

Current SABS	Superintendent's 2011 Report	2016 SABS
Paraplegia or quadriplegia;	<p>paraplegia or tetraplegia that meets the following criteria i and either ii or iii:</p> <p>ii. The neurological recovery is such that the permanent ASIA Grade can be determined with reasonable medical certainty according to the ASIA and</p> <p>iii. The permanent ASIA Grade is A, B, or C or,</p> <p>iv. The permanent ASIA Grade is or will be D provided that the insured has a permanent inability to walk independently as defined by scores 0–5 on the Spinal Cord Independence Measure item 12 and/or requires urological surgical diversion, an implanted device, or intermittent or constant catheterization in order to manage the residual neuro-urological impairment.</p>	<p>Paraplegia or tetraplegia that meets the following criteria:</p> <p>i. The insured person's neurological recovery is such that the person's permanent grade on the ASIA Impairment Scale can be determined.</p> <p>ii. The insured person's permanent grade on the ASIA Impairment Scale is or will be,</p> <p>A. A, B or C, or</p> <p>B. D, and</p> <p>1. the insured person's score on the Spinal Cord Independence Measure, Version III, item 12 and applied over a distance of up to 10 metres on an even indoor surface is 0 to 5,</p> <p>2. the insured person requires urological surgical diversion, an implanted device, or intermittent or constant catheterization in order to manage a residual neuro-urological impairment, or</p> <p>3. the insured person has impaired voluntary control over anorectal function that requires a bowel routine, a surgical diversion or an implanted device.</p>
The amputation of an arm or leg or another impairment causing the total and permanent loss of use of an arm or a leg;	<p>Severe impairment of ambulatory mobility, as determined in accordance with the following criteria:</p> <p>i. Trans-tibial or higher amputation of one limb, or</p> <p>ii. Severe and permanent alteration of prior structure and function involving one or both lower limbs as a result of which it can be reasonably determined that the Insured Person has or will have a permanent inability to walk independently and instead requires at least bilateral ambulatory assistive devices [mobility impairment equivalent to that defined by scores 0–5 on the Spinal Cord Independence Measure item 12, ability to walk <10 m).</p>	<p>Severe impairment of ambulatory mobility or use of an arm, or amputation that meets the following criteria:</p> <p>i. Trans-tibial or higher amputation of a leg.</p> <p>ii. Amputation of an arm or another impairment causing the total and permanent loss of use of an arm.</p> <p>iii. Severe and permanent alteration of prior structure and function involving one or both legs as a result of which the insured person's score on the Spinal Cord Independence Measure, Version III, item 12, and applied over a distance of up to 10 metres on an even indoor surface is 0 to 5.</p>
Total loss of vision in both eyes	<p>Legal blindness in both eyes due to structural damage to the visual system. Non-organic visual loss (hysterical blindness) is excluded from this definition.</p>	<p>Loss of vision of both eyes that meets the following criteria:</p> <p>i. Even with the use of corrective lenses or medication,</p> <p>A. visual acuity in both eyes is 20/200 (6/60) or less as measured by the Snellen Chart or an equivalent chart, or</p> <p>B. the greatest diameter of the field of vision in both eyes is 20 degrees or</p>

