

Report 03 July 2020

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 Tax credits and deductions are available for persons with disabilities, their supporting family members, and their caregivers. This chapter provides criteria for assessing permanent impairment from entitled skin conditions. Skin conditions vary widely in severity over periods of time; therefore, when assessing a permanent impairment of the skin, consideration must be given to the pattern of the signs and symptoms of the skin condition. Various factors are used to determine the level of skin impairment. These factors include:

The link below is to a very good guide that Branches can use when considering opening for business during, and I guess beyond, Phase 2. Attached is the "template" shown in the link for individual businesses to develop their own plans. This is a government of Ontario website and is available to all however it has not yet been distributed. It will be an agenda item and we'll discuss at the meeting tomorrow night and then decide how to proceed

<https://www.ontario.ca/page/develop-your-covid-19-workplace-safety-plan>

- Mask Donation to VAC-Subsidized Veterans in LTC Facilities – On Pause

This initiative is on pause. We have heard from more LTC facilities that face masks are not required as the LTC facility already provides all residents with one if needed and they have quite stringent regulations on what can be used. While it was an excellent initiative, the health and safety of our Veterans are paramount. DC will not forward face masks to LTC facilities.

No masks have been shipped with one exception: all masks for PEI facilities were shipped to Comrade Owen. We have not heard of any declines from the facilities on PEI so, Comrades Owen and Duane, please reach out with the offer.

We are re-evaluating this program and more information will follow next week but do know that if a Command had already made a commitment to any facility, we will be pleased to honour that.

Masks for personal use were shipped yesterday directly to all SEOs and Past Dominion Presidents; each Command's share of the 1000 masks approved for internal distribution were also shipped yesterday.

Legion Scholarships

Deadline extended! We are now accepting applications for the Royal Canadian Legion Master's Scholarship until August 31, 2020.

The Legion Scholarship is awarded to a Master's level student specializing in research related to Veterans and their families.

Value: \$15,000/year for 2 years

We are also still accepting applications for the following scholarship and award:

Wounded Warriors Doctoral Scholarship in Military and Veteran Health Research.

Awarded to a Doctoral level student conducting research on issues relevant to military members, Veterans and families.

Value: \$18,000/year for 2 years

Deadline: August 31, 2020

The Dr. Mark Zamorski Award

Awarded to a postgraduate student specializing in epidemiological and mental health in military personnel, Veterans and/or their families.

Value: \$5,000

Deadline: August 31, 2020

Apply today!

Apply today!

For full eligibility criteria and to apply, please visit: <https://bit.ly/35MQEiK>

Skin Impairment

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Introduction

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

Skin conditions vary widely in severity over periods of time; therefore, when assessing a permanent impairment of the skin, consideration must be given to the pattern of the signs and symptoms of the skin condition.

Various factors are used to determine the level of skin impairment. These factors include:

- The nature of the skin condition(s). Skin conditions that scale, weep, crust, bleed or that cause fissures or erosions warrant a higher impairment rating.
- The symptoms presented. Skin conditions that are pruritic and/or cause discomfort/pain warrant a higher impairment rating.
- The extent of skin involved. In general, the greater the surface area involved, the greater the impairment rating.
- The location of the lesion(s). In general, skin conditions of the face and hands warrant a higher impairment rating than those elsewhere on the body.
- The treatment required. In general, skin conditions that require continuous treatment warrant a higher rating than those that require only intermittent or no treatment. Skin conditions that require systemic treatment instead of

or in addition to topical treatment warrant a higher rating than those requiring topical treatment alone.

When assessing a permanent impairment of the skin, the functional loss includes disfigurement.

Skin conditions with complications of severe systemic or life threatening infections are rated on individual merits.

An additional rating may be obtained from [Chapter 17](#), Musculoskeletal Impairment in cases where skin conditions result in scarring and contractures causing a loss of joint function.

A rating is not given from this chapter for the conditions listed below. Each bullet indicates the appropriate chapter to be used.

- Impairment from skin conditions caused by varicose veins, peripheral vascular arterial disease and deep vein thrombosis is rated within [Chapter 13](#), Hypertension and Vascular Impairment.
- Impairment from diabetic foot ulcers is rated within [Chapter 15](#), Endocrine and Metabolic Impairment.
- Impairment from skin conditions as a result of osteomyelitis is rated within [Chapter 17](#), Musculoskeletal Impairment.

