Statement of Principles concerning

PULMONARY BAROTRAUMA

No. 46 of 2006

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 pulmonary barotrauma No. 46 of 2006.

Determination

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

Kind of injury, disease or death

3. (a) This Statement of Principles is about pulmonary barotrauma and death from pulmonary barotrauma.

(b) For the purposes of this Statement of Principles, “pulmonary barotrauma” means an acute clinical condition caused by tissue damage to the lung arising from inequalities in the barometric pressure across the alveolar membrane, and where the rupture of the alveolar walls gives rise to extra-alveolar air that may present as pneumothorax, pneumomediastinum, subcutaneous emphysema or arterial gas embolism. Pulmonary barotrauma is also known as ‘burst lung’.
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 pulmonary barotrauma and death from pulmonary barotrauma 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, pulmonary barotrauma or death from pulmonary barotrauma is connected with the circumstances of a person’s relevant service is:

   (a) experiencing a change in ambient barometric pressure within the 24 hours before the clinical onset of pulmonary barotrauma; or

   (b) receiving mechanical ventilation within the 24 hours before the clinical onset of pulmonary barotrauma; or

   (c) receiving a blast injury within the 24 hours before the clinical onset of pulmonary barotrauma; or

   (d) inability to obtain appropriate clinical management for pulmonary barotrauma.

Factors that apply only to material contribution or aggravation

7. Paragraph 6(d) applies only to material contribution to, or aggravation of, pulmonary barotrauma where the person’s pulmonary barotrauma 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 pulmonary barotrauma” in relation to a person includes death from a terminal event or condition that was contributed to by the person’s pulmonary barotrauma;

“a change in the ambient barometric pressure” means a reduction or increase in the pressure exerted by the envelope of air or water surrounding the person, occurring with:

(a) flying; or
(b) diving; or
(c) ascending from a submerged craft or device, or a pressurised tunnel;

“relevant service” means:

(a) eligible war service (other than operational service) under the VEA; or
(b) defence service (other than hazardous 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.

Date of effect

10. This Instrument takes effect from 30 August 2006.

Dated this seventeenth day of August 2006

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

KEN DONALD
CHAIRPERSON