



X<sup>L</sup> Insurance



# Trauma Conditions



## Table of Contents.

1. Trauma Conditions .....	3
2. Definitions.....	10



# 1. Trauma Conditions.

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## 1.1 **Accidentally acquired HIV**

Infection by the Human Immunodeficiency Virus (HIV) acquired via blood transfusion or accidental means, with sero-conversion to HIV infection occurring within six months of the accident. Any accident which may lead to a claim must be reported to us within thirty days of the incident. The report must be supported by a negative HIV antibody test within seven days of the incident. Transmission via any form of sexual activity or deliberate injection of a drug not prescribed by a medical practitioner is excluded.

## 1.2 **Alzheimer's disease**

The confirmed diagnosis by a Medical Practitioner of Alzheimer's disease with the permanent and irreversible loss of cognitive function. Loss of cognitive function is deterioration or loss of intellectual capacity which requires the need for daily supervision of another adult to ensure the Insured Member safety. Daily supervision means situations such as preparing food, taking medicines, leaving the home or activities of similar severity. The loss needs to be measured by clinical evidence and standardised tests which reliably measure the impairment in the following areas:

- a) Short- or long-term memory
- b) Orientation as to person (such as personal identity), place (such as location), and time (such as day, date and year)
- c) Deductive or abstract reasoning

## 1.3 **Angioplasty – triple vessel**

Undergoing a coronary artery angioplasty to correct narrowing or blockage of three or more coronary arteries within one or more procedures within a two-month period. Angiographic evidence indicating obstruction of the treated coronary arteries and confirmation from a Medical Practitioner is required to confirm that the procedure is medically necessary.

## 1.4 **Aorta surgery**

Surgery, including minimally invasive surgery or percutaneous procedures, to correct any narrowing, dissection or aneurysm of the abdominal or thoracic aorta by repair or its replacement.

## 1.5 **Aplastic Anaemia**

Bone marrow failure that results in anaemia, neutropenia and thrombocytopenia and requires treatment with at least one of the following:

- a) Marrow stimulating agents
- b) Immunosuppressive agents
- c) Bone marrow transplant
- d) Peripheral blood stem cell transplant
- e) Blood product transfusions.

## 1.6 **Benign brain tumour or benign spinal tumour**

A non-cancerous tumour in the brain or spinal cord that gives rise to characteristic symptoms of intracranial pressure, such as papilloedema, mental symptoms, seizures and sensory impairment and results in:

- a) permanent neurological damage and functional impairment diagnosed by an appropriate Medical Practitioner, or
- b) surgical treatment for its removal where this is considered the appropriate and medically necessary treatment.

A tumour in the pituitary gland will be covered if it results in :



- a) permanent neurological damage and functional impairment diagnosed by an appropriate Medical Practitioner, or
- b) requires a craniotomy to remove it.

Neurological damage and functional impairment include but aren't limited to: memory loss, impaired speech, vision loss and paralysis on one side of the body.

The presence of the underlying tumour must be confirmed by imaging studies such as a CT or MRI scan.

Cysts, granulomas, malformations in or of the arteries or veins of the brain and haematomas are excluded.

## 1.7 **Cancer**

The confirmed presence of one or more invasive malignant tumours diagnosed by a Medical Practitioner with supporting histological evidence of uncontrolled growth of malignant cells and invasion of normal tissue beyond the basement membrane. The term malignant tumour also includes leukaemia, sarcoma, malignant bone marrow disorders, and malignant lymphomas.

In addition to the above, only cancers meeting the following specified level of advancement for that cancer are covered:

- a) Hodgkin's and Non-Hodgkins lymphoma (all stages)
- b) Chronic lymphocytic leukaemia of Rai stage 1 or higher

Malignant melanomas meeting any of the following criteria:

- a) at least Clark level 3 depth of invasion, or
- b) 1mm Breslow thickness or greater, or
- c) showing evidence of ulceration.

Prostatic cancers meeting any of the following:

- a) at least TNM classification T2, or
- b) a Gleason score greater than or equal to 6, or
- c) the entire prostate has been removed through a prostatectomy, or
- d) medically necessary treatment by radiotherapy or chemotherapy has been performed.
- e) Papillary and follicular carcinoma of thyroid of at least TNM classification T2
- f) Squamous cell carcinomas of the skin where the carcinomas have spread to other organs, bones or lymph nodes
- g) Other cancers not listed above of at least TNM classification T1

This definition doesn't include the following:

- a) Tumours showing the malignant changes of carcinoma-in-situ (including cervical dysplasia CIN1, CIN2 and CIN3).
- b) Tumours histologically classified as premalignant or having low-malignant potential.
- c) All hyperkeratosis or basal cell carcinomas of the skin.
- d) Pituitary Neuroendocrine Tumours (PitNETs) unless invasion of surrounding structures or metastasis is unequivocally proven histologically.

