Statement of Principles concerning NON-FREEZING COLD INJURY (Balance of Probabilities) (No. 6 of 2018)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(3) of the Veterans' Entitlements Act 1986.

Dated 22 December 2017

The Common Seal of the Repatriation Medical Authority was affixed to this instrument at the direction of:

[Signature]

Professor Nicholas Saunders AO
Chairperson
Statement of Principles concerning Non-Freezing Cold Injury (Balance of Probabilities) (No. 6 of 2018) Veterans' Entitlements Act 1986
Name

This is the Statement of Principles concerning non-freezing cold injury (Balance of Probabilities) (No. 6 of 2018).

Commencement

This instrument commences on 29 January 2018.

Authority

This instrument is made under subsection 196B(3) of the Veterans’ Entitlements Act 1986.

Revocation

The Statement of Principles concerning immersion foot No. 26 of 2009, made under subsection 196B(3) of the VEA is revoked.

Application

This instrument applies to a claim to which section 120B of the VEA or section 339 of the Military Rehabilitation and Compensation Act 2004 applies.

Definitions

The terms defined in the Schedule 1 - Dictionary have the meaning given when used in this instrument.

Kind of injury, disease or death to which this Statement of Principles relates

(1) This Statement of Principles is about non-freezing cold injury and death from non-freezing cold injury.

Meaning of non-freezing cold injury

(2) For the purposes of this Statement of Principles, non-freezing cold injury:

(a) means a disease of the sympathetic nerves and blood vessels affecting the tissues of a limb or limbs, most commonly the foot, due to prolonged exposure of the affected part to wet and non-freezing cold conditions; and

(b) excludes tropical immersion foot, chilblains, frostnip and frostbite.

Note 1: Non-freezing cold injury is also known as trench foot or immersion foot.

Note 2: Non-freezing cold injury typically is accompanied by coldness and numbness in feet and hands exposed to wet and cold conditions, followed by pain and redness of the affected part on rewarming. Non-freezing cold injury causes ongoing cold sensitivity, altered sensation and less frequently, neuropathic pain of the affected part.
(3) While non-freezing cold injury attracts ICD-10-AM code T69.0, in applying this Statement of Principles the meaning of non-freezing cold injury is that given in subsection (2).


_Death from non-freezing cold injury_

(5) For the purposes of this Statement of Principles, non-freezing cold injury, in relation to a person, includes death from a terminal event or condition that was contributed to by the person's non-freezing cold injury.

Note: *terminal event* is defined in the Schedule 1 – Dictionary.

8 **Basis for determining the factors**

On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that non-freezing cold injury and death from non-freezing cold injury can be related to relevant service rendered by veterans or members of the Forces under the VEA, or members under the MRCA.

Note: *MRCA*, *relevant service* and *VEA* are defined in the Schedule 1 – Dictionary.

9 **Factors that must exist**

At least one of the following factors must exist before it can be said that, on the balance of probabilities, non-freezing cold injury or death from non-freezing cold injury is connected with the circumstances of a person's relevant service:

(1) exposing the affected limb to moisture and non-freezing temperatures below 21 degrees Celsius, for a period of at least ten hours within the 24 hours before the clinical onset of non-freezing cold injury;

Note 1: Non-freezing cold injury is most commonly associated with temperatures just above freezing.

Note 2: Exposure to moisture and non-freezing temperatures may occur during military training or exercises in the outdoors, but are also likely to occur in other circumstances, examples of which include the homeless, those who are intoxicated with alcohol, and those who have poorly controlled psychiatric illness.

(2) inability to obtain appropriate clinical management for non-freezing cold injury.
10 **Relationship to service**

(1) The existence in a person of any factor referred to in section 9, must be related to the relevant service rendered by the person.

(2) The factor set out in subsection 9(2) applies only to material contribution to, or aggravation of, non-freezing cold injury where the person's non-freezing cold injury was suffered or contracted before or during (but did not arise out of) the person's relevant service.

11 **Factors referring to an injury or disease covered by another Statement of Principles**

In this Statement of Principles:

(1) if a factor referred to in section 9 applies in relation to a person; and

(2) that factor refers to an injury or disease in respect of which a Statement of Principles has been determined under subsection 196B(3) of the VEA;

then the factors in that Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.
Schedule 1 - Dictionary

Note: See Section 6

1 Definitions

In this instrument:

**MRCA** means the *Military Rehabilitation and Compensation Act 2004*.

**non-freezing cold injury**—see subsection 7(2).

**relevant service** means:
(a) eligible war service (other than operational service) under the VEA;
(b) defence service (other than hazardous service and British nuclear test defence service) under the VEA; or
(c) peacetime service under the MRCA.

Note: **MRCA** and **VEA** are also defined in the Schedule 1 - Dictionary.

**terminal event** means the proximate or ultimate cause of death and includes the following:
(a) pneumonia;
(b) respiratory failure;
(c) cardiac arrest;
(d) circulatory failure; or
(e) cessation of brain function.

**VEA** means the *Veterans’ Entitlements Act 1986*. 

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