

Queensland



Subordinate Legislation 2001 No. 197

WorkCover Queensland Act 1996

WORKCOVER QUEENSLAND AMENDMENT REGULATION (No. 1) 2001

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1 Short title

This regulation may be cited as the *WorkCover Queensland Amendment Regulation (No. 1) 2001*.

2 Commencement

This regulation, other than section 6, is taken to have commenced on 1 July 2001.

3 Regulation amended

This regulation amends the *WorkCover Queensland Regulation 1997*.

4 Amendment of s 58 (Calculation of WRI—Act, s 201)

Section 58(2), example—

omit, insert—

‘Example—

If a worker loses a thumb, the lump sum compensation payable under the table of injuries is \$43 200. The maximum statutory compensation is \$150 000. So, the worker’s WRI is 28.8% $[(43\,200 \times 100) \div 150\,000]$.’.

5 Amendment of s 74 (Notice of claim for damages—Act, s 280)

Section 74(1), ‘particulars—’—

omit, insert—

‘particulars¹—’.

6 Insertion of new s 74A

Part 6—

insert—

¹ See also the Act, section 280A(2) (Notice of claim for damages).

‘74A Notice of claim and urgent proceedings—Act, s 280A

‘(1) This section applies if the claimant alleges an urgent need to start a proceeding for damages despite noncompliance with section 280 of the Act.

‘(2) For section 280A(4) of the Act, the claimant’s notice of claim must be faxed to—

- (a) if the worker’s employer is not a self-insurer—WorkCover at WorkCover’s registered office; or
- (b) if the worker’s employer is a self-insurer—the self-insurer at the self-insurer’s registered office.

‘(3) The claimant’s notice of claim must include a cover page stating—

- (a) the sender’s name and address; and
- (b) the total number of pages sent, including the cover page; and
- (c) the fax number from which the notice is sent; and
- (d) the date of the transmission; and
- (e) the name and fax number of the person to whom the fax is being sent; and
- (f) the name and phone number of a person to contact if there is a problem with the transmission; and
- (g) a statement that the transmission is for the giving of the notice of claim under section 280A(4) of the Act.

‘(4) If there is a dispute about the giving of the notice of claim under section 280A(4) of the Act, the transmission advice generated by the sender’s fax machine confirming the transmission was successful must be included as an exhibit to any affidavit of service.’.

7 Replacement of s 76 (Who this division applies to)

Section 76—

omit, insert—

‘76 Who this division applies to

‘This division applies only to a claimant who is—

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

8 Insertion of new pt 10

After section 131—

insert—

‘PART 10—TRANSITIONAL PROVISION

‘132 Transitional provision for WorkCover Queensland Amendment Regulation (No. 1) 2001

‘The amendments to this regulation made by the *WorkCover Queensland Amendment Regulation (No. 1) 2001* apply only in relation to an injury resulting to a worker from an event happening after 30 June 2001.’.

9 Amendment of sch 2 (Table of injuries)

(1) Schedule 2, part 1, division 1, section 1(2), ‘\$82 480’—

omit, insert—

‘\$120 000’.

(2) Schedule 2, part 1, division 2—

omit, insert—

‘Division 2—Upper extremity injuries

Column 1 Code No.	Column 2 Injury	Column 3 Maximum degree of permanent impairment	Column 4 Maximum lump sum compensation \$	Column 5 Maximum WRI %
1100	Fingers and hand			
1101	Loss of thumb	36	43 200	28.8
1102	Loss of joint of thumb.	18	21 600	14.4

