

Workers' Compensation Claims in Government Employees

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- The above organisations are all represented on the project advisory group, in addition to the Australian Council of Trade Unions and the AiGroup.
- The COMPARE project team, and report authors, include Professor Alex Collie, Dr Tyler Lane, Dr Shannon Gray, Ms Dianne Beck and Mr Luke Sheehan of the Insurance Work and Health Group at Monash University. Please refer to the final page for contact details.
- The views expressed in this document are those of the authors and do not necessarily represent those of the project funders, data providers or members of the project advisory group.

- Public administration and safety, education and training, and health care are industries in which the majority of workers are government employees.
- Over a quarter of Australian workers are employed in these industries. (ABS, 2017).
- Workers in these industries are exposed to unique risks for workplace injury and time loss and these differences will vary by demographic, occupational and other factors.
- Understanding differences in the rate, nature and outcomes of workers' compensation (WC) claims in government workers can assist in resource allocation and identification of sub-groups at high risk.
- The National Data Set of Compensation-Based Statistics (NDS) enables this analysis as it contains administrative WC data from the 2003-04 to 2015-16 financial years.

- Health and social work, public administration and defence, and education are the industries with the highest rates of work-related mental ill-health in the UK (Carder et al, 2009).
- Healthcare workers, public safety workers and teachers have been identified as having a higher risk of physical assault whilst at work (Islam et al, 2003).
- Health and education (along with mining) were the industries with the highest rate of occupational disease, such as infectious disease and chronic voice disorders, in a Polish study (Szeszenia-Dabrowska & Wilczynska, 2013).
- Research to demonstrate these findings in Australian workers is required.

- **Education** includes principals, teachers, and education aides employed in schools. We were not able to differentiate between those employed in government or private schools. In 2010 (the mid-point of this study) 64% of full time equivalent employees in schools were employed in public schools (ABS, 2016).
- **Emergency and Protective Services** consists of ambulance officers and paramedics, fire and emergency workers, police, and prison officers.
- **Healthcare** contains any worker that works in a hospital, 84% of whom are employed in public hospitals (AIHW, 2017). As with education, exclusion of private hospital employees was not possible.
- **Public Administration and Services** includes all workers employed by central, state and local governments. This category includes public administrators as well as many labourers and trades workers.
- Australian New Zealand Standard Classification of Occupations (ANZSCO) – ABS, 2013) and Australian New Zealand Standard Industrial Classification (ANZSIC) – ABS, 2013) were used to construct groups (see appendix for details).

- This project sought to compare the government-majority industries both with each other and also with non-government industries via analysis of the National Data Set of Compensation Based Statistics. The following questions were asked:
 1. How frequently do government workers submit WC claims?
 2. What is the rate of time lost to WC claims in government workers?
 3. Are there differences in claim processing times between government and non-government workers?
 4. Are there differences in the type, mechanism and location of injuries claimed for between government and non-government employees?

- The number of claims per 1000 covered workers was the primary measure used throughout this report. It was used to compare the following:
 - The rate of WC claims.
 - Changes in the rate of WC claims over time.
 - The rate of WC claims with duration greater than 6 months.
 - The type, mechanism and location of injury (as defined by the Type of Occurrence Classification System – see reference for details).

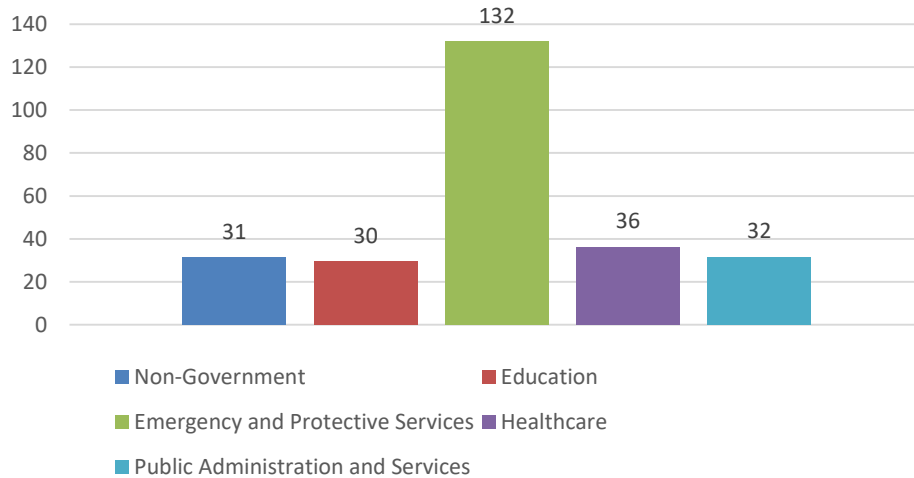
- The number of weeks compensated per 1000 workers was compared between groups, and is an estimate of time lost from work.

- The median weeks lost per claim in each group was compared (time-loss cases only).

