Determination

of

Statement of Principles

concerning

PLEURAL PLAQUE

Veterans’ Entitlements Act 1986

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

Kind of injury, disease or death

2. (a) This Statement of Principles is about pleural plaque and death from pleural plaque.

(b) For the purposes of this Statement of Principles, “pleural plaque” means a sharply circumscribed patch of thickening of the pleura which may or may not be associated with calcification.

(c) Pleural plaque attracts ICD-10-AM code J92.0.

(d) In the application of this Statement of Principles, the definition of “pleural plaque” is that given at para 2(b) above.

Basis for determining the factors

3. On the sound medical-scientific evidence available, the Repatriation Medical Authority is of the view that it is more probable than not that pleural plaque and death from pleural plaque can be related to relevant service rendered by veterans or members of the Forces.

Factors that must be related to service

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

5. The factors that must exist before it can be said that, on the balance of probabilities, pleural plaque or death from pleural plaque is connected with the circumstances of a person’s relevant service are:

(a) inhaling respirable asbestos fibres in an enclosed space,
   (i) at the time material containing asbestos fibres was being applied, removed, dislodged, cut or drilled; and
   (ii) the first such inhalation of asbestos fibres occurred at least 10 years before the clinical onset of pleural plaque; or

(b) inhaling respirable asbestos fibres for a cumulative period of at least 1000 hours in an open environment,
   (i) at the time material containing asbestos fibres was being applied, removed, dislodged, cut or drilled; and
   (ii) the first such inhalation of asbestos fibres occurred at least 10 years before the clinical onset of pleural plaque; or

(c) inability to obtain appropriate clinical management for pleural plaque.

Factors that apply only to material contribution or aggravation

6. Paragraph 5(c) applies only to material contribution to, or aggravation of, pleural plaque where the person’s pleural plaque was suffered or contracted before or during (but not arising out of) the person’s relevant service; paragraph 8(1)(e), 9(1)(e) or 70(5)(d) of the Act refers.

Inclusion of Statements of Principles

7. 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.

Other definitions

8. For the purposes of this Statement of Principles:

“death from pleural plaque” in relation to a person includes death from a terminal event or condition that was contributed to by the person’s pleural plaque;
“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), Third Edition, effective date of 1 July 2002, copyrighted by the National Centre for Classification in Health, Sydney, NSW, and having ISBN 1 86487 413 9;

“relevant service” means:
(a) eligible war service (other than operational service); or
(b) defence service (other than hazardous service);

“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;

Dated this Seventh day of November 2003

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

KEN DONALD
CHAIRMAN