		<p>less.</p> <p>ii. The loss of vision is not attributable to non-organic causes.</p>
<p>Brain impairment that results in, (i) a score of 9 or less on the Glasgow Coma Scale, according to a test administered within a reasonable period of time after the accident by a person trained for that purpose, or (ii) a score of 2 (vegetative) or 3 (severe disability) on the Glasgow Outcome Scale, according to a test administered more than six months after the accident by a person trained for that purpose;</p>	<p>Traumatic Brain Injury in Adults (18 years of age or older):</p> <p>ii. Catastrophic impairment, based upon an evaluation that has been in accordance with published guidelines for a structured GOS-E assessment to be:</p> <p>a) Vegetative (VS) after 1 months or b) Severe Disability Upper (SD+) or Severe Disability Lower (SD -) after 6 months, or Moderate Disability Lower (MD-) after one year due to documented brain impairment, provided that the determination has been preceded by a period of in-patient neurological rehabilitation in a recognized rehabilitation center.</p>	<p>If the insured person was 18 years of age or older at the time of the accident, a traumatic brain injury that meets the following criteria:</p> <p>i. The injury shows positive findings on a computerized axial tomography scan, a magnetic resonance imaging or any other medically recognized brain diagnostic technology indicating intracranial pathology that is a result of the accident, including, but not limited to, intracranial contusions or haemorrhages, diffuse axonal injury, cerebral edema, midline shift or pneumocephaly.</p> <p>ii. When assessed in accordance with the Glasgow Outcome Scale and the Extended Glasgow Outcome Scale, the injury results in a rating of,</p> <p>A. Vegetative State (VS or VS*), one month or more after the accident,</p> <p>B. Upper Severe Disability (Upper SD or Upper SD*) or Lower Severe Disability (Lower SD or Lower SD*), six months or more after the accident, or</p> <p>C. Lower Moderate Disability (Lower MD or Lower MD*), one year or more after the accident.</p>
<p>An impairment or combination of impairments that, in accordance with the American Medical Association's Guides to the Evaluation of Permanent Impairment, 4th edition, 1993, results in 55 per cent or more impairment of the whole person;</p>	<p>A physical impairment or combination of physical impairments that, in accordance with the American Medical Association's Guides to the Evaluation of Permanent Impairment, 4th edition 1993, (GEPI-4), results in a physical impairment rating of 55 per cent whole person impairment (WPI).</p> <p>i. Unless covered by specific rating guidelines within relevant Sections of Chapters 3-13 of GEPI-4, all impairments relatable to non-psychiatric symptoms and syndromes (e.g. functional somatic syndromes, chronic pain syndromes, chronic fatigue syndromes, fibromyalgia Syndrome, etc.) that arise from the accident are to be understood to have been incorporated into the weighting of the GEPI-4 physical impairment ratings set out in Chapters 3 – 13.</p> <p>ii. With the exception of traumatic brain injury impairments, mental and/or behavioural impairments are excluded from the rating of physical impairments.</p>	<p>A physical impairment or combination of physical impairments that, in accordance with the American Medical Association's Guides to the Evaluation of Permanent Impairment, 4th edition, 1993, results in 55 per cent or more physical impairment of the whole person.</p>

	<p>iii. Definition 2(e), including subsections I and II, cannot be used for a determination of catastrophic impairment until two years after the accident, unless at least three months after the accident, there is a traumatic physical impairment rating of at least 55% WPI and there is no reasonable expectation of improvement to less than 55% WPI.</p>	
<p>An impairment that, in accordance with the American Medical Association's Guides to the Evaluation of Permanent Impairment, 4th edition, 1993, results in a class 4 impairment (marked impairment) or class 5 impairment (extreme impairment) due to mental or behavioural disorder</p>	<p>The post-traumatic psychiatric impairment(s) must arise as a direct result of one or more of the following disorders, when diagnosed in accordance with DSM IV TR criteria: (a) Major Depressive Disorder, (b) Post Traumatic Stress Disorder, (c) a Psychotic Disorder, or (d) such other disorder(s) as may be published within a Government Guideline.</p> <p>ii. Impairments due to pain are excluded other than with respect to the extent to which they prolong or contribute to the duration or severity of the psychiatric disorders which may be considered under Criterion (i).</p> <p>iii. Any impairment or impairments arising from traumatic brain injury must be evaluated using Section 2(d) or 2(e) rather than this Section.</p> <p>iv. Severe impairment(s) are consistent with a Global Assessment of Function (GAF) score of 40 or less, after exclusion of all physical and environmental limitations.</p> <p>v. For the purposes of determining whether the impairment is sufficiently severe as to be consistent to Criterion (iv) - a GAF score of 40 or less - at minimum there must be demonstrable and persuasive evidence that the impairment(s) very seriously compromise independence and psychosocial functioning, such that the Insured Person clearly requires substantial mental health care and support services. In determining the demonstrability and persuasiveness of the evidence, the following generally recognized indicia are relevant:</p> <p>a) Institutionalization; Repeated hospitalizations, where the goal and duration are directly related to the provision of treatment of severe psychiatric impairment;</p> <p>c) Appropriate interventions and/or psychopharmacological medications such as: ECT, mood stabilizer</p>	<p>An impairment that, in accordance with the American Medical Association's Guides to the Evaluation of Permanent Impairment, 4th edition, 1993 results in a class 4 impairment (marked impairment) in three or more areas of function that precludes useful functioning or a class 5 impairment (extreme impairment) in one or more areas of function that precludes useful functioning, due to mental or behavioural disorder.</p> <p>A mental or behavioural impairment, excluding traumatic brain injury, determined in accordance with the rating methodology in Chapter 14, Section 14.6 of the American Medical Association's Guides to the Evaluation of Permanent Impairment, 6th edition, 2008, that, when the impairment score is combined with a physical impairment described in paragraph 6 in accordance with the combining requirements set out in the Combined Values Table of the American Medical Association's Guides to the Evaluation of Permanent Impairment, 4th edition, 1993, results in 55 percent or more impairment of the whole person.</p>