- The median time between the date of accident and date of decision was calculated for each group.

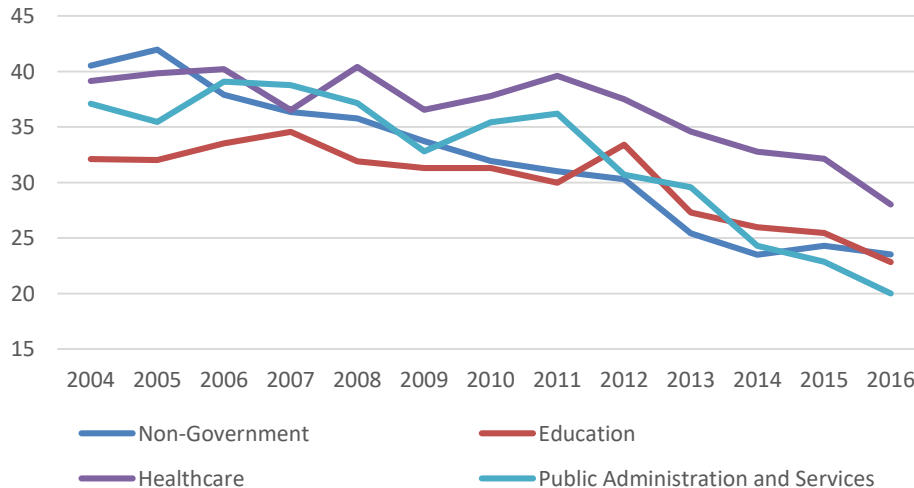
Claim Rate in each Government Group

Number of Claims per 1000 Workers

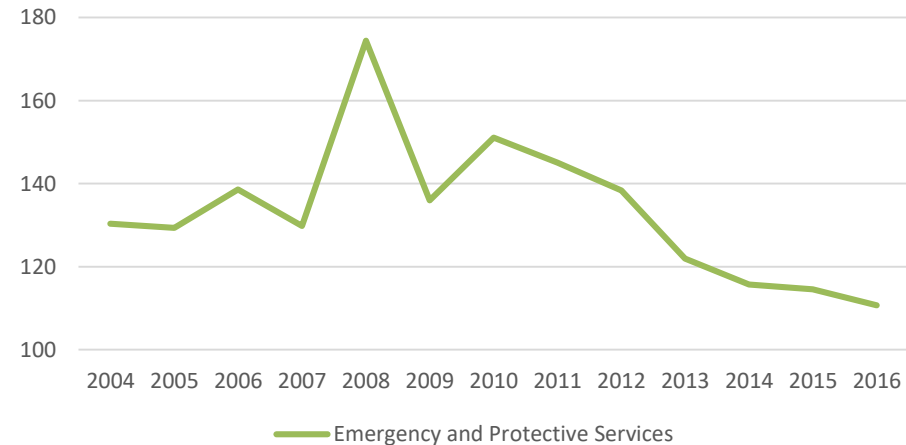


- Emergency and Protective Services workers have over 4 times the rate of claims than other government and non-government groups.
- The rate of claiming WC has decreased from 2004 to 2016 in all groups.

