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**11 Laurier St.\11, rue Laurier**  
**Gatineau, Québec K1A 0S5**  
**Bid Fax: (613) 997-9776**

**SOLICITATION AMENDMENT**  
**MODIFICATION DE L'INVITATION**

The referenced document is hereby revised; unless otherwise indicated, all other terms and conditions of the Solicitation remain the same.

Ce document est par la présente révisé; sauf indication contraire, les modalités de l'invitation demeurent les mêmes.

**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

<b>Title - Sujet</b> NURSING DIRECT SERVICES	
<b>Solicitation No. - N° de l'invitation</b> HT360-123541/C	<b>Amendment No. - N° modif.</b> 002
<b>Client Reference No. - N° de référence du client</b> HT360-123541	<b>Date</b> 2013-10-15
<b>GETS Reference No. - N° de référence de SEAG</b> PW-\$\$XF-010-26473	
<b>File No. - N° de dossier</b> 010xf.HT360-123541	<b>CCC No./N° CCC - FMS No./N° VME</b>
<b>Solicitation Closes - L'invitation prend fin</b> <b>at - à 02:00 PM</b> <b>on - le 2013-10-28</b>	<b>Time Zone</b> <b>Fuseau horaire</b> Eastern Daylight Saving Time EDT
<b>F.O.B. - F.A.B.</b> <b>Plant-Usine:</b> <input type="checkbox"/> <b>Destination:</b> <input checked="" type="checkbox"/> <b>Other-Autre:</b> <input type="checkbox"/>	
<b>Address Enquiries to: - Adresser toutes questions à:</b> Benabdallah, Hana	<b>Buyer Id - Id de l'acheteur</b> 010xf
<b>Telephone No. - N° de téléphone</b> (819) 956-3333 ( )	<b>FAX No. - N° de FAX</b> ( ) -
<b>Destination - of Goods, Services, and Construction:</b> <b>Destination - des biens, services et construction:</b> Department of Health Canada Ministère Santé Canada	

**Instructions: See Herein**

**Instructions: Voir aux présentes**

<b>Delivery Required - Livraison exigée</b>	<b>Delivery Offered - Livraison proposée</b>
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<b>Name and title of person authorized to sign on behalf of Vendor/Firm</b> <b>(type or print)</b> <b>Nom et titre de la personne autorisée à signer au nom du fournisseur/</b> <b>de l'entrepreneur (taper ou écrire en caractères d'imprimerie)</b>	
<b>Signature</b>	<b>Date</b>

Solicitation No. - N° de l'invitation

HT360-123541/C

Amd. No. - N° de la modif.

002

Buyer ID - Id de l'acheteur

010xf

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

HT360-123541

File No. - N° du dossier

010xfHT360-123541

CCC No./N° CCC - FMS No/ N° VME

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**This amendment is raised to answer bidders' questions and modify the Bid Solicitation document.**

## **Questions and Answers**

### **Question #1:**

There is a lot of work involved in responding to this RFP – will consideration be given to extending the deadline until the end of October?

### **Answer to question #1:**

Canada has a very tight schedule for this process. Therefore, the Bid Solicitation posting period can be extended to October 28, 2013 at the latest. Please refer to Amendment #3, below.

### **Question #2:**

Page 45 of 53 – Method of Payment. Currently, we bill on a bi-monthly basis, will this change to a single payment or monthly payment in the new contract?

### **Answer to question #2:**

As specified in Sub-article 7.3 of Part 7 of the Bid Solicitation, a single payment will be part of the Task Authorization (TA) if the TA period does not exceed 3 months.

If the TA period exceeds 3 months, the payments will be made on a monthly basis, upon completion of all work and deliveries.

## **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

### **Question #3:**

Statement of Work, page 3, Article 7. Contractor's Responsibilities, part (iv). When does the bilingual Co-ordinator have to be in place?

### **Answer to question #3:**

Providing the services of a bilingual coordinator is a mandatory requirement which must be fulfilled throughout the contract period i.e. from the starting date to the end date of the contract.

**Question #4:**

Statement of Work, page 8, Article b. Call-back and Overtime. If Call-back is extended beyond three hours for a non medevac case, is an overtime preauthorization form required?

**Answer to question #4:**

The overtime preauthorization form is not required in this case.

**Question #5:**

Annex B, Basis of Payment, second last paragraph first page re: nurse service rates. Will air travel expenses be invoiced separately or are they to be incorporated into the all inclusive fixed hourly rate? The concern is that it is virtually impossible to predict what they might be in the contract extension years.

