TYPE OF INJURY and *CURRENT SABS*	**PROPOSED NEW SABS (Report of Expert CAT Panel) and SUPERINTENDENT'S RECOMMENDATIONS**
Paraplegia/ Tetraplegia *(a) paraplegia or quadriplegia;*	(a) paraplegia or tetraplegia that meets the following criteria i and ii, and either iii or iv: ~~i.~~ ~~The Insured Person is currently participating in, or has completed a period of, in-patient spinal cord injury rehabilitation in a public rehabilitation hospital, and~~ i. ~~ii.~~ The neurological recovery is such that the permanent ASIA Grade can be determined with reasonable medical certainty according to the American Spinal Injury Association Standards *(Marino RJ et al. ASIA Neurological Standards Committee 2002. International standards for neurological classification of spinal cord injury. J Spinal Cord Med 2003; 26 (Suppl 1): S50-S56)* and ii ~~iii.~~ The permanent ASIA Grade is A, B, or C or, iii ~~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 Independent Measure item 12 (indoor mobility, ability to walk <10 m) (*Catz A, Itzkovich M, Tesio L, et al. A multicenter internal study on the spinal cord independence measure, version III: Rasch psychometric validation. Spinal Cord 2007; 45: 275-91)* and/or requires urological surgical diversion, an implanted device, or intermittent or constant catheterization in order to manage the residual neuro-urological impairment. **I accept the Expert Panel's recommendation to introduce the American Spinal Injury Association (ASIA) scale as part of the definition. However, I recommend that participation in, or completion of, an in-patient spinal cord injury rehabilitation in a public rehabilitation hospital is not necessary in addition to the other requirements.**
Severe Impairment of Ambulatory Mobility *(b) the amputation or other impairment causing the total and permanent loss of use of both arms or both legs;* *(c) the amputation or other impairment causing the total and permanent loss of use of one or both arms and one or both legs;*	(b) severe impairment of ambulatory mobility, as determined in accordance with the following criteria: i. Trans-tibial or higher amputation of one limb, or ii. Severe and permanent alteration of prior structure and function involving one or both lower limbs as a result of which: ~~a. The Insured Person is currently participating in, or has completed a period of in-patient rehabilitation in a public rehabilitation facility, and~~ ~~b.~~ 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 (indoor mobility, ability to walk <10 m) (*Catz A, Itzkovich M, Tesio L, et al. A multicenter internal study on the spinal cord independence measure, version III: Rasch psychometric validation. Spinal Cord 2007; 45: 275-91)* **I accept the Expert Panel's recommendation regarding claimants with severe difficulty walking, except that the requirement for participation in, or completion of, an in-patient rehabilitation program in a public rehabilitation hospital is not necessary.**

TYPE OF INJURY and *CURRENT SABS*	**PROPOSED NEW SABS (Report of Expert CAT Panel) and SUPERINTENDENT'S RECOMMENDATIONS**
Blindness *(d) the total loss of vision in both eyes;*	(c) Legal blindness in both eyes due to structural damage to the visual system. Non-organic visual loss (hysterical blindness) is excluded from this definition. **I accept the Expert Panel's recommendation on blindness, with the addition of reference to the 20/200 threshold.**
Traumatic Brain Injury in Adults *(e) subject to subsection (1.4), brain impairment that, in respect of an accident, results in,* *(i) a score of 9 or less on the Glasgow Coma Scale, as published in Jennett, B. and Teasdale, G., Management of Head Injuries, Contemporary Neurology Series, Volume 20, F.A. Davis Company, Philadelphia, 1981, 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, as published in Jennett, B. and Bond, M., Assessment of Outcome After Severe Brain Damage, Lancet i:480, 1975, according to a test administered more than six months after the accident by a person trained for that purpose;*	***ELIMINATE GCS TEST** 2d: Traumatic Brain Injury in Adults (18 years of age or older): i. ~~An Insured is granted an interim catastrophic impairment status when accepted for admission to a program of inpatient neurological rehabilitation at a recognized neurological rehabilitation center (List of facilities to be published in a Superintendent Guideline).~~ ~~ii.~~ Catastrophic impairment, based upon an evaluation that has been in accordance with published guidelines for a structured GOS-E assessment *(Wilson JT, Pettigrew LE, Teasdale GM Structured interviews for the Glasgow Outcome Scale and the extended Glasgow Outcome Scale: Guidelines for their use. J Neurotrauma. 1998; 15: 573-585),* to be: a) Vegetative (VS) after ~~3~~ 1 months~~.~~ 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, p~~rovided that the determination has been preceded by a period of inpatient neurological rehabilitation in a recognized rehabilitation center (List of facilities to be published in a Superintendent Guideline).~~ **I accept the Expert Panel's recommendation to eliminate the Glasgow Coma Scale (GCS) as a measurement tool for determining catastrophic impairment in adults with traumatic brain injuries and to use the Extended Glasgow Outcome Scale (GOS-E) as an alternative. Further, I recommend that the definition be modified such that a claimant evaluated at Vegetative (VS) after one month qualify for catastrophic determination designation.** **I find that the requirement for neurological rehabilitation is not necessary.**

