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## PART II/PARTIE II

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## PART II/PARTIE II

### REVISED REGULATIONS OF SASKATCHEWAN/ RÈGLEMENTS RÉVISÉS DE LA SASKATCHEWAN

#### TABLE OF CONTENTS/TABLE DES MATIÈRES

SR 70/2007	<i>The Treaty Land Entitlement Withdrawal Amendment Regulations, 2007 .....</i>	481
SR 71/2007	<i>The Automobile Accident Insurance (Injury) Amendment Regulations, 2007 .....</i>	481
SR 72/2007	<i>The Driver Licensing and Suspension Amendment Regulations, 2007 (No. 2) .....</i>	485
SR 73/2007	<i>The Personal Injury Benefits Amendment Regulations, 2007 .....</i>	486
SR 74/2007/ RS 74/2007	<i>The Traffic Safety Court of Saskatchewan Amendment Regulations, 2007 / Règlement de 2007 modifiant le Règlement sur le Tribunal de la sécurité routière de la Saskatchewan .....</i>	512/513

# Revised Regulations of Saskatchewan/ Règlements Révisés de la Saskatchewan 2007

## July 6, 2007

<i>The Graduate Tax Exemption Regulations</i> .....	G-5.2 Reg 1
<i>The Public Employees Pension Plan Amendment Regulations, 2007</i> .....	SR 51/2007
<i>The Superannuation Acts Uniform Amendment Regulations, 2007</i> .....	SR 52/2007
<i>The Rural Municipalities Revenue Sharing Amendment Regulations, 2007</i> .....	SR 53/2007
<i>The Prescription Drugs Amendment Regulations, 2007</i> .....	SR 54/2007

## July 13, 2007

<i>The Individual Cattle Feeder Loan Guarantee Amendment Regulations, 2007</i> .....	SR 56/2007
<i>The Health Hazard Amendment Regulations, 2007</i> .....	SR 57/2007
<i>The Saskatchewan Medical Care Insurance Payment Amendment Regulations, 2007 (No. 2)</i> .....	SR 58/2007
<i>The Administration of Estates Amendment Regulations, 2007 / Règlement de 2007 modifiant le Règlement sur l'administration des successions</i> .....	SR 59/2007/ RS 59/2007
<i>The Public Guardian and Trustee Amendment Regulations, 2007</i> .....	SR 60/2007

## July 20, 2007

<i>The Gunshot and Stab Wounds Mandatory Reporting Regulations</i> .....	G-9.1 Reg 1
<i>The Wildlife Amendment Regulations, 2007</i> .....	SR 61/2007
<i>The Wildlife Management Zones and Special Areas Boundaries Amendment Regulations, 2007</i> .....	SR 62/2007
<i>The Training Allowance Amendment Regulations, 2007 (No. 2)</i> .....	SR 63/2007

## July 27, 2007

<i>The Vehicle Inspection Procedures Regulations, 2007</i> .....	T-18.1 Reg 6
<i>The Milk Control Amendment Regulations, 2007 (No. 7)</i> .....	SR 64/2007

## August 10, 2007

<i>The Public Service Amendment Regulations, 2007</i> .....	SR 65/2007
<i>The Crown Resource Land Amendment Regulations, 2007</i> .....	SR 66/2007
<i>The Occupational Health and Safety Amendment Regulations, 2007</i> .....	SR 67/2007
<i>The Vital Statistics Amendment Regulations, 2007 / Règlement de 2007 modifiant le Règlement sur les services de l'état civil</i> .....	SR 68/2007/ RS 68/2007
<i>The Employment Program Amendment Regulations, 2007</i> .....	SR 69/2007

## August 24, 2007

<i>The Treaty Land Entitlement Withdrawal Amendment Regulations, 2007</i> .....	SR 70/2007
<i>The Automobile Accident Insurance (Injury) Amendment Regulations, 2007</i> .....	SR 71/2007
<i>The Driver Licensing and Suspension Amendment Regulations, 2007 (No. 2)</i> .....	SR 72/2007
<i>The Personal Injury Benefits Amendment Regulations, 2007</i> .....	SR 73/2007
<i>The Traffic Safety Court of Saskatchewan Amendment Regulations, 2007 / Règlement de 2007 modifiant le Règlement sur le Tribunal de la sécurité routière de la Saskatchewan</i> .....	SR 74/2007/ RS 74/2007

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## REVISED REGULATIONS OF SASKATCHEWAN

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### SASKATCHEWAN REGULATIONS 70/2007

#### *The Wildlife Habitat Protection Act*

Sections 3 and 9

Order in Council 657/2007, dated August 14, 2007

(Filed August 15, 2007)

#### Title

1 These regulations may be cited as *The Treaty Land Entitlement Withdrawal Amendment Regulations, 2007*.

#### R.R.S. c.W-13.2 Reg 2, Appendix amended

2 **The Appendix to *The Treaty Land Entitlement Withdrawal Regulations* is amended by adding the following items after item 86:**

“87 The north half and south-east quarter of Section 29, in Township 17, in Range 1, west of the Second Meridian.

“88 The north half and south-east quarter of Section 11, in Township 18, in Range 1, west of the Second Meridian”.

#### Coming into force

3 These regulations come into force on the day on which they are filed with the Registrar of Regulations.

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### SASKATCHEWAN REGULATIONS 71/2007

#### *The Automobile Accident Insurance Act*

Section 81

Order in Council 658/2007, dated August 14, 2007

(Filed August 15, 2007)

#### Title

1 These regulations may be cited as *The Automobile Accident Insurance (Injury) Amendment Regulations, 2007*.

#### R.R.S. c.A-35 Reg 5 amended

2 *The Automobile Accident Insurance (Injury) Regulations* are amended in the manner set forth in these regulations.

#### Section 2 amended

3 **Clause 2(1)(b) is amended:**

(a) **in paragraph (ii)(B) by striking out “Part 2, section 1.1” and substituting “Part 2, section 2.1”; and**

(b) **by repealing subclause (iii) and substituting the following:**

“(iii) total loss of functional vision resulting in an impairment of 80% or more of the entire visual system”.

**Section 9 amended****4 Subsections 9(2) and (3) are repealed and the following substituted:**

“(2) The maximum yearly employment income in 2003 and each year after 2003 is the amount MYEI calculated in accordance with the following formula:

$$\text{MYEI} = \$50,000 \times \frac{\text{IAWY}}{\text{IAW95}}$$

where:

IAWY is the average of the average industrial average wage for the 12 months before July 1 of the year before the year for which the maximum yearly employment income is being calculated; and

IAW95 is the average of the industrial average wage for the 12 months before July 1, 1994.

“(3) For the purposes of this section, the insurer shall use the most recent data available from Statistics Canada on October 1 of the year before the year for which the maximum yearly employment income is being calculated”.

