	Hepatitis A	Employment involving contact with human waste (such as a worker in rural or remote communities, child care worker, carer of a person with an intellectual disability, sewage worker or plumber).

Item	Column 1 Prescribed disease	Column 2 Prescribed employment
6.	Hepatitis B or C	Employment involving contact with human bodily secretions (such as a health care worker, embalmer, person who handles bodily substances, clinical laboratory worker, worker in long-term correctional facilities, police officer, member of the armed forces or emergency services worker).
7.	HIV/AIDS	Health care workers and laboratory workers who become HIV infected after an injury caused by the use of a hypodermic needle or syringe.
8.	Influenza A (H1N1)	Frontline health care employment with direct patient contact (such as a nurse, doctor or physiotherapist).
9.	Leptospirosis	Employment involving work with animals or animal carcasses (such as a farmer or farm worker, abattoir worker, forestry worker, hunter, veterinarian or livestock transport operator) or work with animal or human waste (such as a plumber).
10.	Middle East Respiratory Syndrome	Frontline health care employment with direct patient contact (such as a nurse, doctor or physiotherapist).
11.	Orf	Employment involving work with sheep or sheep carcasses or goats or goat carcasses (such as a sheep farmer or farm worker, goat farmer or farm worker, abattoir worker or meat inspector).

Item	Column 1 Prescribed disease	Column 2 Prescribed employment
12.	Psittacosis	Employment involving work with birds (such as a poultry slaughterer, poultry farm worker, pet shop worker, veterinarian or veterinary nurse).
13.	Q-fever	Employment involving contact with animals or animal parts in a rural setting (such as an abattoir worker, stock worker, stock transporter, shearer, hide processor, farmer or veterinarian).
14.	Tuberculosis	Employment involving contact with persons or animals in situations where the prevalence of tuberculosis is likely to be significantly higher than in the general community (such as a health care worker, clinical laboratory worker, funeral parlour worker, farmer or veterinarian).
Malignant diseases		
15.	Primary leukaemia	Employment for at least 2 years involving exposure to benzene, butadiene, cyclophosphamide, formaldehyde or ionising radiation.
16.	Primary malignant disease of the bile duct	Employment for at least 5 years involving exposure to 1,2-Dichloropropane.
17.	Primary malignant disease of the bladder	Employment for at least 5 years involving exposure to 2-naphthylamine, benzidine, cyclophosphamide, ionising radiation,

Item	Column 1 Prescribed disease	Column 2 Prescribed employment
		ortho-toluidine or polycyclic aromatic hydrocarbons.
18.	Primary malignant disease of the bone	Employment for at least 5 years involving exposure to ionising radiation.
19.	Primary malignant disease of the brain	Employment for at least 5 years involving exposure to ionising radiation.
20.	Primary malignant disease of the breast (female)	Employment for at least 5 years involving exposure to ionising radiation.
21.	Primary malignant disease of the colon or rectum	Employment for at least 5 years involving exposure to ionising radiation.
22.	Primary malignant disease of the eye (melanoma)	Employment for at least 5 years involving exposure to ultraviolet light from welding.
23.	Primary malignant disease of the kidney	Employment for at least 5 years involving exposure to ionising radiation or trichloroethylene.
24.	Primary malignant disease of the larynx	Employment for at least 5 years involving exposure to strong inorganic acid mist or asbestos.
25.	Primary malignant disease of the liver	Employment — (a) involving — (i) contact with human bodily secretions (such as a health

Item	Column 1 Prescribed disease	Column 2 Prescribed employment
		care worker, embalmer, person who handles bodily substances, clinical laboratory worker, worker in long-term correctional facilities, police officer, member of the armed forces or emergency services worker); and (ii) exposure to hepatitis B virus or hepatitis C virus; or (b) for at least 5 years involving exposure to vinyl chloride monomer.
26.	Primary malignant disease of the lung	Employment for at least 5 years involving exposure to arsenic, beryllium, bis(chloromethyl)ether, cadmium, chromium VI, diesel engine exhaust, environmental tobacco smoke, ionising radiation, nickel, polycyclic aromatic hydrocarbons, radon-222 and its decay products, soot (chimney sweeping) or welding fumes.
27.	Primary malignant disease of the nasal cavity or paranasal sinuses	Employment for at least 5 years involving exposure to ionising radiation, leather dust, nickel or wood dust.
28.	Primary malignant disease of the nasopharynx	Employment for at least 5 years involving exposure to formaldehyde or wood dust.