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Column 1 Code No.	Column 2 Injury	Column 3 Maximum degree of permanent impairment	Column 4 Maximum lump sum compensation \$	Column 5 Maximum WRI %
1103	Sensory loss to palmar surface of thumb	18	21 600	14.4
1104	Sensory loss on either side of thumb.	8	9 600	6.4
1105	*Loss of index finger .	18	24 435	16.29
1106	*Loss of 2 joints of index finger	13	18 330	12.22
1107	*Loss of distal joint to index finger	8	12 210	8.14
1108	Sensory loss to palmar surface of index finger.	8	9 600	6.4
1109	Sensory loss on either side of index finger . .	5	6 000	4
1110	Loss of middle finger .	18	21 600	14.4
1111	Loss of 2 joints of middle finger	13	15 600	10.4
1112	Loss of distal joint of middle finger	8	9 600	6.4
1113	Sensory loss to palmar surface of middle finger	8	9 600	6.4
1114	Sensory loss on either side of middle finger . .	5	6 000	4
1115	*Loss of ring finger . .	8	12 210	8.14
1116	*Loss of 2 joints of ring finger	6	12 210	8.14
1117	*Loss of distal joint of ring finger	5	7 335	4.89
1118	Sensory loss on either side of ring finger	3	3 600	2.4
1119	Sensory loss to palmar surface of ring finger . .	5	6 000	4
1120	Sensory loss on either side of ring finger	3	3 600	2.4

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Column 1 Code No.	Column 2 Injury	Column 3 Maximum degree of permanent impairment	Column 4 Maximum lump sum compensation \$	Column 5 Maximum WRI %
1121	*Loss of little finger . .	8	12 210	8.14
1122	*Loss of 2 joints of little finger	6	12 210	8.14
1123	*Loss of distal joint of little finger	5	7 335	4.89
1124	Sensory loss to palmar surface of little finger .	5	6 000	4
1125	Sensory loss on either side of little finger	3	3 600	2.4
1126	Loss of hand or arm below the elbow	90	108 000	72
1127	Aggravation of Dupuytren's contracture	0	0	0
1128	Crush injury to hand with multiple fractures (healed with no deformities) but resulting in mild loss of motion of all fingers with extensive scarring and soft tissue damage	40	48 000	32
1200	Wrist			
1201	De Quervains disease, whether operated or non-operated	0	0	0
1202	Ganglion, whether operated or non-operated, with or without residual subjective symptoms or signs e.g. swelling or tenderness	0	0	0

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Column 1 Code No.	Column 2 Injury	Column 3 Maximum degree of permanent impairment	Column 4 Maximum lump sum compensation \$	Column 5 Maximum WRI %
1203	Carpal tunnel syndrome, non-operated, with no residual subjective symptoms or signs. . . .	0	0	0
1204	Carpal tunnel syndrome, whether operated or non-operated, with residual subjective symptoms or signs e.g. dysaesthesia or muscle wasting	2	2 400	1.6
1205	Fractured scaphoid, non-operated and healed with no residual subjective symptoms or signs	0	0	0
1206	Fractured scaphoid, operated.	5	6 000	4
1207	Fractured scaphoid, worst possible outcome i.e. fusion of the wrist joint.	60	72 000	48
1208	Fracture of radius or ulna or carpus bones with moderate limitation of wrist movements and mild limitation of elbow movements	16	19 200	12.8

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Column 1 Code No.	Column 2 Injury	Column 3 Maximum degree of permanent impairment	Column 4 Maximum lump sum compensation \$	Column 5 Maximum WRI %
1300	Elbow			
1301	Medial or lateral epicondylitis of elbow, non-operated with no residual subjective symptoms or signs. . . .	0	0	0
1302	Medial or lateral epicondylitis of elbow, whether operated or non-operated, with residual subjective symptoms or signs e.g. pain and tenderness. . .	2	2 400	1.6
1303	Injury to elbow region resulting in moderate loss of all movements .	31	37 200	24.8
1400	Shoulder and arm			
1401	Injury to shoulder region resulting in mild loss of all movements	6	7 200	4.8
1402	Injury to shoulder region resulting in moderate loss of all movements .	16	19 200	12.8
1403	Total loss of function of shoulder joint	60	72 000	48
1404	Loss of an arm.	100	120 000	80'.

(3) Schedule 2, part 2, division 1, section 1(2), '\$77 325'—
omit, insert—

'\$112 500'.

