

**RETURN BIDS TO:
RETOURNER LES SOUMISSIONS À:**

**Bid Receiving - PWGSC / Réception des
soumissions - TPSGC**
Place du Portage, Phase III
Core OA1\noyau OA1
11 Laurier St./11, rue Laurier
Gatineau, Québec K1A 0S5
Bid Fax: (613) 997-9776

**LETTER OF INTEREST
LETTRE D'INTÉRÊT**

Comments - Commentaires

**Vendor/Firm Name and Address
Raison sociale et adresse du
fournisseur/de l'entrepreneur**

Issuing Office - Bureau de distribution
Health Services Project Division (XF)/Division des projets
de services de santé (XF)
Place du Portage, Phase III, 12C1
11 Laurier St./11 rue, Laurier
Gatineau
Gatineau
K1A 0S5

Title - Sujet NURSING DIRECT SERVICES	
Solicitation No. - N° de l'invitation HT360-123541/B	Date 2013-07-12
Client Reference No. - N° de référence du client HT360-123541	GETS Ref. No. - N° de réf. de SEAG PW-\$\$XF-010-26243
File No. - N° de dossier 010xf.HT360-123541	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2013-07-24	
Time Zone Fuseau horaire Eastern Daylight Saving Time EDT	
F.O.B. - F.A.B. Plant-Usine: <input type="checkbox"/> Destination: <input checked="" type="checkbox"/> Other-Autre: <input type="checkbox"/>	
Address Enquiries to: - Adresser toutes questions à: Benabdallah, Hana	Buyer Id - Id de l'acheteur 010xf
Telephone No. - N° de téléphone (819) 956-3333 ()	FAX No. - N° de FAX () -
Destination - of Goods, Services, and Construction: Destination - des biens, services et construction: DEPARTMENT OF HEALTH 16TH FL.RM 1916B 200 EGLANTINE DRWY OTTAWA Ontario K1A0K9 Canada	

Instructions: See Herein

Instructions: Voir aux présentes

Delivery Required - Livraison exigée See Herein	Delivery Offered - Livraison proposée
Vendor/Firm Name and Address Raison sociale et adresse du fournisseur/de l'entrepreneur	
Telephone No. - N° de téléphone Facsimile No. - N° de télécopieur	
Name and title of person authorized to sign on behalf of Vendor/Firm (type or print) Nom et titre de la personne autorisée à signer au nom du fournisseur/ de l'entrepreneur (taper ou écrire en caractères d'imprimerie)	
Signature	Date

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Buyer ID - Id de l'acheteur

010xf

Client Ref. No. - N° de réf. du client

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File No. - N° du dossier

010xfHT360-123541

CCC No./N° CCC - FMS No/ N° VME

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Request for Information Regarding The Procurement process for Nursing Services for Remote and Isolated First Nations Communities For Health Canada

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Request for Information regarding The Procurement process for Nursing Services for Remote and Isolated First Nations Communities For Health Canada (HC)

A.1. Consultation Process

In order to ensure a successful re-procurement for the provision of Nursing Services for Remote and Isolated First Nations Communities, industry will be engaged in a second consultative process as the first step in this procurement process.

The first phase of the consultation process included a Request for Information (RFI) stage that was followed by an "Industry Engagement Session" and one-on-one "Industry Meetings".

Industry was invited to provide comments and recommendations to the PWGSC Contracting Authority on the first Draft Bid Solicitation and answer the Government questions.

For the second phase of the consultation process, industry is invited to provide comments and recommendations to the PWGSC Contracting Authority on the revised version of the Draft Bid Solicitation (see Annex B to the RFI document) and answer an additional list of questions (see Annex A to the RFI documents).

Industry should note that this stage of the consultation will be also documented and this information is subject to the Access to Information Act. Canada will not reveal any designated proprietary information to third parties.

A.2. Background and Purpose of this Request for Information (RFI)

Background

In most First Nations communities in Manitoba, Ontario, and Northern Quebec, Health Canada, First Nations and Inuit Health Branch (FNIHB) is responsible to provide the delivery of health services. In isolated and semi-isolated communities, the delivery of nursing services is provided on a 24 hours a day basis, 7 days per week, as required by the population's health status and emergency health situations. The delivery of health care services is currently provided by nurses, physicians, community-based workers, provincial organizations and a variety of other health care providers. The scope of practice is public health and primary care.

Health Canada (HC) is having difficulty recruiting and retaining nurses in the nursing stations and federal hospitals located in Northern Manitoba, Northern Ontario, and northern Quebec on First Nations reserves. Without adequate service, the nursing stations and hospitals may have to

close for periods of time which could result in liability to Canada. As a result, the use of contract relief nursing is urgently required.

The Department of Health Canada (HC) is seeking the services of three Contractors for the provision and management of a workforce of nurses to supplement internal HC resources on an as and when requested basis, at different remote and isolated locations of First Nations in Manitoba, Ontario and Quebec provinces. The contracted services will include primary health care and hospital nursing service requirements.

The services provided by the Contractor will encompass the care of patients and the provision of assistance to medical doctors in the treatment of illness, the conduct of programs designed to promote health and prevent diseases, and the provision of advice. The services may also include direct patient care to individuals, families and groups in the home and community, consultation, administration or research, dependent upon the demands of individual task authorization.

Each contract is expected to be awarded for a three-year initial period, plus five one-year option periods.

Purpose

The procurement process is currently in the Bid Solicitation development phase. The information gathered from industry in response to this RFI will assist in the refinement and completion of the development of the bid solicitation.

Industry is invited to provide comments and recommendations to the PWGSC Contracting Authority on the Draft Bid Solicitation. Also, in order to facilitate the engagement process, Industry is encouraged to answer the list of Questions to Industry annexed to this document

Industry should note that the annexed draft Bid Solicitation is an initial document that prompts dialogue and reflection. The purpose of making it available at this stage is to provide Industry and other interested parties with general information on Health Canada needs and invite them to communicate to Canada their concerns, recommendations and solutions.

A.3. Nature of Request for Information

This is not a bid solicitation. This RFI will not result in the award of any contract. As a result, potential suppliers of any goods or services described in this RFI should not reserve stock or facilities, nor allocate resources, as a result of any information contained in this RFI. Nor will this RFI result in the creation of any source list. Therefore, whether or not any potential supplier responds to this RFI will not preclude that supplier from participating in any future procurement. Also, the procurement of any of services described in this RFI will not necessarily follow this RFI. This RFI is simply intended to solicit feedback from industry with respect to the matters described in this RFI.

A.4. Nature and Format of Responses Requested

Respondents are requested to provide their comments, concerns and, where applicable, alternative recommendations regarding how the requirements or objectives described in this RFI could be satisfied and/ or improved technically. Respondents should explain any assumptions they make in their responses and clearly outline the suggested improvement as well as the reason for the suggestion. Suggestions that do not restrict the level of competition nor favour a particular bidder will be given consideration. However, Canada will have the right to accept or reject any or all suggestions.

A.5. Response Costs

Canada will not reimburse any respondent for expenses incurred in responding to this RFI.

A.6. Treatment of Responses

- (a) **Use of Responses:** Responses will not be formally evaluated. However, the responses received may be used by Canada to develop or modify the procurement strategy or any draft documents contained in this RFI. Canada will review all responses received by the RFI closing date. Canada may, in its discretion, review responses received after the RFI closing date.
- (b) **Review Team:** A review team composed of Canada's representatives will review the responses. Canada reserves the right to hire any independent consultant, or use any Government resources that it considers necessary to review any response. Not all members of the review team will necessarily review all responses.
- (c) **Confidentiality:** Respondents should mark any portions of their response that they consider proprietary or confidential. Canada will handle the responses in accordance with the Access to Information Act.
- (d) **Follow-up Activity:** Canada may, in its discretion, set up subsequent consultation mechanisms, including one-on-one meetings with each Respondent, and/or contact any respondent to follow up with additional questions, or for clarification of any aspect of a response.

A.7. Contents of this RFI

The RFI includes the following annexes:

- (a) Annex A – Questions to Industry
- (b) Annex B – The second Draft Bid Solicitation

The draft Bid Solicitation document remains a work in progress and respondents should not assume that new clauses or requirements will not be added to any bid solicitation that is ultimately published by Canada. Nor should respondents assume that none of the clauses or requirements will be deleted or revised. Comments regarding any aspect of the draft document are welcome.

A.8. Questions to Industry

- (a) Respondents are requested to provide answers to the Questions in Annex A in the order that they appear and maintain the same lettering sequence.
- (b) Respondents may also include any other additional information, documentation and brochures at their own discretion.

A.9. Format of Responses

- (a) **Cover Page:** If the response includes multiple volumes, respondents are requested to indicate on the front cover page of each volume the title of the response, the solicitation number, the volume number and the full legal name of the respondent.
- (b) **Title Page:** The first page of each volume of the response, after the cover page, should be the title page, which should contain:
 - (i) the title of the respondent's response and the volume number;

- (ii) the name and address of the respondent;
- (iii) the name, address and telephone number of the respondent's contact;
- (iv) the date; and
- (v) the RFI number.
- (c) **Numbering System:** Respondents are requested to prepare their response using a numbering system corresponding to the one in this RFI. All references to descriptive material, technical manuals and brochures included as part of the response should be referenced accordingly.
- (d) **Submission of Response and Number of Copies:** Canada requests that Responses be provided on CD-ROM (2 copies) and in hard copy (1 original and 2 copies). The text on the CD-ROM(s) and in each hard copy, should be labeled with the date and the respondent's name on each page, and pages should be sequentially numbered. It is preferred that all pertinent information be included on the CD-ROM(s) without the need to visit respondent Web sites. If necessary, however, Web site references may be provided for additional information beyond that requested in this RFI. If this is the case, it should be noted that the information contained in such Web sites would not be used for the analysis of the Responses to this RFI. Respondents should be aware that the HC standard word processing format is Microsoft Word. However, electronic Responses may also be submitted in either Corel, WordPerfect, Lotus WordPro or Adobe PDF format.
- (e) **Language:** Responses may be in English or French, at the preference of the respondent.

A.10. Enquiries

Because this is not a bid solicitation, Canada will not necessarily respond to enquiries in writing or by circulating answers to all potential suppliers. However, respondents with questions regarding this RFI may direct their enquiries to:

Public Works and Government Services Canada
Acquisitions Branch
Services and Technology Acquisitions Management Sector
Special Procurement Initiatives Directorate
Place du Portage, Phase III, 12C1
11 Laurier Street
Gatineau, Québec, K1A 0S5

Attention: Hana Benabdallah, Contracting Authority
Telephone: (819) 956-3333
Facsimile: (819) 956-8303
E-mail address: hana.benabdallah@tpsgc-pwgsc.gc.ca

A.11. Submission of Responses

- (a) **Time and Place for Submission of Responses:** Suppliers interested in providing a response should deliver it to the following location by the time and date indicated on page 1 of this document:

Department of Public Works and Government Services Bid Receiving Unit
Portage III, 0A1
11 Laurier Street
Gatineau, Quebec K1A 0S5

Responses should not be sent directly to the Contracting Authority.

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- (b) **Responsibility for Timely Delivery:** Each respondent is solely responsible for ensuring its response is delivered on time to the correct location.
 - (c) **Bid Receiving Unit Address Solely for Delivery of Responses:** The above address is only for bid submission. No other communications are to be forwarded to this address.
 - (d) **Identification of Response:** Each respondent should ensure that its name and return address, the solicitation number and the closing date appear legibly on the outside of the response.

Annex A – Questions To Industry

1. Please comment on the Mandatory and Rated Requirements including the experience of contractor providing and managing a workforce of health care professionals, Remote and Isolated Pre-Placement Nursing Education Program, and the Continuing Education Program. Based on your experience, would you please specify if there are any issues or missing information?
2. Some elements of the basis of payment did not apply in all FNIHB Regions previously. Please provide comments on the Basis of Payment section.
3. If there are specifications or elements of the Statement of Work that could be improved, please provide suggestions in writing. Please clearly outline the suggested improvement as well as reason for the suggestion. Suggestions that do not restrict the level of competition nor favour a particular bidder will be examined and given consideration.

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Buyer ID - Id de l'acheteur
010xf
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PART 1 - GENERAL INFORMATION

1. Introduction

The bid solicitation is divided into seven parts plus attachments and annexes, as follows:

- Part 1 General Information: provides a general description of the requirement;
- Part 2 Bidder Instructions: provides the instructions, clauses and conditions applicable to the bid solicitation;
- Part 3 Bid Preparation Instructions: provides bidders with instructions on how to prepare their bid;
- Part 4 Evaluation Procedures and Basis of Selection: indicates how the evaluation will be conducted, the evaluation criteria that must be addressed in the bid, and the basis of selection;
- Part 5 Certifications: includes the certifications to be provided;
- Part 6 Security, Financial and Other Requirements: includes specific requirements that must be addressed by bidders; and
- Part 7 Resulting Contract Clauses: includes the clauses and conditions that will apply to any resulting contract.

The Attachments include the Pricing Schedule, Technical Criteria, Certifications Precedent to Contract Award, Mandatory Certifications Required Precedent to Contract Award, Additional Certifications Precedent to Contract Award and Additional Certifications Required with the Bid.

The Annexes include the Statement of Work, the Basis of Payment, the Security Requirements Checklist, the Insurance Requirements, the Task Authorization Form 572 and the Federal Contractors Program For Employment Equity Certification.

2. Summary

The Department of Health Canada (HC) is seeking the services of three Contractors for the provision and management of a workforce of nurses to supplement internal HC resources on an as and when requested basis, at different remote and isolated locations of First Nations in Manitoba, Ontario and Quebec provinces. The contracted services will include primary health care and hospital nursing service requirements.

The services provided by the Contractor will encompass the care of patients and the provision of assistance to medical doctors in the treatment of illness, the conduct of programs designed to promote health and prevent diseases, and the provision of advice. The services may also include direct patient care to individuals, families and groups in the home and community, consultation, , dependent upon the demands of individual task authorization.

Each contract is expected to be awarded for a three-year initial period, plus five one-year option periods.

There is a security requirement associated with this requirement. For additional information, consult Part 6 – Security, Financial and Other Requirements, and Part 7 – Resulting Contract Clauses. Bidders should consult the “Security Requirements for PWGSC Bid Solicitations – Instructions for Bidders” (<http://www.tpsgc-pwgsc.gc.ca/app-acq/lc-pl/lc-pl-eng.html#a31>) document on the Departmental Standard Procurement Documents web site.

Bidders should note that pursuant to section 01 of Standard Instructions 2003, they must comply with the Code of Conduct for Procurement. Also, as stated in sub-article 4 of section 01 of Standard Instructions 2003, bidders must provide a list of names, or other related information as needed.

Bidders in receipt of a pension or a lump sum payment must provide the required information as detailed in article 3 of Part 2 of the bid solicitation.

There is a Federal Contractors Program (FCP) for employment equity requirement associated with this procurement; see Part 5 - Certifications, Part 7- Resulting Contract Clauses and the annex named Federal Contractors Program for Employment Equity – Certification.

This procurement is set aside under the federal government's Procurement Strategy for Aboriginal Business.

The requirement is subject to a preference for Canadian services.

3. Debriefings

Bidders may request a debriefing on the results of the bid solicitation process. Bidders should make the request to the Contracting Authority within 15 working days of receipt of the results of the bid solicitation process. The debriefing may be in writing, by telephone or in person.

PART 2 - BIDDER INSTRUCTIONS

1. Standard Instructions, Clauses and Conditions

All instructions, clauses and conditions identified in the bid solicitation by number, date and title are set out in the *Standard Acquisition Clauses and Conditions Manual*(<https://buyandsell.gc.ca/policy-and-guidelines/standard-acquisition-clauses-and-conditions-manual>) issued by Public Works and Government Services Canada.

Bidders who submit a bid agree to be bound by the instructions, clauses and conditions of the bid solicitation and accept the clauses and conditions of the resulting contract.

The 2003 (2013-06-01) Standard Instructions - Goods or Services - Competitive Requirements, are incorporated by reference into and form part of the bid solicitation.

Subsection 5.4 of 2003, Standard Instructions - Goods or Services - Competitive Requirements, is amended as follows:

Delete: sixty (60) days

Insert: one hundred and twenty (120) days

1.1 SACC Manual Clauses

SACC Manual clause A3050T (2010-01-11), Canadian Content Definition

2. Submission of Bids

Bids must be submitted only to Public Works and Government Services Canada (PWGSC) Bid Receiving Unit by the date, time and place indicated on page 1 of the bid solicitation.

3. Former Public Servant

Contracts with former public servants (FPS) in receipt of a pension or of a lump sum payment must bear the closest public scrutiny, and reflect fairness in the spending of public funds. In order to comply with Treasury Board policies and directives on contracts with FPS, bidders must provide the information required below.

3.1 Definitions

For the purposes of this clause, "former public servant" is any former member of a department as defined in the Financial Administration Act, R.S., 1985, c. F-11, a former member of the Canadian Armed Forces or a former member of the Royal Canadian Mounted Police. A former public servant may be:

- a. an individual;
- b. an individual who has incorporated;
- c. a partnership made of former public servants; or
- d. a sole proprietorship or entity where the affected individual has a controlling or major interest in the entity.

"lump sum payment period" means the period measured in weeks of salary, for which payment has been made to facilitate the transition to retirement or to other employment as a result of the implementation of various programs to reduce the size of the Public Service. The lump sum payment period does not include the period of severance pay, which is measured in a like manner.

"pension" means, a pension or annual allowance paid under the Public Service Superannuation Act (PSSA), R.S., 1985, c.P-36, and any increases paid pursuant to the Supplementary Retirement Benefits Act, R.S., 1985, c.S-24 as it affects the PSSA. It does not include pensions payable pursuant to the Canadian Forces Superannuation Act, R.S., 1985, c.C-17, the Defence Services Pension Continuation Act, 1970, c.D-3, the Royal Canadian Mounted Police Pension Continuation Act, 1970, c.R-10, and the Royal Canadian Mounted Police Superannuation Act, R.S., 1985, c.R-11, the Members of Parliament Retiring Allowances Act, R.S., 1985, c.M-5, and that portion of pension payable to the Canada Pension Plan Act, R.S., 1985, c.C-8.

3.2 Former Public Servant in Receipt of a Pension

As per the above definitions, is the Bidder a FPS in receipt of a pension? Yes () No ()

If so, the Bidder must provide the following information, for all FPS in receipt of a pension, as applicable:

- a. name of former public servant;
- b. date of termination of employment or retirement from the Public Service.

By providing this information, Bidders agree that the successful Bidder's status, with respect to being a former public servant in receipt of a pension, will be reported on departmental websites as part of the published proactive disclosure reports in accordance with Contracting Policy Notice: 2012-2 and the Guidelines on the Proactive Disclosure of Contracts.

3.3 Work Force Reduction Program

Is the Bidder a FPS who received a lump sum payment pursuant to the terms of a work force reduction program? Yes () No ()

If so, the Bidder must provide the following information:

- a. name of former public servant;
- b. conditions of the lump sum payment incentive;
- c. date of termination of employment;
- d. amount of lump sum payment;
- e. rate of pay on which lump sum payment is based;
- f. period of lump sum payment including start date, end date and number of weeks;
- g. number and amount (professional fees) of other contracts subject to the restrictions of a work force reduction program.

For all contracts awarded during the lump sum payment period, the total amount of fees that may be paid to a FPS who received a lump sum payment is \$5,000, including Applicable Taxes.

4. Enquiries - Bid Solicitation

All enquiries must be submitted in writing to the Contracting Authority no later than five (5) calendar days before the bid closing date. Enquiries received after that time may not be answered.

Bidders should reference as accurately as possible the numbered item of the bid solicitation to which the enquiry relates. Care should be taken by bidders to explain each question in sufficient detail in order to enable Canada to provide an accurate answer. Technical enquiries that are of a proprietary nature must be clearly marked "proprietary" at each relevant item. Items identified as "proprietary" will be treated as such except where Canada determines that the enquiry is not of a proprietary nature. Canada may edit the questions or may request that the Bidder do so, so that

the proprietary nature of the question is eliminated, and the enquiry can be answered with copies to all bidders. Enquiries not submitted in a form that can be distributed to all bidders may not be answered by Canada.

5. Applicable Laws

Any resulting contract must be interpreted and governed, and the relations between the parties determined, by the laws in force in Ontario.

Bidders may, at their discretion, substitute the applicable laws of a Canadian province or territory of their choice without affecting the validity of their bid, by deleting the name of the Canadian province or territory specified and inserting the name of the Canadian province or territory of their choice. If no change is made, it acknowledges that the applicable laws specified are acceptable to the bidders.

6. Audits of the Bidder/Supplier Certification

- 6.1 The bidder is required to certify in its bid that it is an Aboriginal business, as defined under PSAB (see Annex 9.4: Requirements for the Set-aside Program for Aboriginal Business.) The certification includes an undertaking that the business will continue to meet the criteria, which define it as Aboriginal throughout the performance of the contract.
- 6.2 Pre-award auditing is mandatory for requirements valued at, or in excess of, \$2 million. To ensure that the mandatory requirement for pre-auditing is met, it is essential that the bidder undergo a pre-award audit to confirm that it meets the eligibility of the PSAB set-aside program.
- 6.3 The bidder's certification that it is Aboriginal is subject to audit, both before and after contract award. Successful contractors with set-aside contracts may be subject to post-award audits upon the contracting authorities request to confirm that the PSAB eligibility criteria continues to be met throughout the duration of the contract.
- 6.4 For further information in regards to the PSAB set-aside program, you may refer to Aboriginal Affairs and Northern Development Canada's site under the following links:

Treasury Board Contracting Policy # 1997-6

Link: http://www.tbs-sct.gc.ca/pubs_pol/dcgpubs/contpolnotices/97-6-eng.asp#guid

Treasury Board Contracting Policy # 1996-6

Link: http://www.tbs-sct.gc.ca/pubs_pol/dcgpubs/contpolnotices/cpn_96-6-eng.asp

PART 3 - BID PREPARATION INSTRUCTIONS

1. Bid Preparation Instructions

Multiple bids from the same bidder are not permitted in response to this bid solicitation. Each Bidder must submit only a single bid. For the purpose of this bid solicitation, individual members of a joint venture bidding in their own capacity are not considered the same Bidder as a joint venture in which they form a part. If any bidders submit more than one bid, the first bid submitted to bid receiving unit will be evaluated, all other bids received will be declared non-compliant.

Canada requests that bidders provide their bid in separately bound sections as follows:

Section I: Technical Bid (4 hard copies and 2 soft copies on CD)

Section II: Financial Bid (2 hard copies)

Section III: Certifications (1 hard copy)

If there is a discrepancy between the wording of the soft copy and the hard copy, the wording of the hard copy will have priority over the wording of the soft copy. Canada reserves the right to use all of the material, such as, but not limited to, information and other documents provided in the Bidder's bid for evaluation purposes regardless of format, except advertising material.

Prices must appear in the financial bid only. No prices must be indicated in any other section of the bid.

Canada requests that bidders follow the format instructions described below in the preparation of their bid:

- (a) use 8.5 x 11 inch (216 mm x 279 mm) paper;
- (b) use a numbering system that corresponds to the bid solicitation.

In April 2006, Canada issued a policy directing federal departments and agencies to take the necessary steps to incorporate environmental considerations into the procurement process Policy on Green Procurement (<http://www.tpsgc-pwgsc.gc.ca/ecologisation-greening/achats-procurement/politique-policy-eng.html>). To assist Canada in reaching its objectives, bidders should:

- 1) use 8.5 x 11 inch (216 mm x 279 mm) paper containing fibre certified as originating from a sustainably-managed forest and containing minimum 30% recycled content; and
- 2) use an environmentally-preferable format including black and white printing instead of colour printing and printing double sided/duplex.

Section I: Technical Bid

In their technical bid, bidders should demonstrate their understanding of the requirements contained in the bid solicitation and explain how they will meet these requirements. Bidders should demonstrate their capability and describe their approach in a thorough, concise and clear manner for carrying out the work.

The technical bid should address clearly and in sufficient depth the points that are subject to the evaluation criteria against which the bid will be evaluated. Simply repeating the statement contained in the bid solicitation is not sufficient. In order to facilitate the evaluation of the bid, Canada requests that bidders address and present topics in the order of the evaluation criteria under the same headings. To avoid duplication, bidders may refer to different sections of their

bids by identifying the specific paragraph and page number where the subject topic has already been addressed.

Part 4, Evaluation Procedures, contains additional instructions that bidders should consider when preparing their technical bid.

Section II: Financial Bid

- 1.1** Bidders must submit their financial bid in Canadian funds and in accordance with the pricing schedule detailed in Attachment 1 to Part 3. The total amount of applicable taxes must be shown separately.
- 1.2** Bidders must submit their rates FOB destination; Canadian customs duties and excise taxes included, as applicable; and GST or HST excluded.
- 1.3** When preparing their financial bid, bidders should also review the basis of payment in Annex B and clause 1.2, Financial Evaluation, of Part 4.
- 1.4** Bidders should include the following information in their financial bid:
 1. Their legal name;
 2. Their Procurement Business Number (PBN); and
 3. The name of the contact person (including this person's phone and facsimile numbers and email address) authorized by the Bidder to enter into communications with Canada with regards to:
 - (a) their bid; and
 - (b) any contract that may result from their bid.

1.5 Exchange Rate Fluctuation

SACC Manual Clause C3011T (2010-01-11), Exchange Rate Fluctuation

Section III: Certifications

Bidders must submit the certifications required under Part 5.

ATTACHMENT 1 to PART 3

PRICING SCHEDULE

The Bidder should complete this pricing schedule and include it in its financial bid once completed. As a minimum, the Bidder must respond to this pricing schedule by including in its financial bid for each of the periods specified below its quoted all inclusive per diem rate (in Cdn \$) for nursing services. The all inclusive per diem rate should not include GST/HST.

Article 1.2.3 of Part 4, Evaluation Procedures, contains additional instructions that bidders should consider when preparing their financial bid.

The nurse services rates specified below, when quoted by the Bidder, include the total estimated cost of all travel and living expenses that may need to be incurred for:

- (1) travel between the successful bidder's place of business or the Nurses home province and any designated hub (see the complete list of hubs by FNIHB Region in Appendix C of Annex A); and
 - (2) the relocation of resources
- to satisfy the terms of any resulting contract. These expenses cannot be charged directly and separately from the professional fees to any contract that may result from the bid solicitation.