Item	Column 1 Prescribed disease	Column 2 Prescribed employment
29.	Primary malignant disease of the oesophagus	Employment for at least 5 years involving exposure to ionising radiation.
30.	Primary malignant disease of the ovary	Employment for at least 5 years involving exposure to asbestos.
31.	Primary malignant disease of the salivary gland	Employment for at least 5 years involving exposure to ionising radiation.
32.	Primary malignant disease of the skin (melanoma)	Employment for at least 5 years involving exposure to solar radiation or polychlorinated biphenyls.
33.	Primary malignant disease of the skin (non-melanoma)	Employment for at least 5 years involving exposure to ionising radiation, polycyclic aromatic hydrocarbons or solar radiation.
34.	Primary malignant disease of the stomach	Employment for at least 5 years involving exposure to ionising radiation.
35.	Primary malignant disease of the thyroid	Employment for at least 5 years involving exposure to ionising radiation.
36.	Primary non-Hodgkin lymphoma	Employment for at least 2 years involving exposure to ionising radiation, lindane or pentachlorophenol.

Item	Column 1 Prescribed disease	Column 2 Prescribed employment
Mental and neuropsychiatric diseases		
37.	Post-traumatic stress disorder	Employment as provided for in regulation 10(2) and with the conditions set out in regulation 10(3).
Diseases of the nervous system		
38.	Peripheral neuropathy	Employment for at least 1 year involving exposure to — (a) metals such as lead, mercury or arsenic; or (b) organic solvents such as n-hexane, carbon disulphide or trichloroethylene; or (c) pesticides such as organophosphates; or (d) acrylamide.
Respiratory diseases		
39.	Byssinosis	Employment for at least 4 weeks involving exposure to dust from cotton, flax, hemp or sisal.
40.	Extrinsic allergic alveolitis	Employment for at least 4 weeks involving exposure to damp material of biological origin such as mouldy hay, straw, grain or feathers.
41.	Obliterative bronchiolitis	Employment for at least 4 weeks involving exposure to food flavourings associated with obliterative bronchiolitis.

Item	Column 1 Prescribed disease	Column 2 Prescribed employment
42.	Occupational asthma	Employment for at least 4 weeks involving exposure to sensitising agents or irritants such as arthropods or mites, biological enzymes, bioaerosols, flour, sensitising foods, flowers, latex, wood dusts, solder, reactive dyes, anhydrides, acrylates, epoxy, ethylene oxide, aldehydes, pesticides, amines, ammonia, industrial cleaning agents, acids, isocyanates, other reactive chemicals, sensitising metals, sensitising drugs or agents or irritants derived from fish/shellfish or other animals.
Hepatic diseases		
43.	Chronic active hepatitis	Employment for at least 6 months during which time a person is exposed to and contracts hepatitis B virus or hepatitis C virus.
44.	Hepatic cirrhosis	Employment in which a person is exposed to and contracts hepatitis B virus or hepatitis C virus.
45.	Non-infectious hepatitis	Employment for at least 1 year involving exposure to agents that cause hepatitis (particularly organic solvents).
Skin diseases		
46.	Contact dermatitis (irritant and allergic)	Employment for at least 4 weeks involving exposure to sensitising agents or irritants.

Item	Column 1 Prescribed disease	Column 2 Prescribed employment
47.	Occupational vitiligo	Employment for at least 4 weeks involving exposure to para-tertiary-butylphenol, para-tertiary-butylcatechol, para-amylphenol, hydroquinone or the monobenzyl or monobutyl ether of hydroquinone.
Musculoskeletal diseases		
48.	Bursitis (at the elbow or knee)	Employment for at least 6 months involving prolonged external friction or pressure or repetitive motion at or about the elbow or the knee.
49.	Osteonecrosis	Employment involving working at significantly increased or decreased air pressure such as a professional diver, caisson worker or hyperbaric exposure chamber attendant.
50.	Raynaud's disease	Employment for at least 12 weeks involving vibration from powered tools and equipment.
Poisoning or toxicity		
51.	Poisoning or toxicity causing acute damage to the heart, lungs, liver, kidney, nervous system or blood	Employment involving exposure to an occupational agent, including acrylonitrile, alcohols, antimony, arsenic, benzene, beryllium, cadmium, carbon disulphide, chromium, copper, fluorine, glycols, hexane, ketones, lead, manganese, mercury, mineral acids, nitroglycerine (or other nitric acid esters), osmium, oxides of

Item	Column 1 Prescribed disease	Column 2 Prescribed employment
		nitrogen, ozone, pesticides (including organophosphate and organochlorine compounds, herbicides and related compounds), pharmaceutical agents, phosgene, phosphorus, selenium, styrene, thallium, tin, toluene, vanadium, xylene, zinc, chemical asphyxiants (including carbon monoxide, hydrogen cyanide, hydrogen sulphide and methylene chloride), irritants (including benzoquinone and other corneal irritants), toxic halogen derivatives of aliphatic or aromatic hydrocarbons or toxic nitro- and amino-derivatives of benzene.