## 1.8 **Cardiomyopathy**

Impaired ventricular function of variable aetiology, resulting in physical impairments to the degree of at least class 3 of the New York Heart Association Classification of Cardiac Impairment.

## 1.9 **Chronic kidney failure (renal failure)**

End stage renal failure diagnosed by an appropriate Medical Practitioner and presenting as chronic irreversible failure of both kidneys to function and resulting in regular renal dialysis being started.



#### 1.10 **Chronic liver failure**

End stage liver failure diagnosed by an appropriate specialist medical practitioner based on any of the following symptoms: permanent jaundice, ascites and encephalopathy.

#### 1.11 **Chronic lung disease**

End stage lung disease requiring permanent oxygen therapy and with:

- a) FEV1 test results of consistently less than one litre, or
- b) the permanent inability of the Insured Member to perform at least one of the Activities of daily living without the assistance of an adult.

#### 1.12 **Cognitive impairment**

Injury or illness of the brain resulting in permanent and irreversible loss of cognitive function. Loss of cognitive function is deterioration or loss of intellectual capacity which requires the need for daily supervision of another adult to ensure the Insured Member's safety. Daily supervision means situations such as preparing food, taking medicines, leaving the home or activities of similar severity. The loss needs to be measured by clinical evidence and standardised tests which reliably measure the impairment in the following areas:

- a) Short- or long-term memory
- b) Orientation as to person (such as personal identity), place (such as location), and time (such as day, date and year)
- c) Deductive or abstract reasoning.

#### 1.13 **Coma**

A state of unconsciousness with no reaction to external stimuli or internal needs, persisting continually with the use of a life support system for at least 72 hours.

The Trauma cover – standalone benefit for coma will only be paid where the Insured Member survives for at least a further fourteen days without the use of a life support system.

Coma related to alcohol or drug abuse is excluded.

#### 1.14 **Coronary artery bypass surgery**

Medically necessary coronary artery bypass graft surgery to correct coronary artery disease that is causing inadequate myocardial blood supply. Angioplasty, intra-arterial procedures and other nonsurgical techniques are excluded.

#### 1.15 **Creutzfeldt-Jakob disease (CJD)**

The unequivocal diagnosis of CJD by a Medical Practitioner with signs and symptoms of cerebellar dysfunction, severe progressive dementia, uncontrolled muscle spasm, tremor and athetosis resulting in the Insured Member requiring permanent and continual supervision for their safety.

#### 1.16 **Dementia**

The confirmed diagnosis by a Medical Practitioner of dementia with the permanent and irreversible loss of cognitive function. Loss of cognitive function is deterioration or loss of intellectual capacity which requires the need for daily supervision of another adult to ensure the Insured Member's safety. Daily supervision means situations such as preparing food, taking medicines, leaving the home or activities of similar severity. The loss needs to be measured by clinical evidence and standardised tests which reliably measure the impairment in the following areas:

- Short- or long-term memory
- a) Orientation as to person (such as personal identity), place (such as location), and time (such as day, date and year)



- b) Deductive or abstract reasoning

1.17 **Encephalitis**

Severe inflammation of the brain diagnosed by a Medical Practitioner as resulting in: • significant and permanent neurological sequelae, or

- a) the permanent inability of the Insured Member to perform at least one of the Activities of daily living without the assistance of an adult.

1.18 **Heart attack**

The diagnosis of the death of a portion of heart muscle as a result of inadequate blood supply to the heart muscle consistent with a heart attack. The diagnosis must be based on a combination of tests, medical evidence and opinion of a Medical Practitioner appropriate to us, which would generally be recognised by a Medical Practitioner as being appropriate for the purpose of determining whether death of part of the heart muscle has occurred.

The following are excluded:

- a) other acute coronary and other non-coronary syndromes, including but not limited to angina pectoris, and
- b) a rise in biological markers as a result of an elective percutaneous procedure for coronary artery disease.

1.19 **Heart valve surgery**

Surgery, including minimally invasive surgery or percutaneous procedures, to replace or repair a cardiac valve or valves as a consequence of heart valve defects or abnormalities.

1.20 **Intensive care**

An accident or sickness which, at the recommendation of an appropriate specialist medical practitioner, has resulted in the insured person:

- a) requiring continuous mechanical ventilation by means of tracheal intubation for at least five consecutive days (24 hours per day), or
- b) being admitted to the intensive care ward of an appropriately certified hospital for at least five consecutive days (24 hours per day). Intensive care as a direct or indirect result of drug or alcohol abuse is excluded.