**Section 13 amended****5 Clause 13(3)(a) is amended by striking out “principals” and substituting “principles”.****New section 14****6 Section 14 is repealed and the following substituted:****“Calculation of net income**

**14(1)** In this section:

(a) **‘taxable income’** means an insured’s yearly employment income less any amount of yearly employment income that would have been exempt from the insured’s income tax pursuant to paragraph 81(1)(a) of the *Income Tax Act* (Canada) as that paragraph existed at the date of the accident;

(b) **‘yearly employment income’** means an insured’s yearly employment income calculated pursuant to section 12 or 13 of these regulations.

(2) In these regulations, the net income of an insured is the insured’s yearly employment income less all of the following deductions:

(a) any income tax payable by the insured calculated pursuant to subsection (3);

(b) any premiums payable by the insured respecting employment insurance calculated pursuant to subsection (4);

(c) any contributions payable by the insured pursuant to the *Canada Pension Plan* calculated pursuant to subsection (5).

(3) For the purposes of clause (2)(a), income tax payable by an insured is the amount payable in accordance with the *Income Tax Act* (Canada) and *The Income Tax Act, 2000* for the insured's taxable income allowing only the following credits:

(a) the credits allowed pursuant to section 118.7 of the *Income Tax Act* (Canada) and section 28 of *The Income Tax Act, 2000*, where "B" in that section is the total of:

- (i) the premium payable by the insured mentioned in clause (2)(b); and
- (ii) the contributions payable to the *Canada Pension Plan* mentioned in clause (2)(c);

(b) the credits allowed in:

- (i) sections 11, 12, 13, 14, 15, 17, 19, 20, 23 and 29 of *The Income Tax Act, 2000*; and
- (ii) subsections 118(1) and (2) and sections 118.3 and 118.8 of the *Income Tax Act* (Canada).

(4) For the purposes of clause (2)(b), the premiums payable by the insured are the yearly contributions payable pursuant to the *Employment Insurance Act* (Canada) that an insured would be obligated to pay if the insured's yearly employment income was considered insurable earnings pursuant to that Act, and those premiums:

- (a) must be based on the rate established at the time the insured's net income is calculated; and
- (b) must not exceed the maximum amount payable pursuant to that Act.

(5) For the purposes of clause (2)(c), the contributions payable by the insured are the yearly contributions payable pursuant to the *Canada Pension Plan* that an insured would be obligated to pay if the insured's yearly employment income was considered pensionable earnings pursuant to that Act, and those contributions:

- (a) must be based on the rate established at the time the insured's net income is calculated; and
- (b) must not exceed the maximum amount payable pursuant to that Act.

(6) For the purpose of determining an insured's net income, the amounts of the deductions mentioned in clauses (2)(a) to (c) must be deducted from the insured's yearly employment income in the manner set out in these regulations whether or not the insured:

- (a) has already deducted and paid those amounts; or
- (b) is obligated by law to deduct those amounts and has yet to pay those amounts".

**New section 17****7 Section 17 is repealed and the following substituted:****“Compensation for permanent impairments - Schedule of Permanent Impairments**

**17** Compensation for permanent impairment is to be determined on the basis of the Schedule of Permanent Impairments set out in Appendix B to *The Personal Injury Benefits Regulations*”.

**New section 21****8 Section 21 is repealed and the following substituted:****“Computation of more than one permanent impairment**

**21(1)** In this section:

(a) **‘Appendix B’** means Appendix B to *The Personal Injury Benefits Regulations*;

(b) **‘Appendix C’** means Appendix C to *The Personal Injury Benefits Regulations*.

(2) In calculating the percentage of permanent impairment to be assigned to an insured who has more than one impairment:

(a) the impairments within each subdivision of a particular Division in Appendix B are to be added together; or

(b) if a Division in Appendix B has no separate subdivision, the impairments within the Parts of a Division are to be added together.

(3) If an insured has more than one impairment as calculated in the manner set out in subsection (2), the percentage of the most severe impairment must be computed on the basis of 100% and the percentage of the other impairments, starting with the highest, must be computed in accordance with the Table as set out in the Combined Value Impairment Rating as found in Appendix C.

(4) Before using the Table in accordance with subsection (3), the insurer shall round the percentage of impairment within each subdivision or Division, as the case may be, to the nearest percentage”.

**Coming into force**

**9(1)** Subject to subsection (2), these regulations come into force on September 1, 2007.

(2) If these regulations are filed with the Registrar of Regulations after September 1, 2007, these regulations come into force on the day on which they are filed with the Registrar of Regulations.

**SASKATCHEWAN REGULATIONS 72/2007***The Traffic Safety Act*

## Section 287

Order in Council 659/2007, dated August 14, 2007

(Filed August 15, 2007)

**Title**

**1** These regulations may be cited as *The Driver Licensing and Suspension Amendment Regulations, 2007 (No. 2)*.

**R.R.S. c.T-18.1 Reg 2 amended**

**2** *The Driver Licensing and Suspension Regulations, 2006* are amended in the manner set forth in these regulations.

**Section 2 amended**

**3** **Subclause 2(1)(h)(ii) is amended by striking out** “when transporting not more than 24 passengers for hire”.

**Section 11 amended**

**4(1) Subsection 11(4) is repealed and the following substituted:**

“(4) No driver’s licence permits its holder to operate a Class PS motor vehicle unless the licence bears a school bus endorsement”.

**(2) Subsection 11(10) is amended by striking out** “card”.

**Section 12 amended**

**5 The following subsection is added after subsection 12(6):**

“(7) The holder of a driver’s licence bearing an endorsement ‘1’, ‘2’, ‘3’ or ‘4’ who is operating a motor vehicle as a learner shall not operate the motor vehicle unless he or she is accompanied and supervised by another person who:

(a) holds a driver’s licence, and has held a driver’s licence for 365 days in the preceding three years, that permits the other person to operate the class of motor vehicle being operated by the person holding the driver’s licence bearing an endorsement ‘1’, ‘2’, ‘3’ or ‘4’;

(b) occupies the seat that:

(i) is nearest to the person holding the driver’s licence bearing an endorsement ‘1’, ‘2’, ‘3’ or ‘4’; and

(ii) is, other than the driver’s seat, nearest to the controls of the vehicle; and

(c) is at all times conscious and capable of lawfully assuming the operation of the vehicle”.

**Section 19 amended****6 Subsection 19(2) is repealed and the following substituted:**

“(2) The administrator shall not provide a person with a school bus endorsement unless the person:

- (a) every five years passes the vision, sign, road and written or oral test determined by the administrator for school bus operations; and
- (b) when requested to do so by the administrator, files with the administrator a medical report as described in clause 42(1)(b) of the Act”.

**Coming into force**

7 These regulations come into force on the day on which they are filed with the Registrar of Regulations.

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## SASKATCHEWAN REGULATIONS 73/2007

### *The Automobile Accident Insurance Act*

Section 216

Order in Council 660/2007, dated August 14, 2007

(Filed August 15, 2007)

**Title**

1 These regulations may be cited as *The Personal Injury Benefits Amendment Regulations, 2007*.

**R.R.S. c.A-35 Reg 3 amended**

2 *The Personal Injury Benefits Regulations* are amended in the manner set forth in these regulations.

