



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning
SUBDURAL HAEMATOMA
(Balance of Probabilities)
(No. 101 of 2019)

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

Dated 18 October 2019

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

A handwritten signature in black ink, appearing to read 'N. Saunders'.

Professor Nicholas Saunders AO
Chairperson

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1 Name

This is the Statement of Principles concerning *subdural haematoma (Balance of Probabilities)* (No. 101 of 2019).

2 Commencement

This instrument commences on 18 November 2019.

3 Authority

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

4 Repeal

The Statement of Principles concerning subdural haematoma No. 34 of 2011 (Federal Register of Legislation No. F2011L00786) made under subsections 196B(3) and (8) of the VEA is repealed.

5 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.

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 subdural haematoma and death from subdural haematoma.

Meaning of subdural haematoma

- (2) For the purposes of this Statement of Principles, subdural haematoma:
- (a) means bleeding into the space between the dura mater and the arachnoid mater in the skull or spinal cord; and
 - (b) includes acute and chronic forms of subdural haematoma; and
 - (c) excludes bleeding from a neoplasm and an extension of bleeding into the subdural space from subarachnoid haemorrhage or from an intracerebral haemorrhage.
- (3) While subdural haematoma attracts ICD-10-AM code S06.5 or I62.0, in applying this Statement of Principles the meaning of subdural haematoma is that given in subsection (2).

- (4) For subsection (3), a reference to an ICD-10-AM code is a reference to the code assigned to a particular kind of injury or disease in *The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM)*, Tenth Edition, effective date of 1 July 2017, copyrighted by the Independent Hospital Pricing Authority, ISBN 978-1-76007-296-4.

Death from subdural haematoma

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

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 subdural haematoma and death from subdural haematoma 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, subdural haematoma or death from subdural haematoma is connected with the circumstances of a person's relevant service:

- (1) for intracranial subdural haematoma only:
- (a) experiencing head trauma within the two months before the clinical onset of subdural haematoma;
 - (b) having intracranial neurosurgery or penetrating cranial trauma within the two weeks before the clinical onset of subdural haematoma;
 - (c) having active epilepsy at the time of the clinical onset of subdural haematoma;
 - (d) having an epileptic seizure within the two months before the clinical onset of subdural haematoma;
 - (e) having a specified form of dementia at the time of the clinical onset of subdural haematoma; or

Note: *head trauma* is defined in the Schedule 1 - Dictionary.

Note: *active epilepsy* is defined in the Schedule 1 - Dictionary.

Note: *specified form of dementia* is defined in the Schedule 1 - Dictionary.

- (f) having alcohol use disorder at the time of the clinical onset of subdural haematoma;
 - (2) undergoing a cerebrospinal procedure within the two months before the clinical onset of subdural haematoma;
- Note: *cerebrospinal procedure* is defined in the Schedule 1 - Dictionary.
- (3) for spinal subdural haematoma only, experiencing trauma to the spinal region within the two weeks before the clinical onset of subdural haematoma;
- Note: *trauma to the spinal region* is defined in the Schedule 1 - Dictionary.
- (4) undergoing antithrombotic therapy within the two weeks before the clinical onset of subdural haematoma;
- Note: *antithrombotic therapy* is defined in the Schedule 1 - Dictionary.
- (5) taking at least 700 milligrams of aspirin within a seven day period before the clinical onset of subdural haematoma, and where the last dose of aspirin was taken no more than seven days before the clinical onset of subdural haematoma;
 - (6) having an acquired disorder resulting in impaired haemostasis at the time of the clinical onset of subdural haematoma;
- Note: Examples of acquired disorders which have impaired haemostasis include, but are not limited to, thrombocytopenia, cirrhosis of the liver and aplastic anaemia.
- (7) undergoing haemodialysis within the one week before the clinical onset of subdural haematoma;
 - (8) having a cerebrospinal fluid shunt at the time of the clinical onset of subdural haematoma;
 - (9) inability to obtain appropriate clinical management for subdural haematoma.

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(9) applies only to material contribution to, or aggravation of, subdural haematoma where the person's subdural haematoma 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:

active epilepsy means having at least one seizure per year.

antithrombotic therapy means taking a drug for the treatment or prophylaxis of a thrombotic event, and includes antiplatelet drugs, anticoagulants and thrombolytic agents.

Note: Examples of drugs used in antithrombotic therapy include, but are not limited to, aspirin, clopidogrel, tirofiban, warfarin, heparin, dabigatran, apixaban, rivaroxaban and alteplase.

cerebrospinal procedure means:

- (a) cerebrospinal fluid drainage from the spine;
- (b) endoscopic third ventriculostomy;
- (c) lumbar puncture;
- (d) myelography;
- (e) spinal anaesthesia; or
- (f) spinal analgesia.

head trauma means trauma to the head resulting from external forces, including blunt trauma, acceleration or deceleration forces, or blast force.

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

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.

specified form of dementia means:

- (a) dementia pugilistica;
- (b) major neurocognitive disorder due to Alzheimer disease;
- (c) major neurocognitive disorder due to frontotemporal degeneration;
- (d) major neurocognitive disorder with Lewy bodies;
- (e) major neurocognitive disorder due to traumatic brain injury; or
- (f) vascular dementia.

subdural haematoma—see subsection 7(2).

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.

trauma to the spinal region means injury to the vertebral column, spinal cord or spinal meninges as a result of external force including blunt trauma, acceleration or deceleration forces, blast force, penetrating trauma or surgery.

VEA means the *Veterans' Entitlements Act 1986*.