



Australian Government  
Repatriation Medical Authority

Statement of Principles  
concerning  
**DYSBARIC OSTEONECROSIS**  
**No. 17 of 2015**

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 dysbaric osteonecrosis No. 17 of 2015.

**Determination**

2. The Repatriation Medical Authority under subsection **196B(2)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
  - (a) revokes Instrument No. 47 of 2006 concerning dysbaric osteonecrosis; and
  - (b) determines in its place this Statement of Principles.

**Kind of injury, disease or death**

3.
  - (a) This Statement of Principles is about **dysbaric osteonecrosis** and **death from dysbaric osteonecrosis**.
  - (b) For the purposes of this Statement of Principles, "**dysbaric osteonecrosis**" means aseptic necrosis of bone, predominantly occurring in the long bones of the limbs, in association with exposure to raised ambient barometric pressure.
  - (c) Dysbaric osteonecrosis attracts ICD-10-AM code M90.3.
  - (d) In the application of this Statement of Principles, the definition of "**dysbaric osteonecrosis**" is that given at paragraph 3(b) above.

### **Basis for determining the factors**

4. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **dysbaric osteonecrosis** and **death from dysbaric osteonecrosis** 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 *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 as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **dysbaric osteonecrosis** or **death from dysbaric osteonecrosis** with the circumstances of a person's relevant service is:
  - (a) experiencing hyperbaric exposure as specified, within the five years before the clinical onset of dysbaric osteonecrosis; or
  - (b) having hyperbaric exposure from:
    - (i) underwater diving;
    - (ii) being in a submerged craft or device, a pressurised tunnel, or caisson; or
    - (iii) being compressed in a hyperbaric chamber; andwhich has resulted in decompression sickness, within the five years before the clinical onset of dysbaric osteonecrosis; or
  - (c) experiencing hyperbaric exposure as specified, within the five years before the clinical worsening of dysbaric osteonecrosis; or
  - (d) having hyperbaric exposure from:
    - (i) underwater diving;
    - (ii) being in a submerged craft or device, a pressurised tunnel, or caisson; or
    - (iii) being compressed in a hyperbaric chamber; andwhich has resulted in decompression sickness, within the five years before the clinical worsening of dysbaric osteonecrosis; or
  - (e) inability to obtain appropriate clinical management for dysbaric osteonecrosis.

### **Factors that apply only to material contribution or aggravation**

7. Paragraphs 6(c) to 6(e) apply only to material contribution to, or aggravation of, dysbaric osteonecrosis where the person's dysbaric osteonecrosis 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:

**"death from dysbaric osteonecrosis"** in relation to a person includes death from a terminal event or condition that was contributed to by the person's dysbaric osteonecrosis;

**"hyperbaric exposure as specified"** means an increase in the ambient barometric pressure exerted by the envelope of air or water surrounding the person, occurring with:

- (a) being in a pressurised tunnel or caisson for a continuous period of at least thirty minutes;
- (b) being in a submerged craft or device, that is in a hyperbaric state, for a continuous period of at least thirty minutes;
- (c) breath-hold diving to a depth of at least five metres and for a duration of at least one minute, on at least ten occasions within a continuous six month period;
- (d) compression in a hyperbaric chamber; or
- (e) underwater diving with compressed air to a depth of at least 15 metres, for a continuous period of at least thirty minutes;

**"ICD-10-AM code"** means a number assigned to a particular kind of injury or disease in The International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM), Eighth Edition, effective date of 1 July 2013, copyrighted by the Independent Hospital Pricing Authority, and having ISBN 978-1-74128-213-9;

**"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;

**"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.

### **Application**

- 10.** This Instrument applies to all matters to which section 120A of the VEA or section 338 of the MRCA applies.

### **Date of effect**

- 11.** This Instrument takes effect from 27 January 2015.

Dated this *nineteenth* day of *December* 2014

The Common Seal of the  
Repatriation Medical Authority  
was affixed at the direction of: )



PROFESSOR NICHOLAS SAUNDERS AO  
CHAIRPERSON