**Section 2 amended****3 Clause 2(1)(c) is amended:**

- (a) **in paragraph (ii)(B) by striking out “or Part 2, section 1.1” and substituting “or Part 2, section 2.1”; and**
- (b) **by repealing subclause (iii) and substituting the following:**
  - “(iii) total loss of functional vision resulting in an impairment of 80% or more of the entire visual system”.

**Section 18 amended**

4(1) **Clause 18(3)(a) is amended by striking out “principals” and substituting “principles”.**

**(2) The following subsections are added after subsection 18(6):**

“(7) If the insurer is not satisfied that the calculation of employment income from self-employment provided by the insured for the purposes of clause (2)(a) is accurate or complete or is useful for the purposes of determining whether the insured is entitled to benefits pursuant to Part VIII of the Act, the insurer may require the insured to prepare and submit a new calculation of employment income from self-employment that is prepared by an accountant who is a member of a recognized accounting profession that is regulated by an Act.

“(8) If the insurer requires an insured to submit a new calculation of employment income from self-employment pursuant to subsection (7), the insurer shall reimburse the insured for the fees charged by the accountant to a maximum of \$1,000”.

**New section 22**

**5 Section 22 is repealed and the following substituted:**

**“Calculation of net income**

**22(1)** In this section:

- (a) **‘taxable income’** means an insured’s yearly employment income less any amount of yearly employment income that would have been exempt from the insured’s income tax pursuant to paragraph 81(1)(a) of the *Income Tax Act* (Canada) as that paragraph existed at the date of the accident;
- (b) **‘yearly employment income’** means an insured’s yearly employment income calculated pursuant to section 17 or 18 of these regulations.

(2) In these regulations, the net income of an insured is the insured’s yearly employment income less all of the following deductions:

- (a) any income tax payable by the insured calculated pursuant to subsection (3);
- (b) any premiums payable by the insured respecting employment insurance calculated pursuant to subsection (4);
- (c) any contributions payable by the insured pursuant to the *Canada Pension Plan* calculated pursuant to subsection (5).

(3) For the purposes of clause (2)(a), income tax payable by an insured is the amount payable in accordance with the *Income Tax Act* (Canada) and *The Income Tax Act, 2000* for the insured’s taxable income allowing only the following credits:

- (a) the credits allowed pursuant to section 118.7 of the *Income Tax Act* (Canada) and section 28 of *The Income Tax Act, 2000*, where ‘B’ in section 118.7 of the *Income Tax Act* (Canada) is the total of:
  - (i) the premium payable by the insured mentioned in clause (2)(b); and
  - (ii) the contributions payable pursuant to the *Canada Pension Plan* mentioned in clause (2)(c);
- (b) the credits allowed in:
  - (i) sections 11, 12, 13, 14, 15, 17, 19, 20, 23 and 29 of *The Income Tax Act, 2000*; and
  - (ii) subsections 118(1) and (2) and sections 118.3 and 118.8 of the *Income Tax Act* (Canada).

(4) For the purposes of clause (2)(b), the premiums payable by the insured are the yearly contributions payable pursuant to the *Employment Insurance Act (Canada)* that an insured would be obligated to pay if the insured's yearly employment income was considered insurable earnings pursuant to that Act, and those premiums:

(a) must be based on the rate established at the time the insured's net income is calculated; and

(b) must not exceed the maximum amount payable pursuant to that Act.

(5) For the purposes of clause (2)(c), the contributions payable by the insured are the yearly contributions payable pursuant to the *Canada Pension Plan* that an insured would be obligated to pay if the insured's yearly employment income was considered pensionable earnings pursuant to that Act, and those contributions:

(a) must be based on the rate established at the time the insured's net income is calculated; and

(b) must not exceed the maximum amount payable pursuant to that Act.

(6) For the purpose of determining an insured's net income, the amounts of the deductions mentioned in clauses (2)(a) to (c) must be deducted from the insured's yearly employment income in the manner set out in these regulations whether or not the insured:

(a) has already deducted and paid those amounts; or

(b) is obligated by law to deduct those amounts and has yet to pay those amounts”.

**Section 26 amended**

**6(1) Subsection 26(4) is amended in the portion preceding clause (a) by striking out “section 144” and substituting “section 145”.**

**(2) Subsection 26(5) is repealed.**

**New section 40**

**7 Section 40 is repealed and the following substituted:**

**“Computation of more than one permanent impairment**

**40(1)** In calculating the percentage of permanent impairment to be assigned to an insured who has more than one impairment:

(a) the impairments within each subdivision of a particular Division in Appendix B are to be added together; or

(b) if a Division in Appendix B has no separate subdivision, the impairments within the Parts of a Division are to be added together.

(2) If an insured has more than one impairment as calculated in the manner set out in subsection (1), the percentage of the most severe impairment must be computed on the basis of 100% and the percentage of the other impairments, starting with the highest, must be computed in accordance with the Table as set out in the Combined Value Impairment Rating as found in Appendix C.

(3) Before using the Table in accordance with subsection (2), the insurer shall round the percentage of impairment within each subdivision or Division, as the case may be, to the nearest percentage”.

**New section 44****8 Section 44 is repealed and the following substituted:****“Living assistance benefit**

44(1) In this section, **‘prescribed activity’** means an activity set out in section 2 of Grid A or Grid B of Appendix D.

(2) Subject to subsections (3) to (5), if an insured is unable because of the accident to care for himself or herself or to perform any prescribed activities and has an expense for living assistance, the insurer shall reimburse the insured for that expense in accordance with Appendix D.

(3) A benefit is not payable pursuant to Grids A and B of Appendix D for a prescribed activity if:

- (a) an insured requires assistance with less than 25% of the prescribed activity;
- (b) assistance with the prescribed activity is not required as a result of the insured’s age;
- (c) assistance with the prescribed activity, including financial assistance, is provided pursuant to any other Act, or by any other health care facility, program or integration facility;
- (d) the insured did not complete or do the prescribed activity before the accident; or
- (e) the insured does not require assistance with the prescribed activity for any other reason that the insurer considers reasonable.

(4) The maximum benefit amount payable is the amount set out in Grids A and B of Appendix D calculated in the manner prescribed in Appendix D.

(5) In calculating the amount payable pursuant to Appendix D, the insurer shall adjust the amount payable for each prescribed activity set out in Grids A and B of Appendix D by the percentage the insured did not perform or complete the whole prescribed activity by himself or herself before the date of the accident”.

**New section 46.1****9 The following section is added after section 46:****“Persons accompanying**

46.1 For the purposes of section 160 of the Act, the prescribed expenses for a person accompanying an insured for medical or paramedical care are:

- (a) actual lost earnings to a maximum aggregate amount of \$3,700;
- (b) meals and accommodation subject to the maximum prescribed in section 46;
- (c) child care expenses to the maximum amount set out in section 119 of the Act if the person’s main occupation is caring for, without remuneration:
  - (i) persons who are under 16 years of age; or
  - (ii) persons who would qualify for a tax credit pursuant to section 118.3 of the *Income Tax Act* (Canada) for a mental or physical impairment; and
- (d) child care expenses, if the individual is employed or a student who is attending an educational institution, subject to the maximum amount set out in section 120 of the Act”.

