

Media Report 08 Jan 2021

HAVE A SAFE HEALTHLY NEW YEAR 2021

This weeks media reports will cover and answer great questions veterans are still asking such as Frequently asked questions regarding COVID-19 in Ottawa. Due to ongoing and evolving COVID-19 pandemic callers may experience increased wait times when calling the Government of Canada Pension Center. Callers may also experience dropped calls, as all telecommunication networks across Canada are presently facing capacity challenges. and local Media Articles and An illness or injury can have an impact on your ability to adjust to life after service. We all need healthcare services. The Treatment benefits program provides coverage for a variety of benefits and services to help you get—and stay healthy.

[Active COVID-19 cases: 77,983 | Recovered: 531,227 | Deceased: 16,369 | Total: 626,800](#)

[COVID-19 vaccine tracker: How many people in Canada have received shots?](#)

[Coronavirus vaccine tracker: How many people have received vaccinations? | CTV News](#)

All residents and workers to be vaccinated by third week of January

Ontario Accelerates COVID-19 Vaccinations for Long-Term Care Homes in Priority Regions

TORONTO — The Ontario government is continuing the rollout of Phase One of its vaccine implementation plan by ensuring that all residents, health care workers and essential caregivers at long-term care homes in the priority regions of Toronto, Peel, York and Windsor-Essex receive a COVID-19 vaccination by January 21, 2021.

The government's [vaccine rollout is well underway](#) since launching in December. Frontline health care workers who participated in the successful Pfizer pilot program in Toronto and Ottawa are receiving their second doses this week. To date, 44 vaccine sites have been established. Over 50,000 people have been administered the Pfizer vaccine, including over 26,000 vaccinations administered to health care workers in long-term care homes and retirement homes, over

20,000 vaccinations administered to health care workers and nearly 1,000 vaccinations administered to residents.

Nearly 3,000 doses of the Moderna vaccine were administered to 24 long-term care homes between December 31, 2020 and January 3rd, 2021. Over 4,000 doses to 26 long-term care homes of the Moderna vaccine are planned to be administered between January 4 and January 6. An estimated 2 million vaccine doses are expected to arrive throughout the winter during Phase One of the province's vaccine implementation plan.

“Ontario continues to make important progress in quickly and safely vaccinating our frontline health care workers, our most vulnerable and those at greatest risk, and we continue to administer doses to thousands of Ontarians across the province,” said Christine Elliott, Deputy Premier and Minister of Health. “Our Vaccination Distribution Task Force, led by General Rick Hillier, has put a plan in place to get these doses distributed and administered as quickly as possible and that plan is working.”

On December 30th, Ontario received nearly 53,000 doses of the Moderna vaccine from the federal government. This first, small shipment is being used for a pilot in Toronto, York, Peel and Windsor-Essex to vaccinate residents at long-term care homes and high-risk retirement homes, with the vaccine being administered at select long-term care homes within a day of receiving the shipment.

As the rollout of COVID-19 vaccines continues, the Ontario government is investing an additional \$398 million during the second wave to reduce the risk of the virus from entering long-term care homes from the community. The new funding will help homes adhere to enhanced staff and visitor testing requirements and continue to improve COVID-19 prevention and containment. The new investment brings Ontario's total funding to protect long-term care homes since the start of the COVID-19 pandemic to \$1.38 billion.

“We continue to do everything we can to help stop the spread of this virus and protect our most vulnerable, as well as the staff who have been working tirelessly to keep residents safe,” said Dr. Merrilee Fullerton, Minister of Long-Term Care. “While we rollout the vaccine as quickly as possible, we are also providing additional support to help homes detect any cases early so that the virus can be contained.”

“Ontario continues to follow the expert advice and recommendations of the COVID-19 Vaccine Distribution Task Force in order to ensure the timely, effective

and ethical execution of Ontario's immunization program," said Solicitor General Sylvia Jones. "This investment, along with prioritizing long-term care homes in areas with high rates of COVID-19, will help protect our most vulnerable residents and keep Ontarians safe."