Impairment from malignant skin conditions is rated within [Chapter 18](#), Malignant Impairment. Follow the steps contained within the Malignant Impairment chapter.

Rating Tables

This chapter contains six "Loss of Function" tables, three "Other Impairment" tables and one diagram, the "Rule of Nines" which may be used to rate entitled skin conditions.

The tables and diagram within this chapter are:

Table	Loss of Function	Other Impairment
Table 22.2	Loss of Function – Skin – Hands	This table is used to rate impairment from skin conditions of the hands.
Table 22.3	Loss of Function – Skin – Feet	This table is used to rate impairment from skin conditions of the feet.
Table 22.4	Loss of Function – Skin – Genitalia	This table is used to rate impairment from skin conditions of the genitalia.
Table 22.5	Loss of Function – Skin – Generalized	This table is used to rate impairment from generalized skin conditions.
Table 22.6	Loss of Function – Nails	This table is used to rate impairment from nail conditions.
Table 22.7	Other Impairment – Superficial Gunshot Wounds and Scars – Face	This table is used to rate impairment from superficial gunshot wounds and scars of the face.
Table 22.8	Other Impairment – Superficial Gunshot Wounds	This table is used to rate impairment from superficial gunshot wounds and scars of

	and Scars – Hands	the hands.
Table 22.9	Other Impairment – Superficial Gunshot Wounds and Scars – Other	This table is used to rate impairment from superficial gunshot wounds and scars other than of the face and hands.
Diagram 22A	Rule of Nines	This diagram is used to estimate the percent of affected body surface.

Loss of Function – Skin – Face and Scalp

[Table 22.1](#) is used to rate impairment from skin conditions of the face and scalp. This table has three columns. One rating is chosen from each of the three columns. All three ratings are added to arrive at the [Table 22.1](#) rating.

When entitled skin conditions of the face and scalp result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

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 table.

Loss of Function – Skin – Hands

[Table 22.2](#) is used to rate impairment from skin conditions of the hands. The hands are rated together. This table has three columns. One rating is chosen from each of the three columns. All three ratings are added to arrive at the [Table 22.2](#) rating.

When entitled skin conditions of the hands result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

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 table.

Loss of Function – Skin – Feet

[Table 22.3](#) is used to rate impairment from skin conditions of the feet. The feet are rated together. This table has three columns. One rating is chosen from each of the three columns. All three ratings are added to arrive at the [Table 22.3](#) rating.

When entitled skin conditions of the feet result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

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 table.

Loss of Function – Skin – Genitalia

[Table 22.4](#) is used to rate impairment from skin conditions of the genitalia/perineum. This table has three columns. One rating is chosen from each of the three columns. All three ratings are then added to arrive at the [Table 22.4](#) rating.

When entitled skin conditions of the genitalia result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

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 table.

Loss of Function – Skin – Generalized

[Table 22.5](#) is used to rate impairment from generalized skin conditions. This table has three columns. One rating is chosen from each of the three columns. All three ratings are added to arrive at the [Table 22.5](#) rating.

This table is used to determine an impairment rating in the following circumstances:

- The entitled skin condition affects an area not rated by a site specific table within this chapter; and/or
- Two or more specific body areas (excluding the nails) are affected by the same entitled skin condition.

To determine the extent of skin involvement for [Table 22.5](#), [Diagram 22A](#), the “Rule of Nines”, is utilized. The “Rule of Nines” figure divides the entire body skin surface into sections where each section equals a percentage of total body surface area, as noted below:

- head and neck – 9%
- each hand and arm – 9%
- palmar surface of hand – 1%
- each foot and leg – 18% (9% anterior foot and leg; 9% posterior foot and leg)
- anterior trunk – 18%
- posterior trunk (including buttocks) - 18%
- perineum – 1%.

Note: Approximations must be carried out when applying the “Rule of Nines” when only a portion of a body surface area is involved.

When entitled generalized skin conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

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 table.

Loss of Function – Nails

Table 22.6 is used to rate impairment from nail conditions on the hands and the feet. This table has two columns. One rating is chosen from each of the two columns. Both ratings are added to arrive at the Table 22.6 rating.

When entitled nail conditions result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

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 pensioned condition(s) rated within this table.

