

Determination

of

Statement of Principles
concerning

CONDUCTIVE HEARING LOSS

ICD CODES: 389.0

Veterans' Entitlements Act 1986

1. This Statement of Principles is determined by the Repatriation Medical Authority under subsection **196B(2)** of the *Veterans' Entitlements Act 1986* (the Act).

Kind of injury, disease or death

2. (a) This Statement of Principles is about **conductive hearing loss** and **death from conductive hearing loss**.

(b) For the purposes of this Statement of Principles, “**conductive hearing loss**” means a permanent hearing threshold shift of at least 25 decibels (dB) in the frequency of 500, 1,000, 2,000 or 4,000 hertz (Hz) due to defective sound conduction of the external auditory canal, the tympanic membrane or the middle ear, attracting ICD code 389.0;

Basis for determining the factors

3. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **conductive hearing loss** can be related to relevant service rendered by veterans, members of Peacekeeping Forces, or members of the Forces.

Factors that must be related to service

4. Subject to clause 6, at least one of the factors set out in the paragraphs in clause 5 must be related to any relevant service rendered by the person.

Factors

5. The factors that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **conductive hearing loss** or **death from conductive hearing loss** with the circumstances of a person's relevant service are:
- (a) suffering from otosclerosis on the affected side at the time of the clinical onset of conductive hearing loss; or
 - (b) suffering from Paget's disease of bone affecting the skull at the time of the clinical onset of conductive hearing loss; or
 - (c) exposure to at least one bout of acoustic trauma on the affected side within the seven days immediately before the clinical onset of conductive hearing loss; or
 - (d) suffering otitic barotrauma on the affected side within the seven days immediately before the clinical onset of conductive hearing loss; or
 - (e) suffering a significant head injury to the affected side within the 30 days immediately before the clinical onset of conductive hearing loss; or
 - (f) undergoing a surgical procedure involving the middle ear or the external auditory canal on the affected side within the 30 days immediately before the clinical onset of conductive hearing loss; or
 - (g) suffering a penetrating injury to the middle ear on the affected side within the seven days immediately before the clinical onset of conductive hearing loss; or
 - (h) suffering permanent obstruction of the external auditory canal on the affected side at the time of the clinical onset of conductive hearing loss; or
 - (j) suffering from chronic otitis media on the affected side at the time of the clinical onset of conductive hearing loss; or
 - (k) suffering from a primary or secondary neoplasm that is invading the middle ear or is causing obstruction of the external auditory canal on the affected side at the time of the clinical onset of conductive hearing loss; or

- (m) suffering from a granuloma that is invading the middle ear or is causing obstruction of the external auditory canal on the affected side at the time of the clinical onset of conductive hearing loss; or
- (n) suffering from otosclerosis on the affected side at the time of the clinical worsening of conductive hearing loss; or
- (o) suffering from Paget's disease of bone affecting the skull at the time of the clinical worsening of conductive hearing loss; or
- (p) exposure to at least one bout of acoustic trauma on the affected side within the seven days immediately before the clinical worsening of conductive hearing loss; or
- (q) suffering otitic barotrauma on the affected side within the seven days immediately before the clinical worsening of conductive hearing loss; or
- (r) suffering a significant head injury to the affected side within the 30 days immediately before the clinical worsening of conductive hearing loss; or
- (s) undergoing a surgical procedure involving the middle ear or the external auditory canal on the affected side within the 30 days immediately before the clinical worsening of conductive hearing loss; or
- (t) suffering a penetrating injury to the middle ear on the affected side within the seven days immediately before the clinical worsening of conductive hearing loss; or
- (u) suffering permanent obstruction of the external auditory canal on the affected side at the time of the clinical worsening of conductive hearing loss; or
- (v) suffering from chronic otitis media on the affected side at the time of the clinical worsening of conductive hearing loss; or
- (w) suffering from a primary or secondary neoplasm that is invading the middle ear or is causing obstruction of the external auditory canal on the affected side at the time of the clinical worsening of conductive hearing loss; or
- (x) suffering from a granuloma that is invading the middle ear or is causing obstruction of the external auditory canal on the affected

side at the time of the clinical worsening of conductive hearing loss; or

- (y) inability to obtain appropriate clinical management for conductive hearing loss.

Factors that apply only to material contribution or aggravation

6. Paragraphs **5(n) to 5(y)** apply only to material contribution to, or aggravation of, conductive hearing loss where the person's conductive hearing loss was suffered or contracted before or during (but not arising out of) the person's relevant service; paragraph 8(1)(e), 9(1)(e), 70(5)(d) or 70(5A)(d) of the Act refers.

Other definitions

7. For the purposes of this Statement of Principles:

“acoustic trauma” means a condition of sudden aural damage resulting from short term intense exposure or a single exposure to loud noise such as that made at close quarters by:

- fireworks; or
- small arms fire; or
- gunfire; or
- artillery fire; or
- exploding grenades, mines or bombs;

“chronic otitis media” means an inflammatory disease of the mucoperiosteal lining of the eustachian tube, middle ear or mastoid cells, associated with irreversible tissue pathology. It may be active with continuous suppuration or inactive, attracting ICD code 381.1, 381.2, 381.3, 381.52, 382.1 382.2, 382.3, or 383.1;

“granuloma” means a specific form of chronic inflammation involving mononuclear inflammatory cells and their derivatives such as foreign body, tuberculous and sarcoid granulomata;

“ICD code” means a number assigned to a particular kind of injury or disease in the Australian Version of The International Classification of Diseases, 9th revision, Clinical Modification (ICD-9-CM), effective date of 1 July 1995, copyrighted by the National Coding Centre, Faculty of Health Sciences, University of Sydney, NSW, and having ISBN 0 642 22235 5;

“middle ear” means the space in the temporal bone comprising the tympanic cavity, mastoid appendages and auditory tube;

“obstruction of the auditory canal” means at least 90% blockage of the external auditory canal;

“otitic barotrauma” means damage to the middle ear arising from inequalities in the barometric pressure on each side of the tympanic membrane, attracting ICD code 993.0;

“otosclerosis” means a primary disorder of the labyrinthine capsule characterised by new bone formation commonly involving the footplate of the stapes, attracting ICD code 387;

“Paget's disease of bone” means a disease of bone marked by repeated episodes of increased bone resorption followed by excessive attempts at repair, resulting in weakened deformed bones of increased mass, attracting ICD code 731.0.

“penetrating injury to the middle ear” means the intrusion of a foreign body such as a weapon, implement, stick, bullet or shrapnel fragment into the tympanic cavity;

“relevant service” means:

- (a) operational service; or
- (b) peacekeeping service; or
- (c) hazardous service;

“significant head injury” means trauma to the head of such a degree that it results in either a skull fracture or loss of consciousness with retrograde amnesia or leakage of blood and/or cerebrospinal fluid from the external auditory canal or from the nostril.

Dated this *Sixteenth* day of *January* 1996

The Common Seal of the)
Repatriation Medical Authority)
was affixed to this instrument)
in the presence of)

KEN DONALD
CHAIRMAN