"We are getting the vaccine to those who need it most as quickly as possible," said General Rick Hillier (retired). "Every vaccination has the potential to save a life. Our focus is on getting the vaccines to the most vulnerable, as well as to the outstanding men and women who serve and care for our long-term care residents."

As part of Phase One, Ontario will continue to focus on vaccinating vulnerable populations, and those who care for them, as more vaccines become available. As the vaccination rollout continues, it remains critically important that all Ontarians continue following public health advice to protect our communities and most vulnerable populations, and to stop the spread of COVID-19.

Queen Elizabeth Already Has 'Spectacular' Plans for Her Platinum Jubilee in 2022: All the Details!

[Special four-day Bank Holiday weekend announced to mark Queen's Platinum Jubilee | Evening Standard](#)

Malignant Impairment

- [Steps to Determine Malignant Assessment](#)

Introduction

This chapter provides criteria for assessing permanent impairment from entitled malignant conditions.

Ratings from tables within other applicable impairment chapters must be considered in determining the appropriate rating for a malignant condition. The applicable impairment chapter to be used is determined by the site of malignancy (for example, lung cancer is rated using tables within the Malignant Chapter, as well as tables within the Cardiorespiratory Chapter). Any applicable ratings are compared and the highest selected.

Rating Tables

This chapter contains one "Loss of Function" table and one "Other Impairment" table which may be used to rate impairment from entitled malignant conditions.

Table ratings from other impairment chapters also need to be considered as described in "Steps to Determine the Malignant Impairment Assessment" on the last page of this chapter. The applicable impairment chapter to be used is dependent upon the site of malignancy.

In this chapter, when a disability is rated from both [Table 18.1](#)- Loss of Function – Malignant Conditions and [Table 18.2](#)- Other Impairment – Life Expectancy – Malignant Conditions, the ratings are compared and the highest selected.

The tables within this chapter are:

Rating Tables		
TABLE	LOSS OF FUNCTION	OTHER IMPAIRMENT
Table 18.1	Loss of Function – Malignant Conditions	This table is used to rate impairment from loss of function due to malignant conditions.
Table 18.2	Other Impairment – Life Expectancy – Malignant Conditions	This table is used to rate impairment with regard to predicted survival estimates.

Loss of Function – Malignant Conditions

[Table 18.1](#) is used to rate impairment from entitled malignant conditions. One rating may be selected for each entitled condition. If more than one rating is applicable for an entitled condition, the ratings are compared and the highest selected.

For the purposes of [Table 18.1](#), "symptoms" encompass the symptoms (including pain) of both the malignant condition itself and the symptoms of the effects of its treatment.

If non-entitled conditions or conditions rated within another chapter/table of the Table of Disabilities are contributing to the overall impairment, then the Partially Contributing Table (PCT) must be applied to arrive at the rating which is due to the entitled condition(s) rated within this chapter.

Other Impairment – Life Expectancy – Malignant Conditions

[Table 18.2](#) is used to rate impairment from entitled malignant conditions with regard to life expectancy and prognosis. Only one rating may be selected for each entitled condition.

Whenever possible, the rating from [Table 18.2](#) is to be based on a survival estimate from an oncologist or other treating physician. If such an estimate is unavailable, supporting evidence from a recognized standard medical reference is to be applied to provide an estimate. Estimates are to be based on malignancies of the

same type and degree of spread as that in the specific case being rated. The estimate or predicted life expectancy used in [Table 18.2](#) is projected from the time of diagnosis, or from the time of any major staging procedure or operation.

Once a [Table 18.2](#) rating has been established it is not to be changed unless subsequent findings indicate that an earlier prognosis was based on incorrect clinical information.

The rating is not to be modified posthumously to reflect the actual duration for which the Member/Veteran/Client survived after diagnosis or staging. The life expectancy estimate can be based only on predicted probability of survival, not actual survival time.

