

SCHEDULE C
(Section 2)

PERSONAL CARE ASSISTANCE ASSESSMENT TOOL

COVER SHEET

VICTIM INFORMATION

Claim # _____

Name: _____

Age: _____

Date of Injury: _____

Type of Injury: _____

Hospital Discharge Date: _____ Not Applicable

ASSESSOR INFORMATION

Name: _____

Discipline: OT Manitoba Public Insurance Case Manager
 Nurse Other (Please list): _____
 External Case Manager _____

ASSESSMENT INFORMATION

Date of Assessment: _____

- Initial Assessment
 Progress Assessment

Further assessment due on: _____

Assessor's signature

Agency

This assessment has been conducted in my presence and explained to me by _____.
I understand that I have a right to apply for a review of any decision made by my case manager based on this
assessment (as provided in s. 170 of *The Manitoba Public Insurance Act*).

Victim's signature

Date

VICTIM PROFILE

Medical Information and Background

Pre-Accident Needs for Assistance with Personal Care Activities

Social Environment

Physical Environment

Vocational Status (work, school)

Other

Recommendations

**INSTRUCTIONS FOR COMPLETING PERSONAL CARE ACTIVITIES
FUNCTIONAL REPORT**

Instructions for Completing Section 1 of the Functional Report

Comment on each activity in the Functional Report, following the instructions given below.

Each of the activities included in Section 1 of the Functional Report has been divided into various components. For example, the first activity – "Meal Preparation: Breakfast" consists of five components, the first being "Access to/use of food/tools needed for meal preparation":

Level 1 Activities – Home and Community Management							
1. Meal Preparation: Breakfast includes preparing breakfast safely for self and related components such as accessing food, table set-up and clean-up.							Independent <input type="checkbox"/>
Not Applicable	1	2	3	4	5	6	7
1.1 Access to/Use of food/tools needed for meal preparation							Independent <input type="checkbox"/>
Comments:							

Independent

Independent

If the victim can perform the activity safely, correctly and efficiently without pain or physical or verbal assistance, check the Independent box for the activity.

If the victim can perform the component of the activity safely, correctly and efficiently without pain or physical or verbal assistance, check the Independent box for that component.

No other comments are required when the Independent box is checked.

Not Applicable

Not Applicable	1	2	3	4	5	6	7
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If the activity is not applicable to the victim, circle the appropriate number in the "Not Applicable" row. The numbers listed have the following meaning:

- 1) No need to do this activity or the victim derives no benefit from the activity (comment why there is no need to do this activity or why the victim derives no benefit from the activity)
- 2) Victim did not normally perform this activity before the accident
- 3) Activity not normally expected of a victim this age
- 4) Need met by another agency/institution
- 5) Needed assistance before the accident and no increase in need due to the accident
- 6) Need unrelated to the accident that appeared after the accident
- 7) Other reason (specify)

Comments

1.1 Access to/Use of food/tools needed for meal preparation

Independent

Comments:

Comments should describe the assistance required with an activity or a component of the activity. Please include in the Comments box relevant observations on the following factors when describing the assistance required:

- did the victim need assistance with the activity, or any of its components, before the accident and now needs increased assistance because of the accident?
- does the victim require environmental modifications/adaptive aids to perform the activity or any component of the activity?
- does the victim require physical or verbal assistance with parts of the activity or any component of the activity?
- is the victim completely dependent on physical or verbal assistance with the entire activity?
- does the victim experience pain when doing the activity or any component of the activity?

Instructions for Completing Section 2 of the Functional Report

Section 2 of the Functional Report is only to be used for victims who need supervision in addition to assistance that is provided for in Section 1.

Please provide a rationale for the need for supervision and record the number of additional hours of supervision beyond those already allocated for the activities set out in Section 1.

Supervision for Children

Supervision for children is only available if the child requires extra supervision beyond what is normal for his or her age and pre-accident medical condition. Overnight supervision is only available if it is medically required.