Notes for this Table:

1. In item 15, leukaemia does not include chronic lymphatic leukaemia.
2. In item 17, an exposure to polycyclic aromatic hydrocarbons includes an exposure during aluminium production.
3. In item 24, asbestos means all forms of asbestos, including actinolite, amosite, anthophyllite, chrysotile, crocidolite, tremolite and mineral substances that contain asbestos.
4. In item 26, an exposure to polycyclic aromatic hydrocarbons includes exposure from coal gasification, coal tar pitch or coke production.
5. In item 33, an exposure to polycyclic aromatic hydrocarbons includes topical exposure from coal tar distillation, coal tar pitch, mineral oils (untreated or mildly treated), shale oils or soot (chimney sweeping).
6. In item 42, occupational asthma —
   (a) includes immunologically mediated occupational asthma and new cases of occupational asthma arising as a result of workplace exposure to irritants; but
   (b) does not include pre-existing asthma worsened due to exposure to workplace irritants.

[Schedule 1 amended: SL 2024/89 r. 6.]

Schedule 2 — Religious workers and religious bodies

[r. 14]

Table

Item	Column 1 Worker	Column 2 Employer	Column 3 Day
1.	A commissioned officer or non-commissioned officer of the Salvation Army (as defined in *The Salvation Army (Western Australia) Property Trust Act 1931* section 2).	The Trustee for The Salvation Army (WA) Property Trust (ABN 25 878 329 270)	6 December 2019

Schedule 3 — Workers Compensation Policy

[r. 101]

1. Preamble

(1) Under the *Workers Compensation and Injury Management Act 2023* an employer must obtain from a licensed insurer a workers compensation policy for the full amount of the following liabilities of the employer that arise in respect of employment during the period of insurance —

(a) any liability of the employer that arises under the Act to pay compensation or make any other payment in respect of an injury to or the death of a worker;

(b) any liability of the employer to pay damages in respect of an injury to or the death of a worker if the employer is liable to pay compensation under the Act in respect of the injury or death, other than an injury to or the death of a deemed worker (as defined in section 200 of the Act) of the employer.

(2) The words "we", "us" and "our" in this policy refer to [insert name of insurer], which is a licensed insurer.

(3) The words "you" and "your" in this policy refer to the employer named in the Schedule to this policy.

(4) You have applied for the issue or renewal of a policy and provided the required information to be covered by this policy upon payment of an agreed premium. That application and the supporting information, including the remuneration declaration, contain the particulars and statements which the employer and insurer agree are the basis of this policy and form part of this policy.

(5) This policy covers only the employer entity described in the Schedule unless details of another entity have been supplied to us and we have confirmed its acceptance of the extension of the policy.

(6) We have agreed to issue this policy to cover you for the policy period, on the following terms. The premium that you must pay us and the policy period are set out in the Schedule. The premium is subject to adjustment as set out in the conditions below.

2. Definitions

The following definitions apply in this policy —

Act means the *Workers Compensation and Injury Management Act 2023* as amended from time to time, including any rules and regulations under the Act;

act of terrorism has the meaning given in section 287(1) of the Act;

contractor means any individual contracted by you for the performance of work of a kind described in section 12(2)(c) of the Act;

damages has the meaning given in section 200 of the Act;

injury has the meaning given in section 6 of the Act;

policy —

(a) means a workers compensation policy as defined in section 202(1) of the Act; and

(b) includes —

(i) this policy; and

(ii) the Schedule to this policy; and

(iii) the policy application; and

(iv) the cover note; and

(v) any endorsement, whether specified in the Schedule or in a separate document; and

(vi) any remuneration estimate, declaration or supporting information required by the Act pertaining to the policy or the policy period;

policy period means —

(a) a period of insurance beginning on the start date shown in the Schedule and ending on the end date shown in the Schedule; and

(b) any period for which the policy is renewed;

remuneration has the meaning given in —

(a) section 200 of the Act; and

(b) any regulations, rules or guidelines issued by WorkCover WA;

Schedule means the document attached to this policy titled Policy Schedule;

worker —

(a) has the meaning given in sections 12(2) and 13 to 15 of the Act; and

(b) means a working director, as defined in section 16 of the Act, if the issue or renewal of this policy under Part 5 of the Act is on the basis that the working director is a worker; and

(c) means a person who —

(i) under section 215 of the Act is a worker for whom the principal and the contractor are taken to be the employers; or

(ii) it has been determined works for you under an avoidance arrangement within the meaning of section 222 of the Act.

[Clause 2 amended: SL 2024/89 r. 7.]

3. Liability for compensation

If you are liable under the Act to pay compensation or any other payment in respect of an injury or death to a worker from employment during the period of insurance, we will indemnify you against that payment and, in addition, will pay all reasonable costs and expenses you incur with our written consent.

4. Liability for damages

We will indemnify you against any damages you are liable to pay, and any reasonable costs and expenses you incur for that liability with our written consent, subject to any limits and exclusions authorised under the Act and the conditions of this policy if —

(a) you are liable to pay damages in respect of an injury or death to a worker from employment during the period of insurance; or

(b) the worker is entitled to receive compensation under the Act and recover damages (subject to Part 7 Division 3 of the Act) from you in respect of the injury or would have been entitled

to so recover from you in respect of the injury if the worker had not died.

5. Policy limit on liability to pay damages

We will not pay more than the agreed amount specified in the Schedule for liability to pay damages (an amount that is not less than an aggregate amount of damages exceeding $50 million) arising out of all claims in respect of a single event, regardless of how many workers are injured.