Number of Claims per 1000 Workers each Year

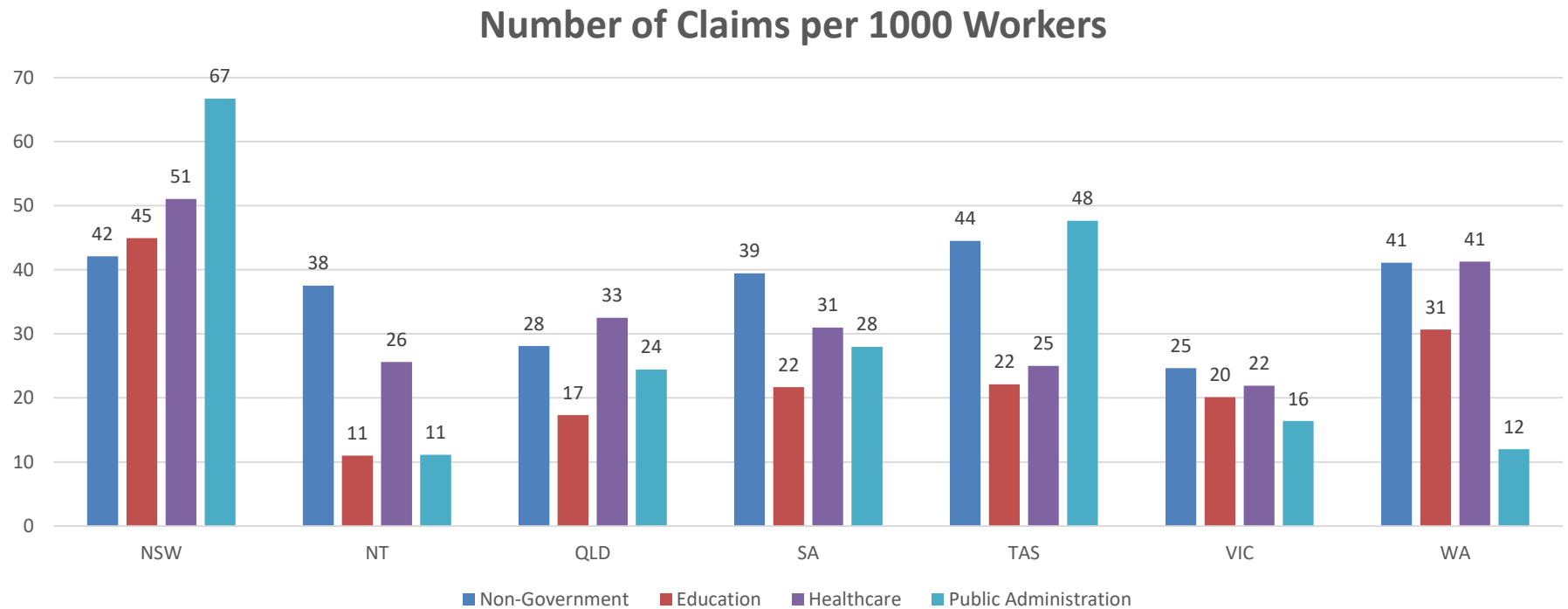


Number of Claims per 1000 Workers each Year



Emergency Services was plotted separately due to differences in scale.

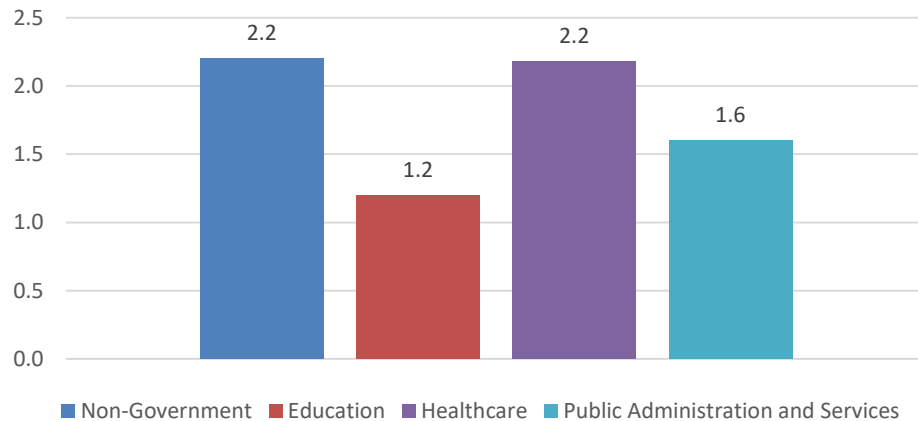
- Emergency workers have been profiled previously in the COMPARE project.
- A short report on ambulance officers and nurses identified elevated claim rates in ambulance officers:
https://www.iscrr.com.au/_data/assets/pdf_file/0004/487552/workers-compensation-claims-among-nurses-and-ambulance-officers-in-Australia-20082014.pdf
- This work was followed with a peer-reviewed journal article that analysed workers' compensation claims in ambulance officers, police officers and fire fighters: [http://www.injuryjournal.com/article/S0020-1383\(17\)30631-9/pdf](http://www.injuryjournal.com/article/S0020-1383(17)30631-9/pdf)
- Due to these previous publications and the distinct nature of emergency services work, the remainder of this report will focus on the other government groups that have not previously been reported on.



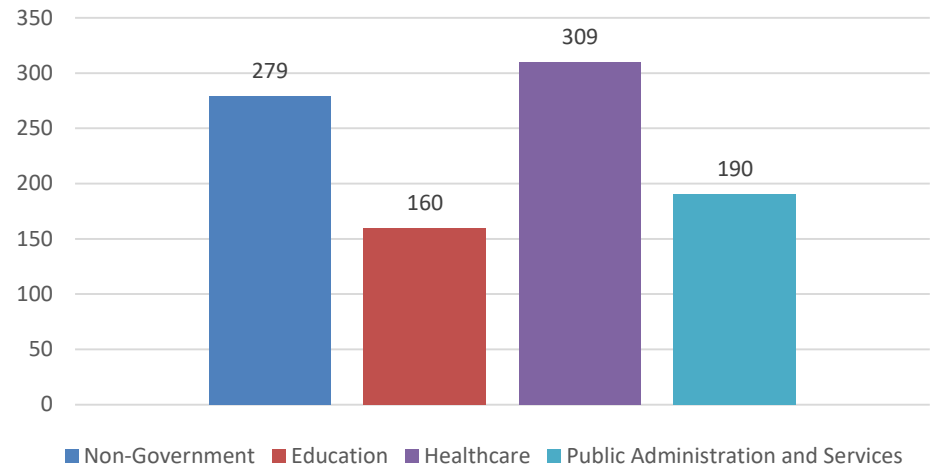
- NSW had the highest claim rate in each group of government workers over the study period (but 2nd highest in non-government workers).
- NT had the lowest claim rate in all government groups, except Healthcare workers.
- VIC had the lowest claim rate in Healthcare workers and in non-government workers.