For example:

- a pre-school child would normally attend day care, but cannot due to his or her injuries. The parent or guardian must hire a specialized caregiver so that the parent or guardian is able to attend work. The expense of that specialized caregiver is eligible for coverage.
- a parent or guardian has another child to take to after-school activities, and would normally bring the injured child along but cannot due to the child's injuries. The expense of the extra supervision required while the parent is attending to the needs of the other child is eligible for coverage.

Instructions for Using the Developmental Scale

The purpose of the Developmental Scale is to determine eligibility for funding for children less than 16 years of age for activities listed in the Functional Report under Section 1 - Personal Care Activities. The ages listed in the column "Age of Child (yrs)" identify the minimum age at which the child becomes eligible for funding for an activity.

Section 1 – Personal Care Activities

Please comment on the child's ability to perform the activities for which he or she may be eligible to receive funding.

- Note – if the child is younger than the age in the column, he or she is not eligible for funding for the activity and #3 in the "Not applicable" row should be circled.
- if the child was not performing the activity prior to the accident, he or she is not eligible for funding for the activity and #2 in the "Not applicable" row should be circled.

Section 1 – Personal Care Activities	Age of Child (yrs):
Level 1 Activities – Home and Community Management	
1. Meal Preparation: Breakfast	12 +
2. Meal Preparation: Lunch	12 +
3. Meal Preparation: Dinner	12 +
4. Light Housekeeping	16 +
5. Heavy Housecleaning	16 +
6. Laundry	16 +
7. Yard Work	16 +
8. Community Outings	16 +
9. Financial Management	16 +
Level 2 Activities – Mobility and Self-Care	
10. Transfers: Bed Mobility	2 ½ +
11. Transfers: Vehicle	2 ½ +
12. Transfers: Two Person or Hoyer Lift	N/A
13. Home Access	9 +
14. Stair Use	1 ½ +
15. Outdoor Home Access	2 ½ +
16. Eating/Drinking	3 +
17. Grooming/Hygiene	4 +
18. Dressing/Undressing	5 +
19. Orthotic/Prosthetics	5 +
20. Bathing/Showering	4 +
21. Toileting	2 ½ +
Level 3 Activities – Bowel and Bladder Care	
22. Diaper, catheter, disimpaction	N/A

FUNCTIONAL REPORT

Section 1 – Personal Care Activities

Level 1 Activities – Home and Community Management

1. Meal Preparation: Breakfast includes preparing breakfast safely for self and related components such as accessing food, table set-up and clean-up. Independent

Not Applicable	1	2	3	4	5	6	7
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1.1 Access to and use of food and tools needed for meal preparation Independent

Comments:

1.2 Preparation of food Independent

Comments:

1.3 Table set-up (including bringing food to table) Independent

Comments:

1.4 Clean-up (washing dishes, wiping counters) Independent

Comments:

1.5 Other

Comments:

2. Meal Preparation: Lunch includes preparing lunch safely for self and related components such as accessing food, table set-up and clean-up. Independent

Not Applicable	1	2	3	4	5	6	7
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2.1 Access to and use of food and tools needed for meal preparation Independent

Comments:

2.2 Preparation of food Independent

Comments:

2.3 Table set-up (including bringing food to table) Independent

Comments:

2.4 Clean-up (washing dishes, wiping counters) Independent

Comments:

2.5 Other

Comments:

3. Meal Preparation: Dinner includes preparing dinner safely for self and related components such as accessing food, table set-up and clean-up. (please indicate if the victim's main meal is a meal other than dinner) Independent

Not Applicable	1	2	3	4	5	6	7
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3.1 Access to and use of food and tools needed for meal preparation Independent

Comments:

3.2 Preparation of food	Independent	<input type="checkbox"/>
Comments:		
3.3 Table set-up (including bringing food to table)	Independent	<input type="checkbox"/>
Comments:		
3.4 Clean-up (washing dishes, wiping counters)	Independent	<input type="checkbox"/>
Comments:		
3.5 Other		
Comments:		
4. Light Housekeeping includes performing light housekeeping duties such as sweeping, dusting and general tidying of the home.	Independent	<input type="checkbox"/>
Not Applicable	1	2
	3	4
	5	6
	7	
4.1 Dusting	Independent	<input type="checkbox"/>
Comments:		
4.2 Sweeping	Independent	<input type="checkbox"/>
Comments:		
4.3 General tidying of house (e.g. picking up clothing)	Independent	<input type="checkbox"/>
Comments:		
4.4 Other		
Comments:		
5. Heavy Housecleaning includes performing major house-cleaning activities such as vacuuming, washing floors, garbage disposal, cleaning appliances and bathrooms and making beds. This also includes annual cleaning such as windows, walls, ceilings, curtains and carpets.	Independent	<input type="checkbox"/>
Not Applicable	1	2
	3	4
	5	6
	7	
5.1 Vacuuming	Independent	<input type="checkbox"/>
Comments:		
5.2 Making the bed	Independent	<input type="checkbox"/>
Comments:		
5.3 Washing floors	Independent	<input type="checkbox"/>
Comments:		
5.4 Garbage disposal	Independent	<input type="checkbox"/>
Comments:		
5.5 Cleaning appliances/bathroom(s)	Independent	<input type="checkbox"/>
Comments:		
5.6 Other		
Comments:		

6. Laundry includes access to and use of the laundry area and performing related duties such as carrying a basket of clothes, taking laundry out of the appliance, ironing and folding clean clothes.							Independent	<input type="checkbox"/>
Not Applicable	1	2	3	4	5	6	7	
6.1 Access laundry area							Independent	<input type="checkbox"/>
Comments:								
6.2 Carry basket of clothes							Independent	<input type="checkbox"/>
Comments:								
6.3 Transfer laundry							Independent	<input type="checkbox"/>
Comments:								
6.4 Ironing							Independent	<input type="checkbox"/>
Comments:								
6.5 Folding							Independent	<input type="checkbox"/>
Comments:								
6.6 Other								
Comments:								
7. Yard Work includes outdoor home maintenance activities such as raking leaves, mowing lawn, snow removal, wood chopping (only if wood is the main source of heat) and cleaning eavestroughs. This is only to reflect essential needs and not activities of an aesthetic nature. Examples of activities that are not included are painting and pool maintenance.							Independent	<input type="checkbox"/>
Not Applicable	1	2	3	4	5	6	7	
7.1 Raking leaves							Independent	<input type="checkbox"/>
Comments:								
7.2 Mowing lawn							Independent	<input type="checkbox"/>
Comments:								
7.3 Cleaning eavestroughs							Independent	<input type="checkbox"/>
Comments:								
7.4 Snow removal							Independent	<input type="checkbox"/>
Comments:								
7.5 Other								
Comments:								

8. Community Outings includes purchasing necessary supplies for the home and for personal use such as groceries, clothing, hardware, equipment, etc. It includes accessing public services and neighbourhood facilities (e.g. banks, stores, community centres), planning and carrying out shopping trips, attending medical appointments and other appointments associated with personal care. It also includes the victim's ability to use public transportation when required to complete the community outing.							Independent <input type="checkbox"/>
Not Applicable	1	2	3	4	5	6	7
8.1 Store Access (e.g. getting to and around a store, getting items off shelves)							Independent <input type="checkbox"/>
Comments:							
8.2 Carrying items (use of cart or other)							Independent <input type="checkbox"/>
Comments:							
8.3 Paying for items							Independent <input type="checkbox"/>
Comments:							
8.4 Specify what public services and neighbourhood shopping, medical and personal care facilities the victim makes use of							
Comments:							
8.5 Assistance required to complete activity (e.g. transportation, supervision)							Independent <input type="checkbox"/>
Comments:							
8.6 Other							
Comments:							
9. Financial Management includes accessing funds and completing transactions at a financial institution or by other means and managing finances independently.							Independent <input type="checkbox"/>
Not Applicable	1	2	3	4	5	6	7
9.1 Completion of financial transactions							Independent <input type="checkbox"/>
Comments:							
9.2 Other							
Comments:							
Level 2 Activities – Mobility and Self-Care							
10. Transfers: Bed Mobility includes the ability to get into and out of the bed, as well as to adjust body position, turn self or raise self in bed from lying to sitting.							Independent <input type="checkbox"/>
Not Applicable	1	2	3	4	5	6	7
10.1 Transfer in and out of bed							Independent <input type="checkbox"/>
Comments:							

