Public Works and Government Services Canada

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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
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Issuing Office - Bureau de distribution
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Title - Sujet NURSING DIRECT SERVICES	
Solicitation No. - N° de l'invitation HT360-123541/C	**Amendment No. - N° modif.** 004
Client Reference No. - N° de référence du client HT360-123541	**Date** 2013-10-23
GETS Reference No. - N° de référence de SEAG PW-$$XF-010-26473	
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 2013-10-28	**Time Zone** **Fuseau horaire** Eastern Daylight Saving Time EDT
F.O.B. - F.A.B. **Plant-Usine:** ☐ **Destination:** ☑ **Other-Autre:** ☐	
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** ( ) -
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Instructions: See Herein

Instructions: Voir aux présentes

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

Questions and Answers

Question #18:

Annex A. On page 7 of the French version (page 6 of the English version) of Request for Proposal HT360-123541/C:
The link for the module on controlled substances does not work; therefore it is impossible to ensure that this requirement is complied with. Could you correct this by either removing or modifying this requirement?

Answer to question #18:

Please refer to the answer provided to question #21.

Question #19:

Could you please confirm that the estimated total annual volume of nursing services required is 170,000 hours (2500 regular volume + 900 overtime; volume = 3,400 x 50 resources)?

Answer to question #19:

2, 500 hours of regular work and stand-by work, and 900 hours of overtime, call-back work and work on statutory holidays correspond to 50% of the estimated total annual volume. This is the level of effort estimated for the contract that will be ranked first.

Question #20:

Could you please confirm that only a percentage of the 170,000 hours will be awarded, based on the bidder's overall ranking?

Answer to question #20:

As per article 2.8 of Part 4 and article 1.2.3 of Part 7 of the Bid Solicitation:

- 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 in the Contract.

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

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

- 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%).

Question #21:

With respect to section 9, subsection ii of Annex A, Certification Requirements, could you please provide additional information regarding the University of Ottawa Distance Education Portal – FNIHB Nursing Education Module on Controlled Substances in First Nations Health Facilities – including, contact information for the course website/link, course code, course lead, procedure for nurses to enroll in this course etc.? Could you also provide the same information on the course on Immunization Competencies, as well?

Answer to question #21:

Here are the links for these two courses:

FNIHB Nursing Education Module on Controlled Substances in First Nations health facilities: https://cpd-prv.np-education.ca/payment/reg.cfm?c=fnihb https://cpd-prv.np-education.ca/payment/reg.cfm?c=fnihb&lang=e

Immunization: Visit the following link and register accordingly
http://www.advancingpractice.com

Question #22:

With respect to section RT 1.2 on page 23, we note that demonstrating over 80,000 hours of experience per year will earn 32 points – could you please clarify how many hours of demonstrated experience are required in order to gain the maximum 160 points? Could you also provide the same clarification for section RT 1.3 on page 24, respectively.

Answer to question #22:

To obtain the maximum number of points for RT 1.2 the bidder should demonstrate that it has provided over 80,000 hours of nursing services for **each** of the past five (5) years (32 x 5 = 160 points). Similarly, to obtain the maximum number of points in RT 1.3, the bidder should demonstrate that it has provided over 50,000 hours of nursing services in remote, isolated, or semi-isolated communities in **each** of the last five (5) years (38 x 5 = 190 points).

Question #23:

With respect to Insurance Requirements, could you please clarify if additional Malpractice Insurance coverage is required by each individual nurse if the employer has liability insurance or is the employer insurance sufficient?

Answer to question #23:

Yes, each individual nurse must carry individual malpractice insurance.

Question #24:

With respect to Part 7 Resulting Contract Clauses, section 11a) references the Articles of Agreement. Could you please confirm if the Articles of Agreement only consists of Part 7 Resulting Contract Clauses and the references to other documents contained therein, or are there other terms and conditions that form part of the Articles of Agreement? If so, could we please receive a copy of these additional terms and conditions for review?

Answer to question #24:

All terms and condition related to this requirement are incorporated in full text or by reference from the Standard Acquisition Clauses and Conditions Manual and government of Canada policies into the Bid Solicitation including Part 7 – Resulting contract clauses.