The inclusion of volumetric data in this document does not represent a commitment by Canada that Canada's future usage of the services described in the bid solicitation will be consistent with this data.

Resource Category	Number of resources	Quoted All-Inclusive Firm Hourly Rate (in Cdn \$) For Regular Work time and stand-by time	Volumetric Data (in hours) (estimated)	Sub-Total (in Cdn \$) $D = A \times B \times C$	Quoted All-Inclusive Firm Hourly Rate (in Cdn \$) For overtime call-back time and Statutory Holidays	Volumetric Data (in hours) (estimated)	Sub-Total (in Cdn \$) $G = A \times E \times F$	Total (in Cdn \$) $D + G$
1	Initial Period – Three years from Contract award date							
Nurse	50	\$ (must be provided by the Bidder)	48,000	\$	\$ (must be provided by the Bidder)	18,000	\$	\$
Total Initial Period:							\$	\$

2	First Option Period – One year									
	Nurse	50	\$ (must be provided by the Bidder)	16,000	\$ _____	\$ (must be provided by the Bidder)	6,000	\$ _____	\$ _____	
Total Option Period 1:									\$ _____	
3	Second Option Period – One year									
	Nurse	50	\$ (must be provided by the Bidder)	16,000	\$ _____	\$ (must be provided by the Bidder)	6,000	\$ _____	\$ _____	
Total Optional Period: 2									\$ _____	
4	Third Option Period – One year									
	Nurse	50	\$ (must be provided by the Bidder)	16,000	\$ _____	\$ (must be provided by the Bidder)	6,000	\$ _____	\$ _____	
Total Optional Period: 3									\$ _____	
5	Fourth Option Period – One year									
	Nurse	50	\$ (must be provided by the Bidder)	16,000	\$ _____	\$ (must be provided by the Bidder)	6,000	\$ _____	\$ _____	
Total Optional Period: 4									\$ _____	
6	Fifth Option Period – One year									
	Nurse	50	\$ (must be provided by the Bidder)	16,000	\$ _____	\$ (must be provided by the Bidder)	6,000	\$ _____	\$ _____	
Total Optional Period: 5									\$ _____	
7	Evaluated Price (QST/GST/HST excluded):									\$ _____
(i.e., sum of: Total Initial Period + Total Option Period 1 + Total Option Period 2 + Total Option Period 3+ Total Option Period 4 + Total Option Period 5)										

PART 4 - EVALUATION PROCEDURES AND BASIS OF SELECTION

1. Evaluation Procedures

- (a)) Bids will be assessed in accordance with the entire requirement of the bid solicitation including the technical and financial evaluation criteria.
- (b) An evaluation team composed of representatives of Canada will evaluate the bids.
- (c) The evaluation team will determine first if there are three (3) or more bids with a valid Canadian Content certification. In that event, the evaluation process will be limited to the bids with the certification; otherwise, all bids will be evaluated. If some of the bids with a valid certification are declared non-responsive, or are withdrawn, and less than three responsive bids with a valid certification remain, the evaluation will continue among those bids with a valid certification. If all bids with a valid certification are subsequently declared non-responsive, or are withdrawn, then all the other bids received will be evaluated.

1.1 Technical Evaluation

1.1.1 Mandatory Technical Criteria

Refer to Attachment 1 to Part 4.

1.1.2 Point Rated Technical Criteria

Refer to Attachment 1 to Part 4. Point-rated technical criteria not addressed will be given a score of zero.

1.2 Financial Evaluation

- 1.2.1 The volumetric data included in the pricing schedule detailed in Attachment 1 to Part 3 are provided for bid evaluated price determination purposes only. They are not to be considered as a contract guarantee.

- 1.2.2 For bid evaluation and contractor(s) selection purposes only, the evaluated price of a bid will be determined in accordance with the Pricing Schedule detailed in Attachment 1 to Part 3.

1.2.3 Mandatory Financial Criteria

- 1.2.3.1 For each period of the Contract, the all-inclusive firm rate quoted by the Bidder for overtime and call-back time must not exceed 1.5 times the all-inclusive rate bid for regular work time and on-call time.

2. Basis of Selection – Highest combined Rating of Technical Merit (65%) and price (35%)

- 2.1 To be declared responsive, a bid must:

- (a) comply with all the requirements of the bid solicitation;
- (b) meet all mandatory criteria; and
- (c) obtain the required minimum number of points specified in Attachment 1 to Part 4 for the point rated technical criteria.

- 2.2** Bids not meeting (a) or (b) or (c) will be declared non-responsive.
- 2.3** The selection will be based on the highest responsive combined rating of technical merit and price. The ratio will be 65 % for the technical merit and 35 % for the price.
- 2.4** To establish the technical merit score (TMS), the overall technical score for each responsive bid will be determined as follows: total number of points obtained / maximum number of points available multiplied by the ratio of 65 %.
- 2.5** To establish the pricing score (PS), a two-step approach will be used, as follows:
- 2.5.1 Step 1**
The evaluated price, determined based on the Pricing Schedule detailed in Attachment 1 to Part 3, will be used to establish the median value of all bids declared responsive in accordance with article 2.1 of Part 4. The median will be calculated using the median function in Microsoft Excel.
- Only bids with an evaluated price in the range that encompasses the lowest evaluated price and the median value (+) 35% will be retained for the following step (Step 2 in 2.5.2)
- 2.5.2 Step 2:**
Each responsive bid retained for Step 2 will be prorated against the lowest evaluated price retained for Step 2 and the ratio of 35 %. The lowest evaluated price (LP) of all responsive bids will be identified and a pricing score (PS), determined as follows, will be allocated to each responsive bid (i) : $PS_i = LP / P_i \times 35$. P_i is the evaluated price (P) of each responsive bid (i).
- 2.6** For each responsive bid retained for Step 2, the technical merit score and the pricing score will be added to determine its combined rating (CR). The CR of each responsive bid (i) will be determined as follows: $CR_i = PS_i + TMS_i$
- 2.7** Neither the responsive bid obtaining the highest technical score nor the one with the lowest evaluated price will necessarily be accepted. The responsive bids with the three highest combined rating of technical merit and price will be recommended for award of a contract.

The table below illustrates an example where all three bids are responsive and the selection of the contractor is determined by a 65/35 ratio of technical merit and price, respectively. The total available points equals 135 and the lowest evaluated price is \$45,000 (45).

Basis of Selection - Highest Combined Rating Technical Merit (65%) and Price (35%)

		Bidder 1	Bidder 2	Bidder3
Overall Technical Score		115/135	89/135	92/135
Bid Evaluated Price		\$55,000.00	\$50,000.00	\$45,000.00
Calculations	Technical Merit Score (TMS)	$(115/135) \times 65 = 55.37$	$(89/135) \times 65 = 42.85$	$(92/135) \times 65 = 44.29$
	Pricing Score (PS)	$(45/55) \times 35 = 28.63$	$(45/50) \times 35 = 31.50$	$(45/45) \times 35 = 35.00$

Combined Rating (CR)	84	74.35	79.29
Overall Rating	1 st	3 rd	2nd

2.8 As this requirement is subject to PSAB, up to three contracts will be awarded to Aboriginal responsive Bidders.

2.8.1 Option 1: At least three (3) bids are declared responsive

2.8.1.1 Option 1.1: At least three (3) responsive bids submitted by Aboriginal Businesses are declared responsive:

- a. The responsive bids submitted by Aboriginal Businesses will be ranked in descending order of combined rating of technical merit and price; the responsive bid with the highest combined rating of technical merit and price being ranked first. Of the highest ranked responsive bids in descending order of combined rating of technical merit and price, up to three will be recommended for award of a contract.

In the event two or more responsive bids have the same highest combined rating of technical merit and price, these bids will be ranked in descending order of the overall score obtained for all of the point rated technical criteria detailed in Attachment 1 to Part 4; the responsive bid obtaining the highest overall score being ranked the highest.

- b. The responsive bid that obtained the first highest overall score will be recommended for award of a contract for approximately 50% of the actual annual value of the service requirements to be requested by Health Canada through the Task Authorization Process described herein.

The responsive bid that obtained the second highest overall score will be recommended for award of a contract for approximately 30% of the actual annual value of the service requirements to be requested by Health Canada through the Task Authorization Process described herein.

The responsive bid that obtained the third highest overall score will be recommended for award of a contract for approximately 20% of the actual annual value of the service requirements to be requested by Health Canada through the Task Authorization Process described herein.

2.8.1.2 Option 1.2: Only two (2) responsive bids submitted by Aboriginal Businesses are declared responsive:

- a. The two responsive bids submitted by Aboriginal Businesses will be ranked in descending order of combined rating of technical merit and price; the responsive bid with the highest combined rating of technical merit and price being ranked first. Of the highest ranked responsive bids in descending order of combined rating of technical merit and price, the two bids will be recommended for award of a contract.

In the event the two responsive bids have the same highest combined rating of technical merit and price, these bids will be ranked in descending order of the overall score obtained for all of the point rated technical criteria detailed in Attachment 1 to Part 4; the responsive bid obtaining the highest overall score being ranked the highest.

- b. The responsive bids submitted by Non-aboriginal Businesses will be ranked in descending order of combined rating of technical merit and price; the responsive bid with the highest combined rating of technical merit and price being ranked first. Of the highest ranked responsive bids in descending order of combined rating of technical merit and price, up to one bid will be recommended for award of a contract.

In the event two or more responsive bids have the same highest combined rating of technical merit and price, these bids will be ranked in descending order of the overall score obtained for all of the point rated technical criteria detailed in Attachment 1 to Part 4; the responsive bid obtaining the highest overall score being ranked the highest.

- c. The responsive bid submitted by an Aboriginal Business that obtained the first highest overall score will be recommended for award of a contract for approximately 50% of the actual annual value of the service requirements to be requested by Health Canada through the Task Authorization Process described herein.

The responsive bid submitted by an Aboriginal Business that obtained the second highest overall score will be recommended for award of a contract for approximately 30% of the actual annual value of the service requirements to be requested by Health Canada through the Task Authorization Process described herein.

The responsive bid submitted by a Non-aboriginal Business that obtained the first highest overall score will be recommended for award of a contract for approximately 20% of the actual annual value of the service requirements to be requested by Health Canada through the Task Authorization Process described herein.

2.8.1.3 Option 1.3: Only one (1) responsive bid submitted by an Aboriginal Business is declared responsive:

- a. The responsive bid submitted by an Aboriginal Business will be recommended for award of a contract for approximately 50% of the actual annual value of the service requirements to be requested by Health Canada through the Task Authorization Process described herein.
- b. The responsive bids submitted by Non-aboriginal Businesses will be ranked in descending order of combined rating of technical merit and price; the responsive bid with the highest combined rating of technical merit and price being ranked first. Of the highest ranked responsive bids in descending order of combined rating of technical merit and price, up to two bids will be recommended for award of a contract.

In the event two or more responsive bids have the same highest combined rating of technical merit and price, these bids will be ranked in descending order of the overall score obtained for all of the point rated technical criteria detailed in Attachment 1 to Part 4; the responsive bid obtaining the highest overall score being ranked the highest.

- c. The responsive bid submitted by a Non-aboriginal Business that obtained the first highest overall score will be recommended for award of a contract for approximately 30% of the actual annual value of the service requirements to be requested by Health Canada through the Task Authorization Process described herein.

The responsive bid submitted by a Non-aboriginal Business that obtained the second highest overall score will be recommended for award of a contract for approximately

20% of the actual annual value of the service requirements to be requested by Health Canada through the Task Authorization Process described herein.

2.8.1.4 Option 1.4: No responsive bid submitted by an Aboriginal Business:

- a. The responsive bids submitted by Non-aboriginal Businesses will be ranked in descending order of combined rating of technical merit and price; the responsive bid with the highest combined rating of technical merit and price being ranked first. Of the highest ranked responsive bids in descending order of combined rating of technical merit and price, up to three bids will be recommended for award of a contract.

In the event two or more responsive bids have the same highest combined rating of technical merit and price, these bids will be ranked in descending order of the overall score obtained for all of the point rated technical criteria detailed in Attachment 1 to Part 4; the responsive bid obtaining the highest overall score being ranked the highest.

- b. The responsive bid with the highest overall score, ranked first, will be recommended for award of a contract for approximately 50% of the actual annual value of the service requirements to be requested by Health Canada through the Task Authorization Process described herein.
- c. The responsive bid with the second highest overall score will be recommended for award of a contract for approximately 30% of the actual annual value of the service requirements to be requested by Health Canada through the Task Authorization Process described herein.
- d. The responsive bid with the third highest overall score will be recommended for award of a contract for approximately 20% of the actual annual value of the service requirements to be requested by Health Canada through the Task Authorization Process described herein.

2.8.2 If only two (2) bids are declared responsive:

2.8.2.1 Option 1: The two responsive bids are submitted by aboriginal businesses:

- a. The two responsive bids submitted by Aboriginal Businesses will be ranked in descending order of combined rating of technical merit and price; the responsive bid with the highest combined rating of technical merit and price being ranked first. Of the highest ranked responsive bids in descending order of combined rating of technical merit and price, the two bids will be recommended for award of a contract.
- b. In the event the two responsive bids have the same highest combined rating of technical merit and price, these bids will be ranked in descending order of the overall score obtained for all of the point rated technical criteria detailed in Attachment 1 to Part 4; the responsive bid obtaining the highest overall score being ranked the highest.
- c. The responsive bid with the highest overall score, ranked first, will be recommended for award of a contract for approximately 60% of the actual annual value of the service requirements to be requested by Health Canada through the Task Authorization Process described herein.

- d. The responsive bid with the second highest overall score will be recommended for award of a contract for approximately 40% of the actual annual value of the service requirements to be requested by Health Canada through the Task Authorization Process described herein.

2.8.2.2 Option 2: One of the two responsive bids submitted by an aboriginal business:

- a. The responsive bid submitted by an aboriginal business will be recommended for award of a contract for approximately 60% of the actual annual value of the service requirements to be requested by Health Canada through the Task Authorization Process described herein.
- b. The responsive bid submitted by a non-aboriginal business will be recommended for award of a contract for approximately 40% of the actual annual value of the service requirements to be requested by Health Canada through the Task Authorization Process described herein.

2.8.2.3 Option 3: The two responsive bids are submitted by non-aboriginal businesses:

- a. The two responsive bids submitted by non-aboriginal businesses will be ranked in descending order of combined rating of technical merit and price; the responsive bid with the highest combined rating of technical merit and price being ranked first. Of the highest ranked responsive bids in descending order of combined rating of technical merit and price, the two bids will be recommended for award of a contract.
- b. In the event the two responsive bids have the same highest combined rating of technical merit and price, these bids will be ranked in descending order of the overall score obtained for all of the point rated technical criteria detailed in Attachment 1 to Part 4; the responsive bid obtaining the highest overall score being ranked the highest
- c. The responsive bid with the highest overall score, ranked first, will be recommended for award of a contract for approximately 60% of the actual annual value of the service requirements to be requested by Health Canada through the Task Authorization Process described herein.
- d. The responsive bid with the second highest overall score will be recommended for award of a contract for approximately 40% of the actual annual value of the service requirements to be requested by Health Canada through the Task Authorization Process described herein.

2.8.3 If only one (1) bid is declared responsive:

The sole responsive bid will be recommended for award of a contract for all the service requirements to be requested by Health Canada through the Task Authorization Process described herein.

ATTACHMENT 1 TO PART 4

TECHNICAL AND FINANCIAL CRITERIA

1.1 Technical Evaluation

1.1.1 Mandatory Technical Criteria

The bid must meet the mandatory technical criteria specified below. The Bidder must provide the necessary documentation identified in each mandatory technical criterion to support compliance with this requirement.

Bids which fail to meet the mandatory technical criteria will be declared non-responsive. Each mandatory technical criterion should be addressed separately.

Mandatory Technical Criteria (MT)

Evaluation of Joint Venture Bids: For the purpose of mandatory technical criterion MT1 evaluation, Joint venture members cannot pool their experience to satisfy MT1. In order to meet this criterion (MT1), the Bidder must demonstrate that each member of the joint venture satisfies the requirement.

Evaluation of experience: For the purpose of mandatory technical criteria MT1 evaluation, the minimum two (2) years of experience required does not correspond to a period of continuous months but a period corresponding to a total of 24 months in which services were rendered, within the last ten (10) years of the Bid Solicitation closing date. Bidders are also advised that each month of experience listed for a client reference must consist of fifteen days or more in which services were rendered.

The Bidder

Bidder's Experience

Number Mandatory Technical Criterion

MT1 The Bidder must have a minimum of two (2) years experience, within the last ten (10) years of the Bid Solicitation closing date, providing and managing a workforce of health services providers including at least 20 different nurses per year.

Bid Preparation Instructions

To demonstrate its experience, the Bidder must provide at least the following information for each client reference for which the experience meets the requirements of evaluation criterion MT1:

- 1) Short description of the health services provided to the client;
- 2) The period of time over which the service was provided, in the following format: from (day/month/year) to (day/month/year);
- 3) The number of nurses provided during the period mentioned

		<p>in 2).</p> <p>4) The name of the client for whom the nursing services work was done as well as the name and one of the current e-mail address or telephone number of the delegated client's representative who would be able to confirm the information provided by the Bidder.</p> <p>Where the Contracting Authority determines that the Bidder has omitted to provide the delegated client's representative name and details as required or the contact person cannot be reached, the Contracting Authority will provide the Bidder with 24 hours to submit the required information.</p>
Bidder's Profile		
Number	Mandatory Technical Criterion	
MT2	Aboriginal Businesses Only The following mandatory criterion applies only to those Bidders which are submitting an offer as an Aboriginal Business: The Certification Set-aside for Aboriginal Business contained in Attachment 3 to Part 5, Certifications required with the bid, must be submitted with the Bidder's bid.	Bid Preparation Instructions To meet criterion MT2, the Bidder must provide the certification Set-aside for Aboriginal Business as per the instructions in Part 5 of the Bid Solicitation, Certifications.

1.1.2 Point Rated Technical Criteria

Bids which meet all the mandatory technical criteria will be evaluated and scored as specified in the tables inserted below.

Bids which fail to obtain the required minimum number of points specified will be declared non-responsive. Each point rated technical criterion should be addressed separately.

Point Rated Technical Criteria (RT) and Scores		Required Minimum Number of Points	Maximum Number of Points
RT1	Bidder's Experience		
	RT1.1	81	135
	RT1.2	88	135
	RT1.3	108	180
RT2	Bidder's Approach and Methodology		
	RT2.1	140	200
	RT2.2	147	210
RT3	Bidder's Proposed Aboriginal Participation Component	70	
	RT3.1		70
	RT3.2		70
OVERALL SCORE		700	1000

Point Rated Technical Criteria (RT)

Evaluation of experience: For the purpose of rated technical criteria RT1.1 evaluation, the period of demonstrated experience does not correspond to a period of continuous months but a period corresponding to a total of months in which services were rendered, within the last ten (10) years of the Bid Solicitation closing date.

For the purpose of rated technical criteria RT4.1 evaluation, the period of demonstrated experience does not correspond to a period of continuous months but a period corresponding to a total of months in which services were rendered, within the last five (5) years of the Bid Solicitation closing date.

For the purpose of mandatory technical criteria RT1.1 evaluation, Bidders are advised that each month of experience listed for a client reference must consist of fifteen days or more in which services were rendered.

THE BIDDER

RT1. BIDDER'S EXPERIENCE - Maximum: 450 points

Number	Point Rated Technical Criterion	Bid Preparation Instructions	Weighting (Points)
RT1.1	The Bidder should demonstrate its	To demonstrate its experience, the Bidder should	Points will be awarded as follows

	experience, within the last ten (10) years of Bid Solicitation closing date, in providing and managing a workforce of health services providers including at least 20 different nurses per year.	<p>provide at least the following information for each client reference for which the experience meets the requirements of evaluation criterion RT1.1:</p> <ol style="list-style-type: none"> 1) Short description of the health services provided to the client; 2) The period of time over which the service was provided, in the following format: from (day/month/year) to (day/month/year); 3) The number of nurses provided during the period mentioned in 2). 4) The name of the client for whom the nursing services work was done as well as the name and one of the current e-mail address or telephone number of the delegated client's representative who would be able to confirm the information provided by the Bidder. <p><u>Where the Contracting Authority determines that the Bidder has omitted to provide the delegated client's representative name and details as required or the contact person cannot be reached, the Contracting Authority will provide the Bidder with 24 hours to submit the required information.</u></p>	<p>for demonstrated experience that meets the requirements of criterion RT1.1:</p> <p>0 to 24 months of demonstrated experience = 0 point</p> <p>25 to 48 months of demonstrated experience = 27 points</p> <p>49 to 72 months of demonstrated experience = 54 points</p> <p>73 to 96 months of demonstrated experience = 81 points</p> <p>97 to 120 months of demonstrated experience = 108 points</p> <p>Over 120 months of demonstrated experience = 135 points</p> <p>Maximum Points: 135 Minimum Passmark : 81</p>
RT1.2	The Bidder should demonstrate its experience, within the last five (5) years, in managing a workforce of health services providers and providing more than 400,000 hours of nursing services per year.	<p>To demonstrate its experience, the Bidder should provide at least the following information for each client reference for which the experience meets the requirements of evaluation criterion RT1.2:</p> <ol style="list-style-type: none"> 1) Short description of the health services provided to the client; 2) The period of time over which the service was provided, in the following format: from (day/month/year) to (day/month/year); 3) The number of hours of nursing services provided during the period mentioned in 2). 	<p>Points will be awarded as follows for demonstrated experience that meets the requirements of criterion RT1.2:</p> <p>0 to 400,000 hours of demonstrated experience = 0 point</p> <p>400,001 to 500,000 hours of demonstrated experience = 7</p>

		<p>points</p> <p>500,001 to 600,000 hours of demonstrated experience = 12 points</p> <p>600,001 to 700,000 hours of demonstrated experience = 17 points</p> <p>700,001 to 800,000 hours of demonstrated experience = 22 points</p> <p>Over 800,000 hours of demonstrated experience = 27 points</p> <p>Maximum Points: 135 Minimum Passmark : 88</p>
	<p>4) The name of the client for whom the nursing services work was done as well as the name and one of the current e-mail address or telephone number of the delegated client's representative who would be able to confirm the information provided by the Bidder.</p> <p><u>Where the Contracting Authority determines that the Bidder has omitted to provide the delegated client's representative name and details as required or the contact person cannot be reached, the Contracting Authority will provide the Bidder with 24 hours to submit the required information.</u></p>	<p>points</p> <p>500,001 to 600,000 hours of demonstrated experience = 12 points</p> <p>600,001 to 700,000 hours of demonstrated experience = 17 points</p> <p>700,001 to 800,000 hours of demonstrated experience = 22 points</p> <p>Over 800,000 hours of demonstrated experience = 27 points</p> <p>Maximum Points: 135 Minimum Passmark : 88</p>
R1.3	<p>The Bidder should demonstrate its experience in providing nursing services in remote and isolated communities in the past five (5) years.</p>	<p>Points will be awarded as follows for demonstrated experience that meets the requirements of criterion RT1.3:</p> <p>50,000 to 100,000 hours per year of demonstrated experience = 6 point</p> <p>100,001 to 200,000 hours per year of demonstrated experience = 12 points</p> <p>200,001 to 300,000 hours per year of demonstrated experience = 18 points</p>

		<p>Bidder.</p> <p><u>Where the Contracting Authority determines that the Bidder has omitted to provide the delegated client's representative name and details as required or the contact person cannot be reached, the Contracting Authority will provide the Bidder with 24 hours to submit the required information.</u></p>	<p>300,001 to 400,000 hours per year of demonstrated experience = 24 points</p> <p>400,001 to 500,000 hours per year of demonstrated experience = 30 points</p> <p>Over 500,000 hours per year of demonstrated experience = 36 points</p> <p>Maximum Points: 180 Minimum Passmark : 108</p>
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RT2. BIDDER'S APPROACH AND METHODOLOGY - Maximum: 410 points

The following rating scheme will be used to assess the criteria RT2.1 and RT2.2

Rating	Description
100%	Outstanding response; the rated area is dealt with in depth and/or the rated area is exceeded; rigorous approach and methodology that meets all of the elements of the rated area. The Bidder receives 100% of the available points (125 points) for this area.
75%	Response to the rated area is well addressed; good approach and methodology or missing minor elements. The Bidder receives 75% of the available points (125 points) for this area.
50%	Response to the rated criteria is satisfactorily addressed; adequate approach and methodology or missing many points including some major elements. The Bidder receives 50% of the available points (125 points) for this area.
25%	Unsatisfactory response; the approach and methodology is weak or missing many major elements. The Bidder receives 25% of the available points (125 points) for this area.
0%	Unsatisfactory response or the rated area is not addressed. The Bidder receives 0% of the available points (125 points) for this area.