	<p>medication, neuroleptic medications and/or such other medications that are primarily indicated for the treatment of severe psychiatric disorders;</p> <p>d) Determination of loss of competence to manage finances and property, or Treatment Decisions, or for the care of dependents;</p> <p>e) Monitoring through scheduled in-person psychiatric follow-up reviews at a frequency equivalent to at least once per month.</p> <p>f) Regular and frequent supervision and direction by community-based mental health services, using community funded mental health professionals to ensure proper hygiene, nutrition, compliance with prescribed medication and/or other forms of psychiatric therapeutic interventions, and safety for self or others.</p>	
<p>if an insured person is under the age of 16 years at the time of the accident and none of the Glasgow Coma Scale, the Glasgow Outcome Scale or the American Medical Association's Guides to the Evaluation of Permanent Impairment, 4th edition, 1993, referred to in clause (2) (d), (e) or (f) can be applied by reason of the age of the insured person.</p>	<p>Paediatric Traumatic Brain Injury (prior to age 18)</p> <p>i. A child who sustains a traumatic brain injury is automatically deemed to have sustained a catastrophic impairment provided that either one of the following criteria (a or b) is met on the basis of traumatic brain injury sustained in the accident in question:</p> <p>a) In-patient admission to a Level I trauma centre with positive findings on CT/MRI scan indicating intracranial pathology that is the result of the accident, including but not limited to intracranial contusions or haemorrhages, diffuse axonal injury, cerebral edema, midline shift, or pneumocephaly; or</p> <p>b) In-patient admission to a publically funded rehabilitation; Paediatric catastrophic impairment on the basis of traumatic brain injury is any one of the following criteria:</p> <p>ii. At any time after the first 1 months, the child's level of neurological function does not exceed the KOSCHI Category of Vegetative.</p> <p>iii. At any time after the first 6 months, the child's level of function does not exceed the KOSCHI Category of Severe. (2) May be fully conscious and able to communicate but not yet able to carry out any self care activities such as feeding. (3) Severe Impairment implies a continuing high level of dependency, but the</p>	<p>If the insured person was under 18 years of age at the time of the accident, a traumatic brain injury that meets one of the following criteria:</p> <p>i. The insured person is accepted for admission, on an in-patient basis, to a public hospital named in a Guideline with positive findings on a computerized axial tomography scan, a magnetic resonance imaging or any other medically recognized brain diagnostic technology indicating intracranial pathology that is a result of the accident, including, but not limited to, intracranial contusions or haemorrhages, diffuse axonal injury, cerebral edema, midline shift or pneumocephaly.</p> <p>ii. The insured person is accepted for admission, on an in-patient basis, to a program of neurological rehabilitation in a paediatric rehabilitation facility that is a member of the Ontario Association of Children's Rehabilitation Services.</p> <p>iii. One month or more after the accident, the insured person's level of neurological function does not exceed category 2 (Vegetative) on the King's Outcome Scale for Childhood Head Injury.</p> <p>iv. Six months or more after the accident, the insured person's level of neurological function does not exceed category 3 (Severe disability) on the King's Outcome Scale for Childhood Head Injury.</p> <p>v. Nine months or more after the</p>

	<p>child can assist in daily activities; for example, can feed self or walk with assistance or help to place items of clothing.</p> <p>iv. At any time after the first 9 months, the child's level of function remains seriously altered such that the child is for the most part not age appropriately independent and requires supervision/actual help for physical, cognitive and/or behavioural impairments for the majority of his/her waking day.</p>	<p>accident, the insured person's level of function remains seriously impaired such that the insured person is not age-appropriately independent and requires in-person supervision or assistance for physical, cognitive or behavioural impairments for the majority of the insured person's waking day.</p>
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