Question #25:

With respect to Annex A, Statement of Work, the definitions for section 4c) (Nurse in Charge) and 4 f) (Nurse Manager or Zone Nursing Officer) are identical. Could you please provide further clarification regarding any differences between the roles?

Answer to question #25:

The nurse in charge provides this support, guidance at the community level, while the Zone Nurse/Nurse Manager provides this support and guidance to a cluster of communities. Please refer to Amendment #8, below.

Question #26:

In reference to section RT 1.1, could you please confirm if providing the names of nurses on a first name, last initial basis will be acceptable in order to protect the privacy of the nurses?

Answer to question #26:

Nurses' full name is required in case Canada needs to validate the information with the client for which nursing services were provided. Please note that as stated in sub-article 5.6, Submission of bids of Standard Instructions - Goods or Services - Competitive – 2003, that form part of the Bid Solicitation, "Bids received on or before the stipulated bid solicitation closing date and time will become the property of Canada and will not be returned. All bids will be treated as confidential, subject to the provisions of the *Access to Information Act* (R.S. 1985, c. A-1) and the *Privacy Act* (R.S., 1985, c. P-21)".

Question #27:

In regards to Annex A, section 9, subsection i) Education Requirements, we note that there has been an amendment and nurses from the Ontario Region must have a Bachelor's Degree in Nursing as opposed to a diploma. Could you please elaborate on the rationale for nurses in the Ontario Region requiring a higher level of education?

Answer to question #27:

Since 2005, with the exception of Quebec, the legislative requirement for a General Class Registered Nurse is a minimum of a university baccalaureate degree in nursing. Anecdotally, it is widely recognized that nurses are working in increasingly challenging, complex, and constantly changing practice environment. The challenges associated with providing safe, quality health care in FN communities given the level of illness acuity, multiple and complex health issues, calls for nurses who are prepared with nursing education qualification at a baccalaureate level.

In keeping with CNO regulations to mitigate risk to the public, as well as to ensure safe, and high quality health outcomes, Ontario Region has determined the minimum education for nurses practicing in Ontario Region to be a baccalaureate in nursing degree.

Question #28:

What is the overall value of the contract and how will it be allocated among the three regions?

Answer to question #28:

At this point, the overall value of the contract is still unknown. The estimated contract value will be determined based on the rates submitted in the bids retained for contract award. As regards the Work, it will be allocated as needs arise.

Question #29:

What is the award date of this contract and when is the anticipated start date?

Answer to question #29:

The contract award is anticipated around the beginning of next Government fiscal year (i.e. April 2014 to March 2015). The contract starting date is the contract award date. As soon as the contract is awarded, Health Canada may issue one or multiple Task Authorizations.

Question #30:

For the ramp-up period to be effective, this should be three months from Contract start date rather than award date. Please clarify.

Answer to question #30:

Please refer to Question and Answer #29.

Question #31:

Please describe how scheduling will be structure and managed i.e. will it be centralized with one point of contact per region, will it be centralized with one point of contact for all three regions, or some other structure?

Answer to question #31:

The scheduling will be managed centrally, with a point of contact for all three Regions.

Question #32:

What are the minimum required points for RT1 of the Point Rated Technical Criteria? The overall minimum number of points required is 700. However, there are no points allocated for RT1 which should account for 376 points. See table on page 21 of 53.

Answer to question #32:

There is no minimum passmark required for RT1.

Question #33:

a. Due to the extensive reporting requirements of section 1.2.5.5 (page 41 of 53), how will HC compensate the contractor for the associated costs? In previous contracts, HC reimbursed proponents for the costs of preparing reports which required fewer details.
b. Please provide a template/format for this report.

Answer to question #33:

a. There is no additional compensation for the generation of reports.
b. The template is not available at this time.

Question #34:

If a nurse is going to multiple communities, will a task authorization be issued for each community?

Answer to question #34:

Different task authorizations will be issued for each community.

Question #35:

There are presently more than 3 providers supplying contract nurses in Manitoba, Ontario and Quebec. If the current providers have not been consistently meeting HC's need for resources, why would HC choose to reduce the number of qualified providers to only 3? Why would HC not issue SOAs to all qualified providers using ranking order?