Other Impairment – Superficial Gunshot Wounds and Scars – Face

Table 22.7 is used to rate impairment from superficial gunshot wounds and scars of the face. Total surface area of all scars on the face is used to determine the extent of skin involvement. This table has two columns. One rating is chosen from each of the two columns. Both ratings are added to arrive at the Table 22.7 rating.

* Burn scars are rated from the site specific tables and/or Table 22.5 – Skin – Generalized within this chapter. Burn scars are not rated from Table 22.7.

When entitled superficial gunshot wounds and scars of the face and scalp result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

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 table.

Other Impairment – Superficial Gunshot Wounds and Scars – Hands

[Table 22.7](#) is used to rate impairment from superficial gunshot wounds and scars of the hands. Total surface area of all scars on the hands is used to determine the extent of skin involvement. This table has two columns. One rating is chosen from each of the two columns. Both ratings are added to arrive at the [Table 22.8](#) rating.

* Burn scars are rated from the site specific tables and/or [Table 22.5 – Skin – Generalized](#) within this chapter. Burn scars are not rated from [Table 22.8](#).

When entitled superficial gunshot wounds and scars of the hands result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

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 table.

Other Impairment – Superficial Gunshot Wounds and Scars – Other

[Table 22.9](#) is used to rate impairment from superficial gunshot wounds and scars other than of the face and hands. Total surface area of all scars other than of the face and hands is used to determine the extent of skin involvement. This table has two columns. One rating is chosen from each of the two columns. Both ratings are added to arrive at the [Table 22.9](#) rating.

* Graft and skin donor site conditions are rated from this table.

* Scars of the scalp are rated in [Table 22.9](#).

* Burn scars are rated from the site specific tables and/or [Table 22.5 – Skin – Generalized](#) within this chapter. Burn scars are not rated from [Table 22.9](#).

When entitled superficial gunshot wounds and scars of areas, other than the face and hands, result in permanent impairment of other organ systems, a consequential entitlement decision is required. If awarded, the resulting impairment of that organ system(s) will be rated using the applicable body system specific table(s).

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 table.

Table 22.1 – Loss of Function – Skin – Face and Scalp

Only one rating may be given from a column in [Table 22.1](#) for each entitled condition. If more than one rating is applicable for an entitled condition within a column, the highest is selected. The ratings from each column are added for each entitled condition.

Male pattern baldness is assessed at nil.

Table 22.1 – Loss of Function – Skin – Face and Scalp

Rating	Extent of Skin Involvement	Signs and Symptoms	Treatment
Nil		Burn scar, well healed, non-adherent, no loss of subcutaneous tissue; or No pruritus, pain, discomfort or scaling present. No weeping, oozing, ulceration, blistering (bullae), crusting nor fissuring.	No treatment required.
One	Minimal burn scar or rash involving up to 1/8 of scalp or face.		Oral antihistamines and/or topical therapy required.
Two	Greater than 1/8 to 1/4 face and/or 1/4 scalp.	Pruritus and/or pain and/or discomfort and/or scaling; or Burn scar adherent to underlying tissue or loss of subcutaneous tissue.	Systemic (excluding antihistamines) and/or surgical and/or laser and/or ultraviolet therapy required on a regular, ongoing basis.
Four	Greater than 1/4 to 1/2 face and/or scalp.	Pruritus and/or pain and/or discomfort and/or scaling; and Oozing and/or ulceration and/or blistering (bullae) and/or crusting and/or weeping and/or fissuring with or without secondary infection; or Burn scar adherent to underlying tissue and loss of subcutaneous tissue; or Scalp alopecia (other than male pattern baldness).	

Seven More than 1/2 face and/or more than 1/2 scalp. Alopecia (scalp and all facial hair).

Steps to Determine Skin (Face and Scalp) Impairment Assessment

- Step 1: Determine the rating from Table 22.1 (Loss of Function – Skin – Face and Scalp).
- Step 2: Does the Partially Contributing Table apply? If yes, then apply to rating at Step 1.
- Step 3: Determine the Quality of Life rating.
- Step 4: Add the ratings at Step 2 and Step 3.
- Step 5: If partial entitlement exists, apply to rating at Step 4.

This is the Disability Assessment.

Table 22.2 – Loss of Function – Skin – Hands

Only one rating may be given from a column in Table 22.2 for each entitled condition. The hands are rated together. If more than one rating is applicable for an entitled condition within a column, the highest is selected. The ratings from each column are added for each entitled condition.