10.2 Adjust body position (prone, supine, side-lying) and turn self (180 degrees)								Independent <input type="checkbox"/>
Comments:								
10.3 Raise self in bed from lying to sitting								Independent <input type="checkbox"/>
Comments:								
10.4 Other								
Comments:								
11. Transfers: Vehicle includes the ability to get into and position oneself in a vehicle, do up seatbelt, store mobility aid and transfer out of vehicle.								Independent <input type="checkbox"/>
Not Applicable	1	2	3	4	5	6	7	
11.1 Transfer in/out of vehicle								Independent <input type="checkbox"/>
Comments:								
11.2 Storage of mobility aid								Independent <input type="checkbox"/>
Comments:								
11.3 Use of seatbelt								Independent <input type="checkbox"/>
Comments:								
11.4 Please state use of any specialized transportation service								
Comments:								
12. Transfers: Two Person or Hoyer Lift includes use of a Hoyer lift, ceiling track lift or two persons to perform dependent transfer.								Independent <input type="checkbox"/>
Not Applicable	1	2	3	4	5	6	7	
12.1 State type of lift used with victim.								
Comments:								
13. Home Access includes accessing all household equipment (such as TV, phone, radio/alarm, computer and thermostat). It also includes transferring to and from different surfaces such as from a wheelchair to chair or couch.								Independent <input type="checkbox"/>
Comments:								
Not Applicable	1	2	3	4	5	6	7	
13.1 Use of equipment								Independent <input type="checkbox"/>
Comments:								
13.2 General mobility								Independent <input type="checkbox"/>
Comments:								
13.3 Other								
Comments:								
14. Stair Use includes ascending and descending indoor stairs in the victim's home.								Independent <input type="checkbox"/>
Not Applicable	1	2	3	4	5	6	7	

14.1 Ascend/descend indoor stairs in the victim's home. Independent <input type="checkbox"/>							
Comments: (Please include the number of stairs the victim can ascend/descend independently)							
14.2 Other							
Comments:							
15. Outdoor Home Access includes ascending and descending outdoor stairs or a ramp into the home. Independent <input type="checkbox"/>							
Not Applicable	1	2	3	4	5	6	7
15.1 Ascend/descend outdoor stairs or a ramp into the home Independent <input type="checkbox"/>							
Comments: (Please include the number of stairs the victim can ascend/descend independently.)							
15.2 Other							
Comments:							
16. Eating/Drinking includes the use of utensils (modified, adaptive or regular) to bring food or drink to the mouth once the meal is presented. Can also include eating/drinking by special equipment such as nasogastric tube or gastrostomy. Set-up is not included in this task but is accounted for in meal preparation. Independent <input type="checkbox"/>							
Not Applicable	1	2	3	4	5	6	7
16.1 Use of utensils (food to mouth, cutting food) Independent <input type="checkbox"/>							
Comments:							
16.2 Drink to mouth Independent <input type="checkbox"/>							
Comments:							
16.3 Special equipment (e.g. nasogastric tube) Not applicable <input type="checkbox"/>							
Comments:							
16.4 Other							
Comments:							
17. Grooming/Hygiene includes oral care, hair grooming (not hair washing), washing hands and face, shaving, nail care and/or applying make-up and the use of tools associated with each of these components. Independent <input type="checkbox"/>							
Not Applicable	1	2	3	4	5	6	7
17.1 Oral care Independent <input type="checkbox"/>							
Comments:							
17.2 Shaving Independent <input type="checkbox"/>							
Comments:							
17.3 Hair grooming Independent <input type="checkbox"/>							
Comments:							