Answer to question #35:

One of the key objectives of the two rounds of engagement with the industry (Request for Information # 1, which contained a complete copy of the draft Bid Solicitation, followed by Request for Information # 2, which contained a complete copy of the revised draft of the Bid Solicitation) was to verify the capacity of the providers to supply the nursing services described in the Bid Solicitation. The findings from the engagement process demonstrated that there is a sufficient number of providers that have the capacity to meet the requirements of this need.

Question #36:

Will HC go outside the contract if the 3 successful proponents cannot fulfill staffing requirements? If so, how will this be managed and how will HC determine which provider(s) to approach?

Answer to question #36:

By accepting to bid on the requirement, the Bidder accepts, if awarded a contract, to meet the requirements and provide the services described in the contract under the terms and conditions stated in the same document.

Question #37:

a. The change in education requirements in Ontario from diploma or degree to degree only, may have the following consequences:
   - Reduces the number of qualified resources for Ontario
   - Reduces portability of resources across all three regions which eliminates the opportunity for greater efficiencies through the centralization of a national contract
   - Increases competition and potentially resulting in different service levels among the 3 regions

   What is the rationale for changing the requirements to degree only?

b. Are the job responsibilities for a Community Health Nurse in Ontario different than Manitoba and Quebec, therefore, requiring nurses to have a degree? We have attached a current FNIHB job ad for each region to illustrate the requirements appear to be the same. Please comment.

c. Why is HC requiring a more qualified nurse (i.e. degree only) to work in Ontario than in Manitoba or Quebec when the job postings, clinical guidelines/competencies, community health nurse role, etc. are the same?

d. Does this change imply that two rates, one for diploma nurses and one for degree nurses should be submitted?

Answer to question #37:

a. This is not a new change made to the education requirements but an amendment to correct a mistake in the English version of Annex A. The same requirements were shared and discussed with industry during the two rounds of consultations. Please refer to Question and Answer to question #27 for more details.

b. and c. This requirement is in line with provincial requirements and standards within Ontario.

d. This does not imply that two rates be submitted.

Question #38:

Please provide further details with respect to point vii of Contractor's Responsibilities in Annex A.

- Where will the meetings be conducted?
- Who is required to be in attendance?
- Who is the technical authority?
- Please outline the expectations of the meetings.
- What are the costs associated with these meetings?
- Are these one-on-one or group meetings?

Answer to question #38:

- Meetings will be held in Ottawa.
- The Coordinator for the successful Bidder and other staff the Bidder identifies.
- Refer to question and answer #18.
- Review and discuss any issues or concerns that have arisen during the contracting period.
- Bidders are responsible for the travel, accommodations and incidentals related to these meetings.
- The meetings will include Bidder's representative, the Contracting Authority, the Technical Authority and representatives from the FNIHB Regions.

Question #39:

Please confirm the travel costs associated with relocating nurses between FN communities will be covered by HC.

Answer to question #39:

Health Canada is only responsible for the relocation of nurses between communities, when it is requested through a task authorization.

Question #40:

Louis Riel Day (MB) is currently not listed as a statutory holiday (page 9 of Annex A). It appears that the third Monday in February should also include Manitoba. Please advise.

Answer to question #40:

Please refer to Amendment #7 below.

Question #41:

The registration requirement for Manitoba Region indicates a valid license with no restrictions (page 6 of Annex A). Quebec and Ontario accepts licenses with restrictions. Please advise why a nurse with restriction would not be eligible to work in the Manitoba Region? FNIH MB has in the past approved nurses with restrictions to work.

Answer to question #41:

The table in the SOW will be revised so that it stipulates no restrictions for Ontario and Quebec as well (see Amendment #8 below)

Question #42:

Could a nurse educator facilitate the FNIHB Nursing Education Module on Controlled Substances in First Nations Health Facilities, rather than having our nurses enrol with the University of Ottawa?

Answer to question #42:

No, all nurses working with FN communities, whether they are HC employed, band employed or employed by an agency, are required to undertake this mandatory course.