Table 22.2 – Loss of Function – Skin – Hands

Rating	Extent of Skin Involvement	Signs and Symptoms	Treatment
Nil		Burn scar, well healed, non-adherent, no loss of subcutaneous tissue; or No pruritus, pain, discomfort or scaling present. No weeping, oozing, ulceration, blistering (bulla), crusting nor fissuring.	No treatment or intermittent treatment required.
One	Minimal burn scar and/or rash involving up to 1/4 of hands.		Oral antihistamines and/or topical therapy required.
Two	Greater than 1/4 up to 1/2 of hands.	Pruritus and/or pain and/or discomfort and/or scaling; or	Systemic (excluding antihistamines) and/or surgical and/or laser and/or ultraviolet therapy required

		Burn scar adherent to underlying tissue or loss of subcutaneous tissue.
		Pruritus and/or pain and/or discomfort and/or scaling; and
Four	Greater than 1/2 to 3/4 of hands.	Oozing and/or ulceration and/or blistering (bulla) and/or crusting and/or weeping and/or fissuring with or without secondary infection; or
		Burn scar adherent to underlying tissue and loss of subcutaneous tissue.
Seven	More than 3/4 of hands.	

Steps to Determine Skin (Hands) Impairment Assessment

- Step 1: Determine the rating from [Table 22.2](#) (Loss of Function – Skin – Hands).
- Step 2: Does the Partially Contributing Table apply? If yes, then apply to rating at Step 1.
- Step 3: Determine the Quality of Life rating.
- Step 4: Add the ratings at Step 2 and Step 3.
- Step 5: If partial entitlement exists, apply to Step 4 rating.

This is the Disability Assessment.

Table 22.3 – Loss of Function – Skin – Feet

Only one rating may be given from a column in Table 22.3 for each entitled condition. The feet are rated together. If more than one rating is applicable for an entitled condition within a column, the highest is selected. The ratings from each column are added for each entitled condition.

Table 22.3 – Loss of Function – Skin – Feet

Rating	Extent of Skin Involvement	Signs and Symptoms	Treatment
Nil		Burn scar, well healed, non-adherent, no loss of subcutaneous tissue; or	No treatment or intermittent treatment required.

		No pruritus, pain, discomfort, or scaling present. No weeping, oozing, ulceration, blistering, (bulla), crusting, nor fissuring.	
One	Minimal burn scar and/or rash involving up to 1/4 of feet.		Oral antihistamines and/or topical therapy required.
Two	Greater than 1/4 to 1/2 of feet.	Pruritus and/or pain and/or discomfort and/or scaling; or Burn scar adherent to underlying tissue or loss of subcutaneous tissue.	Systemic (excluding antihistamines) and/or surgical and/or laser and/or ultraviolet therapy required on regular ongoing basis.
Three	Greater than 1/2 to 3/4 of feet.	Pruritus and/or pain and/or discomfort and/or scaling; and Weeping and/or oozing and/or ulceration and/or blistering and/or crusting and/or fissuring with or without secondary infections; or Burn scar adherent to underlying tissue and loss of subcutaneous tissue.	
Four	More than 3/4 of feet.		

Steps to Determine Skin (Feet) Impairment Assessment

- Step 1: Determine the rating from [Table 22.3](#) (Loss of Function – Feet).
- Step 2: Does the Partially Contributing Table apply? If yes, then apply to rating at Step 1.
- Step 3: Determine the Quality of Life rating.
- Step 4: Add the ratings at Step 2 and Step 3.

- Step 5: If partial entitlement exists, apply to Step 4 rating.

This is the Disability Assessment.

Table 22.4 – Loss of Function – Skin – Genitalia

Only one rating may be given from a column in Table 22.4 for each entitled condition. If more than one rating is applicable for an entitled condition within a column, the highest is selected. The ratings from each column are added for each entitled condition.