1.21 **Loss of independent existence**

As a result of disease, sickness or injury, the Insured Member is totally and permanently unable to perform at least two of the Activities of daily living without the assistance of an adult.

1.22 **Loss of use of hand or foot and sight in one eye**

The Insured Member suffers the total and permanent loss of the use of:

- a) one foot or one hand, and
- b) the sight in one eye.

The loss of the sight must be confirmed by an appropriate Medical Practitioner and measured by one of the following:

- a) visual acuity of 6/60 or less in the affected eye after correction, or
- b) a field of vision constricted to 20 degrees of arc or less, or
- c) a combination of visual defects resulting in the same degree of visual impairment as that occurring in either of the above.



**1.23 Loss of use of hands and/or feet**

The Insured Person suffers the total and permanent loss of the use of either both feet, both hands or one foot and one hand.

**1.24 Loss of sight in both eyes**

The Insured Person suffers the permanent and irreversible loss of sight in both eyes. The permanent and irreversible loss of sight must be confirmed by an appropriate Medical Practitioner and measured by one of the following:

- a) visual acuity of 6/60 or less in both eyes after correction, or
- b) a field of vision constricted to 20 degrees of arc or less, or
- c) a combination of visual defects resulting in the same degree of visual impairment as that occurring in either of the above.

**1.25 Loss of speech**

The total and permanent loss of the ability to produce intelligible speech as a result of permanent damage to the larynx or its nerve supply or to the speech centres of the brain, whether caused by injury, tumour or sickness.

Loss of speech due to psychological reasons is excluded.

**1.26 Major head trauma**

Permanent neurological deficit caused by an external accidental injury to the head which is confirmed by a Medical Practitioner as resulting in either:

- a) the permanent inability of the Insured Member to perform at least one of the Activities of daily living without the assistance of an adult.

**1.27 Major organ transplant**

The actual transplant, or placement on an official waiting list of a Transplantation Society of Australia and New Zealand recognised transplant unit, of one or more of the following organs or tissues:

- Kidney
- Heart
- Lung
- Liver (including live donor liver transplants)
- Pancreas
- Small bowel
- Bone marrow
- Blood-forming stem cell transplant.

The transplant must be confirmed by an appropriate Medical Practitioner as being medically necessary and treatable only by a transplant. The transplant of all other organs, parts of organs (except for liver transplant) or any other tissue transplant is excluded.

**1.28 Meningitis and/or meningococcal disease.**

The unequivocal diagnosis by an appropriate Medical Practitioner of meningitis and/or meningococcal disease including meningococcal septicaemia that results in either:

- a) the permanent inability of the Insured Member to perform at least one of the Activities of daily living without the assistance of an adult.

**1.29 Motor neurone disease**

The unequivocal diagnosis of motor neurone disease by an appropriate Medical Practitioner.



### 1.30 **Multiple sclerosis**

The unequivocal diagnosis by an appropriate Medical Practitioner of multiple sclerosis confirming more than one episode of well-defined neurological abnormalities and

- i. the permanent inability to perform at least one of the Activities of daily living without the assistance of an adult, or
- ii. Expanded Disability Status Scale (EDSS) level of 7.5 or higher. The diagnosis must be based on confirmatory neurological investigations e.g. lumbar puncture, evoked visual responses, evoked auditory responses and NMR (Nuclear Magnetic Resonance) evidence of lesions of the central nervous system.

### 1.31 **Muscular dystrophy**

The unequivocal diagnosis of muscular dystrophy by an appropriate Medical Practitioner.

### 1.32 **Occupationally acquired HIV**

Infection by the Human Immunodeficiency Virus (HIV) acquired via blood transfusion or accidental means during the course of carrying out the Insured Member's normal occupation, with sero-conversion to HIV infection occurring within six months of the accident.

Any accident which may lead to a claim must be reported to us within thirty days of the incident. The report must be supported by a negative HIV antibody test within seven days of the incident. Transmission via any form of sexual activity or deliberate injection of a drug not prescribed by a medical practitioner is excluded.

### 1.33 **Open heart surgery**

Undergoing open heart surgery to treat a cardiac defect, cardiac aneurysm or benign cardiac tumour. Repair via catheter surgery, minimally invasive 'keyhole' or similar techniques are excluded.

### 1.34 **Out of hospital cardiac arrest**

A sudden unexpected stoppage of effective heart action which:

- i. isn't associated with any medical procedure, and
- ii. is documented by an electrocardiogram, and
- iii. occurs outside a hospital, and
- iv. is due to either cardiac asystole (complete failure of the heart causing cardiac arrest) or ventricular fibrillation (heart abnormality with ineffective twitching of the heart chambers) with or without ventricular tachycardia.