6. Exclusions to insurer's requirement to indemnify employer against liability to pay compensation or damages

We will not indemnify you for any liability to pay compensation or damages in respect of —

(a) a declared act of terrorism (see section 289 of the Act); or

(b) a claim directly or indirectly occasioned by any event happening through or in consequence of war, invasion, acts of foreign enemies, hostilities whether war is declared or not, civil war, rebellion, revolution, insurrection or military or usurped power (see regulation 100(2)); or

(c) any circumstance provided for in section 241 of the Act that permits us to refuse to indemnify you against liability for compensation or damages, or both.

7. Exclusion to insurer's requirement to indemnify employer against liability to pay damages

In addition to the exclusions listed in clause 6, we will not indemnify you against liability to pay damages —

(a) to a person other than the worker who suffered the injury, unless the person is a person to whom damages are due and payable, or may be claimed, in respect of the definition of damages in section 200 of the Act; or

(b) in relation to a claim brought in respect of an injury occurring outside Australia (see regulation 100(3)(a)); or

(c) in relation to a claim brought against you outside Australia (see regulation 100(3)(b)); or

(d) to a person who —

(i) under section 215 of the Act, you, as the principal, are taken to be the employer of; or

(ii) is found to work for you under an avoidance arrangement, within the meaning of section 222 of the Act;

or

(e) that are exemplary or punitive damages (see regulation 100(4)(a)).

8. Policy conditions

The following conditions apply to the insurance cover provided by this policy —

(a) misrepresentation — subject to section 240 of the Act, the proposal for the insurance, and any other information supplied to us by you or on your behalf, form the basis of this policy and must contain no misrepresentations, whether unintentional or otherwise;

(b) written notice — every notice or communication given to us under this policy must be delivered in writing, which may be in electronic form, to the office from which the policy was issued;

(c) notice of injury —

(i) you must notify us of any injury as soon as practicable after you (or your representative) receive information about the occurrence of an injury or about any incapacity arising from an injury; and

(ii) you must give us every written notice of claim or legal proceedings, and information as to any verbal notice of claim or legal proceedings, immediately after it is received by you;

(d) litigation, settlement or admission of liability — you must not, without our written authority, incur any litigation expense, or make any payment, settlement or admission of liability, in respect of an injury to, or claim made by, a worker;

(e) defence of proceedings, subrogation and use of your name —

(i) we are entitled to use your name in any legal proceedings in respect of anything indemnified under this policy and to exercise any rights you may have against anyone to recover any payments that we make on your behalf; and

(ii) we are entitled to be subrogated to all rights that you may have against any persons who may be responsible in relation to a claim for an injury covered by this policy and, when we require it, you must execute any necessary documents to assist us in taking action in your name;

(f) assistance — in respect of any injury, you must give us any information, documents and assistance we request and otherwise cooperate with us in the management, defence or settlement of any claim;

(g) right of inspection —

(i) after an injury to a worker, you must not, as far as reasonably practicable, alter, repair or dispose of any works, machinery, plant, tools or equipment involved in the injury, or documents pertaining to the injury, without our consent, which will not be unreasonably withheld; and

(ii) we may, at all reasonable times, inspect the works, machinery, plant, tools, equipment and documents pertaining to the injury;

(h) premium calculation — unless you have an adjustable premium policy, the first premium and every renewal premium payable to us will be calculated on the amount of the remuneration you estimate you will pay or be liable to pay during the year following the issue or renewal of the policy, including all amounts you estimate you will pay contractors;

(i) adjustment of premium —

(i) within 1 month after the expiry of the policy period you must provide us with a statement of the aggregate amount of all remuneration paid or payable by you in that year (including remuneration paid to contractors)

and, if required, the number of workers and contractors you employed or engaged in that year; and

(ii) unless you have an adjustable premium policy, if the amount of the remuneration, the number of workers and contractors or the type of business in which they were engaged differs from the information on which the premium for that year was calculated, the premium will be adjusted and you must pay a further premium to us or we will refund part of the premium to you, subject to our retaining a customary minimum premium;

(j) remuneration records — you must keep current and accurate records (***remuneration record***) of the names of, amounts paid to and dates of payments to, your workers and contractors unless —

(i) you are a principal with respect to remuneration paid to contract workers employed by a contractor and the contractor holds a workers compensation policy that extends to indemnifying the principal; and

(ii) at the issue or renewal of a policy you provide details of the workers compensation policy under which the principal is indemnified (see section 221 of the Act);

(k) inspection or audit of remuneration record — at any time, not limited to the policy period, you must allow an officer authorised by us to inspect your remuneration record and any other record given to us that is relevant to the calculation of your premium or to arrange for an audit of those records;

(l) assignment — you must not assign your interest in this policy without our written consent;

(m) waiver — you must not rely on any waiver of any provision of this policy unless we have confirmed the waiver to you in writing;

(n) cancellation — if permitted by WorkCover WA to do so, we may cancel this policy and, in that event —

(i) you must provide us with an account of the remuneration you have paid in the most recent year of the policy period up to the day of cancellation; and

(ii) we will adjust the premium as described above and refund any unearned premium.