Weeks Compensated and Claim Processing Times Differ Between Government Sectors

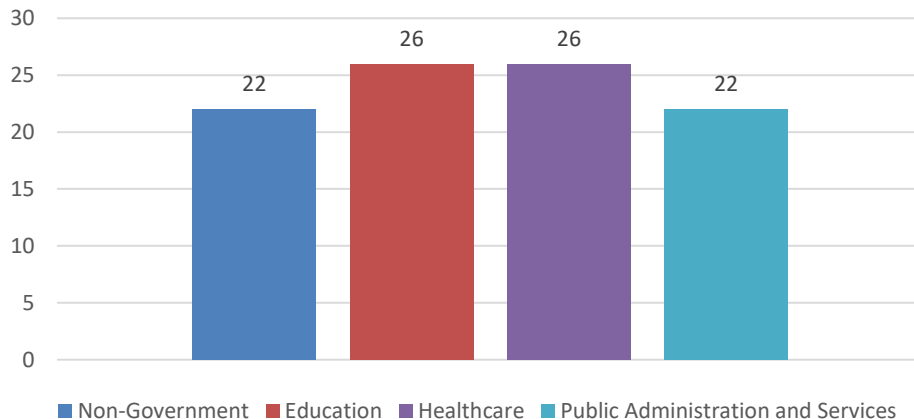
Median Weeks Compensated per Claim (time loss claims only)



Weeks Compensated per 1000 Workers



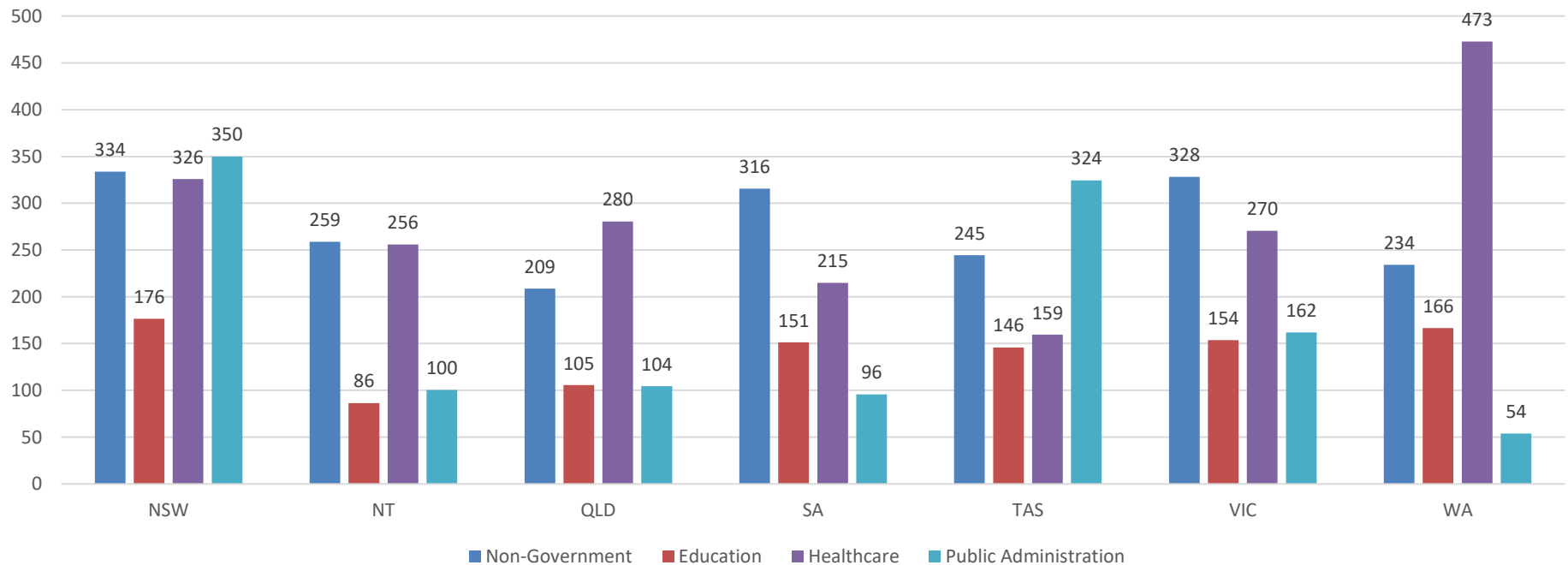
Median Time from Date of Accident to Date of Decision



- Education and public administration and services workers have a shorter median time per claim and a lower rate of weeks compensated than non-government workers
- Education and healthcare workers have a larger median time for date of accident to date of decision than non-government workers.

