Reference Determination Content

Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.

Left Side Respiratory System - Inhalation of Fumes (Fire Starter Cartridge)

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 26 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 26 June 2025;
- A specialist consultation and mannitol challenge by the respiratory physician, dated 16 August 2004;
- A pre-deployment medical examination by the medical officer, dated 19 May 2006;
- An outpatient health record by the medical officer, role 2 facility, Iraq, dated 26 October 2006;
- An incident report and outpatient health record by the ammunition supervisor and medical officer, role 2 facility, Iraq, dated 9 November 2006;
- A chest X-ray and technical investigation report by the radiologist and ammunition technical officer, Iraq, dated 10 November 2006;
- A specialist consultation (spirometry and methacholine challenge) by the respiratory physician, dated 21 February 2007;
- A CT chest by the radiologist, dated 2 March 2007;
- An incident report and outpatient health record by the medic, Afghanistan, dated 30 July 2010;
- An outpatient health record by the medical officer, role 1 facility, Afghanistan, dated 2 September 2010;
- A spirometry by the respiratory scientist, dated 6 October 2010;
- A CT chest by the radiologist, dated 14 October 2010;

- A separation medical examination and specialist report by the medical officer and respiratory physician, dated 20 March 2015.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

12 February 1999 and 5 June 2015

Left Side Respiratory System - Inhalation of Fumes (Fire Starter Cartridge)

You have stated that your condition was caused by:

- *inhaling smoke or fumes from the combustion of a pyrotechnic, incendiary or smoke-producing device or composition in an enclosed or poorly ventilated space, within the 24 hours before the clinical onset of toxic inhalation injury*
- *inhaling an irritant gas, including hydrogen chloride, chlorine, ammonia, sulphur dioxide, phosgene or nitrogen oxides, at a concentration sufficient to cause immediate irritation of the eyes, throat or airways, within the 24 hours before the clinical onset of toxic inhalation injury*
- *inhaling metal oxide fumes, including zinc oxide, magnesium oxide or zinc chloride fumes, within the 24 hours before the clinical onset of toxic inhalation injury*
- *being confined in, or unable to leave, a space filled with smoke or fumes for at least 1 minute without respiratory protective equipment, at the time of the clinical onset of toxic inhalation injury*
- *performing heavy physical exertion with increased breathing rate and depth at the time of the inhalation of smoke or fumes, at the time of the clinical onset of toxic inhalation injury*
- *having impaired consciousness, or lying on the ground or on one side, while exposed to smoke or fumes, at the time of the clinical onset of toxic inhalation injury*
- *having asthma or airway hyperresponsiveness at the time of the clinical onset of toxic inhalation injury*
- *having an acute viral or bacterial infection of the respiratory tract within the 2 weeks before the clinical onset of toxic inhalation injury*
- *smoking at least 5 pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of toxic inhalation injury*
- *having repeated exposure to smoke from burning propellant, explosives or pyrotechnic compositions on at least 20 occasions within the 5 years before the clinical onset of toxic inhalation injury*

Diagnosis: Inhalation of Fumes (Fire Starter Cartridge)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 26 June 2025, and is supported by a chest X-ray and technical investigation report by the radiologist and ammunition technical officer, Iraq, dated 10 November 2006.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Reasonable Hypothesis - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *inhaling smoke or fumes from the combustion of a pyrotechnic, incendiary or smoke-producing device or composition in an enclosed or poorly ventilated space, within the 24 hours before the clinical onset of toxic inhalation injury*
- *inhaling an irritant gas, including hydrogen chloride, chlorine, ammonia, sulphur dioxide, phosgene or nitrogen oxides, at a concentration sufficient to cause immediate irritation of the eyes, throat or airways, within the 24 hours before the clinical onset of toxic inhalation injury*
- *inhaling metal oxide fumes, including zinc oxide, magnesium oxide or zinc chloride fumes, within the 24 hours before the clinical onset of toxic inhalation injury*
- *being confined in, or unable to leave, a space filled with smoke or fumes for at least 1 minute without respiratory protective equipment, at the time of the clinical onset of toxic inhalation injury*
- *performing heavy physical exertion with increased breathing rate and depth at the time of the inhalation of smoke or fumes, at the time of the clinical onset of toxic inhalation injury*
- *having impaired consciousness, or lying on the ground or on one side, while exposed to smoke or fumes, at the time of the clinical onset of toxic inhalation injury*
- *having asthma or airway hyperresponsiveness at the time of the clinical onset of toxic inhalation injury*
- *having an acute viral or bacterial infection of the respiratory tract within the 2 weeks before the clinical onset of toxic inhalation injury*
- *smoking at least 5 pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical onset of toxic inhalation injury*
- *having repeated exposure to smoke from burning propellant, explosives or pyrotechnic compositions on at least 20 occasions within the 5 years before the clinical onset of toxic inhalation injury*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with severe coughing, choking, burning of the throat and