RT2.1	<p>Orientation and Continuing Education Program</p> <p>The Bidder's proposed Orientation and Continuing</p>	<p>The Bidder's bid should provide a sufficiently detailed description of its proposed Orientation and Continuing</p>	<p>For each of the eight areas identified in RT2.1, a maximum of 25 points will be awarded in</p>
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	<p>Education Program must prepare the Contract Resources for the remote environment and scope of practice as described in the Statement of Work. This should be clearly demonstrated by the following components of the Orientation and Continuing Education program as per below:</p> <p>The Orientation and Continuing Education Program should describe the following <u>components</u>: a) theory, b) skill demonstration, c) learning assessment/evaluation for each of the following areas:</p> <ol style="list-style-type: none"> Management and Assessment of Adult Clients; Management and Assessment of Pediatric Clients; Management and Assessment of Obstetrical, Gynecological and Newborn Clients; Management and Assessment of Mental Health Clients; Management and Assessment of Emergency Clients; The knowledge and skill of performing and interpreting Laboratory tests, and ECG; The Competencies associated with public health/population health practice; and The First Nations cultural component. 	<p>Education Program to meet the requirements of criterion RT2.1 and demonstrate the Bidder's understanding of Health Canada Nursing Services requirement.</p>	<p>accordance with the rating scheme above.</p> <p>Maximum Points: 200 Minimum Passmark : 140</p>
RT2.2	<p>Performance and Quality Assurance</p> <p>The Bidder's proposed approach and methodology to managing performance and quality assurance should include all the following attributes:</p> <ol style="list-style-type: none"> identify how the Bidder will ensure that any issues raised by Canada in reference to performance or quality assurance, are to be resolved; 	<p>The Bidder's bid should provide a sufficiently detailed description of its proposed Performance and Quality Assurance approach and methodology to meet the requirements of criterion RT2.2 and demonstrate the Bidder's understanding of Health Canada Nursing Services requirement.</p>	<p>For each of the seven attributes identified in RT2.2, a maximum of 30 points will be awarded in accordance with the rating scheme above.</p> <p>Maximum Points: 210 Minimum Passmark : 147</p>

	<p>b) identify the typical problems and risks associated with the work and how the Bidder will prevent them, remedy and provide solution from occurring;</p> <p>c) identify the method for auditing the quality and performance of the work, such as completeness of the charting by its resources;</p> <p>d) provide measures on how the Bidder will be kept up-to-date and ensure resources will be kept up-to-date with changes in nursing practices;</p> <p>e) provide measures on how the Bidder will be kept up-to-date and ensure resources will be kept up-to-date with changes to nursing policies raised by the Technical Authority;</p> <p>f) provide measures on how the Bidder will ensure the correct handling and documentation of controlled substances by its resources; and</p> <p>g) provide the hiring and recruitment plan tied to meeting Health Canada requirements as described in the Statement of Work.</p>		
THE BIDDER'S PROPOSED ABORIGINAL PARTICIPATION COMPONENT			
RT3. Aboriginal Participation Component: Maximum: 140 points, Minimum: 70 points			
<p>Bidders will be evaluated against the quality and quantity of Aboriginal participation it proposes to generate through the implementation of the Contract.</p> <p>The Aboriginal component will be evaluated against:</p> <ol style="list-style-type: none"> 1. The quantity, i.e. in terms of percentage of the proposed Aboriginal participation in relation of the total value of the subsequent Contract resulting from this Bid Solicitation process (e.g. subcontracts, labour hours and expenses for accommodations), and 2. The quality of the benefits, i.e. in terms of direct benefits (e.g. aboriginal human resources employed for the contract work, material or equipment necessary for the contract work) and indirect benefits (e.g. skills development, on the job training, apprenticeship) 			

Note to Bidders: The Contract will include provisions for a mechanism for holdback totaling the possible amount of fee credit that will be released on a yearly basis after validation and acceptance of the Contractor's substantiation.

The following rating scheme will be used to assess the criteria RT3.2

Rating	Description
100%	Outstanding response; the rated area is dealt with in depth and/or the rated area is exceeded; rigorous description of the benefits that meets all the elements of the rated area. The Bidder receives 100% of the available points (150 points) for this area.
75%	Response to the rated area is well addressed; good description of the benefits or missing minor elements. The Bidder receives 75% of the available points (150 points) for this area.
50%	Response to the rated criteria is satisfactorily addressed; adequate description of the benefits or missing many points including some major elements. The Bidder receives 50% of the available points (150 points) for this area.
25%	Unsatisfactory response; the description of the benefits is weak or missing many major elements. The Bidder receives 25% of the available points (150 points) for this area.
0%	Unsatisfactory response or the rated area is not addressed. The Bidder receives 0% of the available points (150 points) for this area.

Number	Point Rated Technical Criterion	Bid Preparation Instructions	Weighting (Points)
RT3.1	The bidder should include the percentage of the proposed Aboriginal participation in relation to the total value of the subsequent Contract resulting from this Bid Solicitation process.	<p>The Bidder's bid should provide a sufficiently detailed description of its proposed Aboriginal participation along with the percentage of the proposed Aboriginal participation in relation of the total value of the subsequent Contract resulting from this Bid Solicitation process.</p> <p>For the description, consideration will be given, but not limited, to the following:</p> <ol style="list-style-type: none">1. Dollar value subcontracts;2. Labour hours; and3. Expenses for accommodations.	<p>Points will be awarded as follows for its proposed Aboriginal participation Component:</p> <p>0 to 5% = 0 point</p> <p>More than 5% to 7% = 11 points</p> <p>More than 7% to 9% = 22 points</p> <p>More than 9% to 11% = 33 points</p> <p>More than 11% to 13% = 44 points</p> <p>More than 13% to 14% = 55 points</p>

			More than 14% = 70 points Maximum Points: 70
RT3.2	The bidder will be evaluated against the quality of Aboriginal participation it proposes to generate through the implementation of the Contract.	<p>The Bidder's bid should provide a sufficiently detailed description of its proposed Aboriginal participation.</p> <p>For each area of assessment, consideration will be given, but not limited, to the following:</p> <p>1) Direct benefits:</p> <ol style="list-style-type: none">1. aboriginal human resources employed for the contract work; and2. material or equipment necessary for the contract work <p>2) Indirect benefits</p> <ol style="list-style-type: none">1. skills development;2. on the job training; and3. apprenticeship	<p>For each area of assessment identified in RT3.2, a maximum of 150 points will be awarded in accordance with the rating scheme above.</p> <p>Maximum Points: 70</p>

PART 5 - CERTIFICATIONS

Bidders must provide the required certifications and documentation to be awarded a contract.

The certifications provided by bidders to Canada are subject to verification by Canada at all times. Canada will declare a bid non-responsive, or will declare a contractor in default, if any certification made by the Bidder is found to be untrue whether during the bid evaluation period or during the contract period.

The Contracting Authority will have the right to ask for additional information to verify the Bidder's certifications. Failure to comply with this request will also render the bid non-responsive or will constitute a default under the Contract.

1. Mandatory Certifications Required Precedent to Contract Award

The certifications included in Attachment 1 to Part 5, Mandatory Certifications Required Precedent to Contract Award, should be completed and submitted with the bid.

2. Additional Certifications Precedent to Contract Award and Certifications Required with the Bid

2.1 Additional Certifications Precedent to Contract Award

The certifications included in Attachment 2 to Part 5, Additional Certifications Precedent to Contract Award, should be completed and submitted with the bid, but may be submitted afterwards. If any of these required certifications is not completed and submitted as requested, the Contracting Authority will so inform the Bidder and provide the Bidder with a time frame within which to meet the requirement. Failure to comply with the request of the Contracting Authority and meet the requirement within that time period will render the bid non-responsive.

2.2 Additional Certifications Required with the Bid

Bidders must submit as part of their bid the certifications included in Attachment 3 to Part 5, Additional Certifications Required with the Bid, duly completed.

ATTACHMENT 1 to PART 5

MANDATORY CERTIFICATIONS REQUIRED PRECEDENT TO CONTRACT AWARD

1.1. Code of Conduct and Certifications - Related documentation

By submitting a bid, the Bidder certifies that the Bidder and its affiliates are in compliance with the provisions as stated in section 01 Code of Conduct and Certifications – Bid of Standard Instructions 2003. The related documentation therein required will assist Canada in confirming that the certifications are true.

1.2 Federal Contractors Program for Employment Equity - Bid Certification

By submitting a bid, the Bidder certifies that the Bidder, and any of the Bidder's members if the Bidder is a Joint Venture, is not named on the Federal Contractors Program (FCP) for employment equity "FCP Limited Eligibility to Bid" list (<http://www.hrsdc.gc.ca/eng/labour/index.shtml>) available from Human Resources and Skills Development Canada (HRSDC) - Labour's website

Canada will have the right to declare a bid non-responsive if the Bidder, or any member of the Bidder if the Bidder is a Joint Venture, appears on the "FCP Limited Eligibility to Bid" list at the time of contract award.

Canada will also have the right to terminate the Contract for default if a Contractor, or any member of the Contractor if the Contractor is a Joint Venture, appears on the "FCP Limited Eligibility to Bid" list during the period of the Contract.

The Bidder must provide the Contracting Authority with a completed annex (Annex F to Part 7) Federal Contractors Program for Employment Equity - Certification, before contract award. If the Bidder is a Joint Venture, the Bidder must provide the Contracting Authority with a completed annex Federal Contractors Program for Employment Equity - Certification, for each member of the Joint Venture.

ATTACHMENT 2 to PART 5

CERTIFICATIONS PRECEDENT TO CONTRACT AWARD

2.1.1 Education and Experience

2.1.1.1 *SACC Manual* clause A3010T (2010-08-16) Education and Experience

2.1.2 Approach and Methodology

In submitting its bid, the Bidder certifies that should it be awarded a contract as a result of the bid solicitation, the Orientation and Continuing Education Program and the Performance and Quality Assurance Approach and Methodology described in its bid in response to RT 2.1 and RT2.2 will be those applied by the Bidder and each member of the joint venture, when a bid is submitted by a joint venture, for the purpose of meeting the Statement of Work requirements and carrying on the work requested under the resulting contract.

ATTACHMENT 3 to PART 5

CERTIFICATIONS REQUIRED WITH THE BID

2.2.1 Canadian Content Certification

2.2.1.1 *SACC Manual* clause A3050T (2010-01-11) Canadian Content Definition.

2.2.1.2 This procurement is conditionally limited to Canadian services.

Subject to the evaluation procedures contained in the bid solicitation, bidders acknowledge that only bids with a certification that the service offered is a Canadian service, as defined in clause A3050T, may be considered.

Failure to provide this certification completed with the bid will result in the service offered being treated as a non-Canadian service.

The Bidder certifies that:

() the service offered is a Canadian service as defined in paragraph 2 of clause A3050T.

2.2.2 Set-aside for Aboriginal Business

2.2.2.1 This procurement is set aside under the federal government's Procurement Strategy for Aboriginal Business, as detailed in Annex 9.4, Requirements for the Set-aside Program for Aboriginal Business, of the Supply Manual.

2.2.2.2 The Bidder:

- i. certifies that it meets, and will continue to meet throughout the duration of any resulting contract, the requirements described in the above-mentioned annex;
- ii. agrees that any subcontractor it engages under any resulting contract must satisfy the requirements described in the above-mentioned annex; and
- iii. agrees to provide to Canada, immediately upon request, evidence supporting any subcontractor's compliance with the requirements described in the above-mentioned annex.

2.2.2.3 The Bidder must check the applicable box below:

- i. () The Bidder is an Aboriginal business that is a sole proprietorship, band, limited company, co-operative, partnership or not-for-profit organization.

OR

- ii. () The Bidder is either a joint venture consisting of two or more Aboriginal businesses or a joint venture between an Aboriginal business and a non-Aboriginal business.

2.2.2.4 The Bidder must check the applicable box below:

- i. () The Aboriginal business has fewer than six full-time employees.

OR

ii. () The Aboriginal business has six or more full-time employees.

2.2.2.5 The Bidder must, upon request by Canada, provide all information and evidence supporting this certification. The Bidder must ensure that this evidence will be available for audit during normal business hours by a representative of Canada, who may make copies and take extracts from the evidence. The Bidder must provide all reasonably required facilities for any audits.

2.2.2.6 By submitting a bid, the Bidder certifies that the information submitted by the Bidder in response to the above requirements is accurate and complete.

2.2.2.7 If requested by the Contracting Authority, the Bidder must provide the following certification for each owner and employee who is Aboriginal:

1. I am _____ (*insert "an owner" and/or "a full-time employee"*) of _____ (*insert name of business*), and an Aboriginal person, as defined in Annex 9.4 of the *Supply Manual* entitled "Requirements for the Set-aside Program for Aboriginal Business".
2. I certify that the above statement is true and consent to its verification upon request by Canada.

Printed name of owner and/or employee

Signature of owner and/or employee

Date"

PART 6 - SECURITY, FINANCIAL AND OTHER REQUIREMENTS

1. Security Requirement

1.1 Before award of a contract, the following conditions must be met:

- (a) the Bidder must hold a valid organization security clearance as indicated in Part 7 - Resulting Contract Clauses;
- (b) the Bidder's proposed individuals requiring access to classified or protected information, assets or sensitive work site(s) must meet the security requirement as indicated in Part 7 - Resulting Contract Clauses;
- (c) the Bidder must provide the name of all individuals who will require access to classified or protected information, assets or sensitive work sites.

1.2 Bidders are reminded to obtain the required security clearance promptly. Any delay in the award of a contract to allow the successful bidder to obtain the required clearance will be at the entire discretion of the Contracting Authority.

1.3 For additional information on security requirements, bidders should consult the "Security Requirements for PWGSC Bid Solicitations - Instructions for Bidders" (<http://www.tpsgc-pwgsc.gc.ca/app-acq/lc-pl/lc-pl-eng.html#a31>) document on the Departmental Standard Procurement Documents Web site.

2. Financial Capability

SACC Manual clause A9033T (2012-07-16) Financial Capability

3. Insurance Requirements

The Bidder must provide a letter from an insurance broker or an insurance company licensed to operate in Canada stating that the Bidder, if awarded a contract as a result of the bid solicitation, can be insured in accordance with the Insurance Requirements specified in Annex D.

If the information is not provided in the bid, the Contracting Authority will so inform the Bidder and provide the Bidder with a time frame within which to meet the requirement. Failure to comply with the request of the Contracting Authority and meet the requirement within that time period will render the bid non-responsive.

PART 7 - RESULTING CONTRACT CLAUSES

The following clauses and conditions apply to and form part of any contract resulting from the bid solicitation.

1. Statement of Work

The Contractor must perform the Work in accordance with the Statement of Work at Annex A.

1.1 Option to acquire Nursing Services

1.1.1 Option to acquire Nursing Services for additional regions

The Contractor grants to Canada the irrevocable option to acquire Nursing Services for Health Canada, as described in the Statement of work, for additional remote and isolated locations of First Nations located in Ontario, Manitoba or Quebec provinces, and also for different remote and isolated locations of First Nations located in other Canada's provinces and territories.

The Contractor agrees to provide the services in accordance with mutually agreeable terms. The Contractor agrees that, should the option be exercised by Canada, it will be paid in accordance with the applicable provisions as set out in Annex B – Basis of Payment.

Canada may exercise the option at any time, during the Contract Period, by sending a written notice to the Contractor. The options may only be exercised by the Contracting Authority, and will be evidenced, through a contract amendment.

1.1.2 Option to acquire Nursing Services for other federal Government Departments, Departmental Corporations and Agencies, and other Crown entities

The Contractor grants to Canada the irrevocable option to acquire Nursing Services, as described in the Statement of work, for other Government Departments, Departmental Corporations and Agencies, and other Crown entities described in the *Financial Administration Act* (as amended from time to time), and any other party for which the Department of Public Works and Government Services may be authorized to act from time to time under section 16 of the *Department of Public Works and Government Services Act*.

The Contractor agrees to provide the services in accordance with mutually agreeable terms. The Contractor agrees that, should the option be exercised by Canada, it will be paid in accordance with the applicable provisions as set out in Annex B – Basis of Payment.

Canada may exercise the option at any time, during the Contract Period, by sending a written notice to the Contractor. The options may only be exercised by the Contracting Authority, and will be evidenced, through a contract amendment.

Canada may also remove any of the additional Federal Government users from the list if the needs for Nursing Services change during the Contract Period.

1.2 Task Authorization

The Work to be performed under the Contract will be on an "as and when requested basis" using a Task Authorization (TA). The Work described in the TA must be in accordance with the scope of the Contract.

An obligation will come into force only when the Contractor receives a Task Authorization (TA), inclusive of any revisions, authorized and issued in accordance with this clause, and only to the extent designated in the authorized TA.

1.2.1 Task Authorization Process

1.2.1.1 One of the Task Authorization Authorities will provide one of the Contractors with a description of the task using the Task Authorization form specified in Annex E.

1.2.1.2 The Task Authorization (TA) will contain the details of the activities to be performed, a description of the deliverables and a schedule indicating completion dates for the major activities or submission dates for the deliverables. The TA will also include the applicable basis and methods of payment as specified in the Contract.

1.2.1.3 Contractor response

1.2.1.3.1 Regular process – Planned requests:

Within the time period specified in the TA, the Contractor must provide the Task Authorization Authority who initiated the process with a signed and dated response prepared and submitted using the TA form received from the Task Authorization Authority, containing as a minimum the information listed below:

- (1) the total estimated cost proposed for performing the task or, as applicable, revised task;
- (2) the name of the proposed resource(s);
- (3) the resume of the proposed resource;
- (4) the necessary information and documents that demonstrate that the resource meets all the mandatory requirements specified in the contract document; and
- (5) If travel is required, the lowest possible fare and complete all travel arrangements, in accordance with General instructions concerning Travel and Living expenses in Annex B, articles A.2, B.1.2, B.2.2, B.3.2, B.4.2 and B.5.2 of Annex B and the Statement of Work. Once the travel arrangements have been made, the Contractor must adhere to the travel arrangements and provide a copy of the itinerary to the TA Authority who approved the travel request.

1.2.1.3.2 Process for urgent requests:

Within 30 minutes, the Contractor must acknowledge receipt of the TA form and within two hours of receipt of the TA form, the Contractor must provide the Task Authorization Authority who initiated the process with a signed and dated response prepared and submitted using the TA form received from the Task Authorization Authority, containing as a minimum the information listed below:

- (1) the total estimated cost proposed for performing the task or, as applicable, revised task;
- (2) the name of the proposed resource(s);
- (3) the resume of the proposed resource;
- (4) the necessary information and documents that demonstrate that the resource meets all the mandatory requirements specified in the contract document; and
- (5) If travel is required, the lowest possible fare and complete all travel arrangements, in accordance with General instructions concerning Travel and Living expenses in Annex B, articles A.2, B.1.2, B.2.2, B.3.2, B.4.2 and B.5.2 of Annex B and the Statement of Work. Once the travel arrangements have been made, the Contractor must adhere to the travel arrangements and provide a copy of the itinerary to the TA Authority who approved the travel request.

1.2.1.4 TA Authorization

The TA Authorities will authorize the TA based on:

1. the request submitted to the Contractor pursuant to paragraphs 1.2.1.1 and 1.2.1.2 above;
2. the Contractor's response received, submitted pursuant to paragraph 1.2.1.3 above; and
3. the agreed total estimated cost for performing the task or, as applicable, revised task

The TA Authorities will authorize the TA provided each resource proposed by the Contractor for the performance of the Work required meets all the requirements specified under paragraph 1.2.1.3 above.

1.2.1.5 The authorized TA will be issued to the Contractor by mail as an email attachment in PDF format.

1.2.1.6 The Contractor must not commence work until a TA authorized by one of the Task Authorization Authorities has been received by the Contractor. The Contractor acknowledges that any work performed before a TA has been received will be done at the Contractor's own risk and expenses.

1.2.2 Task Authorization Limit

The Task Authorization Authorities may authorize individual task authorizations up to a limit of \$200,000.00, Goods and Services Tax or Harmonized Sales Tax included, inclusive of any revisions.

Any task authorization to be issued in excess of that limit must be authorized by the Technical Authority and Contracting Authority before issuance.

1.2.3 Task Authorization - Multiple contracts

Note: This clause will be deleted if only one contract is awarded.

For the purpose of Clause 1.2.3, the actual annual value will be calculated based on a year-period determined from the Contract Award date.

1.2.3.1 Three contracts were awarded as a result of Public Works and Government Services Canada bid solicitation number: (To be determined in the resulting Contract). The contractors' order of ranking is as follows:

Ranked first: _____
Ranked second: _____
Ranked third: _____

1.2.3.2 This order of ranking is used only for the purpose of issuing the first TA. For subsequent tasks, one of the TA Authorities will send the TA prepared in accordance with clause 1.2.1 to one of the contractors listed above, regardless of ranking.

1.2.3.3 During the Contract period, the Contractor ranked first will receive, on an annual base, approximately 50% of the actual annual value for the service requirements to be requested by Health Canada through the Task Authorization Process described herein.

The Contractor ranked second will receive, on an annual base, approximately 30% of the actual annual value for the service requirements to be requested by Health Canada through the Task Authorization Process described herein.

The Contractor ranked third will receive, on an annual base, approximately 20% of the actual annual value for the service requirements to be requested by Health Canada through the Task Authorization Process described herein.

- 1.2.3.4 The nature of the work to be executed does not permit the exact attainment of the portions indicated above. The portions can also vary within a range of 10% (e.g. A range between 50% of the actual annual value for the service requirements to be requested by Health Canada - 10% and 50% of the actual annual value for the service requirements to be requested by Health Canada + 10%).

Or, if only two contracts are awarded

- 1.2.3.1 Two contracts were awarded as a result of Public Works and Government Services Canada bid solicitation number: (To be determined in the resulting Contract). The contractors' order of ranking is as follows:

Ranked first: _____
Ranked second: _____

- 1.2.3.2 This order of ranking is used only for the purpose of issuing the first TA. For subsequent tasks, one of the TA Authorities will send the TA prepared in accordance with clause 1.1.1 to one of the contractors listed above, regardless of ranking.

- 1.2.3.3 During the Contract period, the Contractor ranked first will receive, on an annual base, approximately 60% of the actual annual value for the service requirements to be requested by Health Canada through the Task Authorization Process described herein.

The Contractor ranked second will receive, on an annual base, approximately 40% of the actual annual value for the service requirements to be requested by Health Canada through the Task Authorization Process described herein.

- 1.2.3.4 The nature of the work to be executed does not permit the exact attainment of the portions indicated above. The portions can also vary within a range of 15% (e.g. A range between 40% of the actual annual value for the service requirements to be requested by Health Canada - 15% and 40% of the actual annual value for the service requirements to be requested by Health Canada + 15%).

1.2.4 Minimum Work Guarantee - All the Work - Task Authorizations

- 1.2.4.1** In this clause,

"Maximum Contract Value" means the amount specified in the "Limitation of Expenditure" clause set out in the Contract; and

"Minimum Contract Value" means 5% of the Maximum Contract Value.

- 1.2.4.2** Canada's obligation under the Contract is to request Work in the amount of the Minimum Contract Value or, at Canada's option, to pay the Contractor at the end of the Contract in accordance with paragraph 1.2.4.3. In consideration of such obligation, the Contractor agrees to stand in readiness throughout the Contract period to perform the Work described in the Contract. Canada's maximum liability for work performed under the

Contract must not exceed the Maximum Contract Value, unless an increase is authorized in writing by the Contracting Authority.

1.2.4.3 In the event that Canada does not request work in the amount of the Minimum Contract Value during the period of the Contract, Canada must pay the Contractor the difference between the Minimum Contract Value and the total cost of the Work requested.

1.2.4.4 Canada will have no obligation to the Contractor under this clause if Canada terminates the Contract in whole or in part for default.

1.2.5 Periodic Usage Reports - Contracts with Task Authorizations

1.2.5.1 The Contractor must compile and maintain records on its provision of services to the federal government under authorized Task Authorizations issued under the Contract.

1.2.5.2 The Contractor must provide this data in accordance with the reporting requirements detailed below. If some data is not available, the reason must be indicated. If services are not provided during a given period, the Contractor must still provide a "nil" report.

1.2.5.3 The data must be submitted on a quarterly basis to both the Technical and Contracting Authority.

The quarterly periods are defined as follows:

- 1st quarter: April 1 to June 30;
- 2nd quarter: July 1 to September 30;
- 3rd quarter: October 1 to December 31; and
- 4th quarter: January 1 to March 31.

1.2.5.4 The data must be submitted to both the Technical Authority and the Contracting Authority no later than 15 calendar days after the end of the reporting period.

1.2.5.5 Reporting Requirement- Details

A detailed and current record of all authorized tasks must be kept for each contract with a task authorization process.

- (a) For each TA authorized and issued under the Contract, the data must contain the following data elements in the order presented:
- (i) the TA number appearing on the TA form;
 - (ii) the date the task was authorized appearing on the TA form;
 - (iii) the total estimated cost of the task (GST/HST extra) before any revisions appearing on the TA form;
 - (iv) the following information appearing on the TA form must be included for each authorized revision, starting with revision 1, than 2, etc:
 - the TA revision number;
 - the date the revision to the task was authorized;
 - the authorized increase or decrease (GST/HST extra);
 - the total estimated cost of the task (GST/HST extra) after authorization of the revision;
 - (v) the total cost incurred for the task (as last revised, as applicable), GST/HST extra;
 - (vi) the total cost incurred and invoiced for the task (as last revised, as applicable), GST/HST extra;
 - (vii) the GST/HST total amount invoiced;
 - (viii) the total amount paid, GST/HST included;

- (ix) the start and completion date of the task (as last revised, as applicable); and
 - (x) the quantity and details of work i.e., the number of nurses, level of effort, number of hours of overtime/Work on statutory days and days of rest, the location of Work, etc.,
 - (xi) the active status (i.e., the percentage of the work completed) of the task (as last revised, as applicable), and
 - (xii) any additional data, as requested by the Technical or Contracting Authority.
- (b) For all TAs authorized and issued under the Contract, the data must contain the following data elements in the order presented:
- (i) the sum (GST/HST extra) specified in clause 6.2.1 of the Contract (as last amended, as applicable);
 - (ii) the total cost incurred for all authorized tasks inclusive of any revisions, GST/HST extra;
 - (iii) the total cost incurred and invoiced for all authorized tasks inclusive of any revisions, GST/HST extra;
 - (iv) the GST/HST total amount invoiced for all authorized tasks inclusive of any revisions; and
 - (v) the total amount paid for all authorized tasks inclusive of any revisions, GST/HST extra.

2. Standard Clauses and Conditions

All clauses and conditions identified in the Contract by number, date and title are set out in the *Standard Acquisition Clauses and Conditions Manual*(<https://buyandsell.gc.ca/policy-and-guidelines/standard-acquisition-clauses-and-conditions-manual>) issued by Public Works and Government Services Canada.

2.1 General Conditions

2035 (2013-06-27), General Conditions - Higher Complexity - Services, apply to and form part of the Contract.

2.2 Supplemental General Conditions

4008 (2008-12-12), Personal Information, apply to and form part of the Contract.

3. Security Requirement

The following security requirement (SRCL and related clauses) applies and form part of the contract:

- 3.1 The Contractor must, at all times during the performance of the Contract/Standing Offer, hold a valid Designated Organization Screening (DOS), issued by the Canadian Industrial Security Directorate (CISD), Public Works and Government Services Canada (PWGSC).
- 3.2 The Contractor personnel requiring access to PROTECTED information, assets or sensitive work site(s) must EACH hold a valid RELIABILITY STATUS, granted or approved by CISD/PWGSC.
- 3.3 The Contractor MUST NOT remove any PROTECTED information or assets from the identified work site(s), and the Contractor/Offeror must ensure that its personnel are made aware of and comply with this restriction.