TYPE OF INJURY and *CURRENT SABS*	**PROPOSED NEW SABS (Report of Expert CAT Panel) and SUPERINTENDENT'S RECOMMENDATIONS**
Other Physical Impairments (not covered by 2(a), 2(b), 2(c) or 2(d)) *(f) subject to subsections (1.4), (2.1) and (3), 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; or* *(2.1) Clauses (1.2) (f) and (g) do not apply in respect of an insured person who sustains an impairment as a result of an accident that occurs after September 30, 2003 unless,* *(a) the insured person's health practitioner states in writing that the insured person's condition is unlikely to cease to be a catastrophic impairment; or* *(b) two years have elapsed since the accident. O. Reg. 281/03, s. 1 (7).*	2(e) 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). 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. ii. With the exception of traumatic brain injury impairments, mental and/or behavioural impairments are excluded from the rating of physical impairments. 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. **I accept the Expert Panel's recommendation that the definition of catastrophic impairment include 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 impairment of the whole person under the AMA Guides.** **I accept the Expert Panel's recommendation that the catastrophic impairment definition should not allow pain to be quantified as a separate impairment.** **I accept the Expert Panel's recommendations to use a combination of factors in determining psychiatric catastrophic impairment and not allow psychiatric and physical impairments to be combined.**

TYPE OF INJURY and *CURRENT SABS*	**PROPOSED NEW SABS (Report of Expert CAT Panel) and SUPERINTENDENT'S RECOMMENDATIONS**
Psychiatric Impairment *(g) subject to subsections (1.4), (2.1) and (3), 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. O. Reg. 281/03, s. 1 (5).* *(2.1) Clauses (1.2) (f) and (g) do not apply in respect of an insured person who sustains an impairment as a result of an accident that occurs after September 30, 2003 unless,* *(a) the insured person's health practitioner states in writing that the insured person's condition is unlikely to cease to be a catastrophic impairment; or* *(b) two years have elapsed since the accident. O. Reg. 281/03, s. 1 (7).*	2(f) psychiatric impairment that meets the following criteria: i. 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 Superintendent Guideline. 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). iii. Any impairment or impairments arising from traumatic brain injury must be evaluated using Section 2(d) or 2(e) rather than this Section. iv. Severe impairment(s) are consistent with a Global Assessment of Functioning (GAF) score of 40 or less, after exclusion of all physical and environmental limitations. 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: a. Institutionalization; b. Repeated hospitalizations, where the goal and duration are directly related to the provision of treatment of severe psychiatric impairment; c. Appropriate interventions and/or psychopharmacological medications such as: ECT, mood stabilizer medication, neuroleptic medications and/or such other medications that are primarily indicated for the treatment of severe psychiatric disorders; d. Determination of loss of competence to manage finances and property, or Treatment Decisions, or for the care of dependents; e. Monitoring through scheduled in-person psychiatric follow-up reviews at a frequency equivalent to at least once per month; 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. **I accept the Expert Panel's recommendations to use a combination of factors in determining psychiatric catastrophic impairment and not to allow psychiatric and physical impairments to be combined.**

