



Statement of Principles concerning heart block No. 2 of 2014

made under subsection 196B(3) of the

Veterans' Entitlements Act 1986

Compilation No. 1

Compilation date: 18 September 2017

Includes amendments up to: Veterans' Entitlements (Statements of Principles—Cumulative Equivalent Dose) Amendment Determination 2017 (No. 58 of 2017) (F2017L01067)

The day of commencement of this Amendment Determination is 18 September 2017.

Prepared by the Repatriation Medical Authority Secretariat, Brisbane

About this compilation

This compilation

This is a compilation of the *Statement of Principles concerning heart block No. 2 of 2014* that shows the text of the law as amended and in force on 18 September 2017.

The notes at the end of this compilation (the *endnotes*) include information about amending laws and the amendment history of provisions of the compiled law.

Uncommenced amendments

The effect of uncommenced amendments is not shown in the text of the compiled law. Any uncommenced amendments affecting the law are accessible on the Legislation Register (www.legislation.gov.au). The details of amendments made up to, but not commenced at, the compilation date are underlined in the endnotes. For more information on any uncommenced amendments, see the series page on the Legislation Register for the compiled law.

Application, saving and transitional provisions for provisions and amendments

If the operation of a provision or amendment of the compiled law is affected by an application, saving or transitional provision that is not included in this compilation, details are included in the endnotes.

Modifications

If the compiled law is modified by another law, the compiled law operates as modified but the modification does not amend the text of the law. Accordingly, this compilation does not show the text of the compiled law as modified. For more information on any modifications, see the series page on the Legislation Register for the compiled law.

Self-repealing provisions

If a provision of the compiled law has been repealed in accordance with a provision of the law, details are included in the endnotes.



Australian Government
Repatriation Medical Authority

Statement of Principles
concerning

HEART BLOCK

No. 2 of 2014

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 heart block No. 2 of 2014.

Determination

2. The Repatriation Medical Authority under subsection **196B(3)** and **(8)** of the *Veterans' Entitlements Act 1986* (the VEA):
 - (a) revokes Instrument No. 4 of 2006 concerning heart block; and
 - (b) determines in its place this Statement of Principles.

Kind of injury, disease or death

3.
 - (a) This Statement of Principles is about **heart block** and **death from heart block**.
 - (b) For the purposes of this Statement of Principles, "**heart block**" means a cardiac disorder in which there is a delay in the conduction of electrical current as it passes through the atrioventricular node, bundle

of His, or the bundle branches. This definition includes right and left bundle branch block; bifascicular and trifascicular block; first, second and third degree heart block; Mobitz block; Wenckebach's block and atrioventricular block.

- (c) Heart block attracts ICD-10-AM code I44, I45.0, I45.1, I45.2, I45.3, I45.4 or I45.9.
- (d) In the application of this Statement of Principles, the definition of "**heart block**" 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 **heart block** and **death from heart block** 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, **heart block** or **death from heart block** is connected with the circumstances of a person's relevant service is:
 - (a) having a specified autoimmune disease before the clinical onset of heart block; or
 - (b) having infiltration of the myocardium due to sarcoidosis, Hodgkin's lymphoma, non-Hodgkin's lymphoma, amyloidosis or haemochromatosis at the time of the clinical onset of heart block; or
 - (c) having a primary or metastatic neoplasm involving the heart before the clinical onset of heart block; or
 - (d) having ischaemic heart disease at the time of the clinical onset of heart block; or
 - (e) having myocarditis before the clinical onset of heart block; or
 - (f) having an infection of the myocardium with an organism from the specified list before the clinical onset of heart block; or
 - (g) having infective endocarditis before the clinical onset of heart block; or

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- (h) having a specified mineral or electrolyte abnormality at the time of the clinical onset of heart block; or
 - (i) being treated with a drug or a drug from a class of drugs from the specified list, where that drug cannot be ceased or substituted, at the time of the clinical onset of heart block; or
 - (j) being treated daily with chloroquine sulphate, chloroquine phosphate or hydroxychloroquine for at least two years before the clinical onset of heart block; or
 - (k) experiencing penetrating trauma to the heart, including surgical trauma, within the one year before the clinical onset of heart block; or
 - (l) having a heart transplant before the clinical onset of heart block; or
 - (m) having a bone marrow transplant within the 24 hours before the clinical onset of heart block; or
 - (n) experiencing a powerful, non-penetrating blow to the chest, resulting in injury warranting medical attention, within the 30 days before the clinical onset of heart block; or
 - (o) having received a cumulative equivalent dose of at least 1.0 sievert of ionising radiation to the heart within the 25 years before the clinical onset of heart block; or
 - (p) undergoing a course of therapeutic radiation for cancer, where the heart was in the field of radiation, within the 25 years before the clinical onset of heart block; or
 - (q) undertaking strenuous, high level, endurance physical activity greater than six METs, for an average of at least 15 hours per week for a continuous period of at least the five years before the clinical onset of heart block; or
 - (r) being envenomated by a scorpion or snake within the 24 hours before the clinical onset of heart block; or
 - (s) having diabetes mellitus at the time of the clinical onset of heart block; or
 - (t) having hypertension with left ventricular hypertrophy before the clinical onset of heart block; or
 - (u) having a specified autoimmune disease before the clinical worsening of heart block; or
 - (v) having infiltration of the myocardium due to sarcoidosis, Hodgkin's lymphoma, non-Hodgkin's lymphoma, amyloidosis or