**Answer to question #5:**

As mentioned in Annex B to the Bid Solicitation, only transportation cost from dedicated hubs of departure (See Appendix E) to destination and from the First Nation Community to the dedicated hub 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.

The nurse services rates proposed by bidders should include the cost of all travel and living expenses that may need to be incurred to satisfy the terms of the contract for:

- (1) travel between the Contractor's place of business or the Nurses home province and any designated hub; and
- (2) travel between two designated FNIHB hubs when Contactor proposes a nurse to fulfill the requirements of consecutive Task Authorizations.

These expenses cannot be charged directly and separately from the nurse services rates.

**Question #6:**

Annex B, Basis of Payment, A.1.1: For Regular Work Time and Stand-by Time. Does stand-by time stop when call back begins or is it continuous pay of 1 hour of the regular hourly rate for every 8 hours of stand-by?

**Answer to question #6:**

The call back compensation is over and above the stand-by compensation. Please refer to Amendment #4 below.

**Question #7:**

Annex B, Basis of Payment, A.1.2 Overtime, Call-back and Work Performed on Statutory Holidays. Will call back be paid a minimum of three hours at the overtime rate in all regions, i.e., Manitoba, Ontario and Quebec?

**Answer to question #7:**

The same rate applies to all regions.

**Question #8:**

Annex B, Basis of Payment, A.2.1 Travel Time. The phrase 'from/to' is confusing. Please clarify – is the travel time paid one way from the designated hub to the northern community and one way to the designated hub from the northern community, i.e., is the total fixed price \$150.00 or \$300.0?

**Answer to question #8:**

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

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

**Amendments:**

**Amendment #2:** To revise the education requirements for Ontario Region in the English version of the Bid Solicitation only.

Delete Annex A - Statement of Work in its entirety and replace with the attached revised version.

**Amendment #3:**

**On page 1 of the Bid Solicitation:**

**Delete:**

Solicitation Closes - L'invitation prend fin  
at - à 02:00 PM  
on - le 2013-10-23

**and replace with:**

Solicitation Closes - L'invitation prend fin  
at - à 02:00 PM  
on - le 2013-10-28

**Amendment #4:**

**Delete:** Annex B in its entirety.

**Replace:** with the attached revised version.

**ALL THE OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.**

# 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 Contract 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: Contract Nurse Time Sheet
- Appendix H: Contract Nurse – Monthly Licensure/Certification Update Excel Spreadsheet
- Appendix I: Template – Proposed Registered Nurse for Contractor's Roster

## **ANNEX A STATEMENT OF WORK**

### **1. Title**

Nursing services to the remote, isolated and semi isolated First Nation (FN) Communities in Manitoba (MB), Quebec (Qc) and Ontario (ON) regions.

### **2. Objective**

The services provided by the Contractor in the FN communities are temporary provision of primary and public health care nursing services in remote, isolated and semi-isolated First Nations and Inuit Health Branch (FNIHB) managed facilities and hospitals.

### **3. Background Information**

Health Canada (HC) currently funds or delivers primary care services accessible on a twenty-four hour a day, seven days a week (24/7) basis in over 85 health facilities serving 95,000 FN clients in remote, semi-isolated and isolated FN communities, where access to provincial services is limited or nonexistent. This care is provided by approximately 360 full-time nursing positions as of 2012-13. These services are provided based on HC policy, rather than legislation.

Primary care is considered a mandatory or “essential” service under HC’s program mandate, as it has a direct impact on the health and safety of individuals and the population. In these communities, nurses working out of nursing stations or other health facilities are often the only health services providers. Nurses work in pairs or small groups, often with little to no support from other health care professionals, providing services to respond to urgent community health care needs and medical emergencies whenever they arise (such as accidents, heart attacks, strokes, child birth, etc.).

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 Qc, plus two hospitals in MB. All three Regions have contracts or standing offers with Nursing Agencies for Contract Nurses. 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.

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

### **4. Terminology**

- a) **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 and injury prevention and restoration of health in the FN community. For more details refer to Appendix “A and B”.
- b) **Contract Nurse:** The Contract Nurse is the nurse provided by the Contractor to provide services at the FN communities listed herein.
- c) **Nurse In Charge (NIC):** FNIHB 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.

- d) **Designated Hub:** For the complete list of the designated Hubs, refer to Appendix “C”.
- e) **Ramp-Up Period:** It is the first three-months from Contract award date.
- f) **Nurse Manager or Zone Nursing Officer:** FNIHB 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 Contract..