chest, wheeze, chest tightness and breathlessness, with low oxygen levels and crackles at the left lung base on 9 November 2006.

The diagnosis was made clinically by the role 2 medical officer on 9 November 2006, who recorded severe cough, wheeze, chest tightness, an oxygen saturation of 88 per cent on air and left basal crackles within an hour of a documented smoke and fume exposure, and on chest X-ray on 10 November 2006, which showed left lower zone airspace opacity. The respiratory physician confirmed toxic inhalation injury with chemical pneumonitis of the left lower lobe and irritant-induced asthma on 21 February 2007, on the basis of new airflow obstruction (FEV1 72 per cent predicted), a significant bronchodilator response, a strongly positive methacholine challenge and residual left lower lobe changes on CT of 2 March 2007.

This has then led to further investigations and the diagnosis of your condition of *Inhalation of Fumes (Fire Starter Cartridge)*. I have accepted your condition of *Inhalation of Fumes (Fire Starter Cartridge)*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes that this condition is related to your wartime service.

I have therefore accepted that this condition is related to your service with effect from 9 November 2006.

Left Side Respiratory System - Inhalation of Fumes (Fire Starter Cartridge) (Worsening)

Evidence

The evidence that I have considered in making this decision includes:

- Formal Claim with supporting statements;
- A Statement of your Service from the Department of Defence;
- Copies of your Service Medical Records.
- A Diagnostic Assessment by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 26 June 2025;
- A Diagnosis Form (D9287) by Dr Thomas Perkins, General Practitioner, Veterans Health Centre, dated 26 June 2025;
- A specialist consultation and mannitol challenge by the respiratory physician, dated 16 August 2004;
- A pre-deployment medical examination by the medical officer, dated 19 May 2006;
- An outpatient health record by the medical officer, role 2 facility, Iraq, dated 26 October 2006;
- An incident report and outpatient health record by the ammunition supervisor and medical officer, role 2 facility, Iraq, dated 9 November 2006;
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- An incident report and outpatient health record by the medic, Afghanistan, dated 30 July 2010;
- An outpatient health record by the medical officer, role 1 facility, Afghanistan, dated 2 September 2010;
- A spirometry by the respiratory scientist, dated 6 October 2010;
- A CT chest by the radiologist, dated 14 October 2010;
- A separation medical examination and specialist report by the medical officer and respiratory physician, dated 20 March 2015.

Your service

I have identified that you have the following service:
Australian Defence Force service between :

12 February 1999 and 5 June 2015

Left Side Respiratory System - Inhalation of Fumes (Fire Starter Cartridge) (Worsening)

You have stated that the worsening of your condition was caused by:

- *inhaling smoke, fumes or an irritant gas at a concentration sufficient to cause immediate respiratory symptoms, within the 60 days before the clinical worsening of toxic inhalation injury*
- *being exposed to smoke from the open burning of waste for at least 30 days within the 6 months before the clinical worsening of toxic inhalation injury*
- *having a lower respiratory tract infection within the 30 days before the clinical worsening of toxic inhalation injury*
- *smoking at least 5 pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical worsening of toxic inhalation injury*
- *inability to obtain appropriate clinical management for toxic inhalation injury*

Diagnosis: Inhalation of Fumes (Fire Starter Cartridge) (Worsening)

Basis of diagnosis: The diagnosis was made in the Diagnostic Assessment by Dr Thomas Perkins dated 26 June 2025, and is supported by a chest X-ray and technical investigation report by the radiologist and ammunition technical officer, Iraq, dated 10 November 2006.