**New section 102****10 Section 102 is repealed and the following substituted:****“Calculation of interest**

**102** Interest payable pursuant to Part VIII of the Act, other than the interest payable pursuant to section 24 of these regulations, is to be calculated in accordance with *The Pre-judgment Interest Act*”.

**Section 103 amended****11 Subsections 103(1) and (2) are repealed and the following substituted:**

“(1) If a notice or document is required to be given, sent or otherwise served on a person, service may be effected by:

- (a) personal service;
- (b) regular mail;
- (c) registered mail; or
- (d) certified mail.

“(1.1) Subject to subsection (1.2) or (2), a notice or document served by regular, registered or certified mail is deemed to be effective if sent to the last known address of the person to whom notice is required to be sent.

“(1.2) If a notice or document is served by regular mail, it is deemed to have been served on the tenth day following the date of its mailing.

“(2) If a notice or document is served by registered or certified mail, it is deemed to be served on the day that Canada Post confirms is the day on which the notice or document was delivered to the address to which it is mailed”.

**Appendix A amended**

**12 Subsection 4(3) of Appendix A is amended by striking out “6 months” and substituting “12 months”.**

**Appendix B is amended**

13(1) Appendix B is amended in the manner set forth in this section.

**(2) The portion of Appendix B preceding Division 1 is repealed and the following substituted:**

**“TABLE OF CONTENTS**

<b>DIVISION 1:</b>	<b>MUSCULOSKELETAL SYSTEM</b>
Subdivision 1:	Upper Limbs
Part 1:	Shoulder and Arm
Part 2:	Elbow and Forearm
Part 3:	Wrist and Hand
Subdivision 2:	Lower Limbs
Part 1:	Pelvis
Part 2:	Hip and Thigh
Part 3:	Knee and Leg
Part 4:	Ankle and Foot
Subdivision 3:	Spine
Part 1:	Cervical Spine
Part 2:	Thoracic Spine
Part 3:	Lumbar Spine
Part 4:	Other Spinal Impairments
<b>DIVISION 2:</b>	<b>CENTRAL AND PERIPHERAL NERVOUS SYSTEM</b>
Subdivision 1:	Skull, Brain and Carotid Vessels
Part 1:	Alteration of Brain Tissue or Function
Part 2:	Alteration of Skull
Part 3:	Alteration of Cerebrovascular Supply
Part 4:	Functional Alteration of Brain
Subdivision 2:	Spinal Cord
Part 1:	Complete Quadriplegia or Paraplegia (ASIA Grade A)
Part 2:	Incomplete Quadriplegia or Paraplegia (ASIA Grade B)
	– with complete or partial preservation of sensation only and no motor preservation
Part 3:	Incomplete Quadriplegia or Paraplegia (ASIA Grades C and D)
	– with partial preservation of motor power, with or without sensory preservation

Subdivision 3:	Cranial Nerves
Subdivision 4:	Peripheral Nervous System
Part 1:	The Brachial Plexus
Part 2:	The Lumbosacral Plexus
Part 3:	Nerve Roots
Part 4:	Peripheral Nerves
<b>DIVISION 3:</b>	<b>MAXILLOFACIAL SYSTEM</b>
Subdivision 1:	Temporomandibular Joints (TMJ)
Subdivision 2:	Fronto-Orbito-Nasal Area
Subdivision 3:	Throat and Related Structures
<b>DIVISION 4:</b>	<b>VISION</b>
<b>DIVISION 5:</b>	<b>UROGENITAL SYSTEM AND FETUS</b>
Subdivision 1:	Renal Function
Part 1:	Urinary Tract Tissue Disruption
Part 2:	Renal Functional Impairment
Subdivision 2:	Reproductive Organs
Part 1:	Reproductive Organ Tissue Disruption
Part 2:	Impairment of Reproductive/Sexual Function
<b>DIVISION 6:</b>	<b>RESPIRATORY SYSTEM</b>
Part 1:	Respiratory System Tissue Disruption
Part 2:	Respiratory Functional Impairment
<b>DIVISION 7:</b>	<b>THE DIGESTIVE TRACT SYSTEM</b>
Subdivision 1:	GI Tract
Part 1:	Impairment rating criteria for the upper GI tract
Part 2:	Impairment rating criteria for the lower GI tract
Subdivision 2:	Impairment rating criteria for the liver and biliary tract
Subdivision 3:	Impairment rating criteria for the abdominal wall, inguinal and femoral regions
<b>DIVISION 8:</b>	<b>CARDIOVASCULAR SYSTEM</b>
<b>DIVISION 9:</b>	<b>ENDOCRINE SYSTEM</b>
Subdivision 1:	Hypothalamus, Pituitary, Thyroid and Parathyroid Glands
Subdivision 2:	Pancreas (Endocrine Function)
Subdivision 3:	Adrenal Glands

<b>DIVISION 10:</b>	<b>THE HEMATOPOIETIC SYSTEM</b>
Part 1:	Tissue Disruption
Part 2:	Functional Impairment of the Hematopoietic System
<b>DIVISION 11:</b>	<b>VESTIBULOCOCHLEAR APPARATUS</b>
<b>DIVISION 12:</b>	<b>SKIN</b>
Subdivision 1:	Facial Disfigurement
Subdivision 2:	Disfigurement of other parts of the body

## DEFINITIONS

**'disability'** is defined as an alteration of an individual's capacity to meet personal, social, or occupational demands. While not all cases of impairment lead to disability, only in the case of impairment can disability develop. Disability usually refers to a specific activity or task the individual cannot accomplish. A disability arises out of the interaction between impairment and external requirements.

**'impairment'** is defined as a loss, loss of use, or derangement of any body part, organ system, or organ function. A medical impairment can develop from an illness or injury.

**'permanent impairment'** is an impairment that has become static or has stabilized during a period of time sufficient to allow optimal tissue repair and one that is unlikely to change significantly with further therapy. This time period is referred to as Maximum Medical Improvement (MMI). MMI does not preclude follow-up, maintenance or palliative care or an alteration of the medical condition with the passage of time.

## CONCEPTUAL FRAMEWORK

To rate impairment, it is necessary to weigh the relative functional importance of various structures of the human body in relation to the function of the whole person. Through ad hoc proceedings, such values, expressed as a percentage of the whole person's function, have been assigned to the various physical and psychological impairments with international acceptance. All impairment ratings listed in this manual are 'whole person' impairments.

To calculate an injured person's total person impairment rating, the different impairment percentages must be combined by use of Appendix C. If three or more impairments must be combined, the two largest impairment percentages should be selected first to determine their adjusted combined value. After their combined value has been calculated, this adjusted value is combined with the third, fourth and so on, in descending numerical order, until all impairments have been included in the calculation".