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 and consultation, 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) eligible to work in MB, twenty (20) eligible to work in ON, and ten (10) eligible to work in Qc. The Contractor must also adjust its capacity to provide more than fifty (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, in the form of Appendix H on Education, Registration and Insurance of all the Contract Nurses working under each Task Authorization as specified by the Technical Authority. Proof of renewed and/or new certifications, licensure, and insurance must accompany this report. This report must be submitted with the monthly Invoice
- b) Annual reports on Remote, Isolated and Semi-Isolated Pre-Placement Nursing Education Program and Continuing Education Reports that provides the name of all Contract Nurses who have participated, as well as a description of the continuing professional education including the duration of all modules. The data must be submitted no later than 15 calendar days after the end of the Federal Government fiscal year (FY), i.e. March 31<sup>st</sup> of each year, and
- c) Health Certificate of Contract Nurses: The data, as stated in sub-article 7.iii), must be submitted no later than 15 calendar days after the end of the Federal Government fiscal year (FY), i.e. March 31<sup>st</sup> 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 Contract Nurse travelling to the nursing station and any change occurring while the Contract 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 starting date, including evidence of physical and psychological fitness to work in a remote, isolated or semi- isolated FN 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 coordinator and one backup coordinator, named in the Article of the Contract titled Specific Person(s). The role of the coordinator 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 coordinator 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. Furthermore, the Coordinator, or his delegate must be bilingual and be able to conduct business in both official languages.

v) The Contractor must provide the Technical Authority with a 24 hour, 7 days a week emergency telephone number. The Contractor's co-coordinator will be responsible for responding to the emergency telephone calls on a 24 hours and 7 days a week basis.

#### **vi) Remote, Isolated and Semi-Isolated Pre-Placement Nursing Education Program and Continuing Education**

##### **a. Remote, Isolated and Semi-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 Isolated, and Semi-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 RIPNEP 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 RIPNEP must include the following components: theory, skill demonstration, and learning assessment and evaluation. 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 FNIHB - Community Health Component, and
- Appendix B - Self Assessment Tool for Community Health Nurses working with FNIHB - 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 remote, isolated and semi-isolated communities. (e.g. CPE related to changes in the treatment option for antibiotic resistant illnesses or legislative changes in scope of practice within a jurisdiction.). A formal instructional design model must be evident. The design of the CPE must be based on adult learning principles and include theory, skill demonstration, and learning assessment and 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.

vii) The Contractor will be responsible for expenses associated with attending up to four meetings a year with the Technical and Contracting Authorities.

## **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 mental health, medical, obstetrical or trauma related event.
- 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 Authorization; 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:

	<b>Ontario Region</b>	<b>Manitoba Region</b>	<b>Quebec Region</b>
1. Education	Bachelor's degree 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

### ii) Certification Requirements

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

At time of Task Authorization, to be eligible for placement in FN communities, all proposed nurse must have valid certification in the following

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

Nurses who do not have the above valid certifications will not be placed on the roster.

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

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

- Basic Cardiac Life Support certification for Health Care Professionals;
- International Trauma Life Support (ITLS) / Trauma Nursing Core Course (TNCC) ;
- 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 or equivalency in Quebec.

**iii) Language Requirements**

- 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 QC 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, isolated and/or semi-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:

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 Osaburgh, 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.

#### **b. Health Canada's Hospitals:**

Contract Nurses required in hospitals must work 12 hour shifts.

### **ii. Type of Working Time**

#### **a. Standby**

- Standby is defined as any period of time duly authorized by the Technical Authority, or his or her delegate, during which a nurse is required, during off-duty hours, to be available to return to work without undue delay.
- 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 - Basis of Payment.

#### **b. Call-back work and Overtime**

- Call-back Work is defined as when the Contract Nurse is required to provide patient care when the Contract Nurse was previously assigned as the on-call nurse.
- 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. This also applies to the extension of call back should the call back period exceed 3 hours.
- 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.

**c. 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 FN Community, as identified in the Task Authorization, will be compensated at a flat rate stated in Annex B – Basis of payment.

**d. 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, the third Monday in February (Ontario 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**

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, Zone Nursing Officer or designate will be able to address the concerns directly with the Contract Nurse with notification to Technical and Contracting Authorities following the event. Concerns, which are identified by the Technical Authority 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.

The Technical Authority will advise the Contractor of any professional practice or conduct issues identified with the Contract Nurses delivering services and provide a completed Contract Nurse – Performance Report which outlines the details regarding the practice or conduct issue and indicate what competencies (Appendix D). It is the responsibility of the Contractor to immediately respond to and address the concerns, including reporting to Regulatory Authorities as appropriate.