17.4 Nail (finger/toe) care								Independent <input type="checkbox"/>
Comments:								
17.5 Washing hands/face								Independent <input type="checkbox"/>
Comments:								
17.6 Applying make-up								Independent <input type="checkbox"/>
Comments:								
17.7 Other								
Comments:								
18. Dressing/Undressing includes set-up of clothes, lower and upper body dressing and fasteners, buttons, zippers, bras, hosiery and shoes.								Independent <input type="checkbox"/>
Not Applicable	1	2	3	4	5	6	7	
18.1 Set-up								Independent <input type="checkbox"/>
Comments:								
18.2 Lower body (e.g. hosiery, socks and shoes)								Independent <input type="checkbox"/>
Comments:								
18.3 Upper body (also includes bra)								Independent <input type="checkbox"/>
Comments:								
18.4 Fasteners, buttons, zippers								Independent <input type="checkbox"/>
Comments:								
18.5 Other								
Comments:								
19. Orthotic/Prosthetics includes assistance in donning or doffing any orthotic or prosthetic device, including the application of any ointment or support garment required for the use of the prosthetic or orthotic device. Examples include slings, splints, braces and tensor bandages. The application of consumable medical supplies such as wound dressings and/or sanitary garments is not included.								Independent <input type="checkbox"/>
Not Applicable	1	2	3	4	5	6	7	
19.1 State type of orthotic/prosthetic devices								
Comments:								

20. Bathing/Showering includes bathing (washing, rinsing and drying) the body and hair either in the tub, shower or sponge/bed bath. It also includes tub or shower transfer. Refer to Activity #12 Transfers: Two Person or Hoyer Lift for victims who require that type of assistance.								Independent <input type="checkbox"/>
Not Applicable	1	2	3	4	5	6	7	
20.1 Set-up (tap control, clothes)								Independent <input type="checkbox"/>
Comments:								
20.2 Transfer in/out of tub or shower								Independent <input type="checkbox"/>
Comments:								
20.3 Washing and rinsing (body and hair)								Independent <input type="checkbox"/>
Comments:								
20.4 Drying (body and hair)								Independent <input type="checkbox"/>
Comments:								
20.5 Other								
Comments:								
21. Toileting includes the victim's ability to transfer on/off the toilet, maintain genital/perineal hygiene (access and use toilet paper), change sanitary garments and perform clothing adjustments. It also includes the use of a urinal or bedpan. Toileting does not necessarily have to occur in the bathroom. It could be done using a bedside commode. Emptying of a commode, bedpan, colostomy bag or a urinal is also to be considered toileting.								Independent <input type="checkbox"/>
Not Applicable	1	2	3	4	5	6	7	
21.1 Transfer on/off toilet								Independent <input type="checkbox"/>
Comments:								
21.2 Genital/perineal hygiene (accessing/use of toilet paper)								Independent <input type="checkbox"/>
Comments:								
21.3 Use of special devices (urinal, bedpan)								Independent <input type="checkbox"/>
Comments:								
21.4 Other								
Comments:								

Level 3 Activities – Bowel and Bladder Care							
22. Diaper, catheter, disimpaction includes use of diapers, ability to catheterize and disimpact							
a) Does the victim require a catheter?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, is the victim independent?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) Does the victim require bowel disimpaction?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, is the victim independent?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) Does the victim require a diaper?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, is the victim independent?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
Section 2 – Supervision							
23. Supervision applies when the victim requires basic or skilled supervision for behavioural or medical issues that are not covered in Section 1, such as supervision in the home during the day or during sleeping hours. The victim cannot be left alone. Please record and explain hours per day needed for supervisory care.							
Not Applicable	1	2	3	4	5	6	7
23.1 Supervision:						Independent <input type="checkbox"/>	
Comments: (Child care for the victim's child is not eligible for coverage as a personal care activity and should be discussed separately with the Manitoba Public Insurance case manager)							