(3) Section 1.5 of Division 1, Subdivision 1, Part 1 is amended by striking out “Abduction-Adduction (motion in the coronal plane at 90 degrees abduction)” and substituting “Abduction-Adduction (motion in the coronal plane)”.

(4) The Table following the opening portion of clause (a) of section 3.4 of Division 1, Subdivision 1, Part 3 is amended by striking out:

**“Upper Extremity Impairment Due to Carpal Instability Patterns**

**Percentage of Upper Extremity Impairment**

Roentgenographic Findings	Mild	Moderate	Severe
	8%	16%	24%

and substituting:

**“Impairment Due to Carpal Instability Patterns**

Roentgenographic Findings	Mild	Moderate	Severe
	5%	10%	14%

(5) Section 3.5b of Division 1, Subdivision 1, Part 3 is amended by striking out the portion entitled “Thumb Opposition” and substituting the following:

**“Thumb Opposition:**

This motion is evaluated by measuring the largest possible distance in centimetres from the flexor crease of the IP joint of the thumb to the distal palmar crease overlying the MCP joining of the middle finger. The normal range is from 0-8 centimetres but may vary with hand size.

8 cm .....	0%
6 cm .....	0.5%
4 cm .....	1%
2 cm .....	2%
<2 cm .....	4%”.

**(6) Clause 4.5(b) of Division 1, Subdivision 2, Part 4 is repealed and the following substituted:**

“(b) Range of motion:

tibiotalar plantar flexion in degrees:

1-10 .....	6%
11-20 .....	3%
>20 .....	0%”.

**(7) Clause (d) of Division 1, Subdivision 3, Part 1 is repealed and the following substituted:**

“(d) uncomplicated odontoid fracture without instability ..... 0.5%”.

**(8) Clause (g) of Division 1, Subdivision 3, Part 1 is repealed and the following substituted:**

“(g) Spondylolisthesis (in the absence of a compression fracture) following a C2-C7 ligamentous injury as documented by radiographic instability on flexion extension views (per Table 3.1), per inter-space ..... 2%”.

**(9) Clause (e) of Division 1, Subdivision 3, Part 2 is repealed and the following substituted:**

“(e) Spondylolisthesis (in the absence of a compression fracture) following a ligamentous injury as documented by radiographic instability on flexion extension views (per Table 3.1), per inter-space ..... 2%”.

**(10) Clause (e) of Division 1, Subdivision 3, Part 3 is repealed and the following substituted:**

“(e) Spondylolisthesis (in the absence of a compression fracture) following a ligamentous injury as documented by radiographic instability on flexion extension views (per Table 3.1) per inter-space ..... 2%”.

**(11) The portion of Division 1, Subdivision 3, Part 4 preceding Table 3.1 is struck out and the following substituted:**

**“Part 4: Other Spinal Impairments**

(a) Post-traumatic alteration of an intervertebral disc (e.g. disc herniation, internal disc disruption, disc space infection, discectomy) including any range of motion restriction or radiographic instability, per spinal segment:

- (i) with associated myelopathy (see Division 2, Subdivision 3)
- (ii) with associated radiculopathy (see Division 2, Subdivision 4)

(iii) without associated myelopathy or radiculopathy .....	3%
(b) Complete laminectomy including removal of both laminae and spinous processes per spinal segment .....	2%
(c) Partial laminectomy, laminotomy or foraminotomy, with preservation of one lamina, per spinal segment .....	1%
(d) Post-traumatic alteration of a spinous process, transverse process, lamina or zygapophyseal joint, per spinal segment .....	0.5%
(e) Post-traumatic alteration of the coccyx with or without coccygectomy .....	0.5%”.

**(12) Section 3 of Division 2, Subdivision 3, Part 3 is repealed and the following substituted:**

**“3 Oculomotor, Eye parasympathetic input, Trochlear, and Abducens**

(See Division 4)”.

**(13) Division 4 is amended by repealing the portion preceding Table 4.1 and substituting the following:**

**“Part 1: Visual Impairment**

(a) Alteration of vision	
(i) aphakia .....	12%
(ii) pseudophakia .....	6%
(b) impairment of colour vision .....	0.5%
(c) paralysis of accommodation .....	3%
(d) enucleation with or without replacement by prosthesis excluding impairment inherent in the resulting appearance .....	5%
(e) Ptosis:	
(i) Droop but pupil not covered .....	0.5%
(ii) Lid partially covers pupil interfering with vision .....	2%
(iii) Complete Ptosis .....	4%
(iv) Complete and bilateral .....	25%

## “Part 2: Evaluating Vision

### 1 Criteria for evaluating vision

Any impairment set out in Part 1 shall be added to any impairment identified under this Part.

A deficit of the visual system occurs where there is a deviation from normal in one or more functions of the eye.

Visual integrity requires:

- (a) integrity of corrected visual acuity for distance and close up;
- (b) integrity of the field of vision; and
- (c) ocular motility without diplopia.

The evaluation of these functions is necessary in determining the visual deficit and their coordinated action is essential to optimal sight.

Other ocular functions or problems that affect the coordinated functions of the eye are awarded percentages of deficits in accordance with the scale prescribed for those functions.

### 2 Methods for evaluating vision

#### Determination of central visual acuity

Visual acuity test charts: For distance vision tests, the Snellen test chart with non-serif letters or numbers, the illiterate E chart, or Landolt's broken-ring chart are acceptable. For near vision, charts with print similar to that of the Snellen chart, with Revised Jaeger Standard print or with American point-type notation for use at 35 cm (14 inches) are acceptable.

The far test distance should simulate infinity at 6 m (20 feet) or no less than 4 m (13 feet 1 inch). The near test distance should be fixed at 35 cm (14 inches) in keeping with the Revised Jaeger Standard. Adequate and comfortable illumination must be diffused into the test card at a level about three times greater than that of the usual rule of illumination.

Acuity should be measured for near or far, both without correction and with the best spectacle correction, or with contact lens correction if usually worn. If, however, contacts are not usually worn, it is not necessary to fit them to determine the best acuity. Note that certain ocular conditions, particularly corneal disorders may be better corrected with contact lenses”; **and**

(b) by repealing the portion entitled “Determination of efficiency of entire visual system” preceding the table entitled “Permanent Impairment Benefit Related to Impairment of Visual and Corresponding Value for Impairment of the Whole Person” and substituting the following:

**“Determination of efficiency of entire visual system**

Multiply the percentage of efficiency of the better eye by 3, add the percentage of efficiency of the other eye, and divide the sum obtained by 4 to obtain the percentage of function of the entire visual system or efficiency of binocular vision. Subtract the percentage of efficiency of binocular vision from 100% (normal vision) to obtain the percentage of deficit for the entire visual system.

$$100 - \frac{(\% \text{ of efficiency of better eye} \times 3) + (\% \text{ of efficiency of other eye})}{4} = \% \text{ of deficit of the entire visual system}$$

”.

