

# REVOKED

## Revocation and Determination

of

## Statement of Principles concerning

# CHRONIC AIRFLOW LIMITATION

ICD CODES: 491.2, 492.0 - 492.8, 496

### *Veterans' Entitlements Act 1986*

1. The Repatriation Medical Authority under subsection **196B(2)** of the *Veterans' Entitlements Act 1986* (the Act):
  - (a) revokes Instrument No.17 of 1994, and Instrument No.65 of 1994; and
  - (b) determines the following Statement of Principles.

#### **Kind of injury, disease or death**

2. (a) This Statement of Principles is about **chronic airflow limitation and death from chronic airflow limitation**.
  - (b) For the purposes of this Statement of Principles, "**chronic airflow limitation**" means a permanent obstruction to airflow due to chronic bronchitis or emphysema, measured by:
    - (a) a decrease in the person's Forced Expiratory Volume in one second (FEV<sub>1</sub>) to 85% or less of the normal predicted value for a person of the same age, height and gender; and
    - (b) a ratio of FEV<sub>1</sub> to Forced Vital Capacity (FVC) of 75% or less,

attracting ICD code 491.2, 496, or an ICD code in the range 492.0 - 492.8.

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

3. The Repatriation Medical Authority is of the view that there is sound medical-scientific evidence that indicates that **chronic airflow limitation and death from chronic airflow limitation** can be related to relevant service rendered by veterans, members of Peacekeeping Forces, or members of the Forces.

### **Factors that must be related to service**

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

### **Factors**

5. The factors that must as a minimum exist before it can be said that a reasonable hypothesis has been raised connecting **chronic airflow limitation** or **death from chronic airflow limitation** with the circumstances of a person's relevant service are:
  - (a) smoking at least ten pack-years of cigarettes before the clinical onset of chronic airflow limitation; or
  - (b) being exposed to mustard gas within the ten years immediately before the clinical onset of chronic airflow limitation; or
  - (c) being exposed to high levels of chlorine gas resulting in acute respiratory symptoms, within the ten years immediately before the clinical onset of chronic airways limitation; or
  - (d) smoking at least ten pack-years of cigarettes before the clinical worsening of chronic airflow limitation; or
  - (e) being exposed to mustard gas within the ten years immediately before the clinical worsening of chronic airflow limitation; or
  - (f) being exposed to high levels of chlorine gas resulting in acute respiratory symptoms, within the ten years immediately before the clinical worsening of chronic airways limitation; or
  - (g) inability to obtain appropriate clinical management for chronic airflow limitation.

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

6. Paragraphs **5(d) to 5(g)** apply only to material contribution to, or aggravation of, chronic airflow limitation where the person's chronic

airflow limitation was suffered or contracted before or during (but not arising out of) the person's relevant service; paragraph 8(1)(e), 9(1)(e), 70(5)(d) or 70(5A)(d) of the Act refers.

### **Other definitions**

7. For the purposes of this Statement of Principles:

**“being exposed to high levels of chlorine gas”** means working with, or working in the production of, breathing the vapours of, or being otherwise exposed to, levels of chlorine or chlorine dioxide gas sufficient to result in severe coughing and dyspnoea, or vomiting, or haemoptysis, or respiratory distress, or acute bronchitis or respiratory symptoms requiring hospitalisation within the 24 hours immediately after exposure;

**“being exposed to mustard gas”** means having inhaled sulphur mustard or Lewisite vapours, resulting in the development of symptoms of rhinitis, laryngitis, tracheitis, and bronchitis within the 48 hours immediately after exposure;

**“ICD code”** means a number assigned to a particular kind of injury or disease in the Australian Version of The International Classification of Diseases, 9th revision, Clinical Modification (ICD-9-CM), effective date of 1 July 1996, copyrighted by the National Coding Centre, Faculty of Health Sciences, University of Sydney, NSW, and having ISBN 0 642 24447 2;

**“pack-year”** means 7 300 cigarettes;

**“relevant service”** means:

- (a) operational service; or
- (b) peacekeeping service; or
- (c) hazardous service.

**Application**

8. This Instrument applies to all matters to which section 120A of the Act applies.

Dated this **Twenty-sixth** day of  
**September** 1996

The Common Seal of the )  
Repatriation Medical Authority )  
was affixed to this instrument )  
in the presence of: )

**KEN DONALD**  
**CHAIRMAN**