Weeks Compensated Among Government Workers Varied by Jurisdiction

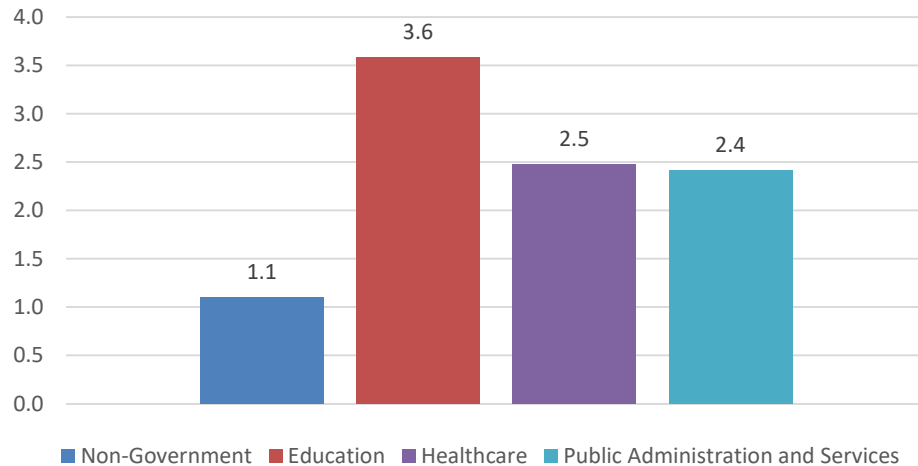
Weeks Compensated per 1000 Workers



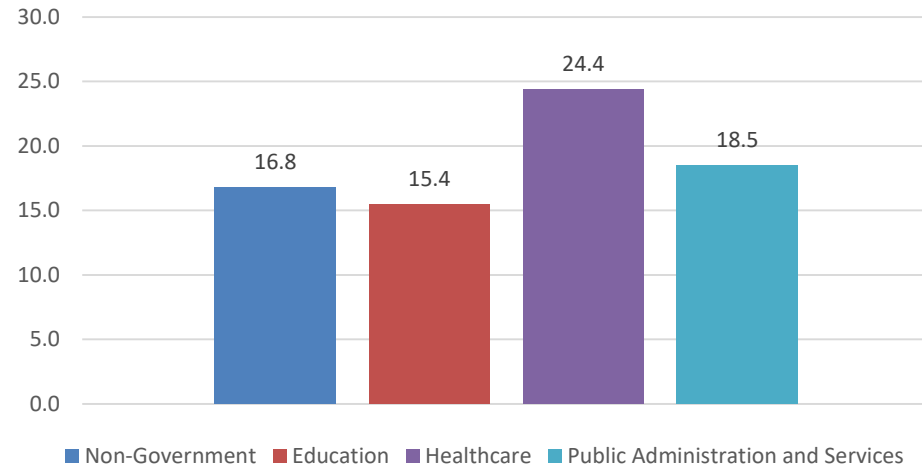
- NSW had the most weeks compensated in each group of workers except Healthcare workers.
- WA had the most weeks compensated per worker for Healthcare workers but the least for Public Administration and Services workers.