(14) Division 5 is amended:

(a) by adding the following title before “Part 1: Urinary Tract Tissue Disruption”:

**“Subdivision 1”;**

(b) by repealing Parts 3 and 4 and substituting the following:

**“Subdivision 2**

**“Part 1 Reproductive Organ Tissue Disruption**

**1.1 Male Genitalia**

(a) Loss of penis .....	15%
(b) Post-traumatic alteration of penis .....	10%
(c) Loss of both testicles (including epididymides and spermatic cords):	
(i) before the end of puberty .....	20%
(ii) after puberty .....	10%
(d) Loss of a testicle (including epididymis and spermatic cord) .....	5%
(e) Alteration of the prostate (including seminal vesicles) .....	5%
(f) Loss of the prostate (including seminal vesicles) .....	10%
(g) With associated urinary incontinence from any of above:	
see Subdivision 1 section 1.3	

**1.2 Female Genitalia**

**1.21 Internal Genitalia**

(a) loss of both ovaries (including fallopian tubes):	
(i) before the end of puberty .....	20%
(ii) after puberty .....	10%
(b) loss of a single ovary (including fallopian tube) .....	5%
(c) loss of the uterus (including cervix)	
(i) before the end of menopause .....	10%
(ii) after menopause .....	5%
(iii) alteration of cervix only .....	2%
(d) loss of an ovary with or without the fallopian tube .....	5%
(e) alteration of tissue following a cesarean section .....	2%

**1.22 External Genitalia**

(a) loss of the clitoris .....	5%
(b) loss of the vulva .....	5%
(c) loss of the vagina .....	5%
(d) alteration of the clitoris .....	2.5%
(e) alteration of the vulva .....	2.5%
(f) alteration of the vagina .....	2.5%

<b>1.3 Loss of fetus that has achieved a gestational age of 10 weeks as verified with medical documentation .....</b>	<b>7%</b>
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**Part 2: Impairment of Reproductive/ Sexual Function**

**Criteria for Rating Neurologic Sexual Impairment**

<b>Class 1</b>	<b>Class 2</b>	<b>Class 3</b>
5% Impairment of the Whole Person	10% Impairment of the Whole Person	15% Impairment of the Whole Person
Sexual functioning is possible with difficulty of erection or ejaculation in men or lack of awareness, excitement, or lubrication in either sex".	Reflex sexual functioning is possible but there is no awareness	No sexual functioning

**(15) Division 7 is amended:**

(a) by adding the following title before “Part 1: Impairment Rating Criteria For the Upper GI Tract”:

“Subdivision 1”;

(b) by striking out “Part 3: Impairment Rating Criteria For the Liver and Biliary Tract:” and substituting “Subdivision 2: Impairment Rating Criteria For the Liver and Biliary Tract”; and

(c) by striking out “Part 4: Impairment Rating Criteria for the Abdominal Wall, Inguinal and Femoral Regions” and substituting “Subdivision 3: Impairment Rating Criteria for the Abdominal Wall, Inguinal and Femoral Regions”.

**(16) Division 11 is repealed and the following substituted:****“DIVISION 11****“Vestibulocochlear Apparatus****“Impairment rating procedure**

In this Division, the whole person impairment rating is determined by combining the separate impairment ratings or hearing loss, vestibular (labyrinthine) function and tinnitus in accordance with the following formula:

$$(H \times 0.8) + (V \times 0.9) + (T \times 0.8) = I$$

In this formula:

H is the impairment rating for hearing loss determined under section 3;

V is the impairment rating for vestibular function determined under section 4;

T is the impairment rating for tinnitus determined under section 5; and

I is the whole person impairment rating.

**1 Ear or pinna**

See Table 12.1 in Division 12

**2 External canal injury (e.g. stenosis)**

(a) unilateral .....	1.5%
(b) bilateral .....	3%

### 3 Hearing

Permanent hearing impairment may be classified as unilateral or bilateral.

Unaided

- (a) profound bilateral sensory neural hearing loss  
(Defined as > 60 ISO according to Table 11.1) ..... 30.0%
- (b) unilateral sensory neural hearing loss profound  
(Defined as > 60 ISO according to Table 11.1) ..... 5.0%
- (c) reduction in hearing other than above  
(See Table 11.1)

**Table 11.1 Impairment for hearing loss**

Reduction of Hearing in Decibels (DB)*	Impairment Rating	
	Most Impaired Ear	Less Impaired Ear
25 ISO	0.5%	2.5%
26 - 29 ISO	1.0%	5.0%
30 - 34 ISO	1.5%	7.5%
35 - 39 ISO	2.0%	10.0%
40 - 44 ISO	2.5%	12.5%
45 - 49 ISO	3.0%	16.0%
50 - 54 ISO	3.5%	17.5%
55 - 59 ISO	4.0%	20.0%
60 ISO or more	5.0%	25.0%

\* According to the average obtained by a valid audiogram on frequencies of 500, 1,000 and 2,000 cycles.

#### Addendum to Table 11.1

For a reduction in speech discrimination score below 80% in an affected ear multiply the hearing impairment by a factor of 2. For example, a hearing loss of over 35 to 40 ISO in the more impaired ear is 2% whole body impairment. However, if in the affected ear speech discrimination is <80%, the final rating is multiplied by 2 resulting in a 4% whole body impairment. The maximum award for this category is 30% equivalent to the maximum award for profound bilateral hearing loss.

#### 4 Vestibular function

##### 4.1 Loss of labyrinth

(as determined by clinical examination and / or electronystagmograph)

- (a) complete loss of one labyrinth ..... 5%
- (b) complete loss of both labyrinths ..... 10%

##### 4.2 Functional criteria for vestibular impairment

Class	Symptom or condition	Impairment Rating
Class 1	Peripheral or central vertigo does not affect the capacity to perform activities of daily living (ADL).	2.5%
Class 2	Peripheral or central vertigo does not affect the capacity to perform most ADL, but certain activities, such as driving an automobile or riding a bicycle, may endanger the safety of the patient or others.	7.5%
Class 3	Peripheral or central vertigo necessitating continuous supervision for the performance of most ADL such as personal hygiene, household chores, or walking.	30%
Class 4	Peripheral or central vertigo requiring continuous supervision for the performance of most ADL and requiring confinement of the patient at home or an institution.	50%

#### 5 Tinnitus, unilateral or bilateral

Class	Symptom or condition	Impairment Rating
Class (mild)	Tinnitus is intermittent and noticeable only in quiet environment.	0.5%
Class 2 (moderate)	Tinnitus is constantly present and bothersome in quiet environments, disturbing concentration and sleep.	2%
Class 3 (severe)	Tinnitus is constantly present and bothersome in most environments, disturbing concentration, sleep and activities of daily living.	5%

”.