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- haemochromatosis at the time of the clinical worsening of heart block;
or
- (w) having a primary or metastatic neoplasm involving the heart before the clinical worsening of heart block; or
 - (x) having ischaemic heart disease at the time of the clinical worsening of heart block; or
 - (y) having myocarditis before the clinical worsening of heart block; or
 - (z) having an infection of the myocardium with an organism from the specified list before the clinical worsening of heart block; or
 - (aa) having infective endocarditis before the clinical worsening of heart block; or
 - (bb) having a specified mineral or electrolyte abnormality at the time of the clinical worsening of heart block; or
 - (cc) being treated with a drug or a drug from a class of drugs from the specified list, where that drug cannot be ceased or substituted, at the time of the clinical worsening of heart block; or
 - (dd) being treated daily with chloroquine sulphate, chloroquine phosphate or hydroxychloroquine for at least two years before the clinical worsening of heart block; or
 - (ee) experiencing penetrating trauma to the heart, including surgical trauma, within the one year before the clinical worsening of heart block; or
 - (ff) having a heart transplant before the clinical worsening of heart block; or
 - (gg) having a bone marrow transplant within the 24 hours before the clinical worsening of heart block; or
 - (hh) experiencing a powerful, non-penetrating blow to the chest, resulting in injury warranting medical attention, within the 30 days before the clinical worsening of heart block; or
 - (ii) having received a cumulative equivalent dose of at least 1.0 sievert of ionising radiation to the heart within the 25 years before the clinical worsening of heart block; or
 - (jj) undergoing a course of therapeutic radiation for cancer, where the heart was in the field of radiation, within the 25 years before the clinical worsening of heart block; or
 - (kk) undertaking strenuous, high level, endurance physical activity greater than six METs, for an average of at least 15 hours per week for a

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- continuous period of at least the five years before the clinical worsening of heart block; or
- (ll) being envenomated by a scorpion or snake within the 24 hours before the clinical worsening of heart block; or
 - (mm) having diabetes mellitus at the time of the clinical worsening of heart block; or
 - (nn) having hypertension with left ventricular hypertrophy before the clinical worsening of heart block; or
 - (oo) inability to obtain appropriate clinical management for heart block.

Factors that apply only to material contribution or aggravation

7. Paragraphs **6(u) to 6(oo)** apply only to material contribution to, or aggravation of, heart block where the person's heart block 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:
- "a drug or a drug from a class of drugs from the specified list"** means:
- (a) acetylcholinesterase inhibitors, including donepezil, galantamine and rivastigmine;
 - (b) anthracycline chemotherapeutic agents, including doxorubicin and daunorubicin;
 - (c) antimony, including trivalent and pentavalent antimony;
 - (d) beta blockers;
 - (e) calcium channel blockers, including diltiazem and nimodipine;
 - (f) carbamazepine;
 - (g) chloroquine, including chloroquine sulphate, chloroquine phosphate and hydroxychloroquine;
 - (h) class 1A, class 1C or class III anti-arrhythmic agents, including procainamide, flecainide and amiodarone;
 - (i) cough linctus containing squill;
 - (j) dextropropoxyphene;
 - (k) digitalis;

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- (l) infliximab;
 - (m) interferon;
 - (n) lithium;
 - (o) mefloquine;
 - (p) paclitaxel;
 - (q) quinine; or
 - (r) trastuzumab;

"a specified autoimmune disease" means:

- (a) ankylosing spondylitis;
- (b) dermatomyositis;
- (c) inflammatory bowel disease;
- (d) polymyositis;
- (e) psoriatic arthritis;
- (f) reactive arthritis;
- (g) rheumatoid arthritis;
- (h) scleroderma;
- (i) Sjogren's syndrome;
- (j) systemic lupus erythematosus; or
- (k) Wegener's granulomatosis;

"a specified mineral or electrolyte abnormality" means:

- (a) hypercalcaemia;
- (b) hyperkalaemia; or
- (c) hypermagnesaemia;

"an organism from the specified list" means:

