



Australian Government
Repatriation Medical Authority

Statement of Principles concerning

ASBESTOSIS

No. 56 of 2013

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 asbestosis No. 56 of 2013.

Determination

2. The Repatriation Medical Authority under subsection **196B(3)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
 - (a) revokes Instrument No. 24 of 2005 concerning asbestosis; and
 - (b) determines in its place this Statement of Principles.

Kind of injury, disease or death

3.
 - (a) This Statement of Principles is about **asbestosis** and **death from asbestosis**.
 - (b) For the purposes of this Statement of Principles, "**asbestosis**" means a form of lung disease caused by the deposition of asbestos fibres in the lung parenchyma, marked by bilateral interstitial fibrosis of the lung.
 - (c) Asbestosis attracts ICD-10-AM code J61.
 - (d) In the application of this Statement of Principles, the definition of "**asbestosis**" is that given at paragraph 3(b) above.

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 **asbestosis** and **death from asbestosis** 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, **asbestosis** or **death from asbestosis** is connected with the circumstances of a person's relevant service is:
 - (a) inhaling respirable asbestos fibres in an enclosed space:
 - (i) for a cumulative period of at least 1 500 hours before the clinical onset of asbestosis; and
 - (ii) at the time material containing respirable asbestos fibres was being applied, removed, dislodged, cut or drilled; and
 - (iii) the first inhalation of asbestos fibres commenced at least ten years before the clinical onset of asbestosis; or
 - (b) inhaling respirable asbestos fibres in an open environment:
 - (i) for a cumulative period of at least 5 000 hours before the clinical onset of asbestosis; and
 - (ii) at the time material containing respirable asbestos fibres was being applied, removed, dislodged, cut or drilled; and
 - (iii) the first inhalation of asbestos fibres commenced at least ten years before the clinical onset of asbestosis; or
 - (c) inhaling respirable asbestos fibres:
 - (i) for a cumulative period of at least 1 500 hours before the clinical worsening of asbestosis; and
 - (ii) at the time material containing respirable asbestos fibres was being applied, removed, dislodged, cut or drilled; and
 - (iii) within the two years before the clinical worsening of asbestosis; or
 - (d) inability to obtain appropriate clinical management for asbestosis.

Factors that apply only to material contribution or aggravation

7. Paragraphs **6(c)** to **6(d)** apply only to material contribution to, or aggravation of, asbestosis where the person's asbestosis 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 asbestosis" in relation to a person includes death from a terminal event or condition that was contributed to by the person's asbestosis;

"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) eligible war service (other than operational service) under the VEA;
- (b) defence service (other than hazardous service and British nuclear test defence service) under the VEA; or
- (c) peacetime 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 120B of the VEA or section 339 of the MRCA applies.

Date of effect

11. This Instrument takes effect from 4 September 2013.

Dated this **twenty-sixth** day of **August** 2013

The Common Seal of the
Repatriation Medical Authority
was affixed to this instrument
at the direction of:

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PROFESSOR NICHOLAS SAUNDERS AO
CHAIRPERSON