A [Table 18.2](#) rating is not to be updated to account for the natural progression of the condition. As the disease progresses, it is expected that ratings from [Table 18.1](#) will exceed ratings from [Table 18.2](#).

A rating from [Table 18.2](#) may not be reduced because of favourable response to treatment or because of better than anticipated survival.

If the condition is being rated for the first time more than five years after diagnosis and the condition is in remission or may be cured, the malignant impairment rating is nil.

Table 18.1 – Loss of Function – Malignant Conditions

Only one rating may be given for each entitled condition from [Table 18.1](#). If more than one rating is applicable for an entitled condition, the ratings are compared and the highest selected.

Each bullet (•) represents one criterion. In order for a rating to be established for [Table 18.1](#), all criteria designated at that rating level must be met.

Table 18.1 – Loss of Function – Malignant Conditions

RATING	CRITERIA
Nil	<ul style="list-style-type: none"> • Asymptomatic.
One	<ul style="list-style-type: none"> • Asymptomatic but requiring ongoing monitoring and/or therapy.
Nine	<ul style="list-style-type: none"> • Mild to moderate symptoms that are irritating or unpleasant but rarely prevent completion of any activity. Symptoms may cause loss of efficiency in a few activities.
Eighteen	<ul style="list-style-type: none"> • More severe symptoms that are distressing and regularly prevent the completion of some everyday activities. Physically strenuous activity (e.g. carrying laundry, shovelling walk, mowing the lawn) is prevented but the person remains ambulatory and able to carry out light tasks at home or office. Self-care is unaffected and independence is maintained.
Forty-three	<ul style="list-style-type: none"> • Symptoms are severe and prevent the completion of many everyday activities. Requires daily personal assistance with self-care.
Sixty-three	<ul style="list-style-type: none"> • Symptoms are severe and cause major restriction in most

everyday activities. Capacity for self-care is increasingly restricted, leading to partial dependence on others. Confined to bed or chair at least part of waking hours.

Eighty-one

- Symptoms are severe with most to all everyday activities prevented. Dependent on others for all self-care. May require institutional care or may be maintained at home with frequent requirement for medical care. Totally confined to bed or chair.

Table 18.2 – Other Impairment – Life Expectancy – Malignant Conditions

Only one rating may be given for each entitled condition from Table 18.2.

Each bullet (•) represents one criterion. In order for a rating to be established for Table 18.2, all criteria designated at that rating level must be met.

Table 18.2 – Other Impairment – Life Expectancy – Malignant Conditions

RATING	PREDICTED LIFE EXPECTANCY AT TIME OF DIAGNOSIS OR STAGING PROCEDURE
Nil	• Normal, or near-normal, five-year survival.
Four	• Predicted five-year survival less than 95%.
Nine	• Predicted five-year survival less than 75%.
Eighteen	• Predicted five-year survival less than 50%.
Forty-three	• Predicted five-year survival less than 25%.
Sixty-three	• Predicted one-year survival less than 50%.
Eighty-one	• Predicted one-year survival less than 25%.

Steps to Determine Malignant Assessment

- Step 1: Determine the rating from [Table 18.1](#) (Loss of Function – Malignant Conditions).
- Step 2: Does the Partially Contributing Table apply? If yes, apply to the rating at Step 1.
- Step 3: Determine the rating from [Table 18.2](#) (Other Impairment – Life Expectancy – Malignant Conditions).
- Step 4: Compare the ratings at Step 2 and Step 3 and select the highest.
- Step 5: Determine the rating(s) from the relevant impairment table(s) using the appropriate Table of Disabilities chapter.
- Step 6: Does the Partially Contributing Table apply? If yes, apply to the rating at Step 5.
- Step 7: Compare the ratings at Step 4 and Step 6 and select the highest.
- Step 8: Determine the Quality of Life rating.
- Step 9: Add the ratings at Step 7 and Step 8.
- Step 10: If partial entitlement exists, apply to the rating at Step 9.

This is the Disability Assessment