Statement of Principles concerning subdural haematoma No. 34 of 2011

made under subsection 196B(3) of the

Veterans' Entitlements Act 1986

Compilation No. 1

Compilation date: 25 March 2019

Includes amendments up to: Amendment Statement of Principles concerning subdural haematoma No. 44 of 2019 (F2019L00253)

The day of commencement of this Amendment Statement of Principles concerning subdural haematoma is 25 March 2019.

Prepared by the Repatriation Medical Authority Secretariat, Brisbane

Authorised Version F2019C00221 registered 25/03/2019
About this compilation

This compilation

This is a compilation of the *Statement of Principles concerning subdural haematoma No. 34 of 2011* that shows the text of the law as amended and in force on 25 March 2019.

The notes at the end of this compilation (the *endnotes*) include information about amending laws and the amendment history of provisions of the compiled law.

Uncommenced amendments

The effect of uncommenced amendments is not shown in the text of the compiled law. Any uncommenced amendments affecting the law are accessible on the Legislation Register (www.legislation.gov.au). The details of amendments made up to, but not commenced at, the compilation date are underlined in the endnotes. For more information on any uncommenced amendments, see the series page on the Legislation Register for the compiled law.

Application, saving and transitional provisions for provisions and amendments

If the operation of a provision or amendment of the compiled law is affected by an application, saving or transitional provision that is not included in this compilation, details are included in the endnotes.

Modifications

If the compiled law is modified by another law, the compiled law operates as modified but the modification does not amend the text of the law. Accordingly, this compilation does not show the text of the compiled law as modified. For more information on any modifications, see the series page on the Legislation Register for the compiled law.

Self-repealing provisions

If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.
Statement of Principles concerning

SUBDURAL HAEMATOMA

No. 34 of 2011

for the purposes of the

Veterans’ Entitlements Act 1986

and

Military Rehabilitation and Compensation Act 2004

Title
1. This Instrument may be cited as Statement of Principles concerning subdural haematoma No. 34 of 2011.

Determination
2. This Statement of Principles is determined by the Repatriation Medical Authority under subsection 196B(3) of the Veterans’ Entitlements Act 1986 (the VEA).

Kind of injury, disease or death
3. (a) This Statement of Principles is about subdural haematoma and death from subdural haematoma.

(b) For the purposes of this Statement of Principles, "subdural haematoma" means an accumulation of blood in the space between the dura mater and the arachnoid mater, due to tearing of the veins in that space. This definition includes both chronic and acute forms of
subdural haematoma, and includes both intracranial and spinal subdural haematoma.

This definition excludes:

(i) bleeding from a cerebral tumour where the bleeding extends into the subdural space; and

(ii) bleeding from an intracerebral haemorrhage where the bleeding extends into the subdural space.

Basis for determining the factors

4. 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 Military Rehabilitation and Compensation Act 2004 (the MRCA).

Factors that must be related to service

5. Subject to clause 7, at least one of the factors set out in clause 6 must be related to the relevant service rendered by the person.

Factors

6. The factor that 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 is:

(a) for intracranial subdural haematoma only:

(i) experiencing a head injury within the one month before the clinical onset of subdural haematoma; or

(ii) having a specified form of dementia at the time of the clinical onset of subdural haematoma; or

(iii) having alcohol dependence or alcohol abuse at the time of the clinical onset of subdural haematoma; or

(iv) having Paget's disease of bone, affecting the skull, at the time of the clinical onset of subdural haematoma; or

(v) having epilepsy and having an epileptic seizure within the one month before the clinical onset of subdural haematoma; or
(b) for spinal subdural haematoma only:
   (i) experiencing trauma to the spinal region within the one month before the clinical onset of subdural haematoma; or
   (ii) having ankylosing spondylitis at the time of the clinical onset of subdural haematoma; or

(c) undergoing a spinal procedure within the one month before the clinical onset of subdural haematoma; or

(d) undergoing antithrombotic therapy within the two weeks before the clinical onset of subdural haematoma; or

(da) taking at least 700 milligrams of aspirin within a seven day period before the clinical onset of subdural haematoma, where the last dose was received within the seven days before the clinical onset of subdural haematoma; or

(e) having an acquired haematological disorder from the specified list at the time of the clinical onset of subdural haematoma; or

(f) undergoing haemodialysis within the one month before the clinical onset of subdural haematoma; or

(g) undergoing antithrombotic therapy within the two weeks before the clinical worsening of subdural haematoma; or

(ga) taking at least 700 milligrams of aspirin within a seven day period before the clinical worsening of subdural haematoma, where the last dose was received within the seven days before the clinical worsening of subdural haematoma; or

(h) having an acquired haematological disorder from the specified list at the time of the clinical worsening of subdural haematoma; or

(i) undergoing haemodialysis within the one month before the clinical worsening of subdural haematoma; or

(j) inability to obtain appropriate clinical management for subdural haematoma.
Factors that apply only to material contribution or aggravation

7. Paragraphs 6(g) to 6(j) apply only to material contribution to, or aggravation of, subdural haematoma where the person’s subdural haematoma was suffered or contracted before or during (but not arising out of) the person’s relevant service.