Government Workers are at Greater Risk of Particular Injury Types

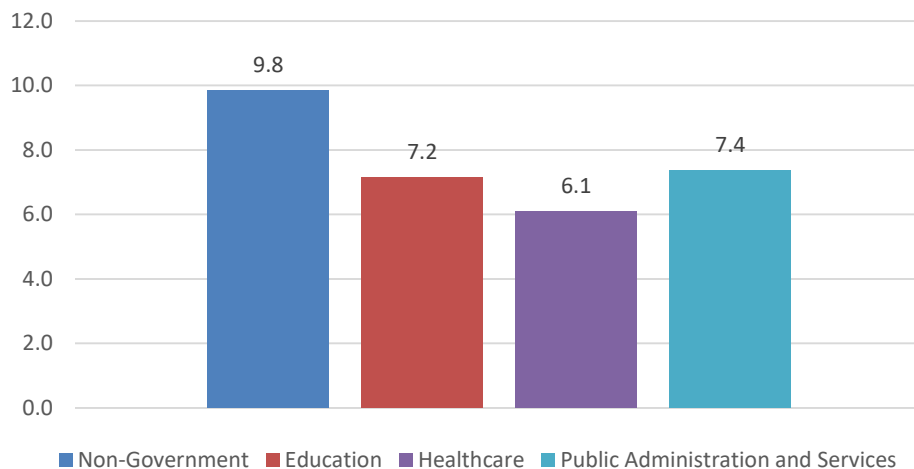
Mental Health Claims per 1000 Workers



Musculoskeletal Injuries per 1000 Workers



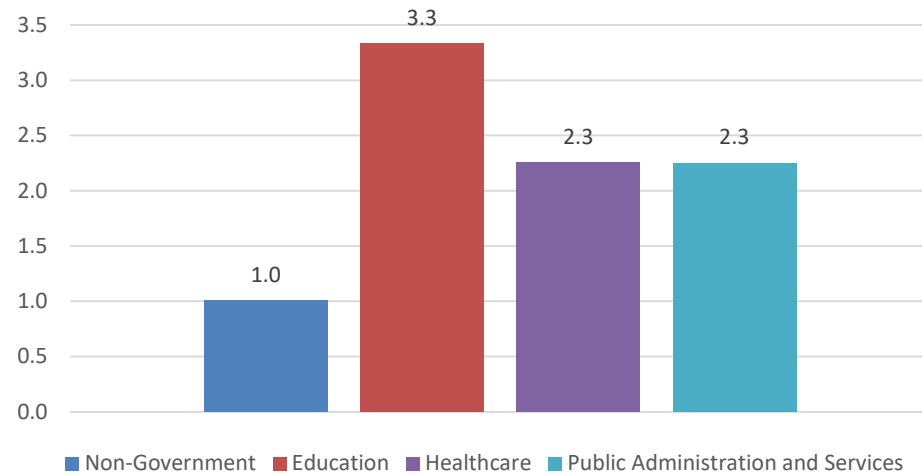
Other Traumatic Injuries per 1000 Workers



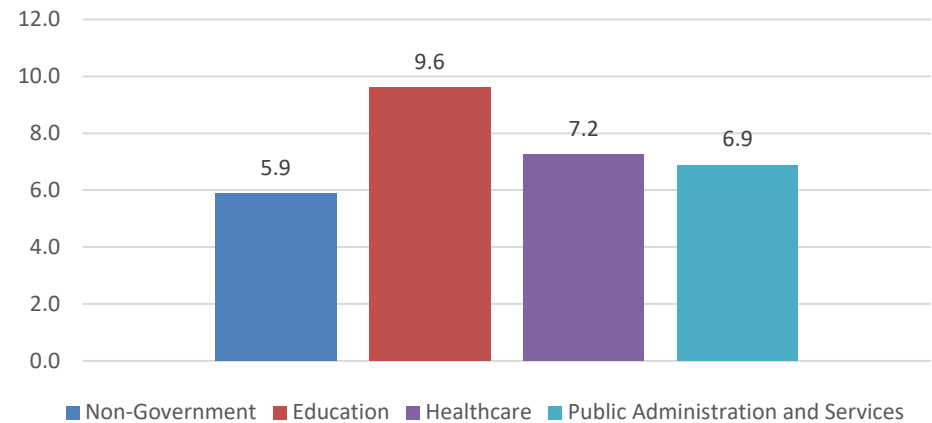
- Government workers are at least twice as likely to lodge a mental health claim than non-government workers.
- Healthcare workers have a higher rate of musculoskeletal injuries.
- Government workers have a lower rate of 'other traumatic' injuries (these are typically minor).

Government Workers have Different Mechanisms of Injury

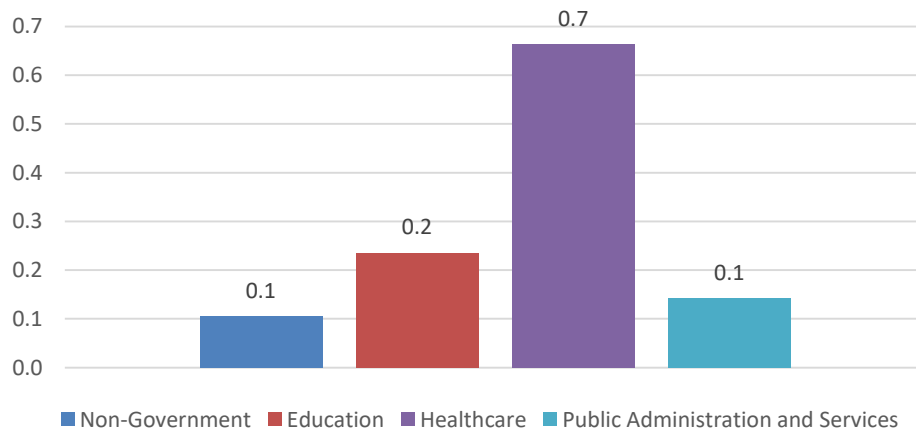
Claims due to Mental Stress per 1000 Workers