3.4 Subcontracts which contain security requirements are NOT to be awarded without the prior written permission of CISD/PWGSC.

3.5 The Contractor must comply with the provisions of the:

- (a) Security Requirements Check List and security guide (if applicable), attached at Annex C;
- (b) Industrial Security Manual (Latest Edition).

4. Term of Contract

4.1 Period of the Contract

The period of the Contract is from date of Contract to (*Date will be indicated at Contract Award, for a period corresponding to three years*) inclusive.

4.2 Option to Extend the Contract

The Contractor grants to Canada the irrevocable option to extend the term of the Contract by up to five (5) additional one-year periods under the same conditions. The Contractor agrees that, during the extended period of the Contract, it will be paid in accordance with the applicable provisions as set out in the Basis of Payment.

Canada may exercise this option at any time by sending a written notice to the Contractor at least fifteen (15) calendar days before the expiry date of the Contract. The option may only be exercised by the Contracting Authority, and will be evidenced for administrative purposes only, through a contract amendment.

4.3 Option to Extend - Transition Period

The Contractor acknowledges that the nature of the services provided under the Contract requires continuity and that a transition period may be required at the end of the Contract. The Contractor agrees that Canada may, at its discretion, extend the Contract by a period of a maximum of six (6) months under the same conditions to ensure the required transition. The Contractor agrees that, during the extended period of the Contract, it will be paid in accordance with the applicable provisions as set out in the Basis of Payment.

The Contracting Authority will advise the Contractor of the extension and the length of the transition period by sending a written notice to the Contractor at least thirty (30) calendar days before the contract expiry date. The extension will be evidenced for administrative purposes only, through a contract amendment.

5. Authorities

5.1 Contracting Authority

The Contracting Authority for the Contract is:

Name: Hana Benabdallah
Title: Supply Team Leader
Public Works and Government Services Canada
Acquisitions Branch
Directorate: Special Procurement Initiatives Directorate
Address: 11 Laurier Street, Gatineau, Quebec, K1A 0S5

Telephone: 819-956-3333
Facsimile: 819-956-8303
E-mail address: hana.benabdallah@pwgsc-tpsgc.gc.ca

The Contracting Authority is responsible for the management of the Contract and any changes to the Contract must be authorized in writing by the Contracting Authority. The Contractor must not perform work in excess of or outside the scope of the Contract based on verbal or written requests or instructions from anybody other than the Contracting Authority.

5.2 Technical Authority

(The Technical Authority will be identified in the resulting contract)

The Technical Authority for the Contract is:

Name: _____
Title: _____
Organization: _____
Address: _____

Telephone: ____-____-_____
Facsimile: ____-____-_____
E-mail address: _____

The Technical Authority named above is the representative of the department or agency for whom the Work is being carried out under the Contract and is responsible for all matters concerning the technical content of the Work under the Contract. Technical matters may be discussed with the Technical Authority; however the Technical Authority has no authority to authorize changes to the scope of the Work. Changes to the scope of the Work can only be made through a contract amendment issued by the Contracting Authority.

5.3 Task Authorization Authorities

(The Task Authorization Authorities will be identified in the resulting contract)

The Task Authorization Authorities are responsible for the issuance and management of all Task Authorization Requests under this Contract. Only one Task Authorization Authority is required to issue any individual Task Authorization provided that the total TA value does not exceed the financial limitation specified in Clause 1.2.2 of the Contract document. **However, the Technical Authority is responsible for all other matters related to the TAs, including vendor performance and acceptance of Work.**

5.4 Contractor's Representative

(The Contractor's Representative will be identified in the resulting contract)

The Contractor's Representative has the authority to deal with Canada on behalf of the Contractor in regard to all matters related to this contract.

5.5 Specific Person(s)

The Contractor must provide the services of the following persons to perform the Work.

5.5.1 Contractor's Coordinators

(The Contractor's Coordinators will be identified in the resulting contract.)

The services of the following individuals must be provided by the Contractor to perform the work of Coordinator as set-out in the article titled Contractors Coordinators of Annex A – Scope of Work.

6. Proactive Disclosure of Contracts with Former Public Servants

By providing information on its status, with respect to being a former public servant in receipt of a *Public Service Superannuation Act* (PSSA) pension, the Contractor has agreed that this information will be reported on departmental websites as part of the published proactive disclosure reports, in accordance with Contracting Policy Notice: 2012-2 of the Treasury Board Secretariat of Canada.

7. Payment

7.1 Basis of Payment – Limitation of Expenditure - Task Authorizations

7.1.1 The Contractor will be reimbursed for the costs reasonably and properly incurred in the performance of the Work specified in the authorized Task Authorization (TA), as determined in accordance with the Basis of Payment in Annex B, to the limitation of expenditure specified in the authorized TA.

7.1.2 Canada's liability to the Contractor under the authorized TA must not exceed the limitation of expenditure specified in the authorized TA. Customs duties are included and Applicable Taxes are extra.

7.1.3 No increase in the liability of Canada or in the price of the Work specified in the authorized TA resulting from any design changes, modifications or interpretations of the Work will be authorized or paid to the Contractor unless these design changes, modifications or interpretations have been authorized, in writing, by the Contracting Authority before their incorporation into the Work.

7.2 Limitation of Expenditure - Cumulative Total of all Task Authorizations

7.2.1 Canada's total liability to the Contractor under the Contract for all authorized Task Authorizations (TAs), inclusive of any revisions, must not exceed the sum of \$ (*the amount will be identified in the resulting Contract*). Customs duties are included and Applicable Taxes are extra.

7.2.2 No increase in the total liability of Canada will be authorized or paid to the Contractor unless an increase has been approved, in writing, by the Contracting Authority.

7.2.3 The Contractor must notify the Contracting Authority in writing as to the adequacy of this sum:

- a. when it is 75 percent committed, or
- b. four (4) months before the contract expiry date, or
- c. as soon as the Contractor considers that the sum is inadequate for the completion of the Work required in all authorized TAs, inclusive of any revisions,

whichever comes first.

7.2.4 If the notification is for inadequate contract funds, the Contractor must provide to the Contracting Authority, a written estimate for the additional funds required. Provision of such information by the Contractor does not increase Canada's liability.

7.3 Method of Payment – Authorized TA

One of the two following methods will form part of the authorized TA:

7.3.1 Single Payment

For the Work specified in an authorized TA subject to a limitation of expenditure for a TA period not exceeding 3 months:

SACC Manual clause H1000C (2008-05-12) Single Payment

7.3.2 Monthly Payment

For the Work specified in an authorized TA subject to a limitation of expenditure for a TA period exceeding 3 months:

SACC Manual clause H1008C (2008-05-12) Monthly Payment

7.4 SACC Manual Clauses

SACC Manual clause A9117C (2007-11-30) T1204 - Direct Request by Customer Department
SACC Manual clause C0305C (2008-05-12) Cost Submission

7.5 Discretionary Audit

SACC Manual clause C0705C (2010-01-11) Discretionary Audit

8. Invoicing Instructions

8.1 The Contractor must submit invoices in accordance with the section entitled "Invoice Submission" of the general conditions. Invoices cannot be submitted until all work identified in the invoice is completed.

Each invoice must be supported by:

- a. a copy of time sheets to support the time claimed;
- b. a copy of the release document and any other documents as specified in the Contract;
- c. a copy of the invoices, receipts, vouchers for all direct expenses, and all travel and living expenses; and
- d. on a quarterly basis, a copy of the quarterly progress report, in accordance with the instructions in sub-article 1.2.5 - Periodic Usage Reports - Contracts with Task Authorizations.

8.2 Invoices must be distributed as follows:

- a. The original and one (1) copy must be forwarded to the address shown on page 1 of the Contract for certification and payment.
- b. One (1) copy must be forwarded to the Contracting Authority identified under the section entitled "Authorities" of the Contract.
- c. One (1) copy must be forwarded to the Technical Authority identified under the section entitled "Authorities" of the Contract.

9. Certifications

9.1 Compliance

Compliance with the certifications and related documentation provided by the Contractor in its bid is a condition of the Contract and subject to verification by Canada during the term of the Contract. If the Contractor does not comply with any certification, provide the related documentation or if it is determined that any certification made by the Contractor in its bid is untrue, whether made knowingly or unknowingly, Canada has the right, pursuant to the default provision of the Contract, to terminate the Contract for default.

9.2 Federal Contractors Program for Employment Equity - Default by the Contractor

The Contractor understands and agrees that, when an Agreement to Implement Employment Equity (AIEE) exists between the Contractor and HRSDC-Labour, the AIEE must remain valid during the entire period of the Contract. If the AIEE becomes invalid, the name of the Contractor will be added to the "FCP Limited Eligibility to Bid" list. The imposition of such a sanction by HRSDC will constitute the Contractor in default as per the terms of the Contract.

9.3 SACC Manual Clauses

SACC Manual clause A3060C (2008-05-12), Canadian Content Certification
SACC Manual clause A3000C (2011-05-16), Aboriginal Business Certification

10. Applicable Laws

The Contract must be interpreted and governed, and the relations between the parties determined, by the laws in force in (*the name of the province or territory will be identified in the resulting Contract*).

11. Priority of Documents

If there is a discrepancy between the wording of any documents that appear on the list, the wording of the document that first appears on the list has priority over the wording of any document that subsequently appears on the list.

- (a) the Articles of Agreement;
- (b) the supplemental general conditions 4008 (2008-12-12), Personal Information;
- (c) the general conditions 2035 (2013-06-27), General Conditions - Higher Complexity - Services;
- (d) Annex A, Statement of Work;
- (e) Annex B, Basis of Payment;
- (f) Annex C, Security Requirements Check List;
- (g) Annex D, Insurance Requirements;
- (h) Annex F, Federal Contractors Program for Employment Equity - Certification
- (i) the signed Task Authorizations (including all of its annexes, if any);
- (j) the Contractor's bid dated (*To be identified in the resulting Contract*).

12. Foreign Nationals (Canadian Contractor)

SACC Manual clause A2000C (2006-06-16) Foreign Nationals (Canadian Contractor)

OR

12. Foreign Nationals (Foreign Contractor)

SACC Manual clause A2001C (2006-06-16) Foreign Nationals (Foreign Contractor)

13. Insurance Requirements

- 13.1 The Contractor must comply with the insurance requirements specified in Annex D. The Contractor must maintain the required insurance coverage for the duration of the Contract. Compliance with the insurance requirements does not release the Contractor from or reduce its liability under the Contract.
- 13.2 The Contractor is responsible for deciding if additional insurance coverage is necessary to fulfill its obligation under the Contract and to ensure compliance with any applicable law. Any additional insurance coverage is at the Contractor's expense, and for its own benefit and protection.
- 13.3 The Contractor must forward to the Contracting Authority within ten (10) days after the date of award of the Contract, a Certificate of Insurance evidencing the insurance coverage and confirming that the insurance policy complying with the requirements is in force. Coverage must be placed with an Insurer licensed to carry out business in Canada. The Contractor must, if requested by the Contracting Authority, forward to Canada a certified true copy of all applicable insurance policies.

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File No. - N° du dossier
010xfHT360-123541

Buyer ID - Id de l'acheteur
010xf
CCC No./N° CCC - FMS No./N° VME

ANNEX A

STATEMENT OF WORK

(See herein at the back of the document for a copy of the Statement of Work)

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ANNEX B

BASIS OF PAYMENT

(See herein at the back of the document for a copy of the Basis of Payment)

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ANNEX C

SECURITY REQUIREMENTS CHECK LIST (SRCL)

(See herein at the back of the document for a copy of the SRCL)

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ANNEX D

INSURANCE REQUIREMENTS

(See herein at the back of the document for a copy of the Insurance Requirements)

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ANNEX E

TASK AUTHORIZATION (TA) FORM PWGSC-TPSGC 572
(See herein at the back of the document for a copy of the TA Form)

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ANNEX F

FEDERAL CONTRACTORS PROGRAM FOR EMPLOYMENT EQUITY - CERTIFICATION
(See herein at the back of the document for a copy of the Federal Contractors Program for
Employment Equity Certification)

ANNEX A STATEMENT OF WORK

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Appendices

- Appendix A: Self Assessment Tool for Community Health Nurses working with First Nations and Inuit Health Branch - Community Health Component
- Appendix B: Self Assessment Tool for Community Health Nurses working with First Nations and Inuit Health Branch - Treatment Component
- Appendix C: First Nations and Inuit Health Branch Dedicated Transportation Hubs for Agency Nurses
- Appendix D: Template Form for Reporting Performance Issues (Available at time of RFP)
- Appendix E: Maps of the three regions
- Appendix F: Overtime Authorization Form
- Appendix G: Agency Nurse Time Sheet

ANNEX A STATEMENT OF WORK

1. **Title** - Procurement process for providing nursing services to the remote, isolated and semi isolated First Nation (FN) Communities in Manitoba (MB), Quebec (PQ) and Ontario (ON) regions.

2. **Objective**

The services provided by the Contractor in the FN communities are for:

- Temporary provision of primary and public health care nurses services such as dealing with the diagnosis and the treatment of diseases; and the promotion, maintenance and the restoration of health.

3. **Background Information**

The department of Health Canada (HC) and the First Nations and Inuit Health Branch (FNIB) are responsible for providing the delivery of health services to the isolated and semi isolated First Nation (FN) communities. In isolated and semi-isolated communities, the delivery of nursing services is provided on a 24 hours a day basis, 7 days per week, as required by the population's health status and emergency health situations. In the absence of regular physician services, nurses are often the only trained professional health care providers in the communities. The scope of practice of these nurses includes public health and primary care. HC employs registered nurses to provide the health services in 21 FN communities in MB and 24 FN communities in ON, 2 FN Communities on PQ, plus two hospitals in MB. All three Regions have contracts or standing offers with Nursing Agencies for relief nurses. Relief Nurses are Contract Nurses that have been employed on a temporary basis to backfill for, vacant positions, vacation and sick leave. The role of the Contractor is to provide temporary and well-defined nursing services until regular hiring can be put in place.

Every community receives physician services on a varying basis. Physicians are also on-call 24 hours a day from another location, to deal with elective/emergency situations that might arise in a nursing station. Due to the complexity and the nature of the work to be performed, one (1) Contractor alone might not be able to meet the needs of FNIHB. During the period 2010-2011, there have been Standing Offers or Contracts in place with seven (7) Contractors who provided the nursing services as required. It is expected that in order to meet the needs of FNIHB in the future, will issue contract to three (3) Contractors.

In terms of the specific requirement, the Contractor, through their Contract Nurses, are required to provide nursing services to isolated and semi-isolated FN communities in MB, PQ and ON.

4. **Terminology**

- **Community Health Services Practices or Nursing Services:** The scope of practice includes community health and/or treatment services using a holistic approach. It also includes health promotion (health education and community development strategies), illness/injury prevention and restoration of health in the FN community in MB, ON and PQ. For more details refer to Appendix "A and B".
- **Contract Nurse:** The Contract Nurse is the nurse provided by the Contractor to provide services at the First Nations communities listed herein.

- **Nurse In Charge (NIC):** FNIH resource who is the Nurse in Charge and provides professional nursing guidance and assistance in the delivery of health programs, to support the community leaders and health care team in acquiring the knowledge and skills necessary in the delivery of community health/ treatment programs.
- **Designated Hub:** For the complete list of the designated Hubs, refer to Appendix "C".
- **Ramp-Up Period:** It is the first three-months from Contract award date.
- **Nurse in charge: (NIC):** FNIH resource who is the Nurse in Charge and provides professional nursing guidance and assistance in the delivery of health programs, to support the community leaders and health care team in acquiring the knowledge and skills necessary in the delivery of community health/ treatment programs.

5. Scope of Work

The Contractor must provide the services of Contract Nurses on "as and when requested" basis throughout the period of Task Authorisation.

The services provided by the Contractor through its "Contract Nurses" will encompass the care of patients and the provision of assistance to medical doctors in the treatment of illness, the conduct of programs designed to promote health, and the provision of advice. The Contract Nurses responsibilities may include direct patient care, consultation, administration or research, dependent upon the demands of individual task authorization.

The Contractor must have the capacity to provide at least fifty (50) Contract nurses at all times during the period of the Contract, twenty (20) legible to work in MB, twenty (20) in ON, and ten (10) in PQ. The Contractor must also adjust its capacity to provide more than 50 Contract Nurses on as and when requested basis and during the peak periods, such as during Christmas time, summer holidays etc.

6. Deliverables

The Contractor must deliver the following to both the Technical Authority and the Contracting Authority:

- a) Monthly reports on Education, Registration and Insurance of all the Contract Nurses working under each Task Authorization. This report must be submitted with the monthly Invoice.
- b) Annual reports on Remote and Isolated Pre-Placement Nursing Education Program and Continuing Education Reports. The data must be submitted no later than 15 calendar days after the end of the Federal Government fiscal year (FY), i.e. March 31st of each year.
- c) Health Certificate of Contract Nurses. The data must be submitted no later than 15 calendar days after the end of the Federal Government fiscal year (FY), i.e. March 31st of each year.

7. Contractor's Responsibilities

i) The Contractor is responsible for all Contract Nurses' travel related expenses as detailed in Annex "B", Basis of Payment while travelling to FN communities, security and administrative costs associated with the following:

- a) fulfilling the nursing services required under each Task Authorization;

- b) changing the duration of a Contract Nurse's placement during the Task Authorization period (this includes any change in duration of a placement that occurs prior to the nurse travelling to the nursing station and any change occurring while the nurse is on site during the period of the Task Authorization); and
- c) where the Contractor is unable to find replacement personnel during a Task Authorization.

ii) The Contractor is responsible for additional costs incurred by HC during a Task Authorization, including those for support staff re-scheduling and accounting, for nurse manager and other HC staff orientation of replacement Contract Nurses, for HC coordination and provision of transport to and from the airport for Contract Nurses as detailed in Annex "B", Basis of Payment, and for utilization of HC nurses to perform the Task Authorization Work. Instances where such additional costs might be incurred include:

- a) the Contractor replacing a Contract Nurse during a Task Authorization for any reason;
- b) the Contractor's inability to provide a Contract Nurse replacement within the required 24 hours or not at all;
- c) where Contract Nurses damage Government Property during the period of the Task Authorization.

Canada will have the right to hold back, drawback, deduct or set off from and against the amounts of any monies owing at any time by Canada to the Contractor, any costs or damages owing and unpaid under this section.

iii) The Contractor must ensure that all Contract Nurses have had a full medical, within the past 12 months of the Task Authorization, including evidence of physical and psychological fitness to work in a remote or isolated First Nations community (such as working within a different culture, 24-hour availability, strong interpersonal skills, ability to effectively work in a team environment)

iv) The Contractor must provide the services of one primary co-ordinator and one backup co-ordinator, named in the Article of the Contract titled Specific Person(s). The role of the co-ordinator is to handle the administration of Nursing Services requests received from the Task Authorization Authority, which involves timely delivery of work and all communications concerning the work. The co-ordinator must also manage the information relating to each TA and submit it to the Project Authority or the Task Authorization Authority, as the case may be.

v) The Contractor must provide FN Community or HC (FN Community or HC??) with a 24 hour, 7 days a week emergency phone number. The Contractor's co-coordinator will be responsible for attending and responding to the emergency phone calls on a 24 hours and 7 days a week basis.

vi) Remote and Isolated Pre-Placement Nursing Education Program and Continuing Education

a. Remote and Isolated-Placement Nursing Education Program (RIPNEP)

In advance of the first placement under this contract of each Contract Nurse, the Contractor must provide the Remote and Isolated Pre-Placement Nursing Education Program, in accordance to the proposed program outlined in its bid. This program is to prepare the Contract Nurse for the environment and the scope of practice in which the work will be done. This Remote and Isolated Pre-Placement Nursing Education Program must incorporate information to ensure that the Contract Nurse is competent to deliver Primary Health Care services as required in the nursing stations under this Contract. The Contractor will be responsible for the development and delivery of the Contract Nurse RIPNEP, including any related costs (e.g. travel, salary, etc.).

The Contractor is required to submit the RIPNEP on an annual basis to the technical authority. The Contractor's Remote and Isolated Pre-Placement Nursing Education Program must include the following components: theory, skill/competency development, and skill/competency assessment. It must also incorporate didactic and practicum that assesses and makes sure that all contract nurses have the skills and competencies as outlined in the following:

Appendix A - Self Assessment Tool for Community Health Nurses working with First Nations and Inuit Health Branch - Community Health Component
Appendix B - Self Assessment Tool for Community Health Nurses working with First Nations and Inuit Health Branch - Treatment Component

b. Continuing Professional Education (CPE)

The Contractor, as outlined in its bid, must provide a CPE that makes sure the Contract Nurses maintain, develop or increase and knowledge, problem-solving, technical skills or professional performance standards related to new legislation, treatment protocols and practices, regulatory bodies requirements, and technologies that impact the delivery of health services in R/I communities. (e.g. CPE related to changes in the treatment option for antibiotic resistant illnesses or legislative changes in scope of practice within a jurisdictions.). A formal instructional design model must be evident. The design of the CPE must be based on adult learning principles and include didactic learning, observation and practice evaluation.

Health Canada will inform the Contractor of any changes to the FNIHB Clinical Practice Guidelines. However, Contractor will be responsible for staying abreast of any provincial legislative changes that may result in changes to clinical practice.

The Contractor must submit its CPE modules on an annual basis to the technical authority. The Contractor must provide a summary of all CPE, including certification and recertification of its resources at end of Government of Canada's fiscal year i.e at the end of March 30 of each year.

The Contractor will be responsible for all costs associated with ensuring the competence of the Contract Nurses prior to the acceptance of a Task Authorization for the said Contract Nurse and for on-going competence training during the Task Authorization.

8. Contract Nurses' Responsibilities

- a. The Contract Nurses will provide health guidance and nursing care to individuals, families and groups in the home and community; their work is directed toward the prevention of disease and the promotion and maintenance of health. Contract Nurses may also be involved in the delivery of primary care and emergency services of a medical, obstetrical or trauma related nature.
- b. All Contract Nurses must perform nursing duties in accordance with the College of Registered Nurses Standards of Practice in the jurisdiction in which they are practicing as well as work within the FNIHB competencies for community health nurses and their individual level of competency (Refer to Appendix A and B, for more details.)
- c. Additional tasks to be completed by all Contract Nurses at each work site include the following but are not limited to:
 1. Reviewing the required competencies in advance of arriving on site for any and all Task Authorizations; and
 2. Operating a Government of Canada vehicle when conducting community visits.

9. Education and Certification Requirements / Competencies for Contract Nurses

i) Education requirements

All Contract Nurses must meet the following education, licensing and insurance requirements corresponding to the regions where the services are to be provided:

	Ontario Region	Manitoba Region	Quebec Region
1. Education	Bachelor's degree in nursing or diploma in nursing from a recognized university or college.	Bachelor's degree in nursing or diploma in nursing from a recognized university or college	Bachelor's degree in nursing or diploma in nursing from a recognized university or college
2. Registration	Valid registration with the College of Nurses of Ontario as a registered nurse and valid membership with the Registered Nurses Association of Ontario	Valid license with College of Registered Nurses of Manitoba (CRNM), with no restrictions.	Valid License with the Ordre des infirmières et infirmiers du Québec (OIIQ).
3. Insurance	Malpractice insurance (refer to Annex D) through Registered Nurses' Association of Ontario Or Canadian Nurses Protective Society.	Malpractice insurance (Refer to Annex D) through CRNM or Canadian Nurses Protective Society.	Malpractice insurance (Refer to Annex D) through OIIQ or Canadian Nurses Protective Society.

ii) Certification Requirements

1. Ramp-Up Period (three (3) months from Contract award date)

At time of contract award, all proposed Contract Nurses must have completed the following certifications:

- a. Basic Cardiac Life Support certification for Health Care Professionals;
- b. –University of Ottawa Distance Education Portal - FNIHB Nursing Education Module on Controlled Substances in First Nations Health Facilities.
- c. Immunization Competencies Education Modules - developed by the Canadian Paediatric Society in association with the Public Health Agency of Canada and Health Canada.

2. Post three month ramp-up period, at time of Task Authorization

All nurses must have valid six (6) certifications in the following:

- a. Basic Cardiac Life Support certification for Health Care Professionals;
- b. International Trauma Life Support (ITLS) / Trauma Nursing Core Course (TNCC) ;
- c. Pediatric Advanced Life support (PALS) / Emergency Nursing Pediatric Core Course (ENPCC);
- d. Advanced Cardiac Life Support (ACLS);
- e. University of Ottawa Distance Education Portal - FNIHB Nursing Education Module on Controlled Substances in First Nations Health Facilities.
- f. Immunization Competencies Education Modules - developed by the Canadian Paediatric Society in association with the Public Health Agency of Canada and Health Canada

iii) Language Requirements (<http://www.tbs-sct.gc.ca/gui/squn03-eng.asp>)

- a. All Contract nurses working in MB and ON regions must be fluent in English. Fluent means that the individual must be able to read, and communicate orally and in writing, in English without assistance and with minimal errors.

- b. All contract nurses working in PQ Region must be fluent in both official languages of Canada (French and English). Fluent means that the individual must be able to read, and communicate orally and in writing, using both official languages, without assistance and with minimal errors.

iv) Work Experience

Each Contract Nurse must meet one of the following criteria:

- one (1) year experience, in the past five years, working in remote and isolated communities;

Or

- two(2) years experience, over the past five years performing nursing activities and services in primary care and advanced clinical assessments. This experience may be within the emergency, intensive care unit or within community settings such as health care centres (e.g urgent care centre, quick care centre) and home and community care.

v) Drivers License

- a. All Contract Nurses must hold a valid Driver's License.
- b. For the Manitoba and Quebec Region, the requirement is a Category "5" license, and for Ontario Region, the requirement is Category "G" license.