Should the severity of the issue require the removal of the Contract Nurse, the Contracting Authority will immediately notify the Contractor. In the event the incident occurs outside of regular business hours, the Nurse Manager or Zone Nursing Officer will be delegated the authority to contact the Contractor directly. 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.

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.

Canada 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.

## **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. 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](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 and from the First Nation Community to the dedicated hub 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 is 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 Technical Authority.

The nurse services rates specified below should include the cost of all travel and living expenses that may need to be incurred to satisfy the terms of the contract for:

- (1) travel between the Contractor's place of business or the Nurses home province and any designated hub; and
- (2) travel between two designated FNIHB hubs when Contactor proposes a nurse to fulfill the requirements of consecutive Task Authorizations.

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 time 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:

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

In the event that a nurse on stand-by is called back to work, the contractor will be paid at the rate of 1 hour of the regular hourly rate for every 8 hours of stand-by. The call-back time will be paid based on the conditions outlined in A.1.2.

#### **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)**

Call-back time is payable at the greater of:

- a. a minimum of three (3) hours at the overtime rate,  
or
- b. at the overtime rate for each hour worked .

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:

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

### **A.2. Authorized Travel and living Expenses**

#### **A.2.1 Travel Time**

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

Travel time for the one-way to the designated hub (Please refer to Annex C, for list of hubs by FNIHB Region.) 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 time 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:

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

In the event that a nurse on stand-by is called back to work, the contractor will be paid at the rate of 1 hour of the regular hourly rate for every 8 hours of stand-by. The call-back time will be paid based on the conditions outlined in B.1.1.2.

##### **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)**

Call-back time is payable at the greater of:

- a minimum of three (3) hours at the overtime rate,  
or
- at the overtime rate for each hour worked . .

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:

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

#### **B.1.2 Authorized Travel and living Expenses**

##### **B.1.2.1 Travel Time**

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

Travel time for the one-way to the designated hub (Please refer to Annex C, for list of hubs by FNIHB Region.) 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 time 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:

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

In the event that a nurse on stand-by is called back to work, the contractor will be paid at the rate of 1 hour of the regular hourly rate for every 8 hours of stand-by. The call-back time will be paid based on the conditions outlined in B.2.1.2.

##### **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)**

Call-back time is payable at the greater of:

- a minimum of three (3) hours at the overtime rate,  
or
- at the overtime rate for each hour worked . .

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:

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

#### **B.2.2 Authorized Travel and living Expenses**

##### **B.2.2.1 Travel Time**

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

Travel time for the one-way to the designated hub (Please refer to Annex C, for list of hubs by FNIHB Region.) 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 time 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:

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

In the event that a nurse on stand-by is called back to work, the contractor will be paid at the rate of 1 hour of the regular hourly rate for every 8 hours of stand-by. The call-back time will be paid based on the conditions outlined in B.3.1.2.

##### **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)**

Call-back time is payable at the greater of:

- a minimum of three (3) hours at the overtime rate,  
or
- at the overtime rate for each hour worked .

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:

<b>Category</b>	<b>All Inclusive Fixed Hourly Rate</b>
Contract 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 the designated hub (Please refer to Annex C, for list of hubs by FNIHB Region.), into the First Nations Community, as identified in the Task Authorization, will be compensated at a fixed price of \$150.00.

Travel time for the one-way to the designated hub (Please refer to Annex C, for list of hubs by FNIHB Region.) 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 time 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:

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

In the event that a nurse on stand-by is called back to work, the contractor will be paid at the rate of 1 hour of the regular hourly rate for every 8 hours of stand-by. The call-back time will be paid based on the conditions outlined in B.4.1.2.

##### **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)**

Call-back time is payable at the greater of:

- a. a minimum of three (3) hours at the overtime rate,  
or
- b. at the overtime rate for each hour worked ..

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:

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

#### **B.4.2 Authorized Travel and living Expenses**

##### **B.4.2.1 Travel Time**

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

Travel time for the one-way to the designated hub (Please refer to Annex C, for list of hubs by FNIHB Region.) 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 time 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:

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

In the event that a nurse on stand-by is called back to work, the contractor will be paid at the rate of 1 hour of the regular hourly rate for every 8 hours of stand-by. The call-back time will be paid based on the conditions outlined in B5.1.2.

##### **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)**

Call-back time is payable at the greater of:

- a minimum of three (3) hours at the overtime rate,
- or
- at the overtime rate for each hour worked .

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:

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

#### **B.5.2 Authorized Travel and living Expenses**

##### **B.5.2.1 Travel Time**

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

Travel time for the one-way to the designated hub (Please refer to Annex C, for list of hubs by FNIHB Region.) 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.