Claims due to Falls, Trips and Slips of Person per 1000 Workers



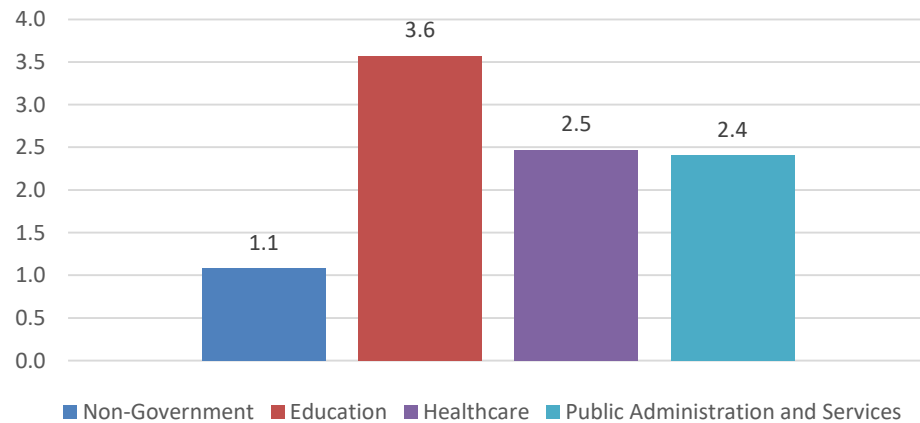
Claims due to Biological Factors per 1000 Workers



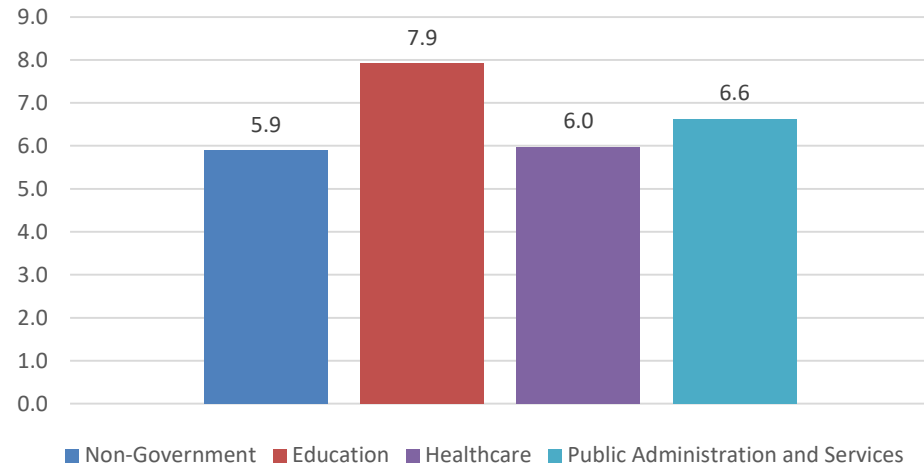
- Government workers are at least twice as likely to lodge a claim due to mental stress than non-government workers.
- Government workers are more likely to lodge a claim due to falls, trips and slips.
- Hospital and education workers have an elevated risk of claiming due to contact with or exposure to biological factors (such as infectious diseases).

Government Workers have Different Locations of Injury

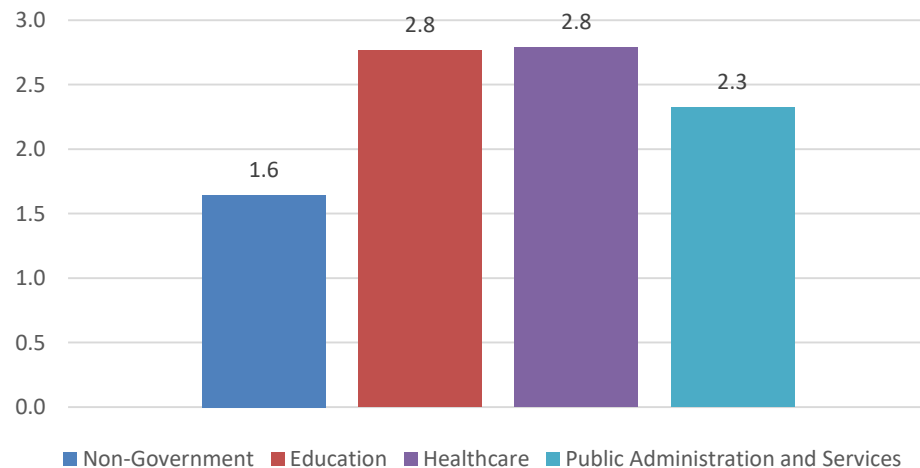
Claims for the Psychological System per 1000 Workers



Claims for the Lower Limbs per 1000 Workers



Claims for Multiple Locations per 1000 Workers



- Government workers are at least twice as likely to make a claim involving their psychological system.
- Government workers have elevated claim rates for injuries to the lower limbs as well as injury to multiple locations.

Strengths

- Very large national dataset of almost 4 million WC claims.
- All major workers' compensation jurisdictions represented except for Comcare.
- Multiple worker, injury, demographic, claim and employer factors recorded.