If an electrocardiogram is not available, **we** will consider other evidence acceptable to **us** that unequivocally confirms an out of hospital cardiac arrest has occurred. Such evidence may include Automated External Defibrillator (AED) data, ambulance medical reports, and documented administration of cardiopulmonary resuscitation (CPR) by an attending ambulance officer.

### 1.35 **Paralysis**

The total and permanent loss of use of one or more limbs resulting from injury or disease. Limb means an entire arm or leg and included in this definition is monoplegia, diplegia, hemiplegia, paraplegia, quadriplegia and tetraplegia. The diagnosis must be confirmed by a specialist medical practitioner.

### 1.36 **Parkinson's disease**

The unequivocal diagnosis of Idiopathic Parkinson's disease by a Medical Practitioner resulting in:

- a) the permanent inability of the Insured Member to perform at least one of the Activities of daily living without the assistance of an adult.

### 1.37 **Peripheral neuropathy**



Irreversible loss of function of peripheral nerves, diagnosed by a specialist medical practitioner and resulting in either:

- a) the permanent inability of the insured person to perform at least one of the Activities of daily living without the assistance of an adult.

Peripheral neuropathy related to alcohol or drug use is excluded.

#### 1.38 **Pneumonectomy**

The removal of an entire lung. This must be considered the medically necessary treatment by an appropriate Medical Practitioner.

#### 1.39 **Primary pulmonary hypertension**

Irreversible raised pressure in the pulmonary arteries with right ventricular enlargement established by investigations including cardiac catheterisation.

#### 1.40 **Profound deafness in both ears**

An unequivocal diagnosis of profound and permanent loss of hearing in both ears, both natural and assisted (excluding cochlear implant), by an appropriate Medical Practitioner. Profound loss of hearing is having an average hearing threshold of 91dB or greater, measured at frequencies of 500, 1000, and 1500 Hz.

#### 1.41 **Severe burns**

Tissue injury caused by thermal, electrical or chemical agents that results in full thickness burns or third degree burns to at least:

- a) 20% of the Body Surface Area as measured by the Rule of 9's or the Lund and Browder Body Surface Chart, or
- b) 50% of both hands requiring surgical debridement and/or grafting, or
- c) 25% of the face requiring surgical debridement and/or grafting.

#### 1.42 **Stroke**

A cerebrovascular incident, producing a sudden onset of neurological symptoms, including infarction of brain tissue, intracerebral or subarachnoid haemorrhage, or embolisation, and evidenced by CT, MRI or similar scan.

Transient ischaemic attacks, cerebral symptoms due to migraine, cerebral injury from trauma or hypoxia and vascular disease affecting the eye, optic nerve or vestibular functions are excluded.

#### 1.43 **Systemic sclerosis**

The unequivocal diagnosis of systemic sclerosis, as confirmed by an appropriate Medical Practitioner, causing:

- a) skin thickening accompanied by various degrees of tissue fibrosis, and
- b) chronic inflammatory infiltration in visceral organs, and
- c) the permanent inability of the Insured Member to perform at least one of the Activities of daily living without the assistance of an adult.

#### 1.44 **Terminal illness**

An illness where, after considering the current or future treatment the Insured Member would be reasonably expected to receive, they are likely to die within 12 months. The Medical Practitioner treating their condition must certify the diagnosis and prognosis of the terminal illness. Another Medical Practitioner nominated by us must confirm the diagnosis and prognosis.



## 2. Definitions.

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In this Appendix, the words below have the following meanings (unless the context requires otherwise):

### **Activities of daily living**

- i. bathing and showering – the ability to wash in the bath or shower (including getting in or out of the bath or shower) or wash satisfactorily by other means without the assistance of another person. The insured person will be considered to be able to bathe himself or herself even if the above tasks can only be performed by using equipment or adaptive devices.
- ii. dressing and undressing – the ability to put on, take off, secure and unfasten all garments, and as appropriate any braces, artificial limbs or other surgical appliances without the assistance of another person.
- iii. eating and drinking – the ability of the insured person to feed himself or herself without the assistance of another person, once food and drink have been prepared.
- iv. using a toilet – the ability to use the toilet with or without aids or otherwise manage bowel and bladder function so as to maintain a satisfactory level of personal hygiene without the assistance of another person.
- v. mobilising – moving from place to place by walking, wheelchair or with the assistance of a walking aid (including mechanical or motorised devices).

The Insured Member will be considered to be able to perform the activity even if the above tasks can only be performed by using equipment or adaptive devices.



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