10. Location of Work (Please See Appendix E for Maps of Regions)

Nursing services may be required in the following Manitoba locations:

Berens River, Bloodvein, Brochet, Cross Lake, Garden Hill, God's Lake Narrows, God's River, Lac Brochet, Little Grand Rapids, Nelson House, Oxford House, Pauingassi, Poplar River, Pukatawagan, Red Sucker Lake, Shamattawa, South Indian Lake, Split Lake, St. Theresa Point, Tadoule Lake, Wasagamack, York Landing, Norway House Indian Hospital and Percy E. Moore.

Nursing Services may be required in the following Ontario locations:

Bearskin Lake, Big Trout Lake, Cat Lake, Deer Lake, Fort Hope, Fort Severn, Grassy Narrows, Kasabonika, Kashechewan, Keewaywin, Lansdowne House, Muskrat Dam, North Spirit Lake, New Osnaburgh, Ogoki, Peawanuck, Pikangikum, Popular Hill, Round Lake, Sachigo Lake, Sandy Lake, Summar Beaver, Webequie, and White Dog.

Nursing Services may be required in the following Quebec locations:

Winneyway (Long Point First Nations) and le Lac Rapide (barrier Lake)

11. Selection of Hours Worked

i. Regular Working Hours

- a. Health Canada's Nursing Stations:

Contract Nursing services are required 24 hours per day, seven (7) days per week. The nursing station hours of work are between 0600 and 2300 hours Monday to Sunday, and regularly scheduled shifts are 8 hours in duration. The Contractor's nursing staff must comply with the schedule established for the nursing station, with the option of a flexible schedule, which may be 8 hours shifts or 12 hour shifts. (Covered in Standby)

b. Health Canada's Hospitals:

Contract Nurses required in hospitals must work 12 hour shifts.

ii. **Stand-By, On-Call and Overtime Work**

a. **Standby**

- Stand By is defined as when a Contract Nurse is called back to work, after the regular hours for its nursing services.
- The Contractor Nurse may be required to participate in stand-by for up to 16 hours per day during the week, and up to 24 hours per day during weekends and statutory holidays. Contract Nurses must respond to calls during their period of stand-by. In all nursing stations/ health centers with treatment, there are two (2) nurses on stand-by. In communities where road medevacs are required, three (3) nurses may be required for stand-by responsibility.
- Preference in selection of hours and division of standby responsibilities will be given to FNIHB nurses and NOT to the Contract Nurses.
- Stand-by rates are stated in Annex "B" to the Contract document.

b. **Call-back work**

- Call-back work is defined as when the Contract Nurse is required to give patient care when the Contract Nurse was previously assigned as the on-call nurse.

c. **Overtime Work**

- Overtime is defined as any work required to be performed in excess of the regular working hours. The services for the actual number of hours of work performed are payable, based on 15 minute increments in accordance with Annex B – Basis of Payment.
- No overtime work is to be performed under the Task Authorization unless authorized in advance and in writing (see Appendix F Overtime Authorization Form) by the Nurse-in-Charge. In situations where the Contract Nurse is required to provide care to a patient awaiting medical evacuation beyond 4.5 hours, prior authorization from the Nurse in Charge will not be required. Any request for payment at the rate(s) specified in the Annex B - Basis of Payment must be accompanied by a copy of the Overtime Authorization Form and the Overtime/Stand-by Record (Appendix F and Appendix G and information with respect to the overtime work performed pursuant to the written authorization.

d. **Travel Time**

Travel time necessary for the one-way trip from the designated hub (Please refer to Appendix C for list of hubs by FNIHB Region), into and out of the First Nations Community, as identified in the Task Authorization, will be compensated at a flat rate stated in Annex B – Basis of payment.

e. **Statutory Holidays**

- For the purpose of this Contract, "Statutory Holidays" means New Year's Day, Good Friday, Easter Monday, Victoria Day, June 24 (Quebec only) or Civic Holiday, the first Monday in August (Ontario only) or Louis Riel Day, the third Monday in February (Manitoba only), Canada Day, Labour Day, Thanksgiving, Remembrance Day, Christmas Day and Boxing Day.
- The services for the actual number of hours of work performed during a statutory day are payable in accordance with Annex B – Basis of Payment.

12. Contract Nurse Performance and Conduct of Work

The Contracting Authority will advise the Contractor of any professional practice or conduct issues identified with the Contract Nurses delivering services. It is the responsibility of the Contractor to immediately respond to and address the concerns.

Concerns may be identified at a number of junctures, and as such the process to resolve issues is situation dependent. In the event that concerns are identified while the Contract Nurse is onsite, it will be expected that the Nurse Manager or designate will be able to address the concerns directly with the Contract Nurse with notification from the Contracting Authority to the Contractor following the event. Concerns which are identified following the departure of the Contract Nurse (ex. chart audit, practice issue, conduct issue, etc.) from the community will be addressed directly to the Contractor by the Contracting Authority.

Should the severity of the issue require the removal of the Contract Nurse, the Contracting Authority will immediately notify the Contractor. The Contractor's replacement responsibilities will apply in such situations. The removed Contract Nurse will not be accepted under any future Task Authorizations until the issue is corrected to the satisfaction of HC.

HC will complete and provide to the Contracting Authority with an Agency Placement Assessment form , refer to Appendix "E" containing details regarding the practice or conduct issue and indicate what competencies or CRNM Standards of Practice were not met. In order for the Contract Nurse to be accepted under future Task Authorizations, the Contractor must demonstrate in a written communication to HC's Technical Authority, and the Contracting Authority that sufficient corrective and/or remedial actions have taken place. A Letter of Decision will be provided by HC to the Contractor on whether the actions were deemed sufficient and the nurse can be used under future Task Authorizations.

HC reserves the right to not accept the Contract Nurse for future placements should the corrective actions be deemed insufficient.

In the event of an investigation of nursing practice or conduct is required, all Contract Nurses involved in, or having knowledge related to the concern(s) or incident(s) being investigated are required to participate in the investigative process including but not limited to, speaking with the Technical Authority and the FNIHB investigators and submitting written statements.

13. Use of Government Property

Government Property must be used by the Contract Nurse solely for the purpose of the Task Authorization and will remain the property of Canada. The Contract Nurse must take reasonable and proper care of all Government Property while the same is in, on, or about the premises of HC or otherwise in its possession or subject to its control. The Contractor will be responsible for any loss or damage resulting from the failure of the Contract Nurse to do so except for ordinary wear and tear.

Smoking is not permitted in nursing stations or residences supplied under the Contract.

Pets are not permitted in nursing stations or residences supplied under the Contract.

The Contract Nurse must keep living quarters clean and orderly, both inside and outside the building. It is the Contract Nurse's responsibility to notify HC of any existing damage to their accommodations and/or any missing assets upon arrival and to report any damage incurred throughout their stay.

14. Use of Government Telecommunications

Use of Government of Canada telecommunications for personal use is not permitted.

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Self-Assessment Tool for Community Health Nurses Working with First Nations and Inuit Health Branch

Community Health Component

Purpose:

This Self-Assessment tool is for your own use. This self-assessment is an effective means to understanding the wide range of knowledge, skills, and abilities (called competencies) that are required for the Community Health Nurse who is beginning practice in a First Nations or Inuit community setting. Self-scoring produces a profile of skills that may be used to limit an individual Community Health Nurse's scope of practice and to devise a Learning Plan to fill any competency gaps that may be identified. It is not intended to be used as a performance appraisal.

This exercise supports the continuing competency of experienced Community Health Nurses and the orientation of the new Community Health Nurse. A similar assessment (also in this package) should be completed by your preceptor who could be your supervisor, nurse-in-charge, mentor, practice consultant, or delegate in your work setting. The preceptor's assessment is intended to provide verification of your self-assessment, and to provide an opportunity to discuss and develop with the preceptor a Learning Plan for you. Only the nurse and the preceptor will need to see the self-assessment results. Both are required to sign the Learning Plan to formalize their commitment to continued competence.

This Self-Assessment tool contains direct questions about each competency required for the entry level Community Health Nurse with a focus on Community Health. A Self-Study Guide containing useful references for each competency and information on educational programs will be provided to each nurse who undergoes the self-assessment.

This rating exercise and any efforts made by the Community Health Nurse to fill competency gaps using the Self-Study Guide are not a replacement for the formal educational programs identified as requirements for Community Health Nurses working in First Nations and Inuit Communities. Use of the Self-Study Guide is the sole responsibility of the nurse.

Please review the assumptions on the next page. These assumptions provide a framework for the competency descriptions in the Self-Assessment tool. The Self-Assessment instructions and rating exercise are included in the pages following the assumptions.

Assumptions for Competency Assessment of the Community Health Nurse

The Client

- 1 Refers to individuals across the entire lifespan, families, groups, populations, or communities.
- 2 Clients are active participants in their health and health care.
- 3 Clients may have understandings and attribute meanings to their health and health care that differ from those of health care providers.

Scope of Practice for Community Health Nurses working in First Nations and Inuit Communities

- 4 The scope of practice for Community Health Nurses includes community health and/or treatment services using a holistic approach.
- 5 In the expanded scope of practice, nurses possess roles and responsibilities unique to primary health care providers working in First Nations/Inuit communities.
- 6 In the expanded scope of practice, nurses use the primary health care model (WHO), the nursing process and transcultural nursing concepts to provide services to the client.
- 7 In the expanded scope of practice, nurses establish consultative and collaborative relationships with clients, other health team members, and intersectoral partners.
- 8 In the expanded scope of practice, nurses employ the principles of community and family assessment, utilizing a model that includes the determinants of health.
- 9 Community health nursing practice includes health promotion (health education and community development strategies), illness/injury prevention and restoration of health.
- 10 In the expanded scope of practice, nurses possess core competencies that are consistent, but the range of health services may vary between communities and/or Regions, and may be influenced by the practice setting, client needs, employer requirements, and changes in health care.
- 11 Treatment services provided by expanded scope of practice nurses include systematic health assessment and recognizing and managing common and emergency health conditions across the lifespan.

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- 12 In the expanded scope of practice, nurses adhere to the standards of practice established by the professional association in the jurisdiction of practice and are guided by and accountable to a Code of Ethics.
- 13 In the expanded scope of practice, nurses are legally and morally accountable for providing competent and ethical nursing care and are professionally responsible for refusing to perform any functions for which they are not competent. When they do not feel competent to perform a function, steps must be taken by expanded scope nurses to inform the employer and together take the necessary steps to address the identified weakness.
- 14 In the expanded scope of practice, nurses recognize that performing nursing practices that are not included in the Scope of Practice may entitle the employer to refuse liability for their actions. They may also be subjected to investigation and action by the Provincial/Territorial Regulatory Body.

The Environment

- 15 In the expanded scope of practice, the nurse works with an interdisciplinary team in a transcultural environment.
- 16 In the expanded scope of practice, the nurse in First Nations/Inuit communities practices in Community Health Centres, Nursing Stations, and Health Centres with Treatment facilities.
- 17 In the expanded scope of practice, the nurse works autonomously making independent and interdependent decisions and may also provide direction to formal and informal caregivers who may or may not be regulated.
- 18 The practice environment may be influenced by geographical, socioeconomic and political conditions.

Instructions:

The Self-Assessment should be completed within the first month of your arrival in the community. The preceptor's assessment (included in this package) should be completed at the same time, when there has been some opportunity to work together.

Each competency has a clarifying statement that describes the knowledge, skills, and abilities representing the competency. There is a 4 point rating scale for each statement with anchor terms that describe each level of proficiency. Found after each competency is a code that identifies where the competency can be found in the Self-Study Guide.

Levels of proficiency:

None:	you have no knowledge or experience for the skill described.
Novice:	you have some knowledge without experience (e.g., you require some consultation or supervision).
Competent:	you have the required knowledge and also practical experience.
Proficient:	you have extensive knowledge and wide range of experience directly related to the skill described.

Step 1

Read the competency statement. Consider your knowledge and experience to determine the level of proficiency you feel best describes your skills. Circle the number corresponding to the rating that you feel is most appropriate for each statement in the Self-Assessment.

Step 2

Write in your Learning Plan (last page of the Self-Assessment) the competency statements for which you rated yourself "None" or "Novice". Pay special attention to areas where you have rated yourself as "None" or "Novice" to identify any gaps in your knowledge or experience and use the competency code to help find study resources in the Self-Study Guide. Discuss the results of the Learning Plan with your preceptor and together develop strategies for ongoing learning. It is important to keep your Self-Assessment results and Learning Plan.

Step 3

Formalize your commitment to ongoing learning by signing the Learning Plan with your preceptor. Share your Learning Plan with your supervisor.

Example Rating:

Please select the response option that most accurately describes your current experience, knowledge or confidence for each competency statement. Rate yourself on each skill by identifying the level of proficiency you have attained:

0	None:	has no knowledge or experience.
1	Novice:	has some knowledge without experience (needs consultation or supervision).
2	Competent:	has the required knowledge and some experience.
3	Proficient:	has extensive knowledge and wide range of experience.

Example:

Skill Statement		Clarifying Statement	Rating
E1.	Documents health history.	Writes information from health history in patient chart.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
E2.	Makes appropriate referrals.	Refers to physician for further evaluation.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
E3.	Implements communicable disease programs.	Manages resources to prevent, detect, control and treat communicable disease outbreaks. Includes both reportable and non reportable diseases, immunization clinics.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3

If your ratings were like the above example, your Learning Plan (on the last page of the Self-Assessment) would include:

1. Make appropriate referrals.

| The Self-Assessment begins on the following page. |

A. Health Assessment:

Skill Statement		Clarifying Statement	Rating
1.	Perform health assessments, including relevant health history and physical examinations across the lifespan. (HA-1)	Perform a systematic health assessment utilizing a development approach for newborn, pediatric, adolescent, adult, pre/postnatal, and elderly.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
2.	Adapt assessment techniques according to clients' condition and stage of development. (HA-2)	Modify assessment techniques for newborn, pediatric, adolescent, adult, pre/postnatal, and elderly.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
3.	Recognize the deviations/ variations from normal findings. (HA-3)	Identify normal and abnormal findings for each stage of development.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
4.	Analyse the findings from health assessments. (HA-4)	Use a problem solving approach (e.g., determine appropriate immunization schedule).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
5.	Synthesize data from multiple sources to establish a differential and working diagnosis. (HA-5)	Take data from the history and physical exam, from the past medical history, family history, and psychosocial history to formulate a diagnosis.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
6.	Identify common health problems/conditions affecting clients across the lifespan. (HA-6)	Possess the knowledge of common health conditions and risk factors affecting clients. Common health problems are often related to lifestyle, social and environmental (e.g., smoking and heart disease).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
7.	Communicate verbally and in writing, concise and precise history and physical assessment findings on clients across the lifespan. (HA-7)	Communicate history and physical assessment using SOAP format.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
8.	Consult with other health care providers regarding assessments in an appropriate and timely manner. (HA-8)	Communicate with members of health care team to determine plan of care (e.g., referral to dental services).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3

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Skill Statement		Clarifying Statement	Rating
9.	Identify common urgent/emergent problems/conditions. (HA-9)	Identify common health conditions across the life span. Possess the knowledge and skill to identify those situations that are urgent and emergent and require immediate attention and/or referral.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
10.	Recognize a psycho-social emergency and its broader impact. (HA-10)	Possess appropriate assessment skills to identify a mental health crisis and appropriate intervention (e.g., suicide in the community).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
11.	Recognize the potential impact of community disasters. (HA-11)	Identify factors leading up to or contributing to a community disaster (e.g., forest fires) and plans in consultation with the community and senior nursing management.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
12.	Perform screening assessments across the lifespan. (HA-12)	Aware of health issues unique to each age group and performs screening as appropriate (e.g., vision, audiometer, and blood sugars).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
13.	Identify communicable diseases. (HA-13)	Identify signs and symptoms of communicable disease including both reportable and non-reportable diseases (e.g., shigella and chicken pox).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
14.	Determine the need for appropriate diagnostic tests. (HA-14)	Assess clients' need for a diagnostic test (e.g., vision screening, and audiometer) and performs test or refers to appropriate agency.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
15.	Discuss health assessment findings with clients. (HA-15)	Communicate results from health assessment with client, including recommendations for further action: treatment, referral, follow-up. Recommend treatment for lifestyle, social, and primary prevention, but refer for clinical treatment as necessary.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3

B. Interventions:

Skill Statement		Clarifying Statement	Rating
1.	Initiate care of common/urgent/emergent problems/conditions affecting clients across the lifespan. (I-1)	Provide the care required for common/urgent/emergent problems/conditions, such as first aid and communicable disease control (e.g., head lice, impetigo, scabies, and chickenpox).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
2.	Manage care of common/urgent/emergent problems/conditions affecting clients across the lifespan. (I-2)	Determine the treatment required for common/urgent/emergent problems/conditions, such as providing first aid, providing appropriate treatment for certain communicable disease control (e.g., head lice), and/or for referral.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
3.	Evaluate care of common/urgent/emergent problems/conditions affecting clients across the lifespan. (I-3)	Evaluate the treatment given and adapting nursing care as needed, such as providing first aid, providing appropriate treatment for certain communicable disease control (e.g., head lice), and/or referral of client.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
4.	Initiate over the counter drugs and therapeutics based on assessment data. (I-4a)	Determine and dispense the appropriate over the counter medication to treat the presenting communicable disease (e.g., lice shampoo/cream rinse, acetaminophen for fever control after immunization).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
5.	Provide health teaching to clients and their care givers. (I-7)	Instruct client in matters related to his/her presenting health condition (e.g., how to manage and prevent the spread of head lice).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
6.	Assist and support clients in designing therapeutic regimes. (I-8)	Discuss, in consultation with the client, the different management strategies that are available to treat his/her health problem (e.g., Nix Cream rinse for lice or the use of oil) and identifying the risks and benefits of each so client can make an informed decision and have some control over his/her health care. Support the client who wants to see a traditional healer.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
7.	Assist and support clients in following recommended therapeutic regimes. (I-9)	Support the client when the nursing care plan has been decided in following through with the treatment, such as assisting with referral to a physician, referral to transportation so the client has access to a physician, and providing follow-up at the clinic should condition remain unchanged.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3

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Skill Statement		Clarifying Statement	Rating
8.	Assist and support clients in evaluating the effectiveness of recommended therapeutic regimes. (I-10)	Help the client evaluate the plan of care and support him/her in making changes to his/her condition (e.g., changing lice treatment plans when the condition remains unresolved).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
9.	Consult with other health care providers regarding interventions in an appropriate and timely manner. (I-11)	Contact TB control regarding missed medications.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
10.	Take steps to ensure that equipment is available and operational when needed. (I-12)	Determine that equipment in the community health centre is operational (e.g., audiometer, BP cuff, and glucose monitoring equipment for diabetic teaching).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
11.	Operate specific emergency equipment. (I-13)	Know how to operate the equipment in the community health center (e.g., anaphylaxis kit).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
12.	Manage psycho-social emergencies using knowledge of crisis intervention. (I-16)	Identify that a client is having a psycho-social emergency and assist the client to access the appropriate care. The nurse needs to be aware of resources within the community to support the nurse in providing crisis intervention.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
13.	Implement general principles of medical evacuation. (I-18)	Work with community members in developing a plan to be implemented should a disaster occur (e.g., forest fires or flood).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
14.	Communicate verbally and in writing, clinical interventions on clients across the lifespan. (I-20a)	Document all findings/interactions in a concise precise chronological order (e.g., using the SOAP format) on the client record and on all pertinent records.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
15.	Utilize safety precautions (e.g., client, equipment, and self). (I-21)	Ensure the safety of the client, colleagues and one's self in all areas of practice and ensuring safe and responsible operation and use of all equipment (e.g., protection of eyes during the administration of a BCG, exercises precautions to prevent needle stick injuries, etc.)	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
16.	Take steps to ensure that diagnostic equipment is available and operational when needed. (I-22)	Routinely inspect diagnostic equipment (e.g., audiometer, Goodlight for vision screening, and infant scale) to ensure it is ready for everyday use at all times.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3

C. Family Health:

Skill Statement		Clarifying Statement	Rating
1.	Understand the uniqueness of family structures. (FH-1)	Understand that the nature of families is dependent on socio-culture factors and can vary immensely within a community (e.g., nuclear, extended, adoption, fostering, divorced, and homosexual).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
2.	Complete a family assessment. (FH-2)	Obtain specific and relevant information regarding family structure, dynamics, emotional, social, and economic factors in order to assess and meet health needs.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
3.	Assist families to identify health concerns. (FH-3)	Facilitate and help families identify health concerns (e.g., individual, psycho social, physiological, and environmental) through shared dialogue and interviews.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
4.	Identify a family's potential for change/willingness to accept service from the health care provider. (FH-4)	Assess the family/client's level of understanding of their health needs and verify that their acceptance of treatment is based on that understanding.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
5.	Consider strengths and limitations when planning care with the family. (FH-5)	Incorporate knowledge of the family (e.g., structure, dynamics, emotional, social, and economic factors) when planning care (e.g., family's resources for coping).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
6.	Provide health education to families. (FH-6)	Provide the family with relevant information for both preventative and acute health issues (e.g., fire safety in the home, child proofing the house for toddlers, etc.).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
7.	Identify resources to assist families in meeting their health needs. (FH-7)	Direct members of the family to other health agencies, resources, or literature (e.g., NADDAP services).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
8.	Assist families to access resources in order to meet their health needs. (FH-8)	Provide families with relevant materials or literature or provides and initiates contact with other health agencies.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3

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Skill Statement		Clarifying Statement	Rating
9.	Provide family counselling. (FH-9)	Incorporate listening and verbal skills when counselling the family/client.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
10.	Assist and support families in evaluating their progress towards meeting their health needs. (FH-10)	Discuss ongoing health needs with the family and facilitate and support their participation in both the implementation and evaluation of their health care.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3

D. Health Promotion and Illness/Injury Prevention:

Skill Statement		Clarifying Statement	Rating
1.	Apply principles of teaching and learning in the implementation of community based education (e.g., individuals, groups, and aggregates). (HP-1)	Demonstrate knowledge of educational theories by being able to design and implement client education programs.	None 0 Novice 1 Competent 2 Proficient 3
2.	Participate in compiling qualitative and quantitative information on clients (e.g., epidemiological information, interviews, surveys, research findings, and community events). (HP-2)	Observe for patterns and distribution of health and disease phenomenon in the community (e.g., monitoring the diabetics in the community).	None 0 Novice 1 Competent 2 Proficient 3
3.	Utilize knowledge of research findings. (HP-3)	Use research findings to target programs and allocate resources more effectively (e.g., data from monitoring the prevalence of diabetes in the community).	None 0 Novice 1 Competent 2 Proficient 3
4.	Apply the concepts of population health. (HP-4)	Select population health strategies that address the entire range of factors that determine health and that are designed to affect the health and well being of the entire population.	None 0 Novice 1 Competent 2 Proficient 3
5.	Encourage clients to be actively involved in health promotion/prevention activities. (HP-5)	Mobilize individuals, families, groups and communities to take individual and collective action on the determinants of health in their communities. Facilitates development and support for community-based services.	None 0 Novice 1 Competent 2 Proficient 3
6.	Identify client health promotion/prevention needs. (HP-6)	Assess client need(s) and identify those areas that require intervention to limit health risks and maximize health benefits.	None 0 Novice 1 Competent 2 Proficient 3
7.	Determine the need for health promotion/prevention strategies/programs. (HP-7)	Work with a community to identify their assets and needs, determine priority issues, and develop strategies and steps for action.	None 0 Novice 1 Competent 2 Proficient 3
8.	Develop health promotion/prevention strategies. (HP-8)	Work with the community to sketch out possible interventions and to select the best set of activities (e.g., a weekly walking program or nutritional cooking sessions).	None 0 Novice 1 Competent 2 Proficient 3

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Skill Statement		Clarifying Statement	Rating
9.	Develop health promotion/prevention programs. (HP-9)	Work collaboratively with the health care team to plan a series of activities that will focus on the target population to achieve the desired goals (e.g., to meet the common goal of managing obesity, the nurse might provide education on healthy nutrition or have the Community Health Representative discuss the benefits of exercise).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
10.	Implement health promotion/prevention programs (e.g., school health, prenatal care, men/women health, and injury prevention). (HP-10)	Carry out the work/activities so that the service is provided to the target population for which it was designed (e.g., has prenatal videos playing in the waiting room while clients await their prenatal check-ups).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
11.	Evaluate health promotion/prevention strategies. (HP-11)	Collect data to determine whether the interventions have had the desired impact (e.g., for a walking program the indicators might be number of participants and reductions in blood sugar, weight, or blood pressure).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
12.	Evaluate health promotion/prevention programs. (HP-12)	Collect data to determine whether the goals and objectives of the program have been met.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
13.	Establish intersectoral partnerships. (HP-13)	Encourage and participate in health promoting initiatives with other sectors of the community (e.g., strategies to promote safe environments for children and healthy living conditions for families might include working with school teachers/social services).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
14.	Implement communicable disease programs. (HP-14)	Manage resources to prevent, detect, control, and treat communicable disease outbreaks. Include both reportable and non-reportable diseases, immunization clinics.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
15.	Provide community-based education regarding communicable disease control. (HP-15)	Provide education to communities in order to maximize community awareness and participation in controlling an outbreak and preventing future outbreaks (e.g., teaching high school aged children about STD's, teaching families about hand washing and disposal of diapers for Shigella, etc.).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
16.	Manage an immunization program. (HP-16)	Plan, co-ordinate, deliver, monitor, and evaluate immunization programs. Keep statistics on community immunization rates, notify community of clinics, and keeps logs of when client immunizations are due.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3

Skill Statement		Clarifying Statement	Rating
17.	Identify surveillance measures. (HP-17)	List the types of potential health problems in the community (e.g., communicable diseases, accidents and injuries, and chronic illnesses) and then select method to detect the incidence and prevalence of cases in the community.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
18.	Plan surveillance measures. (HP-18)	Contact local health authorities to determine incidence and prevalence of health problems in the community.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
19.	Implement surveillance measures. (HP-19)	Track the number of cases accessing data sources as planned using a pre-set protocol in order to determine if cases are occurring and at what rate (e.g., monthly statistics, community activity reporting systems, etc.).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
20.	Evaluate surveillance measures. (HP-20)	Determine, in the event of an outbreak, if the cases that were identified were picked up in a timely manner so that outbreak and/or control measures could be implemented to minimize or prevent the problem in question (e.g., tuberculosis and contact tracing).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3

E. Community Development:

Skill Statement		Clarifying Statement	Rating
1.	Encourage clients to be actively involved in community development for the purpose of building healthy communities. (CD-1)	Organize and/or support community groups (clients) to define their health issues. Support the community to plan and implement their strategies for social action or change. Support the client in becoming increasingly self-reliant and capable of decision making (e.g., programs to support healthy infant nutrition, peer support among breast-feeding mothers, etc.).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
2.	Perform community needs assessments. (CD-2)	Familiarize themselves with the community in terms of economics, recreation, physical environment, education, communication, politics and government, safety and transportation, and health and social services.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
3.	Identify community needs and resources based on community assessment data and knowledge of the determinants of health. (CD-3)	Focus on factors that will enhance the health and well being of the population. Needs and resources may affect the entire population or a subgroup of the population (e.g., first aid education for medical drivers). Socio-economic determinants of health include: income, social status, education, self-esteem, social networks, and a sense of control over one's life.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
4.	Collaborate with community members to assess and prioritize their community needs and resources. (CD-4)	Work with partners who have a stake in the issue by establishing relationships that are both collaborative and intersectorial. Recognize that all members contribute various forms of expertise. Nurture relationships so that groups are equitable in their decision making.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
5.	Develop community health programs in partnership with community members. (CD-5)	Work in partnership with community members in establishing health promotion/prevention programs specific to the community members' needs. Plans include: validating the community's need, setting goals and objectives, identifying resources available or needed, and developing strategies that meet the objectives. For example, in the case of nutrition for diabetes, supports local groups in developing educational cooking classes and works with local food stores to stock lower fat/sugar free food items.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
6.	Implement community health programs in partnership with community members. (CD-6)	Promote a sense of ownership in the community in terms of the event or program. Encourage all members to assume some responsibility for implementation of the program.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3

Skill Statement		Clarifying Statement	Rating
7.	Promote healthy public policies. (CD-7)	Work with community members looking at health practices in their community, the effects of these practices on the community members, and what they can do to improve the health in the community in promoting healthy activities. For example, regulations that restrict smoking in public places.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
8.	Evaluate community health programs in partnership with community members. (CD-8)	Conduct evaluation as a group either formatively or summatively. Focus on the health issue as defined by the group and whether or not they achieved their objectives.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
9.	Implement modifications to community health programs in partnership with community members. (CD-9)	Work with community members to decide as a group what changes may need to be done during the program or after the program was implemented.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
10.	Participate in the development and maintenance of community emergency preparedness. (CD-10)	Participate as a member of the local disaster planning committee. Act as an advisor regarding the health effects of the disaster and methods to maintain health (e.g., drinking water). Understand reporting/communication process during a disaster (e.g., local Director of Disaster	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3

Learning Plan for the Competency Assessment Program

Now that you have completed the Self-Assessment, the next step is to develop a Learning Plan to address the gaps or weaknesses in your Community Health Nursing competencies. A personal learning plan identifies the knowledge, skills, and abilities that you intend to strengthen and outlines specific steps to successfully develop those competencies. Follow the five steps to develop your Learning Plan.