**(17) Section 4 of Division 12, Subdivision 2, is repealed and the following substituted:**

“4 For the purposes of rating disfigurement for other parts of the body, the body regions may be defined as followed:

- (a) the ‘scalp and skull’ begin at the normal hairline in front and follow the hairline around the side to the back;
- (b) the ‘neck’ is the area of skin overlying C1-C7 posteriorly and the cricoid cartilage to the sternal notch anteriorly;
- (c) the ‘arms, shoulder and elbows’ extend from the acromion process and axillary folds both anteriorly and posteriorly to the tip of the olecranon process and flexor crease. The scapulae, suprapinous fossa and supraclavicular fossa are considered part of the trunk for the purposes of rating disfigurement;
- (d) the ‘forearms’ begin at the tip of the olecranon process (dorsally) and elbow flexor crease (anterior) and extend to the distal wrist crease;
- (e) the ‘wrist and hands’ begins at the distal wrist crease and extend distally to the fingertips;
- (f) the ‘trunk’ region includes both the suprascapular and supraclavicular fossae. It extends from the sternal notch anteriorly and C7 posteriorly to inguinal ligament crease (anteriorly) and to the crease below the buttock;
- (g) the ‘lower limbs’ begin at the distal aspect of the trunk and extend distally to the tips of the toes”.

**Appendix C amended**

**14 The portion of Appendix C preceding the Table of the Calculation of Successive Remainders is repealed and the following substituted:**

**“Combined Value Impairment Rating**

Below is the Table for combining two or more impairments if a person has an impairment in more than one subdivision as set out in Appendix B.

The values are derived from the formula  $A + B(1 - A) = \text{combined value of A and B}$ , where A and B are the decimal equivalents of the impairment ratings. In the chart all values are expressed as percentages. To combine any two impairment values, locate the larger of the values on the side of the chart and read along that row until you come to the column indicated by the smaller value at the bottom of the chart. At the intersection of the row and the column is the combined value.

TABLE”.

**New Appendix D****15 Appendix D is repealed and the following substituted:****“APPENDIX D****Grid A. Evaluation Grid of Required Functional Activities****“Application**

1(1) If an insured is entitled to a benefit pursuant to section 156 of the Act, the insured shall be entitled to the weekly amount calculated pursuant to Grid A.

(2) The maximum benefit amount available for assistance pursuant to Grid A is \$708.

**“Functional Activities**

2(1) For the purposes of Grid A, the following definitions apply:

- (a) **‘arising from bed’** means the physical ability of the insured, or the insured’s requirement to have verbal cuing, to get into and get out of bed;
- (b) **‘bathing’** means the physical ability of the insured, or the insured’s requirement to have verbal cuing, to wash, rinse and dry his or her body in a tub, shower or by taking a sponge or bed bath;
- (c) **‘bladder control’** means the physical ability of the insured to relieve his or her bladder;
- (d) **‘bowel control’** means the physical ability of the insured to relieve his or her bowel;
- (e) **‘clean up after meals’** the physical ability of the insured, or the insured’s requirement to have verbal cuing, to clear the table, do the dishes and put away the dishes after a meal;
- (f) **‘dressing’** the physical ability of the insured, or the insured’s requirement to have verbal cuing, to dress and undress himself or herself;
- (g) **‘feeding’** means, once the meal is presented in a customary manner, the physical ability of an insured, or the insured’s requirement to have verbal cuing, to use utensils to feed himself or herself;
- (h) **‘functional ability’** means the ability of the insured to function alone without supervision due to a physical limitation resulting from the accident, as opposed to any cognitive limitation;
- (i) **‘gathering firewood’** means the ability of the insured to gather and chop firewood when firewood is used as the primary means of heating an insured’s principal residence;
- (j) **‘grooming’** means the physical ability of the insured, or the insured’s requirement to have verbal cuing, to wash his or her hands and face, to shave, groom hair, apply make-up and maintain his or her personal hygiene;

- (k) **'heavy housekeeping'** means the physical ability of the insured, or the insured's requirement to have verbal cuing, to carry out major household duties, including vacuuming, cleaning curtains, washing floors, walls, and windows, cleaning bathrooms and appliances;
- (l) **'laundry'** means the physical ability of the insured, or the insured's requirement to have verbal cuing, to carry a basket of clothes and to wash, dry, fold, iron and pack away laundered items;
- (m) **'light housekeeping'** means the physical ability of the insured, or the insured's requirement to have verbal cuing, to carry out light household duties, including sweeping, dusting, making beds and maintaining a general tidiness;
- (n) **'meal preparation'** means the physical ability of the insured, or the insured's requirement to have verbal cuing, to prepare three meals per day;
- (o) **'mobility'** means the physical ability of the insured to transfer himself or herself into or out of a vehicle or a wheelchair;
- (p) **'purchasing supplies'** means the physical ability of the insured, or the insured's requirement to have verbal cuing, to purchase and unload needed household supplies, including groceries, cleaning products, clothes, hardware, and required equipment;
- (q) **'taking medication'** means the physical ability of the insured to routinely administer oral or topical medication as he or she requires;
- (r) **'toileting'** means the physical ability of the insured to transfer to the toilet or use a bedpan or urinal and to maintain perineal hygiene;
- (s) **'transportation'** means the physical ability of the insured to use transportation when necessary;
- (t) **'yard work'** means the physical ability of the insured, or the insured's requirement to have verbal cuing, to complete the following tasks:
- (i) planting, maintaining and harvesting a garden;
  - (ii) maintaining and caring for a lawn and trees or shrubs;
  - (iii) shovelling snow.
- (2) For the purpose of Grid A, an insured is deemed to be completely independent if he or she can complete the tasks set out in Grid A without assistance or with the use of specialized equipment.
- (3) In determining the designation to be assigned to an insured who has sustained a disability, the following designations apply:
- (a) a designation that the insured is 'completely dependent' means the insured requires assistance with 90 to 100% of the activity or task being performed;
  - (b) an 'a' designation means the insured requires assistance with less than 90% but 75% or more of the activity or task being performed;

- (c) a 'b' designation means the insured requires assistance with less than 75% but 50% or more of the activity or task being performed;
  - (d) a 'c' designation means the insured requires assistance with less than 50% but 25% or more of the activity or task being performed.
- (4) In evaluating whether an insured requires assistance in Grid A, the following designations apply:
- (a) an 'A' designation means that the insured is:
    - (i) completely independent; or
    - (ii) requires assistance with less than 25% of the activity or task being performed;
  - (b) a 'B' designation means that assistance is not required as a result of the insured's age;
  - (c) a 'C' designation means that assistance is provided by a health care facility or program;
  - (d) a 'D' designation means that assistance is covered by an integration facility;
  - (e) an 'E' designation means that the insured did not do this task or activity before the accident;
  - (f) a 'F' designation means that assistance is not required for other reasons that the insurer considers reasonable.
- (5) In calculating the amount payable pursuant to Grid A, the insurer shall adjust the amount payable for each prescribed task identified in Grid A by the percentage the insured did not perform or complete the whole task by himself or herself before the date of the accident.