TYPE OF INJURY and *CURRENT SABS*	**PROPOSED NEW SABS (Report of Expert CAT Panel) and SUPERINTENDENT'S RECOMMENDATIONS**
Traumatic Brain Injury in Children *(1.3) Subsection (1.4) applies 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 (1.2) (e), (f) or (g) can be applied by reason of the age of the insured person. O. Reg. 281/03, s. 1 (5).* *(1.4) For the purposes of clauses (1.2) (e), (f) and (g), an impairment sustained in an accident by an insured person described in subsection (1.3) that can reasonably be believed to be a catastrophic impairment shall be deemed to be the impairment that is most analogous to the impairment referred to in clause (1.2) (e), (f) or (g), after taking into consideration the developmental implications of the impairment. O. Reg. 281/03, s. 1 (5).*	3. Paediatric Traumatic Brain Injury (prior to age 18) i. A child who sustains a traumatic brain injury is automatically deemed to have sustained a catastrophic impairment automatically 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: 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 incracranial contusions or haemorrhages, diffuse axonal injury, cerebral edema, midline shift, or pneumocephaly; or b. Inpatient admission to a publically funded rehabilitation facility (i.e. an Ontario Association of Children Rehabilitation Facility or equivalent) for a program of brain injury rehabilitation or Ontario Association of Children Rehab Facilities); Paediatric catastrophic impairment on the basis of traumatic brain injury is any one of the following criteria: ii. At any time after the first ~~3~~ 1 month~~s~~, the child's level of neurological function does not exceed the KOSCHI Category of Vegetative *(Crouchman M et al., A practical outcome scale for paediatric head injury. Archives of disease in Childhood. 2001; 84:1204).* The child is breathing spontaneously and may have sleep/wake cycles. He may have non-purposeful or reflex movements of limbs or eyes. There is no evidence of ability to communicate verbally or non-verbally or to respond to commands. iii. At any time after the first 6 months, the child's level of function does not exceed the KOSCHI Category of severe *(Crouchman M et al., A practical outcome scale for paediatric head injury. Archives of Disease in Childhood. 2001, 84:1204).* (1) The child is at least intermittently able to move part of the body/eyes to command or make purposeful spontaneous movements; for example, a confused child pulling at nasogastric tube, lashing out at caregivers, or rolling over in bed. (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 child can assist in daily activities; for example, can feed self or walk with assistance or help to place items of clothing. (4) Such a child is fully conscious but may still have a degree of post-traumatic amnesia. 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. **I accept the Expert Panel's recommendations for designation of catastrophic impairment of children. However, I recommend that the definition be modified such that a child resulting in a KOSCHI category of Vegetative at one month, rather than three months, be designated catastrophically impaired.** **Further, I recommend that the Holland Bloorview Kids Rehabilitation Hospital be requested to conduct a study on the reliability of the KOSCHI scale for assessing paediatric head injuries. The results of that study should be used to possibly revisit the designation of catastrophic impairment of children.**

TYPE OF INJURY and *CURRENT SABS*	**PROPOSED NEW SABS (Report of Expert CAT Panel) and SUPERINTENDENT'S RECOMMENDATIONS**
Interim Benefits & Eligibility for Interim Benefits *N/A*	Recommended Interim Catastrophic Impairment Designation that would provide Interim Benefits but did not provide significant details. **I accept the Expert Panel's recommendation for the creation of interim benefits. When qualified, a claimant would have access to an additional $50,000 in coverage for medical, rehabilitation, attendant care and assessment expenses. These benefits would be managed by the claimant's treating physician.** **I accept the Expert Panel's recommendations on eligibility criteria for interim benefits for adults with traumatic brain injury and claimants with a 55% whole person impairment rating, with the following modifications:** ▪ **Eligibility criteria for interim benefits for adults with traumatic brain injury should include admission to an out-patient or day patient rehabilitation program as an alternative to acceptance for admission to an in-patient rehabilitation program.** ▪ **The application for interim benefits should be integrated into the application for catastrophic impairment determination and must be signed by a physician, unless the claimant has a brain impairment in which case the application can be signed by a neuropsychologist.** ▪ **Treatment and Assessment Plans (OCF-18) to access interim benefits, as well as to make claims for goods and services for claimants determined to have a catastrophic impairments, to be signed by the claimant's primary treating physician.**