Step 1. Competency Needs

Go back through the Self-Assessment tool and list those competencies that you rated as 'None' or 'Novice' in the first column of the Learning Plan.

Step 2. Learning Strategies and Resources

For each competency, identify how you are going to develop and strengthen your knowledge, skill, and abilities to meet the competency requirements. Toward this competency goal, consider such learning tools as job shadowing, mentoring, reading resources, distance learning, independent study, peer learning, conferences, training, educational programs, etc. Identify the learning strategies or resources most suited to your competency goals and write them in the second column of the Learning Plan.

Step 3. Evidence of Competency Learning

It is important that you can measure the success of your competency learning strategies and resources. Find some way to determine when you have successfully strengthened the competencies. In the third column of your Learning Plan list the criteria that will be used to evaluate the evidence of your competency learning.

Step 4. Target Dates

In the last column of your Learning Plan, set realistic and attainable target dates for when you will complete each competency learning goal. Be sure to consider your current work load, the availability of co-workers for peer learning, accessibility of educational resources, up-coming conferences, etc. when setting your target dates.

Step 5. Preceptor Sharing

After you have completed the Learning Plan, discuss your competency needs and goals with your preceptor and work together to finalize your Learning Plan. When you both agree to the Learning Plan, each sign the plan to demonstrate a shared commitment to your continued competency learning.

Learning Plan

1. Competency Needs <i>What are the competencies I have rated myself as 'None' or 'Novice' ?</i>		2. Learning Strategies and Resources <i>What will I do to meet my competency needs?</i>		3. Evidence of Competency Learning <i>How will I demonstrate that I have met my competency needs?</i>		4. Target Dates

Nurse's signature

and

Preceptor's signature

Date

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Self-Assessment Tool for Community Health Nurses Working with First Nations and Inuit Health Branch

Treatment Component

Purpose:

This Self-Assessment tool is for your own use. This self-assessment is an effective means to understanding the wide range of knowledge, skills, and abilities (called competencies) that are required of the Community Health Nurse who is beginning practice in a First Nations or Inuit community setting. Self-scoring produces a profile of skills that may be used to limit an individual Community Health Nurse's scope of practice and to devise a Learning Plan to fill any competency gaps that may be identified. It is not intended to be used as a performance appraisal.

This exercise supports the continuing competency of experienced Community Health Nurses and the orientation of the new Community Health Nurses. A similar assessment (also in this package) should be completed by your preceptor who could be your supervisor, nurse-in-charge, mentor, practice consultant, or delegate in your work setting. The preceptor's assessment is intended to provide verification of your self-assessment, and to provide an opportunity to discuss and develop with the preceptor a Learning Plan for you. Only the nurse and the preceptor will need to see the self-assessment results. Both are required to sign the Learning Plan to formalize their commitment to continued competence.

This Self-Assessment tool contains direct questions about each competency required for the entry level Community Health Nurse with a focus in Expanded Scope of Practice. A Self-Study Guide containing useful references for each competency and information on educational programs will be provided to each nurse who undergoes the self-assessment.

This rating exercise and any efforts made by the Community Health nurse to fill competency gaps using the Self-Study Guide are not a replacement for the formal educational programs identified as requirements for Community Health Nurses working in First Nations and Inuit Communities. Use of the Self-Study Guide is the sole responsibility of the nurse.

Please review the assumptions on the next page. These assumptions provide a framework for the competency descriptions in the Self-Assessment tool. The Self-Assessment instructions and rating exercise are included in the pages following the assumptions.

Assumptions for Competency Assessment of the Community Health Nurse

The Client

- 1 Refers to individuals across the entire lifespan, families, groups, populations, or communities.
- 2 Clients are active participants in their health and health care.
- 3 Clients may have understandings and attribute meanings to their health and health care that differ from those of health care providers.

Scope of Practice for Community Health Nurses working in First Nations and Inuit Communities

- 4 The scope of practice for Community Health Nurses includes community health and/or treatment services using a holistic approach.
- 5 In the expanded scope of practice, nurses possess roles and responsibilities unique to primary health care providers working in First Nations/Inuit communities.
- 6 In the expanded scope of practice, nurses use the primary health care model (WHO), the nursing process and transcultural nursing concepts to provide services to the client.
- 7 In the expanded scope of practice, nurses establish consultative and collaborative relationships with clients, other health team members, and intersectoral partners.
- 8 In the expanded scope of practice, nurses employ the principles of community and family assessment, utilizing a model that includes the determinants of health.
- 9 Community health nursing practice includes health promotion (health education and community development strategies), illness/injury prevention and restoration of health.
- 10 In the expanded scope of practice, nurses possess core competencies that are consistent, but the range of health services may vary between communities and/or Regions, and may be influenced by the practice setting, client needs, employer requirements, and changes in health care.
- 11 Treatment services provided by expanded scope of practice nurses include systematic health assessment and recognizing and managing common and emergency health conditions across the lifespan.

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- 12 In the expanded scope of practice, nurses adhere to the standards of practice established by the professional association in the jurisdiction of practice and are guided by and accountable to a Code of Ethics.
- 13 In the expanded scope of practice, nurses are legally and morally accountable for providing competent and ethical nursing care and are professionally responsible for refusing to perform any functions for which they are not competent. When they do not feel competent to perform a function, steps must be taken by expanded scope nurses to inform the employer and together take the necessary steps to address the identified weakness.
- 14 In the expanded scope of practice, nurses recognize that performing nursing practices that are not included in the Scope of Practice may entitle the employer to refuse liability for their actions. They may also be subjected to investigation and action by the Provincial/Territorial Regulatory Body.

The Environment

- 15 In the expanded scope of practice, the nurse works with an interdisciplinary team in a transcultural environment.
- 16 In the expanded scope of practice, the nurse in First Nations/Inuit communities practices in Community Health Centres, Nursing Stations, and Health Centres with Treatment facilities.
- 17 In the expanded scope of practice, the nurse works autonomously making independent and interdependent decisions and may also provide direction to formal and informal caregivers who may or may not be regulated.
- 18 The practice environment may be influenced by geographical, socioeconomic and political conditions.

Instructions:

The Self-Assessment should be completed within the first month of your arrival in the community. The preceptor's assessment (included in this package) should be completed at the same time, when there has been some opportunity to work together.

Each competency has a clarifying statement that describes the knowledge, skills, and abilities representing the competency. There is a 4 point rating scale for each statement with anchor terms that describe each level of proficiency. Found after each competency is a code that identifies where the competency can be found in the Self-Study Guide.

Levels of proficiency:

None:	you have no knowledge or experience for the skill described.
Novice:	you have some knowledge without experience (e.g., you require some consultation or supervision).
Competent:	you have the required knowledge and also practical experience.
Proficient:	you have extensive knowledge and wide range of experience directly related to the skill described.

Step 1

Read the competency statement. Consider your knowledge and experience to determine the level of proficiency you feel best describes your skills. Circle the number corresponding to the rating that you feel is most appropriate for each statement in the Self-Assessment.

Step 2

Write in your Learning Plan (last page of the Self-Assessment) the competency statements for which you rated yourself "None" or "Novice". Pay special attention to areas where you have rated yourself as "None" or "Novice" to identify any gaps in your knowledge or experience and use the competency code to help find study resources in the Self-Study Guide. Discuss the results of the Learning Plan with your preceptor and together develop strategies for ongoing learning. It is important to keep your Self-Assessment results and Learning Plan.

Step 3

Formalize your commitment to ongoing learning by signing the Learning Plan with your preceptor. Share your Learning Plan with your supervisor.

Example Rating:

Please select the response option that most accurately describes your current experience, knowledge or confidence for each competency statement. Rate yourself on each skill by identifying the level of proficiency you have attained:

0	None:	has no knowledge or experience.
1	Novice:	has some knowledge without experience (needs consultation or supervision).
2	Competent:	has the required knowledge and some experience.
3	Proficient:	has extensive knowledge and wide range of experience.

Example:

Skill Statement		Clarifying Statement	Rating
E1.	Documents health history.	Writes information from health history in patient chart.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
E2.	Makes appropriate referrals.	Refers to physician for further evaluation.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
E3.	Implements communicable disease programs.	Manages resources to prevent, detect, control and treat communicable disease outbreaks. Includes both reportable and non reportable diseases, immunization clinics.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3

If the ratings were like the above example, your Learning Plan (on the last page of the Preceptor component of the Self-Assessment) would include:

1. Make appropriate referrals.

| The Self-Assessment begins on the following page. |

A. Health Assessment:

Skill Statement		Clarifying Statement	Rating
1.	Perform health assessments, including relevant health history and physical examinations across the lifespan. (HA-1)	Perform a comprehensive and relevant history and physical assessment in an organized approach such as obtaining identifying data, chief complaint, history of present illness (HPI), and perform the physical by systems using IPPA format for pediatric, adolescent, adult, pre/postnatal, and elderly clients.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
2.	Adapt assessment techniques according to clients' condition and stage of development. (HA-2)	Modify assessment techniques for all age groups and client conditions. Demonstrate the specific techniques utilized in each group and specific items during the assessment that are unique to each group and situation. Utilize IPPA (inspection, palpation, percussion, and auscultation) approach and appropriate assessment tools during the exam (e.g., ophthalmoscope, otoscope, stethoscope, reflex hammer, and vision chart).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
3.	Recognize the deviations/ variations from normal findings. (HA-3)	Understand and can identify normal and abnormal findings for each stage of development and for all body systems (e.g., normal versus abnormal liver span, ear drum, etc.).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
4.	Analyse the findings from health assessments. (HA-4)	Incorporate and organize data from health assessment towards making a diagnosis. Have additional data to work with (e.g., the IPPA findings of all body systems and lab data if available). Interpret the findings to understand what other system these findings may have impacts upon, therefore helping to determine the differential diagnosis (e.g., determining that a child presenting for immunization is ill and determining the cause of the illness and initiating treatment prior to proceeding with immunization).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
5.	Synthesize data from multiple sources to establish a differential and working diagnosis. (HA-5)	Take data from the history and physical exam, from the past medical history, family history, and psychosocial history to formulate a diagnosis in order to make provisions for treatment. Have additional data to work with (e.g., the IPPA findings of all body systems, and lab data if available).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
6.	Identify common health problems/conditions affecting clients across the lifespan. (HA-6)	Possess the knowledge of common health problems affecting clients at all stages of development and incorporates that knowledge when performing assessments on a client. Possess the knowledge required to incorporate full IPPA techniques. Can take the history and physical and determine risk factors for the client based on age (e.g., mycoplasma pneumonia occurs in young adults, as does mono).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3

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Skill Statement		Clarifying Statement	Rating
7.	Communicate verbally and in writing, concise and precise history and physical assessment findings on clients across the lifespan. (HA-7)	Communicate relevant history and physical assessment in a chronological, organized format such as identifying data, chief complaint, HPI and documenting the physical by systems using IPPA format.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
8.	Consult with other health care providers regarding assessments in an appropriate and timely manner. (HA-8)	Understand the scope of practice with regard to treatment. Aware of when referral is appropriate and when referral is urgent (e.g., a medevac situation).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
9.	Identify common urgent/emergent problems/conditions. (HA-9)	Identify common health problems across the lifespan. Possess the knowledge and skill to identify those situations that are urgent and emergent and require immediate attention and/or referral (e.g., COPD, MI, pneumonia, asthma, etc.).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
10.	Determine the need for appropriate diagnostic tests. (HA-14)	Determine the need for diagnostic tests based on findings from assessment (e.g., haemoglobin, x-ray, urinalysis, and wet mount). Either performs the test or refers client for testing (e.g., for urine screening a community health nurse would do a chemstrip and proceed with a urinalysis if abnormal).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
11.	Discuss health assessment findings with clients. (HA-15)	Communicate results from health assessment with client, including recommendations for further action: treatment, referral, follow-up. Make recommendations for treatment and more pathophysiological issues - secondary and tertiary prevention.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3

B. Interventions:

Skill Statement		Clarifying Statement	Rating
1.	Initiate care of common/urgent/emergent problems/conditions affecting clients across the lifespan. (I-1)	Provide the care required for common/urgent/emergent problems/conditions (e.g., ear infections, trauma, and pneumonia) presenting at a nursing station/treatment health facility.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
2.	Manage care of common/urgent/emergent problems/conditions affecting clients across the lifespan. (I-2)	Determine the care required for common/urgent/emergent problems/conditions (e.g., prescribing antibiotics for the treatment of ear infections, stabilizing trauma/emergency clients by providing emergency intervention until transportation/ referral, determining if suturing is required and whether it can be provided at the facility, and providing follow-up for diabetic clients through monitoring and education) that can be managed in a nursing station/treatment health facility.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
3.	Evaluate care of common/urgent/emergent problems/conditions affecting clients across the lifespan. (I-3)	Evaluate the treatment given for common/urgent/emergent problems/conditions that can be managed in a nursing station/treatment health facility. Make changes to treatment regime, such as change of antibiotic based on the results of cultures, assessing wounds sutured in the clinic and determining if sutures should be removed, ongoing evaluation and further stabilization of trauma clients, referral of the diabetic client when condition changes and a change of medication is needed beyond the nurses scope.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
4.	Initiate prescription drugs and therapeutics based on assessment data. (I-4b)	Determine and dispense the appropriate prescription medication (e.g., choosing the correct antibiotics including dose and treatment plan, administer xylocaine prior to suturing, providing emergency drugs to stabilize trauma clients prior to transport client when condition changes, and when a change of medication is needed beyond a nurse's scope) that can be managed in a nursing station/treatment health facility.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
5.	Apply knowledge of pharmacology when prescribing drugs in accordance with National Nurses Drug Classification System. (I-5)	Utilize pharmacology principles when determining which drugs to prescribe (e.g., drug to drug interactions, timing of medication, absorption of medication, and whether to take on an empty stomach). Understand drug classifications and their meanings (i.e., the difference between an A, B, C, or D classified drug).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
6.	Dispense drugs in accordance with the National Nurses Drug Classification System. (I-6)	Dispense drugs according to the classification outlines in the National Nurses Drugs Classification system (e.g., contact a physician for all drugs with a "B" classification to receive orders, initiate "A" drugs after assessing the client's need for this medication, etc.).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3

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Skill Statement		Clarifying Statement	Rating
7.	Provide health teaching to clients and their care givers. (I-7)	Instruct client in the care and treatment plan for his/her presenting condition (e.g., how to care for sutured laceration and when to return for suture removal; not to drink while on antibiotics and why).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
8.	Assist and support clients in designing therapeutic regimes. (I-8)	Discuss, in consultation with the client, the different treatment plans that are available to treat his/her health problem and provide the client with the necessary information so he/she can make an informed decision. For example, for a sore throat, discuss the probability that this condition is viral and that the antibiotics will not shorten the treatment but that the client can return to the clinic if the condition does not improve and to discuss comfort measures and non-pharmacological interventions that can be tried. Support the client who wants to see a traditional healer.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
9.	Assist and support clients in following recommended therapeutic regimes. (I-9)	Support the client in following the treatment plan by providing information on possible side effects of medication that he/she may expect, when their condition should improve, and when they should return to the clinic for follow-up or re-evaluation.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
10.	Assist and support clients in evaluating the effectiveness of recommended therapeutic regimes. (I-10)	Help the client evaluate the treatment plan and discuss with him/her the factors that may be influencing the response to treatment such as non-compliance and what the nurse and the client can do so the treatment can be effective (e.g., in assessing response to antibiotics the nurse would change the treatment if no response, provided that the change is within their Drug Classification limits. Otherwise, the nurse would refer/consult). Support the client when there is no treatment available in the community and the client must be sent to a bigger centre.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
11.	Consult with other health care providers regarding interventions in an appropriate and timely manner. (I-11)	Contact physicians to discuss assessment findings in providing care for clients presenting at the clinic who can be managed at the nursing station but may require medication that the nurse is unable to prescribe (e.g., cimetidine) or will require stabilization with medication and then transferring to hospital (e.g., a client presenting with possible myocardial infarct, acute abdomen, or a child in respiratory distress).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
12.	Take steps to ensure that equipment is available and operational when needed. (I-12)	Check to ensure the required equipment is available and is in good working order (e.g., oto/ophthalmoscope, suction machines, and suture sets). Equipment varies so the nurse must assess this whenever entering a different facility.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3

Skill Statement		Clarifying Statement	Rating
13.	Operate specific emergency equipment. (I-13)	Know how to use the equipment available in the health facility where the nurse is working. Equipment varies so the nurse must assess this whenever entering a different facility.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
14.	Initiate intravenous fluid therapy according to the needs of the client. (I-14)	Understand the principles of fluid therapy and know which fluid to use when, site, ability to start an intravenous, and the rate of infusion.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
15.	Apply principles of wound management including suturing. (I-15)	Demonstrate the principles of wound management from assessment, anaesthesia, equipment, suturing, and after care.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
16.	Manage psycho-social emergencies using knowledge of crisis intervention. (I-16)	Recognize that a client is having a psycho-social emergency and provide immediate interventions, such as suicidal risk, in consultation as needed, and then assist the client to access the appropriate treatment. In nursing station and treatment facilities this may mean that the client is in the community for a longer period of time before they can be sent out for further treatment. Is aware of resources within their community to support the practitioner in providing crisis intervention.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
17.	Implement general principles of medical evacuation. (I-18)	Understand the principles of medical evacuation including the effects of altitude on patient conditions (e.g., abdominal conditions and the need for an nasogastric tube prior to transport, oxygen requirements) length of trip, securing the client in the aircraft or road ambulance, number of medical personnel needed (e.g., need two if sending out a woman in labour) as well as when to transport and when not to transport.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
18.	Manage medical evacuations. (I-19)	Manage the medical evacuation by making the necessary arrangements and determining the type of carrier required, stabilizing the client prior to transport, ensuring that enough and all equipment needed during the medevac is available, ensuring that the client is well secured in the aircraft or road ambulance, knowing the number of medical personnel needed (e.g., need two if sending out a woman in labour) and when to transport and when not to transport.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
19.	Meet legal requirements for documentation of prescriptive therapy. (I-20b)	Document all prescriptive therapy (e.g., indicating to whom the drug was dispensed, amount dispensed, recording all narcotic and controlled drugs in a narcotic register and that they are secured in the facility, completing medication labels with complete information, and including this same information in the client record).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3

Self-Assessment Tool

Skill Statement		Clarifying Statement	Rating
20.	Take steps to ensure that diagnostic equipment is available and operational when needed. (I-22)	Inspect diagnostic equipment (e.g., audiometers, x-ray machines, AED, ECG machines, and microscopes) to ensure it is ready for everyday use.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
21.	Perform venipuncture. (I-23)	Demonstrate venipuncture technique including client and equipment preparation, perform venipuncture, specimen preparation, and after care.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
22.	Perform specimen collection appropriate to treatment settings (e.g., STD swabs, pap smears, gastric washings for TB, and microscopy for wet mount/clue cells). (I-24)	Follow proper procedures and techniques in the collection of specimens adhering to practice guidelines regarding client safety, aseptic technique, and universal precautions (e.g., STD swabs, pap smears, gastric washings for TB, and microscopy for wet mount/clue cells).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
23.	Interpret diagnostic laboratory results and respond appropriately. (I-25)	Determine abnormal findings from diagnostic laboratory results (e.g., abnormal haemoglobin, culture, and sensitivity reports) and use the results as a basis for diagnosis and treatment (e.g., having determined that an organism is resistant to the originally prescribed antibiotic, the nurse chooses the appropriate antibiotic).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
24.	Apply the knowledge and principles of radiology in order to safely perform x-rays of chest/limbs. (I-26)	Safely operate an x-ray machine (i.e., is fully certified) and understand the principles and procedures necessary to properly x-ray chest and limbs.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
25.	Provide basic interpretation of chest and limb films and respond appropriately. (I-27)	Make accurate assessments from chest or limb x-rays and determine the appropriate treatment or recommendation for treatment (e.g., detects fractures, pneumonia, etc.).	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
26.	Apply knowledge in order to accurately perform ECG's. (I-28)	Apply knowledge of anatomy to landmark the chest and limbs to ensure an accurate ECG.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3
27.	Provide basic interpretation of ECG's and respond appropriately. (I-29)	Interpret the results of an ECG based on his /her knowledge of rate, rhythm, axis (direction of flow), hypertrophy, infarction, and ischaemia.	<i>None</i> 0 <i>Novice</i> 1 <i>Competent</i> 2 <i>Proficient</i> 3

Learning Plan for the Competency Assessment Program

Now that you have completed the Self-Assessment, the next step is to develop a Learning Plan to address the gaps or weaknesses in your Community Health Nursing competencies. A personal learning plan identifies the knowledge, skills, and abilities that you intend to strengthen and outlines specific steps to successfully develop those competencies. Follow the five steps to develop your Learning Plan.

Step 1. Competency Needs

Go back through the Self-Assessment tool and list those competencies that you rated as 'None' or 'Novice' in the first column of the Learning Plan.

Step 2. Learning Strategies and Resources

For each competency, identify how you are going to develop and strengthen your knowledge, skill, and abilities to meet the competency requirements. Toward this competency goal, consider such learning tools as job shadowing, mentoring, reading resources, distance learning, independent study, peer learning, conferences, training, educational programs, etc. Identify the learning strategies or resources most suited to your competency goals and write them in the second column of the Learning Plan.

Step 3. Evidence of Competency Learning

It is important that you can measure the success of your competency learning strategies and resources. Find some way to determine when you have successfully strengthened the competencies. In the third column of your Learning Plan list the criteria that will be used to evaluate the evidence of your competency learning.

Step 4. Target Dates

In the last column of your Learning Plan, set realistic and attainable target dates for when you will complete each competency learning goal. Be sure to consider your current work load, the availability of co-workers for peer learning, accessibility of educational resources, up-coming conferences, etc. when setting your target dates.

Step 5. Preceptor Sharing

After you have completed the Learning Plan, discuss your competency needs and goals with your preceptor and work together to finalize your Learning Plan. When you both agree to the Learning Plan, each sign the plan to demonstrate a shared commitment to your continued competency learning.