(4) Schedule 2, part 2, division 2—
omit, insert—

‘Division 2—Lower extremity injuries

Column 1 Code No.	Column 2 Injury	Column 3 Maximum degree of permanent impairment	Column 4 Maximum lump sum compensation \$	Column 5 Maximum WRI %
2100	Toes and foot			
2101	*Loss of any toe (other than great toe)	2	12 210	8.14
2102	*Loss of great toe	12	24 435	16.29
2103	*Loss of joint of great toe	5	12 210	8.14
2104	Fracture of any metatarsal, worst possible outcome e.g. pain or loss of weight transfer	10	11 250	7.5
2105	Mid-foot amputation . .	45	50 625	33.75
2106	Loss of a foot	63	70 875	47.25
2107	*Loss of two toes (other than great toe) of a foot	4	15 000	10
2108	*Loss of three toes (other than great toe) of a foot	6	17 625	11.75
2109	*Loss of four toes (other than great toe) of a foot	8	20 250	13.5
2110	*Loss of great toe and one other toe of a foot .	14	30 000	20
2111	*Loss of great toe and two other toes of a foot	16	37 500	25
2112	*Loss of great toe and three other toes of a foot	18	45 000	30
2113	*Loss of joint of great toe and one other toe of a foot	7	15 000	10

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Column 1 Code No.	Column 2 Injury	Column 3 Maximum degree of permanent impairment	Column 4 Maximum lump sum compensation \$	Column 5 Maximum WRI %
2114	*Loss of joint of great toe and two other toes of a foot	9	17 625	11.75
2115	*Loss of joint of great toe and three other toes of a foot	11	20 250	13.5
2116	*Loss of joint of great toe and four other toes of a foot	13	22 875	15.25
2117	*Loss of all toes of a foot	20	50 625	33.75
2200	Ankle			
2201	Ankylosis of ankle in neutral position	10	11 250	7.5
2202	Unstable ankle with ligamentous insufficiency, whether operated or non-operated	15	16 875	11.25
2203	Total loss of function of ankle joint with ankylosis in unfavourable position, worst possible outcome	62	69 750	46.5
2204	Fracture of os calcis, worst possible outcome	25	28 125	18.75
2205	Fracture of tibia and fibula resulting in shortening of the leg, gait difficulty, muscle wasting in the calf and moderate permanent stiffness of the knee and ankle joints	50	56 250	37.5

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Column 1 Code No.	Column 2 Injury	Column 3 Maximum degree of permanent impairment	Column 4 Maximum lump sum compensation \$	Column 5 Maximum WRI %
2300	Knee			
2301	Chondromalacia patellae, non-operated .	0	0	0
2302	Chondromalacia patellae, operated	2	2 250	1.5
2303	Patellar subluxation or dislocation with residual instability.	7	7 875	5.25
2304	Patellar fracture, whether operated or non-operated	12	13 500	9
2305	Patellectomy	22	24 750	16.5
2306	Single meniscectomy .	7	7 875	5.25
2307	Mild aggravation of pre-existing degenerative disease in knee with subjective symptoms, but no significant clinical findings other than degenerative changes on X-ray	0	0	0
2308	Moderate to severe aggravation or acceleration of pre-existing disease in knee with subjective symptoms, but no significant clinical findings other than degenerative changes on X-ray	7	7 875	5.25
2309	Injury to knee region resulting in moderate loss of all movements .	20	22 500	15

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Column 1 Code No.	Column 2 Injury	Column 3 Maximum degree of permanent impairment	Column 4 Maximum lump sum compensation \$	Column 5 Maximum WRI %
2310	Unstable knee (cruciate or collateral ligament insufficiency), whether operated or non-operated	25	28 125	18.75
2311	Unstable knee (cruciate and collateral ligament insufficiency), whether operated or non-operated	37	41 625	27.75
2312	Total knee replacement	50	56 250	37.5
2313	Below knee amputation	80	90 000	60
2314	Above knee amputation	100	112 500	75
2400	Hip joint and leg			
2401	Mild aggravation of pre-existing degenerative disease in hip joint with subjective symptoms, but no significant clinical findings other than degenerative changes on X-ray	0	0	0
2402	Moderate to severe aggravation or acceleration of pre-existing disease in hip joint with subjective symptoms, but no significant clinical findings other than degenerative changes on X-ray	7	7 875	5.25
2403	Injury to hip region resulting in mild loss of all movements	12	13 500	9

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Column 1 Code No.	Column 2 Injury	Column 3 Maximum degree of permanent impairment	Column 4 Maximum lump sum compensation \$	Column 5 Maximum WRI %
2404	Injury to hip region resulting in moderate loss of all movements .	25	28 125	18.75
2405	Healed fracture of femur with moderate angulation or deformity	45	50 625	33.75
2406	Fracture of femoral neck	50	56 250	37.5
2407	Total hip replacement .	45	50 625	33.75
2408	Loss of a leg	100	112 500	75'.