Inclusion of Statements of Principles

8. In this Statement of Principles if a relevant factor applies and that factor includes an injury or disease in respect of which there is a Statement of Principles then the factors in that last mentioned Statement of Principles apply in accordance with the terms of that Statement of Principles as in force from time to time.

Other definitions

9. For the purposes of this Statement of Principles:

"a specified form of dementia" means:
(a) Alzheimer-type dementia;
(b) dementia pugilistica;
(c) Lewy body dementia;
(d) Pick's disease (frontotemporal dementia); or
(e) vascular dementia;

"an acquired haematological disorder from the specified list" means:
(a) aplastic anaemia;
(b) bleeding disorder secondary to snake bite;
(c) bleeding disorder secondary to Vitamin K deficiency;
(d) disseminated intravascular coagulation;
(e) essential thrombocythaemia;
(f) leukaemia;
(g) plasma cell dyscrasias;
(h) post-transfusion purpura;
(i) qualitative platelet defects associated with coagulation defect;
(j) severe liver disease;
(k) thrombocytopenia; or
(l) thrombotic thrombocytopenic purpura;

"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.

"death from 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;

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

"relevant service" means:
(a) eligible war service (other than operational service) under the VEA; or 
(b) defence service (other than hazardous service) under the VEA; or 
(c) peacetime service under the MRCA;

"spinal procedure" means lumbar puncture, spinal anaesthesia or surgery involving the spinal column;

"terminal event" means the proximate or ultimate cause of death and includes:
(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. In this definition, external force includes blunt trauma, acceleration or deceleration forces, blast force or a foreign body penetrating the spinal region.

Date of effect

10. This Instrument takes effect from 25 May 2011.
Endnotes

Endnote 1—About the endnotes

The endnotes provide information about this compilation and the compiled law.

The following endnotes are included in every compilation:

Endnote 1—About the endnotes
Endnote 2—Abbreviation key
Endnote 3—Legislation history
Endnote 4—Amendment history

Abbreviation key—Endnote 2

The abbreviation key sets out abbreviations that may be used in the endnotes.

Legislation history and amendment history—Endnotes 3 and 4

Amending laws are annotated in the legislation history and amendment history.

The legislation history in endnote 3 provides information about each law that has amended (or will amend) the compiled law. The information includes commencement details for amending laws and details of any application, saving or transitional provisions that are not included in this compilation.

The amendment history in endnote 4 provides information about amendments at the provision (generally section or equivalent) level. It also includes information about any provision of the compiled law that has been repealed in accordance with a provision of the law.

Misdcribed amendments

A misrendered amendment is an amendment that does not accurately describe the amendment to be made. If, despite the misdescription, the amendment can be given effect as intended, the amendment is incorporated into the compiled law and the abbreviation “(md)” added to the details of the amendment included in the amendment history.

If a misrendered amendment cannot be given effect as intended, the abbreviation “(md not incorp)” is added to the details of the amendment included in the amendment history.
Endnote 3—Legislation history

<table>
<thead>
<tr>
<th>Name</th>
<th>Registration</th>
<th>Commencement</th>
<th>Application, saving and transitional provisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statement of Principles concerning subdural haematoma No. 34 of 2011</td>
<td>17 May 2011</td>
<td>25 May 2011</td>
<td></td>
</tr>
<tr>
<td></td>
<td>F2011L00786</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amendment Statement of Principles concerning subdural haematoma No. 44 of 2019</td>
<td>5 March 2019</td>
<td>25 March 2019</td>
<td></td>
</tr>
<tr>
<td></td>
<td>F2019L00253</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Endnote 4—Amendment history

<table>
<thead>
<tr>
<th>Provision affected</th>
<th>How affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clause 6(d).........</td>
<td>am. No. 44 of 2019</td>
</tr>
<tr>
<td>Clause 6(g)..........</td>
<td>am. No. 44 of 2019</td>
</tr>
<tr>
<td>Clause 6(da)........</td>
<td>ad. No. 44 of 2019</td>
</tr>
<tr>
<td>Clause 6(ga)........</td>
<td>ad. No. 44 of 2019</td>
</tr>
<tr>
<td>Clause 9</td>
<td>ad. No. 44 of 2019</td>
</tr>
<tr>
<td>&quot;antithrombotic therapy&quot;........</td>
<td>rep. No 44 of 2019</td>
</tr>
<tr>
<td>Clause 9 &quot;a drug from the specified list&quot;........</td>
<td>rep. No 44 of 2019</td>
</tr>
</tbody>
</table>