Statement of Principles
concerning
NON-FREEZING COLD INJURY
(Reasonable Hypothesis)
(No. 5 of 2018)

The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(2) 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
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Statement of Principles concerning Non-Freezing Cold Injury (Reasonable Hypothesis) (No. 5 of 2018) Veterans' Entitlements Act 1986
1 **Name**

This is the Statement of Principles concerning *non-freezing cold injury (Reasonable Hypothesis)* (No. 5 of 2018).

2 **Commencement**

This instrument commences on 29 January 2018.

3 **Authority**

This instrument is made under subsection 196B(2) of the *Veterans' Entitlements Act 1986*.

4 **Revocation**

The Statement of Principles concerning immersion foot No. 25 of 2009, made under subsection 196B(2) of the VEA is revoked.

5 **Application**

This instrument applies to a claim to which section 120A of the VEA or section 338 of the *Military Rehabilitation and Compensation Act 2004* applies.

6 **Definitions**

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

7 **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.
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

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

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that non-freezing cold injury and death from non-freezing cold injury can be related to relevant service rendered by veterans, members of Peacekeeping Forces, 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 as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting non-freezing cold injury or death from non-freezing cold injury 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(2) 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) operational service under the VEA;
(b) peacekeeping service under the VEA;
(c) hazardous service under the VEA;
(d) British nuclear test defence service under the VEA;
(e) warlike service under the MRCA; or
(f) non-warlike 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*. 