(5) Schedule 2, part 3, division 1, section 1(2), '\$103 100'—

omit, insert—

'\$150 000'.

(6) Schedule 2, part 3, division 1, section 1(3), '\$41 995'—

omit, insert—

'\$61 095'.

(7) Schedule 2, part 3, division 1, section 1(4), '\$30 930'—

omit, insert—

'\$45 000'.

(8) Schedule 2, part 3, division 2—

omit, insert—

‘Division 2—Special provision injuries

Column 1 Code No.	Column 2 Injury	Column 3 Maximum lump sum compensation \$	Column 4 Maximum WRI %
3100	Vision		
3101	*Loss of vision in 1 eye (corrected vision)	48 870	32.58
3102	*Total loss of vision in 1 eye resulting from loss of an eyeball.	54 975	36.65
3103	Total loss of vision	150 000	100
3104	Total loss of vision of 1 eye with serious diminution of vision in the other eye (less than 10% vision remaining) .	127 500	85
3200	Hearing		
3201	Loss of hearing in 1 ear.	30 000	20
3202	*Binaural hearing loss.	61 095	40.73
3300	Injury to breast		
3301	*Loss of breast	45 000	30’.

(9) Schedule 2, part 4, division 1, section 1(2), ‘\$103 100’—

omit, insert—

‘\$150 000’.

(10) Schedule 2, part 4, division 1, section 4(3), ‘subsection’—

omit, insert—

‘subsections’.

(11) Schedule 2, part 4, division 2—

omit, insert—

‘Division 2—System injuries

Column 1 Code No.	Column 2 Injury	Column 3 Maximum degree of permanent impairment	Column 4 Maximum lump sum compensation \$	Column 5 Maximum WRI %
4100	Musculo-skeletal system			
	Cervicothoracic spine			
4101	Hyperextension musculo-ligamentous injury to cervical spine region with subjective symptoms, but no significant clinical findings	0	0	0
4102	Mild aggravation of pre-existing degenerative disease in cervical spine with subjective symptoms, but no significant clinical findings other than degenerative changes on X-ray	0	0	0
4103	Moderate to severe aggravation or acceleration of pre-existing degenerative disease in cervical spine with subjective symptoms, but no significant clinical findings other than degenerative changes on X-ray	5	7 500	5

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Column 1 Code No.	Column 2 Injury	Column 3 Maximum degree of permanent impairment	Column 4 Maximum lump sum compensation \$	Column 5 Maximum WRI %
4104	Compression fracture of a vertebral body(s) or posterior element fracture (spinous or transverse process) without dislocation, healed with no complications, but local subjective symptoms, referred pain and mild restriction of neck movements	5	7 500	5
4105	Prolapsed intervertebral disc in cervical spine with referred pain, non-operated with resolution of subjective symptoms, and no loss of range of movements	10	15 000	10
4106	Prolapsed intervertebral disc in cervical spine with referred pain, treated surgically by discectomy and fusion with resolution of referred pain. Persisting neck pain with moderate loss of range of movements	15	22 500	15

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Column 1 Code No.	Column 2 Injury	Column 3 Maximum degree of permanent impairment	Column 4 Maximum lump sum compensation \$	Column 5 Maximum WRI %
4107	Vertebral fractures or dislocations of cervical spine, treated surgically by fusion with no residual neurological compromise, but severe loss of range of movements	25	37 500	25
Thoracolumbar spine				
4108	Mild aggravation of pre-existing degenerative disease in thoracic spine with subjective symptoms, but no significant clinical findings other than degenerative changes on X-ray	0	0	0
4109	Moderate to severe aggravation or acceleration of pre-existing degenerative disease in thoracic spine with subjective symptoms, but no significant clinical findings other than degenerative changes on X-ray	5	7 500	5

