



**Australian Government**  
**Repatriation Medical Authority**

**Statement of Principles**  
**concerning**  
**SUBDURAL HAEMATOMA**  
**(Reasonable Hypothesis)**  
**(No. 100 of 2019)**

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The Repatriation Medical Authority determines the following Statement of Principles under subsection 196B(2) 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 (Reasonable Hypothesis)* (No. 100 of 2019).

**2 Commencement**

This instrument commences on 18 November 2019.

**3 Authority**

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

**4 Repeal**

The Statement of Principles concerning subdural haematoma No. 33 of 2011 (Federal Register of Legislation No. F2011L00784) made under subsections 196B(2) and (8) of the VEA is repealed.

**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 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

The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that subdural haematoma and death from subdural haematoma 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 subdural haematoma or death from subdural haematoma with the circumstances of a person's relevant service:

- (1) for intracranial subdural haematoma only:
- (a) experiencing head trauma within the four months before the clinical onset of subdural haematoma;
  - (b) having intracranial neurosurgery or penetrating cranial trauma within the 30 days 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 four 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 30 days 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) having diabetes mellitus at the time of the clinical onset of subdural haematoma;
- (10) 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(10) 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(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:

***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) 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.

***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*.