- (a) *Borrelia burgdoferi* (Lyme disease);
- (b) *Cysticercus* species (cysticercosis);
- (c) *Echinococcus* species (hydatid disease);
- (d) *Treponema pallidum* (tertiary syphilis);
- (e) *Trypanosoma cruzi* (Chagas' disease); or
- (f) *Toxoplasma gondii* (toxoplasmosis);

"cumulative equivalent dose" means the total dose of ionising radiation received by the particular organ or tissue from external exposure, internal exposure or both, apart from normal background radiation exposure in Australia, calculated in accordance with the methodology set out in *Guide to calculation of 'cumulative equivalent dose' for the purpose of applying ionising radiation factors contained in Statements of Principles determined under Part XIA of the Veterans' Entitlements Act 1986 (Cth)*, Australian Radiation Protection and Nuclear Safety Agency, as in force on 2 August 2017;

Note 1: Examples of circumstances that might lead to exposure to ionising radiation include being present during or subsequent to the testing or use of nuclear weapons, undergoing diagnostic or therapeutic medical procedures involving ionising radiation, and being a member of an aircrew, leading to increased levels of exposure to cosmic radiation.

Note 2: For the purpose of dose reconstruction, dose is calculated as an average over the mass of a specific tissue or organ. If a tissue is exposed to multiple sources of ionising radiation, the various dose estimates for each type of radiation must be combined.

"death from heart block" in relation to a person includes death from a terminal event or condition that was contributed to by the person's heart block;

"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;

"MET" means a unit of measurement of the level of physical exertion. 1 MET = 3.5 ml of oxygen/kg of body weight per minute, or 1.0 kcal/kg of body weight per hour, or resting metabolic rate;

"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 15 January 2014.

Endnotes

Endnote 1—About the endnotes

The endnotes provide information about this compilation and the compiled law.

The following endnotes are included in every compilation:

Endnote 1—About the endnotes

Endnote 2—Abbreviation key

Endnote 3—Legislation history

Endnote 4—Amendment history

Abbreviation key—Endnote 2

The abbreviation key sets out abbreviations that may be used in the endnotes.

Legislation history and amendment history—Endnotes 3 and 4

Amending laws are annotated in the legislation history and amendment history.

The legislation history in endnote 3 provides information about each law that has amended (or will amend) the compiled law. The information includes commencement details for amending laws and details of any application, saving or transitional provisions that are not included in this compilation.

The amendment history in endnote 4 provides information about amendments at the provision (generally section or equivalent) level. It also includes information about any provision of the compiled law that has been repealed in accordance with a provision of the law.

Misdescribed amendments

A misdescribed amendment is an amendment that does not accurately describe the amendment to be made. If, despite the misdescription, the amendment can be given effect as intended, the amendment is incorporated into the compiled law and the abbreviation “(md)” added to the details of the amendment included in the amendment history.

If a misdescribed amendment cannot be given effect as intended, the abbreviation “(md not incorp)” is added to the details of the amendment included in the amendment history.

Endnote 2—Abbreviation key

ad = added or inserted	o = order(s)
am = amended	Ord = Ordinance
amdt = amendment	orig = original
c = clause(s)	par = paragraph(s)/subparagraph(s) /sub-subparagraph(s)
C[x] = Compilation No. x	pres = present
Ch = Chapter(s)	prev = previous
def = definition(s)	(prev...) = previously
Dict = Dictionary	Pt = Part(s)
disallowed = disallowed by Parliament	r = regulation(s)/rule(s)
Div = Division(s)	
exp = expires/expired or ceases/ceased to have effect	reloc = relocated
F = Federal Register of Legislation	renum = renumbered
gaz = gazette	rep = repealed
LA = <i>Legislation Act 2003</i>	rs = repealed and substituted
LIA = <i>Legislative Instruments Act 2003</i>	s = section(s)/subsection(s)
(md) = misdescribed amendment can be given effect	Sch = Schedule(s)
(md not incorp) = misdescribed amendment cannot be given effect	Sdiv = Subdivision(s)
mod = modified/modification	SLI = Select Legislative Instrument
No. = Number(s)	SR = Statutory Rules
	Sub-Ch = Sub-Chapter(s)
	SubPt = Subpart(s)
	<u>underlining</u> = whole or part not commenced or to be commenced

Endnote 3—Legislation history

Name	Registration	Commencement	Application, saving and transitional provisions
<i>Statement of Principles concerning heart block No. 2 of 2014</i>	2 January 2014 F2014L00005	15 January 2014	
<i>Veterans' Entitlements (Statements of Principles—Cumulative Equivalent Dose) Amendment Determination 2017 (No. 58 of 2017)</i>	22 August 2017 F2017L01067	18 September 2017	

Endnote 4—Amendment history

Provision affected	How affected
Clause 9 – ' "cumulative equivalent dose".....'	rs. Instrument No. 58 of 2017