Column 1 Code No.	Column 2 Injury	Column 3 Maximum degree of permanent impairment	Column 4 Maximum lump sum compensation \$	Column 5 Maximum WRI %
4110	Minor compression fracture of vertebral body(s) in thoracic spine, healed with subjective symptoms, but no physical signs . .	5	7 500	5
4111	Major compression fracture of vertebral body(s) in thoracic spine, healed with subjective symptoms, but no physical signs . .	10	15 000	10
Lumbosacral spine				
4112	Musculo-ligamentous injury to lumbosacral spine region with subjective symptoms, but no significant clinical findings	0	0	0
4113	Mild aggravation of pre-existing degenerative disease in lumbosacral spine with subjective symptoms, but no significant clinical findings other than degenerative changes on X-ray	0	0	0

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Column 1 Code No.	Column 2 Injury	Column 3 Maximum degree of permanent impairment	Column 4 Maximum lump sum compensation \$	Column 5 Maximum WRI %
4114	Moderate to severe aggravation or acceleration of pre-existing disease in lumbosacral spine with subjective symptoms, but no significant clinical findings other than degenerative changes on X-ray	5	7 500	5
4115	Moderate to severe aggravation of pre-existing spondylolisthesis, treated surgically by discectomy or fusion with resolution of symptoms	10	15 000	10
4116	Minor compression fracture of vertebral body(s) in lumbar region, healed with subjective symptoms, but no physical signs . .	5	7 500	5
4117	Major compression fracture of vertebral body(s) in lumbar region, healed with subjective symptoms, but no physical signs . .	10	15 000	10

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Column 1 Code No.	Column 2 Injury	Column 3 Maximum degree of permanent impairment	Column 4 Maximum lump sum compensation \$	Column 5 Maximum WRI %
4118	Prolapsed intervertebral disc in lumbosacral spine with referred pain, non-operated with resolution of referred pain and back pain. No loss of range of movements	10	15 000	10
4119	Prolapsed intervertebral disc in lumbosacral spine with referred pain, treated surgically by discectomy or fusion with resolution of referred pain, but persisting low back pain. Mild loss of range of movements	15	22 500	15
4120	Prolapsed intervertebral disc in lumbosacral spine with referred pain, treated surgically by discectomy or fusion, but with persisting referred pain and low back pain. Moderate loss of range of movements	25	37 500	25

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Column 1 Code No.	Column 2 Injury	Column 3 Maximum degree of permanent impairment	Column 4 Maximum lump sum compensation \$	Column 5 Maximum WRI %
Pelvis				
4121	Healed fracture of pelvis without displacement in any region (other than acetabulum, coccyx and sacrum) with subjective symptoms, but no significant signs.	0	0	0
4122	Healed fracture of pelvis with displacement in any region (other than acetabulum, coccyx and sacrum) with subjective symptoms, but no significant signs.	5	7 500	5
4123	Fracture of coccyx, whether operated or non-operated	5	7 500	5
4124	Healed fracture(s) of pelvis in any region (other than acetabulum, coccyx and sacrum) with displacement and deformity and subjective symptoms and signs . .	10	15 000	10
4125	Fracture of sacrum with or without involvement of the sacro-iliac joint with subjective symptoms and signs . .	10	15 000	10
4126	Fracture or dislocation of symphysis or sacro-iliac joint	10	15 000	10

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Column 1 Code No.	Column 2 Injury	Column 3 Maximum degree of permanent impairment	Column 4 Maximum lump sum compensation \$	Column 5 Maximum WRI %
4127	Fracture of acetabulum with displacement and deformity and residual subjective symptoms and signs in hip joint. .	50	75 000	50
4200	Nervous system			
	Brain and cranial nerves			
4201	Mild vertigo with subjective symptoms, but no significant signs	0	0	0
4202	Severe vertigo with subjective symptoms and signs and totally dependent	70	105 000	70
4203	*Loss of smell	3	18 330	12.22
4204	*Loss of smell and taste	6	30 540	20.36
4205	*Loss of speech	35	85 530	57.02
4206	Fracture of the mid third of the face with permanent nerve involvement	24	36 000	24
4207	Chronic organic brain syndrome i.e. diffuse brain damage following head injuries, cerebral anoxia, inhalation of toxic substances etc., worst possible outcome	100	150 000	100
	Spinal cord injuries			
4208	*Cervical cord injury with or without fracture	75	135 000	90