I am satisfied this is the appropriate diagnosis.
There is no Statement of Principles (SOP) for this condition. In determining your claim for this condition, I have therefore considered the available evidence, applying the standard of proof:

Reasonable Hypothesis - no Statement of Principles determined for this condition

which requires the evidence to connect the condition with service.

I am satisfied that the evidence establishes the following link to your service:

- *inhaling smoke, fumes or an irritant gas at a concentration sufficient to cause immediate respiratory symptoms, within the 60 days before the clinical worsening of toxic inhalation injury*
- *being exposed to smoke from the open burning of waste for at least 30 days within the 6 months before the clinical worsening of toxic inhalation injury*
- *having a lower respiratory tract infection within the 30 days before the clinical worsening of toxic inhalation injury*
- *smoking at least 5 pack-years of cigarettes, or the equivalent thereof in other tobacco products, before the clinical worsening of toxic inhalation injury*
- *inability to obtain appropriate clinical management for toxic inhalation injury*

I have noted your contention as to the cause of this condition. The available evidence indicates, I have noted your contention to the cause of your condition. Your service medical records indicate that you presented to the health facility with severe coughing, choking, burning of the throat and chest, wheeze, chest tightness and breathlessness, with low oxygen levels and crackles at the left lung base on 9 November 2006.

The diagnosis was made clinically by the role 2 medical officer on 9 November 2006, who recorded severe cough, wheeze, chest tightness, an oxygen saturation of 88 per cent on air and left basal crackles within an hour of a documented smoke and fume exposure, and on chest X-ray on 10 November 2006, which showed left lower zone airspace opacity. The respiratory physician confirmed toxic inhalation injury with chemical pneumonitis of the left lower lobe and irritant-induced asthma on 21 February 2007, on the basis of new airflow obstruction (FEV1 72 per cent predicted), a significant bronchodilator response, a strongly positive methacholine challenge and residual left lower lobe changes on CT of 2 March 2007.

After the condition arose, it was worsened during your service. On 30 July 2010, on warlike service in Afghanistan, you fought a fire in a pallet of illumination flares in the base storage area and inhaled smoke for several minutes without respiratory protection, with cough, wheeze and chest tightness recorded by the medic. From 10 February 2010 you lived and worked about 300 metres downwind of the open burn pit at your forward operating base in Afghanistan, where plastics, rubber, packaging and waste were burned daily. From 20 August 2010 you had a febrile lower respiratory tract infection with green sputum and left basal crackles, treated with doxycycline at the role 1 facility in Afghanistan. You continued to smoke about 20 cigarettes a day until May 2012. In Afghanistan in 2010 your prescribed inhaled corticosteroid ran out in early July and was not resupplied, and no spirometry or respiratory physician was available.

This has then led to further investigations and the diagnosis of your condition of *Inhalation of Fumes (Fire Starter Cartridge) (Worsening)*. I have accepted your condition of *Inhalation of Fumes (Fire Starter Cartridge) (Worsening)*.

Having considered your service records and the available medical evidence, I am satisfied the evidence establishes that the worsening of this condition is related to your wartime service.

I have therefore accepted that the worsening of this condition is related to your service with effect from 2 September 2010.

Example document — fictitious patient. A suggested draft determination prepared by the Veterans Health Centre from the matching example Diagnostic Assessment, to show how a DVA delegate could determine the claim. Names, dates, service details and clinicians are invented. It is not a decision of the Department of Veterans' Affairs.