Learning Plan

1. Competency Needs <i>What are the competencies I have rated myself as 'None' or 'Novice' ?</i>	2. Learning Strategies and Resources <i>What will I do to meet my competency needs?</i>	3. Evidence of Competency Learning <i>How will I demonstrate that I have met my competency needs?</i>	4. Target Dates

Nurse's signature

and

Preceptor's signature

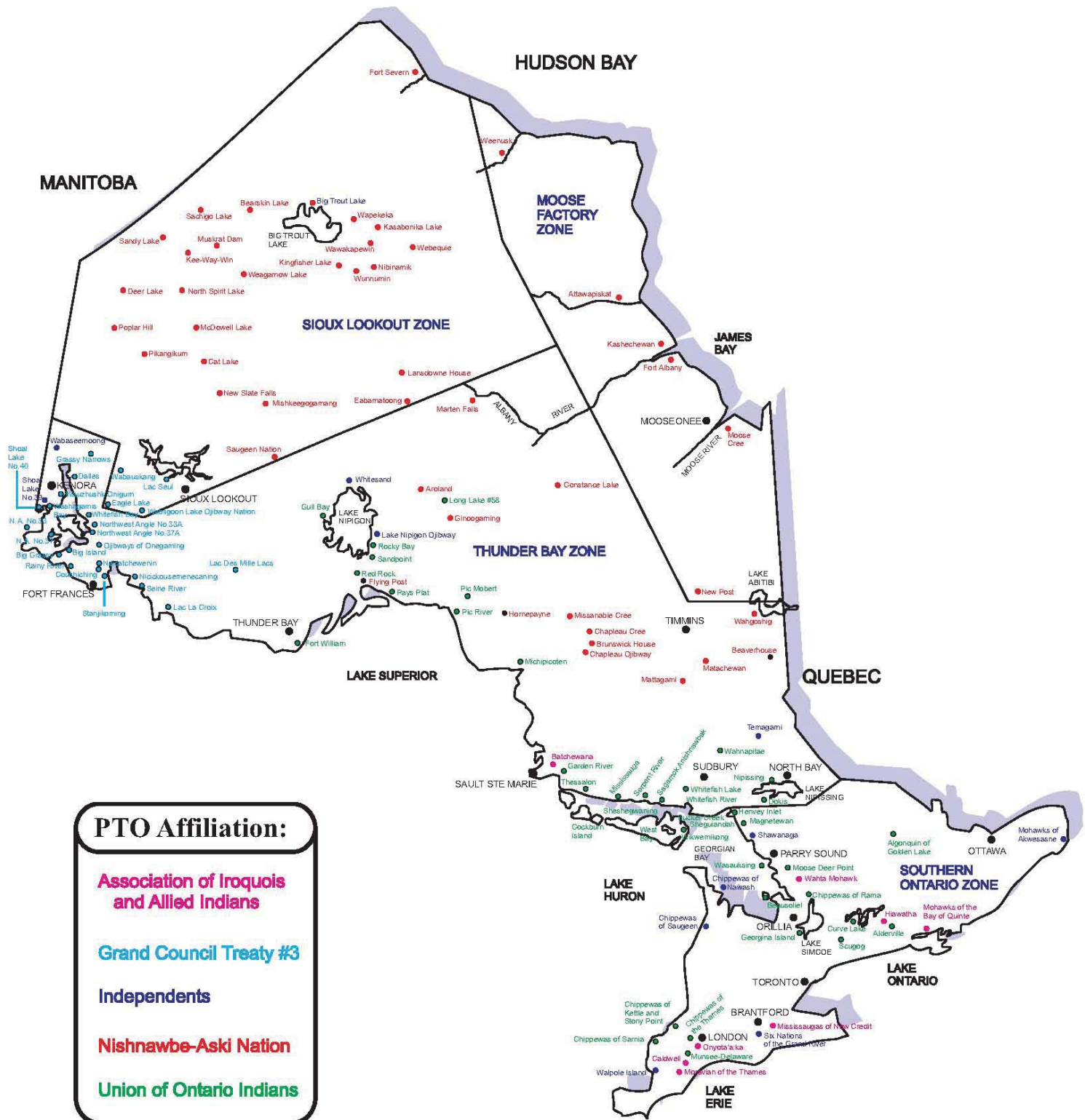
Date

Appendix C

First Nations and Inuit Health Branch Dedicated Transportation Hubs for Agency Nurses

Region	Dedicated Hubs
Manitoba Region	<ul style="list-style-type: none">• Winnipeg, Manitoba• Thompson, Manitoba• The Pas, Manitoba
Ontario Region	<ul style="list-style-type: none">• Ottawa, Ontario• Toronto, Ontario• Thunder Bay, Ontario• Timmins, Ontario (Only for those communities in the Moose Factory Zone)• Montreal, Quebec• Winnipeg, Manitoba
Quebec Region	<ul style="list-style-type: none">• Montreal, Quebec• Quebec City, Quebec

FIRST NATIONS & INUIT HEALTH ONTARIO REGION COMMUNITIES





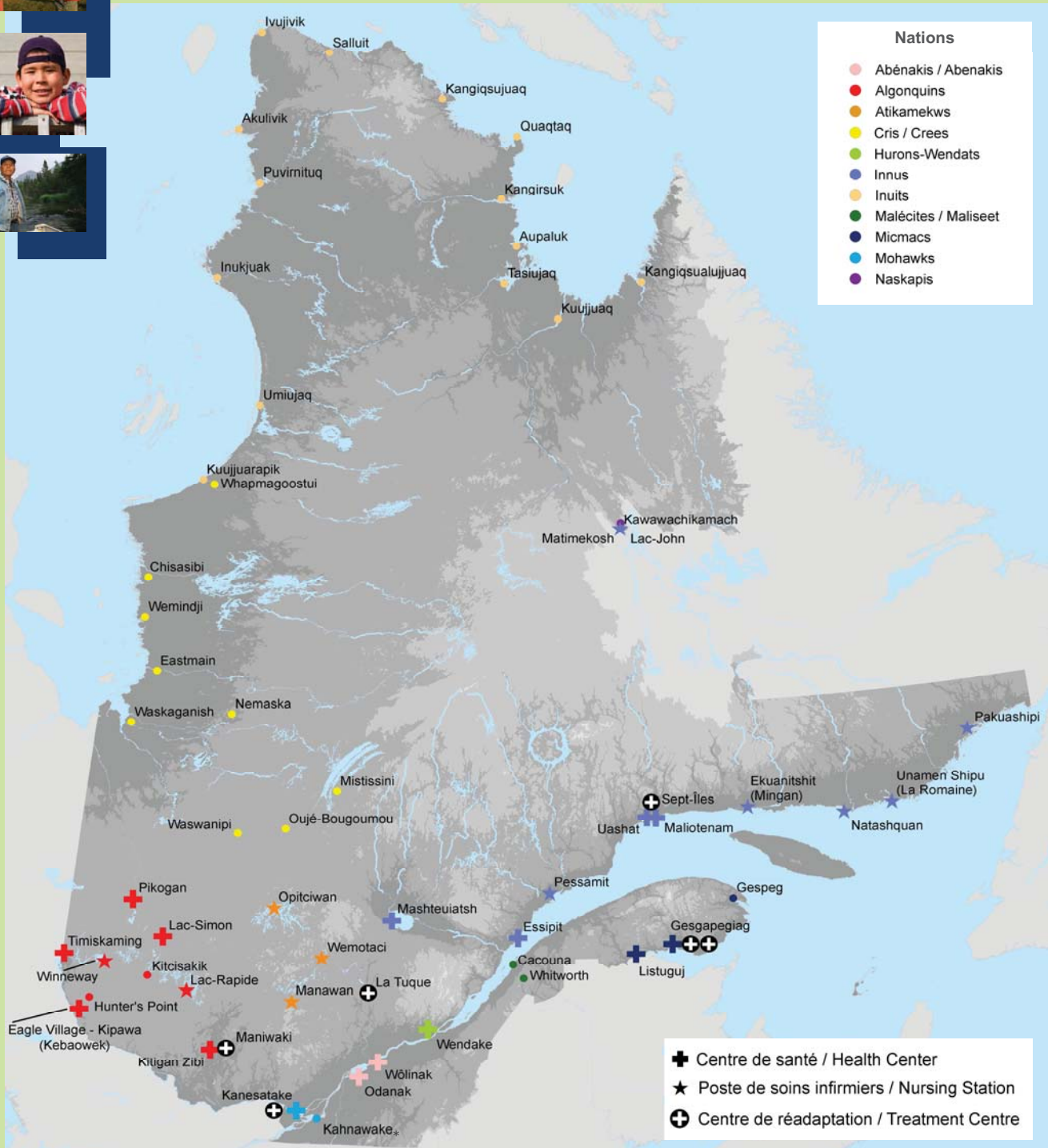
Santé
Canada Health
Canada

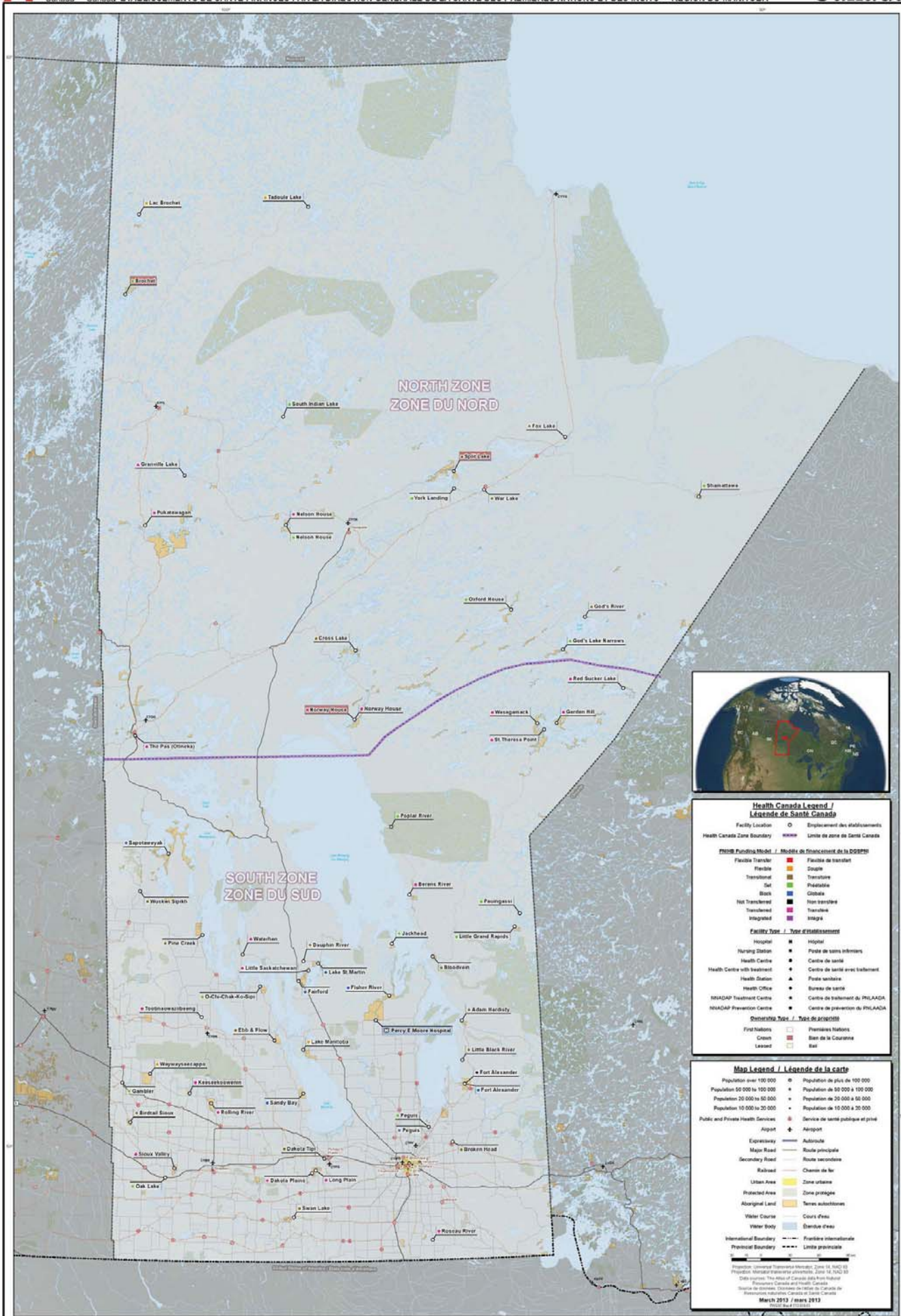
Votre santé et votre
sécurité... notre priorité.

Your health and
safety... our priority.

ÉTABLISSEMENTS DE SANTÉ FINANCÉS PAR SANTÉ CANADA POUR LES PREMIÈRES NATIONS ET LES INUITS DU QUÉBEC

HEALTH FACILITIES FUNDED BY HEALTH CANADA FOR QUEBEC'S FIRST NATIONS AND INUIT





**APPENDIX F
AGENCY OVERTIME AUTHORIZATION FORM**

HEALTH CANADA ONTARIO REGION FIRST NATIONS AND INUIT HEALTH
AGENCY NURSE - OVERTIME PRE-AUTHORIZATION
NAME AND AGENCY OF NURSE:
COMMUNITY/ WORK UNIT:
REASONS FOR EXTRA DUTY: _____ _____ _____ _____ _____ _____ _____ _____
APPROXIMATE HOURS REQUESTED: _____
DATE: _____
COMMENTS: _____ _____ _____ _____
NIC APPROVAL: _____
This form is to be utilized to approve all Overtime for Agency Nurses other than when they are called back when assigned to be on Standby.
NURSES ARE TO ATTACH A COPY OF THIS FORM WHEN SIGNED TO TIME SHEETS AND FORWARD TO THEIR AGENCY

APPENDIX G

AGENCY NURSE TIME SHEET

Name of Nurse: _____
Agency: _____

Location: _____

DAY	DATE	REGULAR HOURS			STANDBY HRS.			1 st 2 nd	OVERTIME HRS.			Additional Info
		Start	End	Total	Start	End	Total		Start	End	Total	
Sun												
Mon												
Tues												
Wed												
Thurs												
Fri												
Sat												
TOTAL HOURS												

Signature of NIC: _____

days worked/on-call: _____

Week Ending: _____

ANNEX B

BASIS OF PAYMENT

General instructions concerning Travel and Living Expenses

Any required travel, as defined in the Statement of Work, must be authorized in advance by the TA Authority in charge of submitting the TA form for a specific requirement.

Canada will reimburse required travel costs at cost, with no allowance for overhead, profit travel agency fees and/or consulting fees. , and must be supported by original receipts. Cost of transportation is not to exceed the cost to be incurred from the closest point of departure on this list and travel arrangements are to be made in accordance with terms and conditions for travel herein and in accordance with the Treasury Board of Canada Secretariat's Travel Directive in effect at the time of travel. The Treasury Board Travel Directive site is available at: http://www.tbs-sct.gc.ca/pubs_pol/hrpubs/TBM_113/td-dv_e.asp. All related transportation costs must be supported by original receipts.

The Contractor's resources are expected in normal circumstances to travel to the communities the day before the work is to commence. Only transportation cost from dedicated hubs of departure (See Appendix E) to destination will be reimbursed by Health Canada. The only accepted dedicated hubs as outlines in Appendix E. Any costs incurred by the Contract Nurse to get to the acceptable dedicated hubs of departure are solely the responsibility of the Contractor and will NOT be reimbursed by Canada.

As the majority of travel is done by air, the dedicated hub of departure is therefore defined as the airport of the named cities identified in Appendix E. In cases where air travel is not an option, the Contractor must obtain authorization from the TA Authority who initiated the TA.

Aside from reasonable transportation costs, Canada will NOT pay for any additional expenses related to travel including but not limited to parking, excess luggage, meals, incidentals and telephone calls. Also, food while on location are the responsibility of the Contractor.

Canada will NOT mail belongings back and forth between stations between assignments. All freight and excess baggage must be processed by the Contractor and only invoiced to Canada if approved under the terms of a specific Task Authorization.

In situations where the Contract Nurse is assessed to not meet the minimum competencies or in the opinion of the Nurse in Charge is incapable of doing the required work, the Contractor will be responsible for the salary, travel, and accommodation costs for the Contract Nurse to return to their destination. Also, the Contractor will assume the costs for providing a qualified replacement within a 24 hour period.

Canada is responsible only for the travel costs associated with removing a Contract Nurse from the community in circumstances such as an environmental disaster e.g. fire, flood, oil spill etc.

Where there are extenuating circumstances (e.g. poor weather which would delay the nurse's arrival), Canada will pay for accommodation at the economy rate for one night only and other related costs, but such extenuating circumstances will need the pre-approval of the Project Authority.

The nurse services rates specified below include the total estimated cost of all travel and living expenses that may need to be incurred for:

- (1) travel between the Contractor's place of business or the Nurses home province and any designated hub; and
- (2) the relocation of nurses

to satisfy the terms of the contract. These expenses cannot be charged directly and separately from the nurse services rates.

A- Contract Period (From Contract Award to (TBD))

During the period of the Contract, for Work performed in accordance with the Contract, the Contractor will be paid as specified below.

A.1. Professional Fees: For work performed by the Contractor's Nurses

A.1.1 For Regular Work time and stand-by time: (Refer to the definition of Regular Work time and stand-by time in Annex A – Statement of Work).

Stand-by rate is payable at the rate of 1 hour of the regular hourly rate for every 8 hours of stand-by.

The Contractor will be paid the all inclusive fixed Regular Hourly Rate specified below for regular work time and stand-by work:

Category	All Inclusive Fixed Hourly Rate
Nurse	\$(TBD in the resulting Contract)

A.1.2 Overtime, call-back time and Work performed on Statutory Holidays: (Refer to the definition of overtime, call-back time and Statutory Holidays in Annex A – Statement of Work)

The Contractor will be paid the same all inclusive fixed Hourly Rate for the Work performed on overtime, call-back time and Statutory Holidays, as specified below:

Category	All Inclusive Fixed Hourly Rate
Nurse	\$(TBD in the resulting Contract)

A.2. Authorized Travel and living Expenses

A.2.1 Travel Time

Travel time for the one-way from/to the designated hub (Please refer to Annex C, for list of hubs by FNIHB Region.), into and out of the First Nations Community, as identified in the Task Authorization, will be compensated at a fixed price of \$150.00

A.2.2 Travel and living expenses

Any travel costs for authorized travel will be reimbursed in accordance with the general instructions concerning Travel and Living Expenses stated above.

B- Option to Extend the Term of the Contract

This section is only applicable if the option to extend the Contract is exercised by Canada.

During the extended periods of the Contract specified below, the Contractor will be paid as specified below to perform all the Work in relation to the Contract extension.

B.1 First Option Period (From _____ to _____)

B.1.1. Professional Fees: For work performed by the Contractor's Nurses

B.1.1.1 For Regular Work time and stand-by time: (Refer to the definition of Regular Work time and stand-by time in Annex A – Statement of Work)

Stand-by rate is payable at the rate of 1 hour of the regular hourly rate for every 8 hours of stand-by.

The Contractor will be paid the all inclusive fixed Regular Hourly Rate specified below for regular work time and stand-by work:

Category	All Inclusive Fixed Hourly Rate
Nurse	\$(TBD in the resulting Contract)

B.1.1.2 Overtime, call-back time and Work performed on Statutory Holidays: (Refer to the definition of overtime, call-back time and Statutory Holidays in Annex A – Statement of Work)

The Contractor will be paid the same all inclusive fixed Hourly Rate for the Work performed on overtime, call-back time and Statutory Holidays, as specified below:

Category	All Inclusive Fixed Hourly Rate
Nurse	\$(TBD in the resulting Contract)

B.1.2 Authorized Travel and living Expenses

B.1.2.1 Travel Time

Travel time for the one-way from/to the designated hub (Please refer to Annex C, for list of hubs by FNIHB Region.), into and out of the First Nations Community, as identified in the Task Authorization, will be compensated at a fixed price of \$150.00

B.1.2.2 Travel and living expenses

Any travel costs for authorized travel will be reimbursed in accordance with the general instructions concerning Travel and Living Expenses stated above.

B.2 Second Option Period (From _____ to _____)

B.2.1. Professional Fees: For work performed by the Contractor's Nurses

B.2.1.1 For Regular Work time and stand-by time: (Refer to the definition of Regular Work time and stand-by time in Annex A – Statement of Work)

Stand-by rate is payable at the rate of 1 hour of the regular hourly rate for every 8 hours of stand-by.

The Contractor will be paid the all inclusive fixed Regular Hourly Rate specified below for regular work time and stand-by work:

Category	All Inclusive Fixed Hourly Rate
Nurse	\$(TBD in the resulting Contract)

B.2.1.2 Overtime, call-back time and Work performed on Statutory Holidays: (Refer to the definition of overtime, call-back time and Statutory Holidays in Annex A – Statement of Work)

The Contractor will be paid the same all inclusive fixed Hourly Rate for the Work performed on overtime, call-back time and Statutory Holidays, as specified below:

Category	All Inclusive Fixed Hourly Rate
Nurse	\$(TBD in the resulting Contract)

B.2.2 Authorized Travel and living Expenses

B.2.2.1 Travel Time

Travel time for the one-way from/to the designated hub (Please refer to Annex C, for list of hubs by FNIHB Region.), into and out of the First Nations Community, as identified in the Task Authorization, will be compensated at a fixed price of \$150.00

B.2.2.2 Travel and living expenses

Any travel costs for authorized travel will be reimbursed in accordance with the general instructions concerning Travel and Living Expenses stated above.

B.3 Third Option Period (From _____ to _____)

B.3.1. Professional Fees: For work performed by the Contractor's Nurses

B.3.1.1 For Regular Work time and stand-by time: (Refer to the definition of Regular Work time and stand-by time in Annex A – Statement of Work)

Stand-by rate is payable at the rate of 1 hour of the regular hourly rate for every 8 hours of stand-by.

The Contractor will be paid the all inclusive fixed Regular Hourly Rate specified below for regular work time and stand-by work:

Category	All Inclusive Fixed Hourly Rate
Nurse	\$(TBD in the resulting Contract)

B.3.1.2 Overtime, call-back time and Work performed on Statutory Holidays: (Refer to the definition of overtime, call-back time and Statutory Holidays in Annex A – Statement of Work)

The Contractor will be paid the same all inclusive fixed Hourly Rate for the Work performed on overtime, call-back time and Statutory Holidays, as specified below:

Category	All Inclusive Fixed Hourly Rate
Nurse	\$(TBD in the resulting Contract)

B.3.2 Authorized Travel and living Expenses

B.3.2.1 Travel Time

Travel time for the one-way from/to the designated hub (Please refer to Annex C, for list of hubs by FNIHB Region.), into and out of the First Nations Community, as identified in the Task Authorization, will be compensated at a fixed price of \$150.00

B.3.2.2 Travel and living expenses

Any travel costs for authorized travel will be reimbursed in accordance with the general instructions concerning Travel and Living Expenses stated above.

B.4 Fourth Option Period (From _____ to _____)

B.4.1. Professional Fees: For work performed by the Contractor's Nurses

B.4.1.1 For Regular Work time and stand-by time: (Refer to the definition of Regular Work time and stand-by time in Annex A – Statement of Work)

Stand-by rate is payable at the rate of 1 hour of the regular hourly rate for every 8 hours of stand-by.

The Contractor will be paid the all inclusive fixed Regular Hourly Rate specified below for regular work time and stand-by work:

Category	All Inclusive Fixed Hourly Rate
Nurse	<u>\$(TBD in the resulting Contract)</u>

B.4.1.2 Overtime, call-back time and Work performed on Statutory Holidays: (Refer to the definition of overtime, call-back time and Statutory Holidays in Annex A – Statement of Work)

The Contractor will be paid the same all inclusive fixed Hourly Rate for the Work performed on overtime, call-back time and Statutory Holidays, as specified below:

Category	All Inclusive Fixed Hourly Rate
Nurse	<u>\$(TBD in the resulting Contract)</u>

B.4.2 Authorized Travel and living Expenses

B.4.2.1 Travel Time

Travel time for the one-way from/to the designated hub (Please refer to Annex C, for list of hubs by FNIHB Region.), into and out of the First Nations Community, as identified in the Task Authorization, will be compensated at a fixed price of \$150.00

B.4.2.2 Travel and living expenses

Any travel costs for authorized travel will be reimbursed in accordance with the general instructions concerning Travel and Living Expenses stated above.

B.5 Fifth Option Period (From _____ to _____)

B.5.1. Professional Fees: For work performed by the Contractor's Nurses.

B.5.1.1 For Regular Work time and stand-by time: (Refer to the definition of Regular Work time and stand-by time in Annex A – Statement of Work)

Stand-by rate is payable at the rate of 1 hour of the regular hourly rate for every 8 hours of stand-by.

The Contractor will be paid the all inclusive fixed Regular Hourly Rate specified below for regular work time and stand-by work:

Category	All Inclusive Fixed Hourly Rate
Nurse	\$(TBD in the resulting Contract)

B.5.1.2 Overtime, call-back time and Work performed on Statutory Holidays: (Refer to the definition of overtime, call-back time and Statutory Holidays in Annex A – Statement of Work)

The Contractor will be paid the same all inclusive fixed Hourly Rate for the Work performed on overtime, call-back time and Statutory Holidays, as specified below:

Category	All Inclusive Fixed Hourly Rate
Nurse	\$(TBD in the resulting Contract)

B.5.2 Authorized Travel and living Expenses

B.5.2.1 Travel Time

Travel time for the one-way from/to the designated hub (Please refer to Annex C, for list of hubs by FNIHB Region.), into and out of the First Nations Community, as identified in the Task Authorization, will be compensated at a fixed price of \$150.00

B.5.2.2 Travel and living expenses

Any travel costs for authorized travel will be reimbursed in accordance with the general instructions concerning Travel and Living Expenses stated above.



SECURITY REQUIREMENTS CHECK LIST (SRCL)

LISTE DE VÉRIFICATION DES EXIGENCES RELATIVES À LA SÉCURITÉ (LVERS)

ART A - CONTRACT INFORMATION / PARTIE A - INFORMATION CONTRACTUELLE

1. Originating Government Department or Organization /
Ministère ou organisme gouvernemental d'origine **Health Canada**

2. Branch or Directorate / Direction générale ou Direction
First Nations and Inuit Health Branch

3. a) Subcontract Number / Numéro du contrat de sous-traitance

3. b) Name and Address of Subcontractor / Nom et adresse du sous-traitant

4. Brief Description of Work / Brève description du travail

Services will encompass the care of patients and the provision of assistance to medical doctors in the treatment of illness, the conduct of programs designed to promote health and the provision of advice, including direct patient care, consultation, administration and/or research in Nursing Stations and federal hospitals located in Northern Ontario, Northern Quebec and on First Nations reserves.

5. a) Will the supplier require access to Controlled Goods?

Le fournisseur aura-t-il accès à des marchandises contrôlées?

☒ No ☐ Yes
Non Ou

5. b) Will the supplier require access to unclassified military technical data subject to the provisions of the Technical Data Control Regulations?

Le fournisseur aura-t-il accès à des données techniques militaires non classifiées qui sont assujetties aux dispositions du Règlement sur le contrôle des données techniques?

☒ No ☐ Yes
Non Ou

6. Indicate the type of access required / Indiquer le type d'accès requis

6. a) Will the supplier and its employees require access to PROTECTED and/or CLASSIFIED information or assets?