Question #43:

What is Quebec's equivalency for the Immunization Competencies Education Modules? If the equivalency in Quebec is acceptable, would the Immunization Competencies Module developed by FNIH MB in June 2013 be acceptable as well?

Answer to question #43:

In Quebec, the Quebec Health and Social Services Ministry (MSSS) uses the Protocole d'immunisation du Québec (PIQ):
(http://publications.msss.gouv.qc.ca/acrobat/f/documentation/piq/piq_complet.pdf).

Question #44:

Please clarify that pre and post ramp up period, nurses must have the valid certifications listed on page 6 of Annex A (in section 9.ii.1.).

Answer to question #44:

During ramp- up, nurses must have the following certifications in order to be on the roster and work in a community:

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 or equivalency in Quebec.

After ramp-up all nurses must have the following certifications in order to be on the roster and work in the community:

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 or equivalency in Quebec.

Question #45:

Would time incurred for intercommunity travel constitute as regular working hours?

Answer to question #45:

No, intercommunity travel does not constitute regular hours worked. The contractor will be paid for Travel Time as well as Travel and living expenses in accordance with Annex B – Basis of Payment.

Question #46:

If a nurse is called back when not on-call (such as an emergency situation), would this constitute as a callback?

Answer to question #46:

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, with the exception that in the event additional nurses are required beyond those that were assigned to on-call.

Question #47:

If a nurse has expired on a certification but can provide proof of registration in a course, can this nurse continue to work (i.e. providing a 3-month grace period for recertification)?

Answer to question #47:

No. Nurses will be removed from the roster if certificates have expired and as such will not be considered for Task Authorizations.

Question #48:

What is “ROM” as indicated on the bottom of Appendix F?

Answer to question #48:

This is a typo. It should say FORM and not ROM.

Question #49:

As signatures can often be difficult to identify, could you please make it a requirement for the NIC to print and sign his/her name on the Contractor Overtime Authorization Form (Appendix F)?

Answer to question #49:

We will consider revising the form as suggested.

Question #50:

Would resources that are newly added to the roster be given the same consideration i.e. 3 month ramp-up and be able to work with only the 3 certifications as indicated in section 9.ii.1. of Annex A.

Answer to question #50:

No. The ramp up period applies only during the three months following the awarding of the contract.

Question #51:

What is the interest rate for overdue accounts and when does interest come into effect?

Answer to question #51:

Please refer to article 17, Interest on Overdue Accounts of the General Conditions - Higher Complexity – Services – 2035 (https://buyandsell.gc.ca/policy-and-guidelines/standard-acquisition-clauses-and-conditions-manual/3/2035/11).

Question #52:

In the event that a Contract Nurse is removed from a community, what is the identified time frame in which the technical authority would issue the Contract Nurse Performance Report (Appendix D)? In what time frame will the contracting authority respond with a Letter of Decision?

Answer to question #52:

Each situation is unique and it will depend on the severity of the circumstance. However, the technical authority will take this question under advisement.

Question #53:

This morning we noticed on Merx there is an amendment and an attachment that is Attachment 1 to Part 3. However, when I compare it to the Attachment 1 to Part 3 in the RFP, they both look identical (except the font size appears smaller on the RFP version).

I am wondering whether a different attachment was intended in the amendment.

Answer to question #53:

Please refer to Question and Answer to question #9.

Amendments:

Amendment #7:

Delete: Article 11. ii. d. of Annex A in its entirety

Replace: with the following

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 (Ontario and 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.

Amendment #8:

Delete: Annex A - Statement of Work in its entirety.

Replace: with the attached revised version.

All THE OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

ANNEX A
STATEMENT OF WORK

TABLE OF CONTENTS

Appendices

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. The nurse in charge provides this support, guidance at the community level only.

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. The Zone Nurse/Nurse Manager provides this support and guidance to a cluster of communities.

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 31st 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 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 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 jurisdictions.). 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:

	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, with no restrictions.	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), with no restrictions.
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

   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; and
   c. 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:

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 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 maybe 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 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.

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, with the exception that in the event additional nurses are required beyond those that were assigned to on-call.

- 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 (Ontario and 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

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.