Limitations

- It was not possible to definitively include and exclude government workers from each group using the industry and occupation codes.
- The number of covered workers in each government category had to be estimated as industry and occupation codes could not be combined.
- Claim rate and rate of weeks lost was estimated using 1000 covered workers, however there are potential differences between groups in hours worked (we were not able to differentiate between full-time or part-time workers).
- The NDS is a WC administrative data set, so only time-loss that has been paid as income compensation is recorded.

- Government workers have a different profile of WC claims compared to non-government workers and between different government industries.
- Emergency and protective services workers make WC claims at 4 times the rate of other workers.
- Government workers were at least twice as likely to make a claim for a mental health condition in each of the government industries analysed.
- The claim rate and weeks lost in government workers varied greatly by jurisdiction.
- This report has identified key areas of concern in government workers which can be utilised to reduce claims.

Appendix 1 – ANZSCO and ANZSIC Codes used to Categorise Government Workers

| Public Administration | | Emergency and Corrective Services | |
|-----------------------|---|-----------------------------------|--|
| ANZSIC Code | Description | ANZSIC Code | Description |
| 7510 | Central Government Administration | 7711 | Police Services |
| 7520 | State Government Administration | 7713 | Fire Protection and Other Emergency Services |
| 7530 | Local Government Administration | 7714 | Correctional and Detention Services |
| 7540 | Justice | 8591 | Ambulance Services |
| 755* | Government Representation | ANZSCO Code | Description |
| Education | | 441* | Protective Service Workers |
| ANZSIC Code | Description | 4421 | Prison Officers |
| 802* | School Education | | |
| ANZSCO Code | Description | | |
| 1343 | School Principals | | |
| 241* | Education Professionals (excluding 2411 – Early Childhood (Pre-primary School) Teachers | | |
| 4221 | Education Aides | | |

No ANZSCO codes were used in selecting employees for the Public Administration Category.

* indicates all lower subdivisions of this category were included.

Appendix 1 – ANZSCO and ANZSIC Codes used to Categorise Government Workers

| Healthcare | | | |
|-------------|---|-------------|---|
| ANZSIC Code | Description | | |
| 840* | Hospitals | | |
| ANZSCO Code | Description | ANZSCO Code | Description |
| 1*** | Managers | 4114 | Enrolled and Mothercraft Nurses |
| 22** | Business, Human Resources and Marketing Professionals | 4115 | Indigenous Health Workers |
| 2346 | Medical Laboratory Scientists | 4117 | Welfare Support Workers |
| 251* | Health Diagnostic and Promotion Professionals | 4233 | Nursing Support and Personal Care Workers |
| 252* | Health Therapy Professionals | 431* | Hospitality Workers |
| 253* | Medical Practitioners | 4422 | Security Officers and Guards |
| 254* | Midwifery and Nursing Professionals | 5*** | Clerical and Administrative Workers |
| 272* | Social and Welfare Professionals | 811* | Cleaners and Laundry Workers |
| 3112 | Medical Technicians | 851* | Food Preparation Assistants |
| 351* | Food Trades Workers | 899* | Miscellaneous Labourers |
| 4113 | Diversional Therapists | | |

* indicates all lower subdivisions of this category were included.

Australian Bureau of Statistics (2017). Australian Industry, 2015-16.

Link - <http://www.abs.gov.au/ausstats/abs@.nsf/mf/8155.0>

Australian Institute of Health and Welfare (2017). Hospital resources 2015-16.

Link - <https://www.aihw.gov.au/getmedia/d37a56cb-dc6b-4b28-a52f-8e00f606ce67/21035.pdf.aspx?inline=true>

Australian Safety and Compensation Council (2008). Type of Occurrence Classification System, third edition (revision one).

Link -

https://www.safeworkaustralia.gov.au/system/files/documents/1702/type_of_occurrence_classification_system_3rd_edition_revision_1.pdf

Carder, M., Turner, S., McNamee, R., & Agius, R. (2009). Work-related mental ill-health and 'stress' in the UK (2002-05). *Occup Med (Lond)*, 59(8), 539-544. doi: 10.1093/occmed/kqp117.

Link - <https://www.ncbi.nlm.nih.gov/pubmed/19696131>

Islam, S. S., Edla, S. R., Mujuru, P., Doyle, E. J., & Ducatman, A. M. (2003). Risk factors for physical assault. State-managed workers' compensation experience. *Am J Prev Med*, 25(1), 31-37.

Link - <https://www.ncbi.nlm.nih.gov/pubmed/12818307>

Szeszenia-Dabrowska, N., & Wilczynska, U. (2013). Occupational diseases among workers employed in various branches of the national economy. *Med Pr*, 64(2), 161-174.

Link - <https://www.ncbi.nlm.nih.gov/pubmed/23829060>

- More detailed data tables can be accessed through contacting the first author Luke Sheehan (luke.sheehan@monash.edu or 03 9903 0794).

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