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Column 1 Code No.	Column 2 Injury	Column 3 Maximum degree of permanent impairment	Column 4 Maximum lump sum compensation \$	Column 5 Maximum WRI %
4209	Thoracic cord injury with or without fracture	60	90 000	60
4210	Cauda equina syndrome with or without fracture	60	90 000	60
4211	*Complete paraplegia .	75	135 000	90
4212	Totally dependent quadriplegia.	100	150 000	100
4300	Respiratory system			
4301	Healed fractured rib(s) with subjective symptoms, but no significant signs.	0	0	0
4302	Healed pulmonary contusion with subjective symptoms, but no significant signs	0	0	0
4303	Toxic inhalation injury, hypersensitivity pneumonitis, pneumoconioses, occupational asthma, C.O.A.D. (bronchitis or emphysema), R.A.D.S. (Reactive airways dysfunction syndrome), pulmonary embolus, all on optimal medical management— <ul style="list-style-type: none"> no respiratory subjective symptoms or significant signs. . 	0	0	0

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Column 1 Code No.	Column 2 Injury	Column 3 Maximum degree of permanent impairment	Column 4 Maximum lump sum compensation \$	Column 5 Maximum WRI %
	<ul style="list-style-type: none"> mild respiratory subjective symptoms or minor signs moderate respiratory subjective symptoms or moderate signs . . severe respiratory subjective symptoms or significant signs. . 	<p>25</p> <p>50</p> <p>100</p>	<p>37 500</p> <p>75 000</p> <p>150 000</p>	<p>25</p> <p>50</p> <p>100</p>
4304	Mesothelioma or lung cancer	100	150 000	100
4400	Cardiovascular system			
	Coronary artery disease			
4401	A history of angina with demonstrated constitutional coronary artery disease, on optimal medical treatment	0	0	0
4402	A history of myocardial infarction, with no post infarction angina, on optimal medical treatment	15	22 500	15
4403	A history of myocardial infarction with persisting post infarction angina, on optimal medical treatment	50	75 000	50

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Column 1 Code No.	Column 2 Injury	Column 3 Maximum degree of permanent impairment	Column 4 Maximum lump sum compensation \$	Column 5 Maximum WRI %
4404	A history of myocardial infarction with persisting post infarction angina and subjective symptoms and signs of congestive heart failure, on optimal medical treatment	100	150 000	100
4500	Alimentary system			
4501	Musculo-ligamentous injury to abdominal wall	0	0	0
4502	Splenectomy	5	7 500	5
4503	Subjective symptoms (e.g. local pain or dysaesthesia) following hernia repair(s), but no significant signs.	0	0	0
4504	Subjective symptoms and signs (e.g. pain or dysaesthesia, tenderness) following hernia repair(s)	2	3 000	2
4505	Primary or recurrent hernia when surgery is an absolute contraindication.	10	15 000	10
4506	Viral hepatitis—			
	• mild	25	37 500	25
	• moderate	50	75 000	50
	• severe	100	150 000	100

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Column 1 Code No.	Column 2 Injury	Column 3 Maximum degree of permanent impairment	Column 4 Maximum lump sum compensation \$	Column 5 Maximum WRI %
4600	Urinary and reproductive systems			
4601	Loss of 1 kidney	10	15 000	10
4602	Urinary incontinence. .	60	90 000	60
4603	Loss of both kidneys or only functioning kidney	100	150 000	100
4604	Loss of fertility	15	22 500	15
4605	Impotence	15	22 500	15
4606	Loss of sexual function (both impotence and infertility)	30	45 000	30
4607	Loss of genital organs .	50	75 000	50
4700	Skin			
4701	Contact irritant dermatitis. Removal from exposure to irritant results in resolution of signs and subjective symptoms with no ongoing treatment required.	0	0	0
4702	Aggravation of constitutional dermatitis, resolved by removal from exposure to irritant	0	0	0
4703	Moderate solar induced skin disease that is non-malignant.	0	0	0

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Column 1 Code No.	Column 2 Injury	Column 3 Maximum degree of permanent impairment	Column 4 Maximum lump sum compensation \$	Column 5 Maximum WRI %
4704	Chronic contact dermatitis. Signs and subjective symptoms persist intermittently on removal from exposure to the primary irritant. Intermittent treatment required	10	15 000	10
4705	Chronic contact dermatitis. Signs and subjective symptoms persist almost continuously on removal from exposure to the primary irritant. Intermittent to constant treatment required	20	30 000	20
4706	Solar induced skin disease that is malignant	25	37 500	25
4707	Persistent neurodermatitis secondary to occupational contact irritant dermatitis. Signs and subjective symptoms persist continuously on removal from exposure to the primary irritant and are exacerbated by exposure to secondary irritants. Constant treatment required	30	45 000	30'.