Table 22.4 – Loss of Function – Skin – Genitalia

Rating	Extent of Skin Involvement	Signs and Symptoms	Treatment
Nil		Burn scar, well healed, non-adherent, no loss of subcutaneous tissue; or No pruritus, pain, discomfort or scaling present. No weeping, oozing, ulceration, blistering (bulla), crusting nor fissuring.	No treatment or intermittent treatment required.
One	Minimal burn scar and/or rash and involving up to 1/8 of genitalia and/or perineum.		Oral antihistamines and/or topical therapy required.
Two	Greater than 1/8 up to 1/4 of genitalia and/or perineum.	Pruritus and/or pain and/or discomfort and/or scaling; or Burn scar adherent to underlying tissue or loss of subcutaneous tissue.	Systemic (excluding antihistamines) and/or surgical and/or laser and/or ultraviolet therapy required on a regular ongoing basis.
Three	Greater than 1/4 to 1/2 of genitalia and/or perineum.	Pruritus and/or pain and/or discomfort and/or scaling; and Oozing and/or ulceration and/or blistering (bulla) and/or crusting and/or weeping and/or fissuring	

with or without secondary infection; or

Burn scar adherent to underlying tissue and loss of subcutaneous tissue.

Four Greater than 1/2 of genitalia and/or perineum.

Steps to Determine Skin (Genitalia) Impairment Assessment

- Step 1: Determine rating from [Table 22.4](#) (Loss of Function – Genitalia).
- Step 2: Does the Partially Contributing Table apply? If yes, then apply to rating at Step 1.
- Step 3: Determine the Quality of Life rating.
- Step 4: Add the ratings at Step 2 and Step 3.
- Step 5: If partial entitlement exists, apply to rating at Step 4.

This is the Disability Assessment.

Table 22.5 – Loss of Function – Skin – Generalized

Only one rating may be given from a column in Table 22.5 for each entitled condition. If more than one rating is applicable for an entitled condition within a column, the highest is selected. The ratings from each column are added for each entitled condition.

[Diagram 22A](#), the “Rule of Nines” is used to determine the extent of skin involvement in Table 22.5. Approximations may be necessary when using the “Rule of Nines” when only a portion of body surface area is involved.

Table 22.5 – Loss of Function – Skin – Generalized

Rating	Extent of Skin Involvement	Signs and Symptoms	Treatment
Nil		No pruritus, pain, discomfort or scaling present. No weeping, oozing, ulceration, blistering (bullae), crusting nor fissuring.	No treatment required.
One	Minimal burn scar and/or rash less than 3 square inches (18.75	Burn scar, well healed, non-tender, non-adherent, no loss of	Oral antihistamines and/or topical therapy required.

	cm ²).	subcutaneous tissue.
Two	Greater than 3 square inches (18.75 cm ²) and up to 18% of skin surface.	Pruritus and/or pain and/or discomfort and/or scaling; or Burn scar adherent to underlying tissue or loss of subcutaneous tissue; or Alopecia (patchy loss of body hair).
Four	19 to 27% of skin surface.	Burn scar adherent to underlying tissue and there is loss of subcutaneous tissue.
Nine		Oozing and/or ulceration and/or blistering (bulla) and/or crusting and/or weeping and/or fissuring with or without secondary infection; or Systemic (excluding antihistamines) and/or surgical and/or laser and/or ultraviolet therapy required on a regular ongoing basis. Alopecia universalis.
Thirteen	28 to 36% of skin surface.	
Eighteen	37 to 45% of skin surface.	
Twenty-one	46% to 54% of skin surface.	
Thirty-one	Greater than 54% of skin surface.	

Steps to Determine Skin (Generalized) Impairment Assessment

- Step 1: Determine the rating from [Table 22.5](#) (Loss of Function – Skin – Generalized).

- Step 2: Does the Partially Contributing Table apply? If yes, then apply to rating at Step 1.
- Step 3: Determine the Quality of Life rating.
- Step 4: Add the ratings at Step 2 and Step 3.
- Step 5: If partial entitlement exists, apply to rating at Step 4.

This is the Disability Assessment.

Table 22.6 – Loss of Function – Nails

Only one rating may be given from each column in Table 22.6 regardless of the number of entitled conditions to be rated. If more than one rating is applicable within a column, the highest is selected as the column rating. The ratings from each column are added.

Table 22.6 – Loss of Function – Nails

Rating	Extent of Involvement	Treatment
Nil	No current active involvement.	No treatment required.
One	Involvement of up to 3 nails total on hands and/or feet.	Prescribed treatment required on an intermittent basis.
Two	Involvement of more than 3 nails total on hands and/or feet.	Prescribed treatment required on a regular ongoing basis.