Schedule 4 — Prescribed offences and modified penalties

[r. 136]

Item	Provision of the Act	Description of offence	Modified penalty
1.	s. 4(2)	Contracting out	$800
2.	s. 17(2)	Failure of employer to pay compensation	$800
3.	s. 26(1)	Failure of employer to give claim to insurer	$800
4.	s. 28(5)	Failure of insurer or self-insurer to give a liability decision notice or deferred decision notice	$800
5.	s. 36(2)	Failure of employer to make provisional payment	$800
6.	s. 42	Failure of insurer to indemnify employer for provisional payments	$800
7.	s. 62	Employer reduced, suspended or discontinued income compensation without authority	$800
8.	s. 138(1)	Failure of employer to give claim to insurer (compensation for death of worker)	$800
9.	s. 159(2)	Failure of employer to establish injury management system	$400
10.	s. 160(2)	Failure of employer to establish return to work program	$400
11.	s. 162(3)	Failure of insurer to discharge employer's return to work duty	$400
12.	s. 167(3)	Failure of host employer to cooperate with labour hirer	$400
13.	s. 168(2)	Dismissal of worker with incapacity for work	$400

Item	Provision of the Act	Description of offence	Modified penalty
14.	s. 168(3)	Dismissal of worker without notice	$400
15.	s. 204(1) or (2) (as read with s. 202)	Failure of employer to keep a current workers compensation policy	$400 per worker
16.	s. 204(1) or (2) (as read with s. 203)	Failure of employer to provide information to insurer	$400 per worker
17.	s. 204(3)	Providing false or misleading information	$400 per worker
18.	s. 209(7)	Failure of employer to keep records	$400
19.	s. 212	Failure of employer to provide certificate of currency for inspection	$400
20.	s. 223	Engaging in avoidance arrangement	$800
21.	s. 225(3)	Taking or receiving money from worker or company	$800
22.	s. 226	Issuing workers compensation policy without licence	$800
23.	s. 232(3)	Hindering or obstructing WorkCover WA officer	$800
24.	s. 236(1)	Failure to issue, renew or quote premium for workers compensation policy	$800
25.	s. 237(2)	Term or condition of workers compensation policy inconsistent with Act requirement	$400
26.	s. 239	Failure to indemnify employer for compensation payments	$800

Item	Provision of the Act	Description of offence	Modified penalty
27.	s. 241(3)	Failure to give notice to WorkCover WA about refusal to indemnify employer	$400
28.	s. 274	Failure of employer to comply with duty to assist WorkCover WA	$800
29.	s. 385(1)	Failure to comply with decision of a dispute resolution authority	$800
30.	s. 386	Failure to comply with summons or requirement to attend	$800
31.	s. 387	Failure to give evidence as required	$800
32.	s. 388	Giving false or misleading information to a dispute resolution authority	$800
33.	s. 389	Misbehaviour in dispute resolution	$800
34.	s. 500	Failure of licensed insurer or self-insurer to provide information to WorkCover WA	$400
35.	s. 501	Failure of relevant person to comply with direction to provide information to WorkCover WA	$400
36.	s. 504(1)	Use or disclosure of confidential information	$400
37.	s. 506(1)	Disclosure of claim information for pre-employment screening	$400
38.	s. 512	Failure to comply with requirement made by inspector	$800
39.	s. 514	Failure to provide auditor's certificate	$800
40.	s. 515	Failure to provide documents or answer questions	$800
41.	s. 523	Hindering or obstructing inspector	$800

Item	Provision of the Act	Description of offence	Modified penalty
42.	s. 524	Using or operating under the name WorkCover WA.....	$400
43.	s. 525(1)	Providing false or misleading information	$800
44.	s. 526	Fraud.....	$800

Schedule 5 — Infringement notice forms

[r. 138]

Form 1 - Infringement notice

<table>
<tr><td colspan="2">Workers Compensation and Injury Management Act 2023

INFRINGEMENT NOTICE</td><td>Infringement notice no.</td></tr>
<tr><td rowspan="4">Alleged offender</td><td rowspan="2">Name</td><td></td></tr>
<tr><td></td></tr>
<tr><td rowspan="2">Address</td><td></td></tr>
<tr><td></td></tr>
<tr><td rowspan="6">Details of alleged offence</td><td>Date or period</td><td></td></tr>
<tr><td>Place</td><td></td></tr>
<tr><td>Written law contravened</td><td></td></tr>
<tr><td rowspan="2">Details of offence</td><td></td></tr>
<tr><td></td></tr>
<tr><td>Date</td><td>Date of notice</td><td></td></tr>
<tr><td rowspan="2">Authorised officer</td><td>Name</td><td></td></tr>
<tr><td>Signature</td><td></td></tr>
<tr><td>Modified penalty</td><td colspan="2">$_____</td></tr>
<tr><td>Due date for payment of modified penalty</td><td colspan="2">/ /20
(Within 28 days after the giving of the notice)</td></tr>
</table>