Le fournisseur ainsi que les employés auront-ils accès à des renseignements ou à des biens PROTÉGÉS et/ou CLASSIFIÉS?

(Specify the level of access using the chart in Question 7. c)
(Préciser le niveau d'accès en utilisant le tableau qui se trouve à la question 7. c)

☐ No ☒ Yes
Non Ou

6. b) Will the supplier and its employees (e.g. cleaners, maintenance personnel) require access to restricted access areas? No access to PROTECTED and/or CLASSIFIED information or assets is permitted.

Le fournisseur et ses employés (p. ex. nettoyeurs, personnel d'entretien) auront-ils accès à des zones d'accès restreintes? L'accès à des renseignements ou à des biens PROTÉGÉS et/ou CLASSIFIÉS n'est pas autorisé.

☒ No ☐ Yes
Non Ou

6. c) Is this a commercial courier or delivery requirement with no overnight storage?

S'agit-il d'un contrat de messagerie ou de livraison commerciale sans entreposage de nuit?

☒ No ☐ Yes
Non Ou

7. a) Indicate the type of information that the supplier will be required to access / Indiquer le type d'information auquel le fournisseur devra avoir accès

Canada ☒

NATO / OTAN ☐

Foreign / Étranger ☐

7. b) Release restrictions / Restrictions relatives à la diffusion

No release restrictions
Aucune restriction relative à la diffusion ☒

Not releasable
À ne pas diffuser ☐

Restricted to: / Limité à: ☐

Specify country(ies): / Préciser le(s) pays:

All NATO countries
Tous les pays de l'OTAN ☐

Restricted to: / Limité à: ☐

Specify country(ies): / Préciser le(s) pays:

No release restrictions
Aucune restriction relative à la diffusion ☐

Restricted to: / Limité à: ☐

Specify country(ies): / Préciser le(s) pays:

7. c) Level of information / Niveau d'information

PROTECTED A ☐
PROTÉGÉ A
PROTECTED B ☒
PROTÉGÉ B
PROTECTED C ☐
PROTÉGÉ C
CONFIDENTIAL ☐
CONFIDENTIEL
SECRET ☐
SECRET
TOP SECRET ☐
TRÈS SECRET
TOP SECRET (SIGINT) ☐
TRÈS SECRET (SIGINT)

NATO UNCLASSIFIED ☐
NATO NON CLASSIFIÉ
NATO RESTRICTED ☐
NATO DIFFUSION RESTREINTE
NATO CONFIDENTIAL ☐
NATO CONFIDENTIEL
NATO SECRET ☐
NATO SECRET
COSMIC TOP SECRET ☐
COSMIC TRÈS SECRET

PROTECTED A ☐
PROTÉGÉ A
PROTECTED B ☐
PROTÉGÉ B
PROTECTED C ☐
PROTÉGÉ C
CONFIDENTIAL ☐
CONFIDENTIEL
SECRET ☐
SECRET
TOP SECRET ☐
TRÈS SECRET
TOP SECRET (SIGINT) ☐
TRÈS SECRET (SIGINT)



ART A (continued) / PARTIE A (suite)

1. Will the supplier require access to PROTECTED and/or CLASSIFIED COMSEC information or assets?
Le fournisseur aura-t-il accès à des renseignements ou à des biens COMSEC désignés PROTÉGÉS et/ou CLASSIFIÉS? ☒ No ☐ Yes
Non Oui

If Yes, indicate the level of sensitivity:

Dans l'affirmative, indiquer le niveau de sensibilité :

2. Will the supplier require access to extremely sensitive INFOSEC information or assets?
Le fournisseur aura-t-il accès à des renseignements ou à des biens INFOSEC de nature extrêmement délicate? ☒ No ☐ Yes
Non Oui

Short Title(s) of material / Titre(s) abrégé(s) du matériel :

Document Number / Numéro du document :

ART B - PERSONNEL (SUPPLIER) / PARTIE B - PERSONNEL (FOURNISSEUR)

0. a) Personnel security screening level required / Niveau de contrôle de la sécurité du personnel requis

- | | | | |
|---|---|---|--|
| <input checked="" type="checkbox"/> RELIABILITY STATUS
COTE DE FIABILITÉ | <input type="checkbox"/> CONFIDENTIAL
CONFIDENTIEL | <input type="checkbox"/> SECRET
SECRET | <input type="checkbox"/> TOP SECRET
TRÈS SECRET |
| <input type="checkbox"/> TOP SECRET- SIGINT
TRÈS SECRET - SIGINT | <input type="checkbox"/> NATO CONFIDENTIAL
NATO CONFIDENTIEL | <input type="checkbox"/> NATO SECRET
NATO SECRET | <input type="checkbox"/> COSMIC TOP SECRET
COSMIC TRÈS SECRET |
| <input type="checkbox"/> SITE ACCESS
ACCÈS AUX EMPLACEMENTS | | | |

Special comments:

Commentaires spéciaux :

NOTE: If multiple levels of screening are identified, a Security Classification Guide must be provided.

REMARQUE : Si plusieurs niveaux de contrôle de sécurité sont requis, un guide de classification de la sécurité doit être fourni.

0. b) May unscreened personnel be used for portions of the work?
Du personnel sans autorisation sécuritaire peut-il se voir confier des parties du travail? ☒ No ☐ Yes
Non Oui
- If Yes, will unscreened personnel be escorted?
Dans l'affirmative, le personnel en question sera-t-il escorté? ☐ No ☐ Yes
Non Oui

ART C - SAFEGUARDS (SUPPLIER) / PARTIE C - MESURES DE PROTECTION (FOURNISSEUR)

INFORMATION / ASSETS / RENSEIGNEMENTS / BIENS

1. a) Will the supplier be required to receive and store PROTECTED and/or CLASSIFIED information or assets on its site or premises?
Le fournisseur sera-t-il tenu de recevoir et d'entreposer sur place des renseignements ou des biens PROTÉGÉS et/ou CLASSIFIÉS? ☒ No ☐ Yes
Non Oui
1. b) Will the supplier be required to safeguard COMSEC information or assets?
Le fournisseur sera-t-il tenu de protéger des renseignements ou des biens COMSEC? ☒ No ☐ Yes
Non Oui

PRODUCTION

1. c) Will the production (manufacture, and/or repair and/or modification) of PROTECTED and/or CLASSIFIED material or equipment occur at the supplier's site or premises?
Les installations du fournisseur serviront-elles à la production (fabrication et/ou réparation et/ou modification) de matériel PROTÉGÉ et/ou CLASSIFIÉ? ☒ No ☐ Yes
Non Oui

INFORMATION TECHNOLOGY (IT) MEDIA / SUPPORT RELATIF À LA TECHNOLOGIE DE L'INFORMATION (TI)

1. d) Will the supplier be required to use its IT systems to electronically process, produce or store PROTECTED and/or CLASSIFIED information or data?
Le fournisseur sera-t-il tenu d'utiliser ses propres systèmes informatiques pour traiter, produire ou stocker électroniquement des renseignements ou des données PROTÉGÉS et/ou CLASSIFIÉS? ☒ No ☐ Yes
Non Oui
1. e) Will there be an electronic link between the supplier's IT systems and the government department or agency?
Disposera-t-on d'un lien électronique entre le système informatique du fournisseur et celui du ministère ou de l'agence gouvernementale? ☒ No ☐ Yes
Non Oui



Government
of Canada

Gouvernement
du Canada

Contract Number / Numéro du contrat

TBD

Security Classification / Classification de sécurité
Unclassified

PART C - (continued) / PARTIE C - (suite)

For users completing the form **manually** use the summary chart below to indicate the category(ies) and level(s) of safeguarding required at the supplier's site(s) or premises.

Les utilisateurs qui remplissent le formulaire **manuellement** doivent utiliser le tableau récapitulatif ci-dessous pour indiquer, pour chaque catégorie, les niveaux de sauvegarde requis aux installations du fournisseur.

For users completing the form **online** (via the Internet), the summary chart is automatically populated by your responses to previous questions.

Dans le cas des utilisateurs qui remplissent le formulaire **en ligne** (par Internet), les réponses aux questions précédentes sont automatiquement saisies dans le tableau récapitulatif.

SUMMARY CHART / TABLEAU RÉCAPITULATIF

Category Catégorie	PROTECTED PROTÉGÉ			CLASSIFIED CLASSIFIÉ			NATO				COMSEC					
	A	B	C	CONFIDENTIAL	SECRET	TOP SECRET	NATO RESTRICTED	NATO CONFIDENTIAL	NATO SECRET	COSMIC TOP SECRET	PROTECTED PROTÉGÉ			CONFIDENTIAL	SECRET	TOP SECRET
				CONFIDENTIEL		TRÈS SECRET	NATO DIFFUSION RESTREINTE	NATO CONFIDENTIEL		COSMIC COSMIC TRÈS SECRET	A	B	C	CONFIDENTIEL		TRÈS SECRET
Information / Assets Renseignements / Biens Production																
IT Media / Support TI																
IT Link / Lien électronique																

12. a) Is the description of the work contained within this SRCL PROTECTED and/or CLASSIFIED?
La description du travail visé par la présente LVERS est-elle de nature PROTÉGÉE et/ou CLASSIFIÉE?

☒ No
Non

☐ Yes
Oui

If Yes, classify this form by annotating the top and bottom in the area entitled "Security Classification".
Dans l'affirmative, classifiez le présent formulaire en indiquant le niveau de sécurité dans la case intitulée
« Classification de sécurité » au haut et au bas du formulaire.

12. b) Will the documentation attached to this SRCL be PROTECTED and/or CLASSIFIED?
La documentation associée à la présente LVERS sera-t-elle PROTÉGÉE et/ou CLASSIFIÉE?

☒ No
Non

☐ Yes
Oui

If Yes, classify this form by annotating the top and bottom in the area entitled "Security Classification" and indicate with attachments (e.g. SECRET with Attachments).
Dans l'affirmative, classifiez le présent formulaire en indiquant le niveau de sécurité dans la case intitulée
« Classification de sécurité » au haut et au bas du formulaire et indiquer qu'il y a des pièces jointes (p. ex. SECRET avec des pièces jointes).

Annex D – Insurance Requirement

1. Commercial General Liability Insurance

- 1.1** The Contractor must obtain Commercial General Liability Insurance, and maintain it in force throughout the duration of the Contract, in an amount usual for a contract of this nature, but for not less than \$2,000,000 per accident or occurrence and in the annual aggregate.
- 1.2** The Commercial General Liability policy must include the following:
- a. Additional Insured: Canada is added as an additional insured, but only with respect to liability arising out of the Contractor's performance of the Contract. The interest of Canada should read as follows: Canada, as represented by Public Works and Government Services Canada.
 - b. Bodily Injury and Property Damage to third parties arising out of the operations of the Contractor.
 - c. Products and Completed Operations: Coverage for bodily injury or property damage arising out of goods or products manufactured, sold, handled, or distributed by the Contractor and/or arising out of operations that have been completed by the Contractor.
 - d. Personal Injury: While not limited to, the coverage must include Violation of Privacy, Libel and Slander, False Arrest, Detention or Imprisonment and Defamation of Character.
 - e. Cross Liability/Separation of Insureds: Without increasing the limit of liability, the policy must protect all insured parties to the full extent of coverage provided. Further, the policy must apply to each Insured in the same manner and to the same extent as if a separate policy had been issued to each.
 - f. Blanket Contractual Liability: The policy must, on a blanket basis or by specific reference to the Contract, extend to assumed liabilities with respect to contractual provisions.
 - g. Employees and, if applicable, Volunteers must be included as Additional Insured.
 - h. Employers' Liability (or confirmation that all employees are covered by Worker's compensation (WSIB) or similar program)
 - i. Broad Form Property Damage including Completed Operations: Expands the Property Damage coverage to include certain losses that would otherwise be excluded by the standard care, custody or control exclusion found in a standard policy.
 - j. Notice of Cancellation: The Insurer will endeavour to provide the Contracting Authority thirty (30) days written notice of policy cancellation.
 - k. If the policy is written on a claims-made basis, coverage must be in place for a period of at least 12 months after the completion or termination of the Contract.
 - l. Owners' or Contractors' Protective Liability: Covers the damages that the Contractor becomes legally obligated to pay arising out of the operations of a subcontractor.
 - m. Non-Owned Automobile Liability - Coverage for suits against the Contractor resulting from the use of hired or non-owned vehicles. All Risks Tenants Legal Liability - to protect the Contractor for liabilities arising out of its occupancy of leased premises.
 - n. Sudden and Accidental Pollution Liability (minimum 120 hours): To protect the Contractor for liabilities arising from damages caused by accidental pollution incidents.
 - o. Litigation Rights: Pursuant to subsection 5(d) of the *Department of Justice Act*, S.C. 1993, c. J-2, s.1, if a suit is instituted for or against Canada which the Insurer would, but for this clause, have the right to pursue or defend on behalf of Canada as an Additional Named Insured under the insurance policy,

the Insurer must promptly contact the Attorney General of Canada to agree on the legal strategies by sending a letter, by registered mail or by courier, with an acknowledgement of receipt.

For the province of Quebec, send to:

Director Business Law Directorate,
Quebec Regional Office (Ottawa),
Department of Justice,
284 Wellington Street, Room SAT-6042,
Ottawa, Ontario, K1A 0H8

For other provinces and territories, send to:

Senior General Counsel,
Civil Litigation Section,
Department of Justice
234 Wellington Street, East Tower
Ottawa, Ontario K1A 0H8

A copy of the letter must be sent to the Contracting Authority. Canada reserves the right to co-defend any action brought against Canada. All expenses incurred by Canada to co-defend such actions will be at Canada's expense. If Canada decides to co-defend any action brought against it, and Canada does not agree to a proposed settlement agreed to by the Contractor's insurer and the plaintiff(s) that would result in the settlement or dismissal of the action against Canada, then Canada will be responsible to the Contractor's insurer for any difference between the proposed settlement amount and the amount finally awarded or paid to the plaintiffs (inclusive of costs and interest) on behalf of Canada.

2. Nursing Malpractice Liability

Throughout the duration of the Contract, the Contractor must maintain in full force and effect a policy of comprehensive general liability insurance to include coverage for any negligence, malpractice and medical professional liability by its resources, officers, servants, agents' representatives, that could arise in the performance or non-performance of this Contract.

The Contractor must provide a duplicate of notices of any nature or kind relating to the policy, including but not limited to notices of:

- a. legal proceeding resulting from actions against the insured under the insurance coverage;
- b. cancellation;
- c. changes of material risk; or
- d. breached of statutory conditions,

be sent by registered mail by the Contractor or the Insurer to Canada.

The Contractor must ensure that the Contract Nurses delivering the services to be performed under this Contract maintain malpractice and liability insurance.

Task Authorization Autorisation de tâche

Instruction for completing the form PWGSC - TPSGC 572 - Task Authorization
(Use form DND 626 for contracts for the Department of National Defence)

Instruction pour compléter le formulaire PWGSC - TPSGC 572 - Autorisation de tâche
(Utiliser le formulaire DND 626 pour les contrats pour le ministère de la Défense)

Contract Number

Enter the PWGSC contract number.

Contractor's Name and Address

Enter the applicable information

Security Requirements

Enter the applicable requirements

Total estimated cost of Task (GST/HST extra)

Enter the amount

Numéro du contrat

Inscrire le numéro du contrat de TPSGC.

Nom et adresse de l'entrepreneur

Inscrire les informations pertinentes

Exigences relatives à la sécurité

Inscrire les exigences pertinentes

Coût total estimatif de la tâche (TPS/TVH en sus)

Inscrire le montant

For revision only

Aux fins de révision seulement

TA Revision Number

Enter the revision number to the task, if applicable.

Total Estimated Cost of Task (GST/HST Extra) before the revision

Enter the amount of the task indicated in the authorized TA or, if the task was previously revised, in the last TA revision.

Increase or Decrease (GST/HST Extra), as applicable

As applicable, enter the amount of the increase or decrease to the Total Estimated Cost of Task (GST/HST Extra) before the revision.

Numéro de la révision de l'AT

Inscrire le numéro de révision de la tâche, s'il y a lieu.

Coût total estimatif de la tâche (TPS/TVH en sus) avant la révision

Inscrire le montant de la tâche indiquée dans l'AT autorisée ou, si la tâche a été révisée précédemment, dans la dernière révision de l'AT.

Augmentation ou réduction (TPS/TVH en sus), s'il y a lieu

S'il y a lieu, inscrire le montant de l'augmentation ou de la réduction du Coût total estimatif de la tâche (TPS/TVH en sus) avant la révision.

1. Required Work: Complete sections A, B, C, and D, as required.

A. Task Description of the Work required:

Complete the following paragraphs, if applicable.
Paragraph (a) applies only if there is a revision to an authorized task.

(a) Reason for revision of TA, if applicable:
Include the reason for the revision; i.e. revised activities; delivery/completion dates; revised costs. Revisions to TAs must be in accordance with the conditions of the contract. See Supply Manual 3.35.1.50 or paragraph 6 of the Guide to Preparing and Administering Task Authorizations.

(b) Details of the activities to be performed (include as an attachment, if applicable)

(c) Description of the deliverables to be submitted (include as an attachment, if applicable).

(d) Completion dates for the major activities and/or submission dates for the deliverables (include as an attachment, if applicable).

1. Travaux requis : Remplir les sections A, B, C et D, au besoin.

A. Description de tâche des travaux requis :

Remplir les alinéas suivants, s'il y a lieu : L'alinéa (a) s'applique seulement s'il y a révision à une tâche autorisée.

(a) Motif de la révision de l'AT, s'il y a lieu : Inclure le motif de la révision c.-à.-d., les activités révisées, les dates de livraison ou d'achèvement, les coûts révisés. Les révisions apportées aux AT doivent respecter les conditions du contrat. Voir l'article 3.35.1.50 du Guide des approvisionnements ou l'alinéa 6 du Guide sur la préparation et l'administration des autorisations de tâches.

(b) Détails des activités à exécuter (joindre comme annexe, s'il y a lieu).

(c) Description des produits à livrer (joindre comme annexe, s'il y a lieu).

(d) Les dates d'achèvement des activités principales et (ou) les dates de livraison des produits (joindre comme annexe, s'il y a lieu).

B. Basis of Payment:

Insert the basis of payment or bases of payment that form part of the contract that are applicable to the task description of the work; e.g. firm lot price, limitation of expenditure, firm unit price

C. Cost of Task:**(a) Insert Option 1 or 2:****Option 1:**

Total estimated cost of Task (GST/HST extra): Insert the applicable cost elements for the task determined in accordance with the contract basis of payment; e.g. Labour categories and rates, level of effort, Travel and living expenses, and other direct costs.

Option 2:

Total cost of Task (GST/HST extra): Insert the firm unit price in accordance with the contract basis of payment and the total estimated cost of the task.

(b) Insert GST/HST as a separate item under the Basis of Payment**D. Method of Payment**

Insert the method(s) of payment determined in accordance with the contract that are applicable to the task; i.e. single payment, multiple payments, progress payments or milestone payments. For milestone payments, include a schedule of milestones.

B. Base de paiement :

Insérer la base ou les bases de paiement qui font partie du contrat qui sont applicables à la description du travail à exécuter : p. ex., prix de lot ferme, limitation des dépenses et prix unitaire ferme.

C. Coût de la tâche :**(a) Insérer l'option 1 ou 2****Option 1 :**

Coût total estimatif de la tâche (TPS/TVH en sus) Insérer les éléments applicables du coût de la tâche établies conformément à la base de paiement du contrat. p. ex., les catégories de main d'œuvre, le niveau d'effort, les frais de déplacement et de séjour et autres coûts directs.

Option 2 :

Coût total de la tâche (TPS/TVH en sus) : Insérer le prix unitaire ferme conformément à la base de paiement du contrat et le coût estimatif de la tâche.

(b) Insérer la TPS/TVH comme élément distinct sous la Base de paiement**D. Méthode de paiement**

Insérer la ou les méthode(s) de paiement établit conformément au contrat et qui sont applicable(s) à la tâche; c.-à.-d., paiement unique, paiements multiples, paiements progressifs ou paiements d'étape. Pour ces derniers, joindre un calendrier des étapes.

2. Authorization(s):

The client and/or PWGSC must authorize the task by signing the Task Authorization in accordance with the conditions of the contract. The applicable signatures and the date of the signatures is subject to the TA limits set in the contract. When the estimate of cost exceeds the client Task Authorization's limits, the task must be referred to PWGSC.

3. Contractor's Signature

The individual authorized to sign on behalf of the Contractor must sign and date the TA authorized by the client and/or PWGSC and provide the signed original and a copy as detailed in the contract.

2. Autorisation(s) :

Le client et (ou) TPSGC doivent autoriser la tâche en signant l'autorisation de tâche conformément aux conditions du contrat. Les signatures et la date des signatures appropriées sont assujetties aux limites d'autorisation de tâche établies dans le contrat. Lorsque l'estimation du coût dépasse les limites d'autorisation de tâches du client, la tâche doit être renvoyée à TPSGC.

3. Signature de l'entrepreneur

La personne autorisée à signer au nom de l'entrepreneur doit signer et dater l'AT, autorisée par le client et (ou) TPSGC et soumettre l'original signé de l'autorisation et une copie tel que décrit au contrat.



Task Authorization Autorisation de tâche

Contract Number - Numéro du contrat

Contractor's Name and Address - Nom et l'adresse de l'entrepreneur	Task Authorization (TA) No. - N° de l'autorisation de tâche (AT)
	Title of the task, if applicable - Titre de la tâche, s'il y a lieu
	Total Estimated Cost of Task (GST/HST extra) Coût total estimatif de la tâche (TPS/TVH en sus) \$

Security Requirements: This task includes security requirements
Exigences relatives à la sécurité : Cette tâche comprend des exigences relatives à la sécurité

☐ No - Non ☐ Yes - Oui If YES, refer to the Security Requirements Checklist (SCRL) included in the Contract
Si OUI, voir la Liste de vérification des exigences relative à la sécurité (LVERS) dans le contrat

►

For Revision only - Aux fins de révision seulement

TA Revision Number, if applicable Numéro de révision de l'AT, s'il y a lieu	Total Estimated Cost of Task (GST/HST Extra) before the revision Coût total estimatif de la tâche (TPS/TVH en sus) avant la révision \$	Increase or Decrease (GST/HST Extra), as applicable Augmentation ou réduction (TPS/TVH en sus), s'il y a lieu \$
--	---	--

Start of the Work for a TA : Work cannot commence until a TA has been authorized in accordance with the conditions of the contract.

Début des travaux pour l'AT : Les travaux ne peuvent pas commencer avant que l'AT soit autorisée conformément au contrat.

1. Required Work: - Travaux requis :

A. Task Description of the Work required - Description de tâche des travaux requis	See Attached - Ci-joint <input type="checkbox"/>
B. Basis of Payment - Base de paiement	See Attached - Ci-joint <input type="checkbox"/>
C. Cost of Task - Coût de la tâche	See Attached - Ci-joint <input type="checkbox"/>
D. Method of Payment - Méthode de paiement	See Attached - Ci-joint <input type="checkbox"/>

Contract Number - Numéro du contrat

2. Authorization(s) - Autorisation(s)

By signing this TA, the authorized client and (or) the PWGSC Contracting Authority certify(ies) that the content of this TA is in accordance with the conditions of the contract.

The client's authorization limit is identified in the contract. When the value of a TA and its revisions is in excess of this limit, the TA must be forwarded to the PWGSC Contracting Authority for authorization.

En apposant sa signature sur l'AT, le client autorisé et (ou) l'autorité contractante de TPSGC atteste(nt) que le contenu de cette AT respecte les conditions du contrat.

La limite d'autorisation du client est précisée dans le contrat. Lorsque la valeur de l'AT et ses révisions dépasse cette limite, l'AT doit être transmise à l'autorité contractante de TPSGC pour autorisation.

Name and title of authorized client - Nom et titre du client autorisé à signer

Signature

Date

PWGSC Contracting Authority - Autorité contractante de TPSGC

Signature

Date

3. Contractor's Signature - Signature de l'entrepreneur

Name and title of individual authorized - to sign for the Contractor
Nom et titre de la personne autorisée à signer au nom de l'entrepreneur

Signature

Date

ANNEX F
FEDERAL CONTRACTORS PROGRAM FOR EMPLOYMENT EQUITY - CERTIFICATION

I, the Bidder, by submitting the present information to the Contracting Authority, certify that the information provided is true as of the date indicated below. The certifications provided to Canada are subject to verification at all times. I understand that Canada will declare a bid non-responsive, or will declare a contractor in default, if a certification is found to be untrue, whether during the bid evaluation period or during the contract period. Canada will have the right to ask for additional information to verify the Bidder's certifications. Failure to comply with such request by Canada will also render the bid non-responsive or will constitute a default under the Contract.

For further information on the Federal Contractors Program for Employment Equity visit HRSDC-Labour's website.

Date: _____ (YYYY/MM/DD) (If left blank, the date will be deemed to be the bid solicitation closing date.)

Complete both A and B.

A. Check only one of the following:

- ☐ A1. The Bidder certifies having no work force in Canada.
- ☐ A2. The Bidder certifies being a public sector employer.
- ☐ A3. The Bidder certifies being a federally regulated employer being subject to the *Employment Equity Act*.
- ☐ A4. The Bidder certifies having a combined work force in Canada of less than 100 employees (combined work force includes: permanent full-time, permanent part-time and temporary employees [temporary employees only includes those who have worked 12 weeks or more during a calendar year and who are not full-time students]).
- A5. The Bidder has a combined workforce in Canada of 100 or more employees; and
 - ☐ A5.1. The Bidder certifies already having a valid and current Agreement to Implement Employment Equity (AIEE) in place with HRSDC-Labour.

OR

- ☐ A5.2. The Bidder certifies having submitted the Agreement to Implement Employment Equity (LAB1168) to HRSDC-Labour. As this is a condition to contract award, proceed to completing the form Agreement to Implement Employment Equity (LAB1168), duly signing it, and transmit it to HRSDC-Labour.

B. Check only one of the following:

- ☐ B1. The Bidder is not a Joint Venture.

OR

- ☐ B2. The Bidder is a Joint venture and each member of the Joint Venture must provide the Contracting Authority with a completed annex Federal Contractors Program for Employment Equity - Certification. (Refer to the Joint Venture section of the Standard Instructions)