Steps to Determine Nail Impairment Assessment

- Step 1: Determine the rating from [Table 22.6](#) (Loss of Function – Nails).
- Step 2: Does the Partially Contributing Table apply? If yes, then apply to rating at Step 1.
- Step 3: Determine the Quality of Life rating.
- Step 4: Add the ratings at Step 2 and Step 3.
- Step 5: If partial entitlement exists, apply to rating at Step 4.

This is the Disability Assessment.

Table 22.7 – Other Impairment – Superficial Gunshot Wounds and Scars – Face

Only one rating may be given from each column in Table 22.7 regardless of the number of entitled conditions to be rated. If more than one rating is applicable within a column, the highest is selected as the column rating. The ratings from each column are added.

Table 22.7 – Other Impairment – Superficial Gunshot Wounds and Scars – Face

Rating	Extent of Skin Involvement	Signs and Symptoms
Nil		Tenderness may be present.

One	Scar(s) up to or equal to 1/2 square inch (1.5 cm ²).
Two	Scar(s) greater than 1/2 square inch (1.5 cm ²) but less than 1 square inch (6.5 cm ²). Adherence to underlying tissue; or Loss of subcutaneous tissue; or Keloid formation.
Three	Scar(s) equal to or greater than 1 square inch (6.5 cm ²).

Cases of severe disfigurement are rated on individual merits.

Steps to Determine Superficial Gunshot Wounds and Scars (Face) Impairment Assessment

- Step 1: Determine the rating from [Table 22.7](#) (Other Impairment – Superficial Gunshot Wounds and Scars – Face).
- Step 2: Does the Partially Contributing Table apply? If yes, then apply to rating at Step 1.
- Step 3: Determine the Quality of Life rating.
- Step 4: Add the ratings at Step 2 and Step 3.
- Step 5: If partial entitlement exists, apply to rating at Step 4.

This is the Disability Assessment.

Table 22.8 – Other Impairment – Superficial Gunshot Wounds and Scars – Hands

Only one rating may be given from each column in Table 22.8 regardless of the number of entitled conditions to be rated. If more than one rating is applicable within a column, the highest is selected as the column rating. The ratings from each column are added.

Table 22.8 – Other Impairment – Superficial Gunshot Wounds and Scars – Hands

Rating	Extent of Skin Involvement	Signs and Symptoms
Nil	Scar(s) up to or equal to 1/2 square inch (1.5 cm ²).	Tenderness may be present.
One	Scar(s) greater than 1/2 square inch (1.5 cm ²) but less than 1 square inch (6.5 cm ²).	Adherence to underlying tissue; or Loss of subcutaneous tissue; or Keloid formation.
Two	Scar(s) equal to or greater than 1 square inch (6.5 cm ²).	

Steps to Determine Superficial Gunshot Wounds and Scars (Hands) Impairment Assessment

- Step 1: Determine the rating from [Table 22.7](#) (Other Impairment Superficial Gunshot Wounds and Scars – Hands).
- Step 2: Does the Partially Contributing Table apply? If yes, then apply to rating at Step 1.
- Step 3: Determine the Quality of Life rating.
- Step 4: Add the ratings at Step 2 and Step 3.
- Step 5: If partial entitlement exists, apply to rating at Step 4.

This is the Disability Assessment.

Table 22.9 – Other Impairment – Superficial Gunshot Wounds and Scars – Other

Only one rating may be given from each column in Table 22.9 regardless of the number of entitled conditions to be rated. If more than one rating is applicable within a column, the highest is selected as the column rating. The ratings from each column are added.

Table 22.9 – Other Impairment – Superficial Gunshot Wounds and Scars – Other

Rating	Extent of Skin Involvement	Signs and Symptoms
Nil	Scar(s) up to or equal to 1 square inch (6.5 cm ²).	Tenderness may be present.
One	Scar(s) greater than 1 square inch (6.5 cm ²) but less than 2 square inch (12.9 cm ²).	Adherence to underlying tissue; or Loss of subcutaneous tissue; or Keloid formation.
Two	Scar(s) equal to or greater than 2 square inch (12.9 cm ²).	

Steps to Determine Superficial Gunshot Wounds and Scars (Other) Impairment Assessment

- Step 1: Determine the rating from [Table 22.9](#) (Other Impairment – Superficial Gunshot Wounds and Scars – Other).
- Step 2: Does the Partially Contributing Table apply? If yes, then apply to rating at Step 1.
- Step 3: Determine the Quality of Life rating.
- Step 4: Add the ratings at Step 2 and Step 3.
- Step 5: If partial entitlement exists, apply to rating at Step 4.