Form 1

TAKE NOTICE	It is alleged that you have committed the above offence. **If you do not want to be prosecuted in court for the offence**, pay the modified penalty to the Approved Officer* within 28 days after the date of this notice. **If you do not pay** the modified penalty within 28 days, you may be prosecuted or enforcement action may be taken under the *Fines, Penalties and Infringement Notices Enforcement Act 1994*. Under that Act, some or all of the following action may be taken — your driver's licence may be suspended, your vehicle licence may be suspended or cancelled, you may be disqualified from holding or obtaining a driver's licence or vehicle licence, your vehicle may be immobilised or have its number plates removed, your details may be published on a website, your earnings or bank accounts may be garnished, and your property may be seized and sold. **If you need more time** to pay the modified penalty, you should contact the Approved Officer* at the address below. Paying the modified penalty will not be regarded as an admission for the purposes of any civil or criminal court case. **If you want this matter to be dealt with by prosecution in court,** sign and date here: _____ / /20 and **send** this notice to the Approved Officer* at the address below within 28 days after the date of this notice. If you consider that you have good reason to have this notice withdrawn, you can write to the Approved Officer* at the address below requesting that this notice be withdrawn and setting out the reasons why you consider that this notice should be withdrawn. Your letter must be received not later than 28 days after the date of this notice.

<table>
<tr><td>How to pay</td><td>By post or email</td><td colspan="2">Tick the relevant box below and send this notice to:
WorkCover WA
[Insert postal and email address]

□ I want to pay the modified penalty. A cheque or money order (payable to [insert details of approved officer*]) for the modified penalty is enclosed.
□ I want to pay the modified penalty by credit card. Please debit my credit card account.
Card type _____
Cardholder name
_____
Card number
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Expiry date of card _____/_____
Amount $_____
Signature _____
[Complete all details]</td></tr>
<tr><td></td><td>By direct deposit</td><td colspan="2">[Insert details]</td></tr>
<tr><td></td><td>By electronic transfer</td><td colspan="2">[Insert details]</td></tr>
<tr><td colspan="4">*The following are approved officers for the purposes of receiving payment of modified penalties:</td></tr>
<tr><td>Method of service</td><td></td><td>Date of service</td><td></td></tr>
</table>

Form 2

Form 2 - Withdrawal of infringement notice

Workers Compensation and Injury Management Act 2023 **WITHDRAWAL OF INFRINGEMENT NOTICE**		Withdrawal no.
Alleged offender	Name	
	Address	
Details of infringement notice	Infringement notice no.	
	Date of issue	
Details of alleged offence	Date or period	
	Place	
	Written law contravened	
	Details of offence	
Approved Officer withdrawing notice	Name	
	Signature	
Date	Date of withdrawal	
Withdrawal of infringement notice	The above infringement notice issued against you for the above alleged offence has been withdrawn. If you have already paid the modified penalty for the alleged offence, you are entitled to a refund.	

*[*Delete whichever is not applicable]*	* Your refund is enclosed. *or* * If you have paid the modified penalty but a refund is not enclosed, you may claim your refund by signing and dating this notice and sending it to: Approved Officer - WorkCover WA *[Insert postal and email address]*		
Your signature		**Date**	

Schedule 6 — Adjacent areas

[r. 139]

1. Terms used

In this Schedule —

continental shelf has the meaning given in the Seas and Submerged Lands Act section 3(1);

Petroleum Act means the *Offshore Petroleum and Greenhouse Gas Storage Act 2006* (Commonwealth);

Seas and Submerged Lands Act means the *Seas and Submerged Lands Act 1973* (Commonwealth);

territorial sea has the meaning given in the Seas and Submerged Lands Act section 3(1).

2. Adjacent areas defined

(1) The ***adjacent area*** for New South Wales, Victoria, South Australia or Tasmania is the area described in Schedule 1 to the Petroleum Act in relation to that State that is within the outer limits of the continental shelf, and includes the space above and below that area.

(2) The ***adjacent area*** for Queensland is —

(a) the area described in Schedule 1 to the Petroleum Act in relation to Queensland that is within the outer limits of the continental shelf; and

(b) the Coral Sea area (as defined in the Petroleum Act section 8(2)) other than the territorial sea within the Coral Sea area; and

(c) the areas within the outer limits of the territorial sea adjacent to certain islands of Queensland as determined by the Proclamation of 4 February 1983 (Proclamation of Outer Limits (Torres Strait)) pursuant to section 7 of the Seas and Submerged Lands Act; and

(d) the space above and below the areas described in paragraphs (a) to (c).

(3) The ***adjacent area*** for Western Australia is the area described in Schedule 1 to the Petroleum Act in relation to Western Australia that —

(a) is within the outer limits of the continental shelf; and

(b) includes the space above and below that area.