**“Grid B. Evaluation Grid of Required Cognitive Activities****Application**

- 1(1) An insured is entitled to a weekly amount calculated pursuant to Grid B if:
- (a) the insured is entitled to a benefit pursuant to section 156 of the Act; and
  - (b) the insured is diagnosed with an impairment pursuant to Division 2, Subdivision 1, Part 4 of Appendix B.
- (2) The maximum benefit amount available for assistance pursuant to Grid B is \$355.

**Using Grid B**

- 2(1) In determining a designation for the purpose of Grid B, the following are the activities being measured:

- (a) **‘attention’**, being the insured’s cognitive ability to concentrate, deal with distractions, switch his or her attention between various tasks and activities and recall or reproduce what has been learnt prior to and subsequent to the accident. The evaluation focuses on two aspects only:
  - (i) if the insured requires supervision as a result of difficulty with his or her memory in recalling or reproducing information that the insured has previously learnt or been told; and
  - (ii) if the insured requires supervision or assistance with verbal cues to stay focused on the activity or task he or she is engaged in performing;
- (b) **‘behaviour’**, being how an insured feels and acts as a result of the injury. The evaluation focuses only on the following:
  - (i) if the insured requires supervision as a result of depression or an inability to initiate activities;
  - (ii) if the insured requires supervision as a result of depression or an inability to complete activities;
  - (iii) if the insured requires supervision in consequence of inappropriate behavioural outbursts; and
  - (iv) if the insured requires supervision as he or she is violent to persons or property;
- (c) **‘communication’**, being whether assistance is required to enable the insured to:
  - (i) express himself or herself verbally using gestures or sounds and in writing; and
  - (ii) understand simple orders and directions, both written and oral, required for daily living;

- (d) **'financial management'**, being whether supervision is required to assist the insured with accessing bank accounts, paying bills and managing his or her financial affairs;
- (e) **'organization'**, being the insured's planning and organizational skills and cognitive ability to plan, develop, coordinate and oversee various tasks and activities. The evaluation focuses on the following only:
- (i) if the insured requires supervisory assistance in keeping himself or herself organized including completing a daytimer or activity list;
  - (ii) if the insured requires supervisory assistance making and keeping appointments;
  - (iii) if the insured requires supervisory assistance with planning menus, organizing groceries, following recipes and completing multiple tasks required for meal preparation;
  - (iv) if the insured requires supervisory assistance with school or home therapy assignments including completing assignments and studying;
- (f) **'safety'**, being the insured's cognitive ability to evaluate and avoid impulsive or risky behaviours that could cause him or her injury. The evaluation focuses on two areas only:
- (i) the insured's ability to address immediate dangers including turning off a stove or element, crossing a street, using electrical or gas-operated equipment;
  - (ii) the insured's ability to take his or her medication as required.
- (2) In determining the designation to be assigned to an insured who has sustained a disability, the following designations apply:
- (a) a designation that the insured is 'completely dependent' means the insured requires supervision or assistance with 90 to 100% of the activity or task being performed;
  - (b) an 'a' designation means the insured requires supervision or assistance with less than 90% but 75% or more of the activity or task being performed;
  - (c) a 'b' designation means the insured requires supervision or assistance with less than 75% but 50% or more of the activity or task being performed;
  - (d) a 'c' designation means the insured requires supervision or assistance with less than 50% but 25% or more of the activity or task being performed.

(3) In evaluating whether the insured requires assistance in Grid B, the following designations apply:

- (a) an 'A' designation means that the insured is:
  - (i) completely independent; or
  - (ii) requires supervisory assistance with less than 25% of the activity or task being performed;
- (b) a 'B' designation means that assistance is not required as a result of the insured's age;
- (c) a 'C' designation means that assistance is provided by a health care facility or program;
- (d) a 'D' designation means that assistance is covered by an integration facility;
- (e) an 'E' designation means that the insured did not do this task or activity before the accident;
- (f) a 'F' designation means that assistance is not required for other reasons that the insurer considers reasonable.

(4) In calculating the amount payable pursuant to Grid B, the insurer shall adjust the amount payable for each prescribed task identified in Grid B by the percentage the insured did not perform or complete the whole task by himself or herself before the date of the accident.

**GRID B**

Activity		Constant Attention	Partially Attention/ Supervision			Does Not Apply					
			a	b	c	A	B	C	D	E	F
<b>1. Attention</b>	Therapeutic techniques	5	4	3	2						
	Staying on task	6	5	3	2						
<b>2. Behaviour</b>	Initiating activities	6	5	3	2						
	Completing activities	6	5	3	2						
	Irritability outbursts	6	5	3	2						
	Physical violence	8	6	4	2						
<b>3. Communication</b>		4	3	2	1						
<b>4. Financial management</b>		3	2	1	.5						
<b>5. Organization</b>	Activity list daytimer	3	1.5	1	.5						
	Keeping appointments	4	3	2	1						
	Meals	3	2	1	1						
	Homework	7	5	4	2						
<b>6. Safety Concerns</b>	Risky or impulsive behaviour	8	6	4	2						
	Taking medication	1	1	1	1						
<b>Total</b>		<b>70</b>									

”.

**Coming into force**

**16(1)** Subject to subsection (2), these regulations come into force on September 1, 2007.

(2) If these regulations are filed with the Registrar of Regulations after September 1, 2007, these regulations come into force on the day on which they are filed with the Registrar of Regulations.

**SASKATCHEWAN REGULATIONS 74/2007***The Traffic Safety Court of Saskatchewan Act, 1988*

## Section 11

Order in Council 661/2007, dated August 14, 2007

(Filed August 15, 2007)

**Title**

**1** These regulations may be cited as *The Traffic Safety Court of Saskatchewan Amendment Regulations, 2007*.

**R.R.S. c.T-19.1 Reg 1, section 3 amended**

**2** Clause 3(1)(m) of *The Traffic Safety Court of Saskatchewan Regulations* is repealed and the following substituted:

“(m) \$6,513 for the period commencing on July 1, 2006 and ending on June 30, 2007;

“(n) \$6,916 for the period commencing on July 1, 2007”.

**Coming into force**

**3** These regulations come into force on the day on which they are filed with the Registrar of Regulations.

**RÈGLEMENT DE LA SASKATCHEWAN 74/2007***Loi de 1988 sur le Tribunal de la sécurité routière de la Saskatchewan*

Article 11

Décret 661/2007, en date du 14 août 2007

(déposé 15 août 2007)

**Titre****1** *Règlement de 2007 modifiant le Règlement sur le Tribunal de la sécurité routière de la Saskatchewan.***Modification de l'article 3 des R.R.S. ch. T-19.1 Règl. 1****2** *L'alinéa 3(1)m) du Règlement sur le Tribunal de la sécurité routière de la Saskatchewan est abrogé et remplacé par ce qui suit :*« m) 6 513 \$ pour la période allant du 1<sup>er</sup> juillet 2006 au 30 juin 2007;« n) 6 916 \$ pour la période commençant le 1<sup>er</sup> juillet 2007 ».**Entrée en vigueur****3** Le présent règlement entre en vigueur le jour de son dépôt auprès du registraire des règlements.