OTTAWA -- Prime Minister Justin Trudeau says the federal government is looking into ways to support Royal Canadian Legions and other service and volunteer-based organizations that are “going through a very difficult time right now.”

As CTV News has reported, Royal Canadian Legion halls across the country are facing the prospect of never being able to reopen, after being shuttered for months due to COVID-19 and ineligible for the host of federal aid programs that have been offered to help keep other businesses and charitable organizations afloat.

It's estimated that about 124 of the 1,381 Royal Canadian Legion branches across Canada are likely to close permanently, and another 357 are facing financial hardship

News Release

Ontario Providing Additional Support for Seniors

June 26, 2020

Provincewide Grant Program Will Promote Safety, Community Engagement and Financial Security

TORONTO — The Ontario government is providing up to \$4 million for the Seniors Community Grant Program, a significant increase over last year. This funding will help non-profit organizations, local services boards, or Indigenous groups develop programs for seniors that focus on combatting social isolation, promoting seniors' safety and well-being, improving financial security and making communities age-friendly.

The announcement was made today by Premier Doug Ford and Christine Elliott, Deputy Premier and Minister of Health.

"It's incredibly important to ensure our seniors have the supports they need to live full, rich and socially active lives, especially during this pandemic," said Premier Ford. "Many have been staying home to help stop the spread of COVID-19. As the province gradually reopens, this funding will go towards establishing virtual seniors' tours, offering programs to combat elder abuse and developing age-friendly communities through initiatives like making outdoor spaces more accessible for seniors."

This year's grants will range from \$1,000 to \$100,000 and will fund projects that will:

- Help older individuals and couples receive the support they need in their community;
 - Ensure seniors are less at risk for neglect, abuse and fraud, and that their rights and dignity are protected;
 - Ensure more older adults are connected and engaged, reducing social isolation; and,
 - Provide more opportunities for older adults in employment and volunteering, achieving greater financial security and engagement within the community.
-

"The past several months have been difficult for seniors, as many have stayed home in self isolation to help prevent the virus from spreading," said Minister Elliott. "Through the Seniors Community Grant Program, our older adults will be getting out more to take part in various activities. When going out, seniors must continue to follow public health advice and practise physical distancing, wear a face covering when physical distancing is a challenge, wash hands frequently, and stay home when ill. This is the best way to keep everyone safe."

In the past, the Seniors Community Grant Program has supported community-based activities like seniors' fitness classes, lawn bowling, brain fitness activities, multicultural dance, along with a public education and awareness campaign that challenges the myths and stereotypes that portray older adults as frail, out-of-touch, technologically illiterate, and no longer employable.

"Although many seniors have been socially isolated to stay safe from COVID-19, our government is committed to ensure they stay connected and physically active, especially now when the province is gradually starting to reopen," said Raymond Cho, Minister for Seniors and Accessibility. "We want to help them maintain their autonomy and independence, while supporting their physical, mental and social well-being."

The application period for the Seniors Community Grant Program is now open and will close on August 7, 2020. Unincorporated and incorporated not-for-profit organizations, local services boards, or

Indigenous groups must submit applications to Transfer Payment Ontario (formerly Grants Ontario) online at [Ontario.ca/GetFunding](https://ontario.ca/GetFunding).

"Each year, the Seniors Community Grant program makes a difference in the lives of many older Ontarians by creating meaningful opportunities for them to connect with their communities," said Sue Hesjedahl, Executive Director of the Older Adult Centres' Association of Ontario. "This year, supporting that connection is even more important and the SCG program will ensure seniors across the province can still engage with what matters most to them while staying safe and healthy."

Former WWII Forestry Corps member among 2 dozen of Newfoundland's Second World War veterans

Extracted from a CBC News article that first appeared on their site June 29th: [With just 2 dozen left, light quickly fading on N.L.'s Second World War veterans](#)

According to research by CBC News and the Royal Canadian Legion, there are now an estimated

two dozen living Second World War veterans in the province of Newfoundland Labrador. The collective energy of the thousands of men and women from Newfoundland and Labrador who took part in the Second World War is rapidly fading, as the end of an era approaches. Just as they had in the First World War, a generation before, they signed up by the thousands. "Everybody was enlisting. Everybody was going. That was the thing to do," said Charlie Starkes.