(12) Schedule 2, part 5, division 1, section 1(2), '\$51 550'—

omit, insert—

‘\$75 000’.

(13) Schedule 2, part 5, division 2—

omit, insert—

‘Division 2—Prescribed disfigurement

Column 1 Code No.	Column 2 Injury	Column 3 Maximum degree of permanent impairment	Column 4 Maximum lump sum compensation \$	Column 5 Maximum WRI %
5100	Prescribed disfigurement			
5101	Mild almost invisible linear scarring following surgery or trauma in lines of election to any part(s) of the body with minimal discolouration, normal texture and elevation	0	0	0
5102	Moderate linear scarring following surgery or trauma crossing lines of election to any part(s) of the body with minimal discolouration, normal texture and elevation . .	2	1 500	1
5103	Moderate to severe linear scarring following surgery or trauma in or crossing lines of election to any part(s) of the body. Discoloured, indurated, atrophic or hypertrophic	10	7 500	5

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Column 1 Code No.	Column 2 Injury	Column 3 Maximum degree of permanent impairment	Column 4 Maximum lump sum compensation \$	Column 5 Maximum WRI %
5104	Area scarring to any part(s) of the body following surgery or trauma. Atrophic or hypertrophic, markedly discoloured	20	15 000	10
5105	Depressed cheek, nasal or frontal bones following trauma	35	26 250	17.5
5106	Loss, or severe deformity, of outer ear.	40	30 000	20
5107	Severe, bilateral gross facial deformity following burns or other trauma	50	37 500	25
5108	Loss of entire nose . . .	50	37 500	25
5109	Gross scarring following burns to multiple body areas. Some areas healing spontaneously and some requiring grafting. Gross scarring at the burn and donor sites. Outcome resulting in fragile, dry, cracking skin at graft sites necessitating the need for wearing of special garments. Severe cases resulting in loss of sweat glands and lack of sweating leading to the necessity to be in a continuous air conditioned environment	100	75 000	50'.

(14) Schedule 2, part 6, section 1(2), ‘\$103 100’—
omit, insert—
‘\$150 000’.

10 Amendment of sch 3 (Graduated scale of additional compensation for certain workers)

(1) Schedule 3, section 1(2), ‘\$103 100’—
omit, insert—
‘\$150 000’.

(2) Schedule 3, graduated scale—
omit, insert—

‘GRADUATED SCALE

Column 1 Code No.	Column 2 WRI %	Column 3 Additional lump sum compensation \$
8100	50	5 790
8101	51	11 550
8102	52	17 325
8103	53	23 085
8104	54	28 860
8105	55	34 620
8106	56	40 395
8107	57	46 170
8108	58	51 930
8109	59	57 705
8110	60	63 465
8111	61	69 240
8112	62	75 000
8113	63	80 790
8114	64	86 550

8115	65	92 325
8116	66	98 085
8117	67	103 860
8118	68	109 620
8119	69	115 395
8120	70	121 170
8121	71	126 930
8122	72	132 705
8123	73	138 465
8124	74	144 240
8125	75–100	150 000’.

11 Amendment of sch 4 (Graduated scale for additional compensation for gratuitous care)

Schedule 4, graduated scale—

insert—

‘9094	15–39	Moderate	1 500
9095		Severe	3 000
9096		Total	4 500
9097	40–49	Moderate	2 800
9098		Severe	5 700
9099		Total	8 500’.

ENDNOTES

1. Made by the Governor in Council on 25 October 2001.
2. Notified in the gazette on 25 October 2001.
3. Laid before the Legislative Assembly on . . .
4. The administering agency is the Department of Industrial Relations.