(4) The ***adjacent area*** for the Northern Territory is —

(a) the area described in Schedule 1 to the Petroleum Act in relation to the Northern Territory that is within the outer limits of the continental shelf; and

(b) the offshore area for the Territory of Ashmore and Cartier Islands (within the meaning of the Petroleum Act section 8(1)) other than the territorial sea within that area; and

(c) the space above and below the areas described in paragraphs (a) and (b).

(5) The adjacent area for a State does not include any area inside the limits of any other State or Territory.

(6) A reference in this clause to the area described in Schedule 1 to the Petroleum Act in relation to a State or Territory is a reference to the scheduled area for that State or Territory within the meaning given in that Schedule.

Schedule 7 — Registered Independent Agents Code of Conduct

[r. 140]

1. Duties of registered agents

It is the duty of a registered agent —

(a) to comply with the Act and any conditions of registration; and

(b) not to engage in conduct that —

(i) is illegal; or

(ii) is dishonest; or

(iii) may otherwise bring registered agents into disrepute; or

(iv) is prejudicial to the administration of the workers compensation and injury management scheme under the Act;

and

(c) to be competent as a registered agent.

2. Integrity and diligence

(1) A registered agent must not attempt to further a client's case by unethical or dishonest means.

(2) A registered agent must not knowingly assist or seek to induce another person to breach this code of conduct.

(3) A registered agent must treat clients fairly and in good faith, giving due regard to a client's position of dependence upon the agent, and the high degree of trust which a client is entitled to place on the agent.

(4) A registered agent must always be completely frank and open with a client and with all others so far as the interests of the client permit and must at all times give a client a candid opinion on any matter in which the agent acts for that client.

(5) A registered agent must take such action consistent with the agent's retainer as is necessary and reasonably available to protect and advance a client's interests.

(6) A registered agent must at all times use their best endeavours to complete work on behalf of a client as soon as is reasonably possible, and if a registered agent accepts instructions and it is, or becomes, apparent to the agent that the work cannot be done within a reasonable time, the agent must so inform the client.

(7) A registered agent must not take unnecessary steps or do work in such a manner as to increase proper costs to the client.

(8) If it is in the best interests of the client of a registered agent to do so, the agent must endeavour to reach a solution by settlement rather than commence or continue proceedings.

3. Confidentiality

(1) A registered agent must strive to establish and maintain a relationship of trust and confidence with clients.

(2) A registered agent must impress upon a client that the agent cannot adequately serve the client without knowing everything that might be relevant to the client's interests and that the client should not withhold information that the client might think is embarrassing or harmful to the client's interests.

(3) A registered agent must not, without the client's consent, directly or indirectly reveal a client's confidence, or use the confidence in any way detrimental to the interests of that client, or lend or reveal the contents of the confidence in any brief or instructions to any person except to the extent —

(a) required by law, rules of court or court order; or

(b) necessary for replying to or defending any charge or complaint of criminal conduct or misconduct contrary to this code brought against the agent.

(4) A registered agent's duties under this clause towards a particular client continue after the agent has ceased to act for the client.

4. Conflicts of interest

(1) A registered agent must at all times make a full and frank disclosure to a client of any conflict of interest that the registered agent has or may have in any matter concerning that client.

(2) A registered agent must not act or continue to act on behalf of a client if to do so would or may give rise to a conflict of interest adverse to the client unless the client has been fully informed of the nature and implications of the conflict and consents to the registered agent acting or continuing to act on behalf of the client.

(3) A registered agent must not give advice or guidance to a person if the registered agent knows that the interests of that person are in conflict or likely to be in conflict with the interests of the agent's client, other than advice to secure the services of another representative.

5. Proceedings

(1) Subject to this code of conduct, a registered agent must provide advice and conduct each case and matter in the manner the agent considers most advantageous to the agent's client.

(2) A registered agent must not knowingly deceive or mislead the Director, the Registrar, an officer of the Conciliation Service or the Arbitration Service or any other officer of WorkCover WA, a client or any other person involved in a matter in respect of which the agent has been retained.

(3) A registered agent must at all times —

(a) act with due courtesy to the Director, the Registrar, officers of the Conciliation Service and the Arbitration Service and other officers of WorkCover WA, legal practitioners, other registered agents, their own clients and other parties to the dispute; and

(b) use their best endeavours to avoid unnecessary expense and waste of a dispute resolution authority's time; and

(c) when so requested, inform the Director or Registrar of the probable length of a proceeding; and

(d) inform the Director or Registrar of the possibility of a settlement provided the agent can do so without revealing the

existence or content of "without prejudice" communications; and

(e) subject to this code of conduct, inform the Director or Registrar of any development that affects the information already before a dispute resolution authority.

(4) In cross-examination which goes to a matter in issue, a registered agent may put questions suggesting fraud, misconduct or the commission of an offence provided that the agent is satisfied that the matters suggested are part of the case of the agent's client and the agent has no reason to believe that they are only put forward for the purpose of impugning the witness's character.