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Big build for big team at Gagetown

DCC at Work

Gagetown's 4 Engineering Support Regiment (4ESR) is a big group, with a big challenge. Their 450-person unit has been operating out of a disconnected group of aging buildings that simply can't meet their needs any longer. "It's a lot of old infrastructure that wasn't purpose built for them," said Jamie Parker, DCC Coordinator, Construction Services at CFB Gagetown.

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Former RCMP, Canadian military officer celebrates 100th birthday in Nanaimo

NanaimoNewsNOW

After surviving the Second World War, spending time as an RCMP officer, battling illness and a recent stroke, Cliff Hobbis made it to a major milestone. He celebrated his 100th birthday on Tuesday, June 30, joined by members of the Nanaimo RCMP detachment, dressed in full red serge, alongside roughly 50 of his friends and family at Long Lake Chateau.

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Confiné dans le désert du Koweït

L'Hebdo Journal

L'officier de logistique des Forces armées canadiennes Jean David Fleurant est de retour au Québec après six mois passés au Moyen-Orient dans le cadre d'une mission complètement transformée par la pandémie de COVID-19. Le Capitaine Fleurant se montre discret de prime abord, mais il se livre ensuite dans la limite de ses réserves. C'était sa première mission à l'étranger. Pourtant, son courage n'avait d'égal que son enthousiasme lorsqu'il embarquait pour le désert en décembre 2019.

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Canadian baseball during WWI: When the 7th Canadian Engineer Battalion ruled Europe

Blue Bird Banter

Two years ago, Minor Leaguer recounted how soldiers of the Canadian Expeditionary Force celebrated Dominion Day (now known as Canada Day) in 1918 with the Canadian Corps Championships, a grand sporting event held just a few kilometres away from the front lines of World War I. The climax of the event was the finals of the Corps Baseball Championship. In what was an 11-inning thriller, the 7th Canadian Engineer Battalion triumphed 3-2 over the 1st Divisional Ammunition Column.

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Retired Combat Engineer working with the

Unmarked Grave Program

Mayerthorpe Freelancer

A fourth-generation Veteran is determined to make sure every soldier in Canada, even the world, has a marker on the graves they are buried in. Comrade Kyle Scott has spent the last three years researching unmarked graves of soldiers in order to give them the respect and remembrance they deserve. Thanks to his efforts, 100 soldiers now have gravestones. "It was taught to me at a young age that veterans are special and should be respected," said Scott.

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Motorcade procession held for 4 military members killed in crash

Halifax Today

The remains of four of the six Canadian Armed Forces members killed in a military helicopter crash in April arrived Thursday in Nova Scotia, where two separate motorcade processions allowed residents to pay their final respects. As the motorcades left Halifax Stanfield International Airport, one group of vehicles headed south to the Halifax area and another to Truro, which is 45-minute drive to the north.

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Militaires: «Au nom de tous les citoyens du Québec, on vous dit merci!»

La Presse

Un groupe de députés a visité les installations des Forces armées canadiennes à Laval lundi afin de remercier les militaires pour l'aide apportée dans les CHSLD pendant la pandémie. L'initiative venait du député de Vachon, Ian Lafrenière, adjoint parlementaire de la ministre de la Sécurité publique et lui-même réserviste au sein de l'armée.

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The Pentagon is one step closer to fielding its smartest bomb ever

Task & Purpose

StormBreaker: It's not just for thunder gods anymore. The Navy has conducted a guided release of the GBU-53/B StormBreaker bomb from an F/A-18E/F Super Hornet for the first time — a major step towards reaching initial operating capability later this year — as defense contractor Raytheon announced last week.

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On camera, Bailey bridge near India-China border in Uttarakhand collapses

NDTV

A Bailey bridge in this district of Uttarakhand, nearly 50 km from the India-China border, collapsed when a truck carrying an excavator machine was crossing it, an official said recently. The truck driver and the machine operator were injured as the 40-foot-long bridge, built in 2009, crashed on Monday under the combined weight of the truck and the machine, SDM of Munsyari, AK Shukla, said.

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Armenia humanitarian mission sappers in Syria demine 2,450 square meters in Aleppo in

June

News.am

In June, the sappers of the fifth group carrying out Armenia's humanitarian mission in Syria have demined an area of 2,450 square meters, during which three landmines as well as homemade explosives were found. This was reported by the Center for Humanitarian Demining and Expertise of Armenia.

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