(5) Questions which affect the credibility of a witness by attacking the witness's character, but which are otherwise not relevant to the actual inquiry, must not be put in cross-examination unless there are reasonable grounds to support the imputation conveyed by such questions.

6. Advertising

A registered agent must not engage in promotional conduct or advertising about the agent's skills, experience, fees or results in a manner which is misleading or deceptive, or likely to mislead or deceive.

7. Withdrawal

(1) A registered agent must recognise that a client is entitled to change representative at any time without giving a reason and must take all reasonable steps to facilitate such a change should a client so request.

(2) If a client engages another registered agent in a matter and that agent is of the opinion that the conduct of a preceding representative in the matter warrants the making of a complaint, the agent must so advise the client.

(3) A registered agent may withdraw from representing a client —

(a) at any time and for any reason if withdrawal will cause no significant harm to the client's interests and the client is fully informed of the consequences of withdrawal and voluntarily assents to it; or

(b) if the registered agent reasonably believes that continued engagement in the case or matter would be likely to have a seriously adverse effect upon the agent's health; or

(c) if the client, without lawful excuse, refuses or fails to comply with a written agreement regarding fees or expenses; or

(d) if the client made material misrepresentations about the facts of the case or matter to the agent; or

(e) if the agent has an interest in any case or matter which the agent is concerned may be adverse to that of the client; or

(f) if such action is necessary to avoid the agent breaching this code of conduct; or

(g) if any other good cause exists.

(4) If a registered agent withdraws from representing a client the agent must take reasonable care to avoid foreseeable harm to the client including —

(a) giving reasonable notice to the client; and

(b) allowing reasonable time for the substitution of a new agent; and

(c) cooperating with the new agent; and

(d) promptly turning over all papers and property and paying to the client any moneys to which the client is entitled.

(5) If a registered agent withdraws from representing a client the agent must give written notice of the withdrawal to the Director and other parties to the proceeding.

8. Fees

(1) A registered agent must before commencing to act for a client inform the client in writing of —

(a) the maximum costs the registered agent can charge; and

(b) the basis for calculation of the costs of the agent.

(2) Upon receiving the advice the client must sign an acknowledgment of the information.

(3) During the course of a retainer, a registered agent must promptly advise the client of any circumstances likely to have a substantial effect on the amount, or basis of calculation, of such costs or any disbursements.

(4) A registered agent must issue appropriate receipts for services provided to a client.

(5) A registered agent must not charge more than is reasonable for their services, having regard to the complexity of the matter, the time and skill involved, and any costs determination published under section 407 of the Act.

9. Records

(1) A registered agent must keep adequate records of —

(a) moneys received on behalf of clients; and

(b) disbursement made on behalf of clients; and

(c) time spent on cases.

(2) Records kept under this clause must be available for inspection by WorkCover WA.

10. Trust moneys

A registered agent must not hold for or on behalf of a client or other party any moneys in trust without the written authorisation of that person.

11. Costs

(1) A registered agent must not —

(a) in the course of operating their business, give, or agree to give, an allowance in the nature of an introduction fee or spotter's fee to any person for introducing business to the registered agent; and

(b) receive any similar allowance from any person for introducing or recommending clients to that person.

(2) A registered agent must, as soon as practicable after being requested by a client, render a bill of costs covering all work performed for the client to which the request relates.

Notes

This is a compilation of the *Workers Compensation and Injury Management Regulations 2024* and includes amendments made by other written laws. For provisions that have come into operation see the compilation table. For provisions that have not yet come into operation see the uncommenced provisions table.

Compilation table

Citation	Published	Commencement
Workers Compensation and Injury Management Regulations 2024	SL 2024/36 20 Mar 2024	1 Jul 2024 (see r. 2)
Workers Compensation and Injury Management Amendment Regulations 2024	SL 2024/89 12 Jun 2024	1 Jul 2024 (see r. 2)
Workers Compensation and Injury Management Amendment Regulations 2026 (other than r. 4)	SL 2026/35 1 Apr 2026	r. 1 and 2: 1 Apr 2026 (see r. 2(a)); Regulations other than r. 1, 2, 4 and 5: 2 Apr 2026 (see r. 2(d)); r. 5: 4 pm on 30 Jun 2026 (see r. 2(c))

Uncommenced provisions table

To view the text of the uncommenced provisions see *Subsidiary legislation as made* on the WA Legislation website.

Citation	Published	Commencement
Workers Compensation and Injury Management Amendment Regulations 2026 r. 4	SL 2026/35 1 Apr 2026	1 Jul 2027 (see r. 2(b))

Defined terms

[This is a list of terms defined and the provisions where they are defined. The list is not part of the law.]

Defined term	Provision(s)
Aboriginal police liaison officer	16(1)
Act	Sch. 3 cl. 2
act of terrorism	Sch. 3 cl. 2
adjacent area	Sch. 6 cl. 2(1), (2), (3), (4)
ambulance emergency communications officer	10(1)
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