



TABLE OF CONTENTS

PART 1 - GENERAL INFORMATION

1. Security Requirement
2. Statement of Work
3. Revision of Departmental Name
4. Debriefings
5. Procurement Ombudsman

PART 2 - BIDDER INSTRUCTIONS

1. Standard Instructions, Clauses and Conditions
2. Submission of Bids
3. Communications - Solicitation Period
4. Applicable Laws

PART 3 - BID PREPARATION INSTRUCTIONS

1. Bid Preparation Instructions
2. Section I: Technical Bid
3. Section II: Financial Bid
4. Section III: Certifications

PART 4 - EVALUATION PROCEDURES AND BASIS OF SELECTION

1. Evaluation Procedures
2. Basis of Selection
3. Insurance Requirement

PART 5 - CERTIFICATIONS

1. Certifications Required with the Bid

PART 6 - RESULTING CONTRACT CLAUSES

1. Security Requirement
2. Statement of Work
3. Standard Clauses and Conditions
4. Term of Contract
5. Authorities
6. Payment
7. Invoicing Instructions
8. Certifications
9. Applicable Laws
10. Priority of Documents
11. Insurance – Specific Requirements
12. Ownership Control
13. Closure of Government Facilities
14. Tuberculosis Testing
15. Compliance with CSC Policies
16. Health and Labour Conditions
17. Dispute Resolution Services
18. Contract Administration



19. Proactive Disclosure of Contracts with Former Public Servants

List of Annexes:

Annex A – Statement of Work

Annex B – Proposed Basis of Payment

Annex C – Evaluation Criteria

Annex D – Insurance Requirements

Annex E – National Essential Health Services Framework



PART 1 - GENERAL INFORMATION

1. Security Requirement

There is no security requirement associated with the requirement.

2. Statement of Work

The Work to be performed is detailed under Article 2 of the resulting contract clauses.

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3. Revision of Departmental Name

As this bid solicitation is issued by Correctional Service Canada (CSC), any reference to Public Works and Government Services Canada (PWGSC) or its Minister contained in full text or by reference in any term, condition or clause of this document, or any resulting contract, must be interpreted as a reference to CSC or its Minister.

4. Debriefings

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

5. Procurement Ombudsman

The Office of the Procurement Ombudsman (OPO) was established by the Government of Canada to provide an independent avenue for suppliers to raise complaints regarding the award of contracts under \$25,000 for goods and under \$100,000 for services. You have the option of raising issues or concerns regarding the solicitation, or the award resulting from it, with the OPO by contacting them by telephone at 1-866-734-5169 or by e-mail at boa-opo@boa.opo.gc.ca. You can also obtain more information on the OPO services available to you at their website at www.opo-boa.gc.ca.



PART 2 - BIDDER INSTRUCTIONS

1. Standard Instructions, Clauses and Conditions

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

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

The 2003 (2014-06-26) Standard Instructions - Goods or Services - Competitive Requirements, are incorporated by reference into and form part of the bid solicitation.

Subsection 1.4 and 1.5 of 2003, Standard Instructions - Goods or Services - Competitive Requirements, does not form part of and not apply to the bid solicitation. All other subsections of '01 Integrity Provisions – Bid', form part of and apply to the bid solicitation.

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

Delete: sixty (60) days

Insert: _____ (__) days

2. Submission of Bids

Bids must be submitted only to Correctional Service Canada (CSC) by the date, time and place indicated on page 1 of the bid solicitation.

Due to the nature of the bid solicitation, bids transmitted by facsimile or email to CSC will not be accepted.

3. Communications – Solicitation Period

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

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

4. Applicable Laws

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

Bidders may, at their discretion, substitute the applicable laws of a Canadian province or territory of their choice without affecting the validity of their bid, by deleting the name of the Canadian province or territory specified and inserting the name of the Canadian province or territory of their



Correctional Service
Canada

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Canada

choice. If no change is made, it acknowledges that the applicable laws specified are acceptable to the bidders.



PART 3 - BID PREPARATION INSTRUCTIONS

1. Bid Preparation Instructions

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

Section I: Technical Bid: **three (3) hard copies**
Section II: Financial Bid: **one (1) hard copy**
Section III: Certifications: **one (1) hard copy**

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

Bidders are requested to submit their Financial Bid in an envelope separate from their technical proposal.

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

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

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

- i. use paper containing fibre certified as originating from a sustainably-managed forest and/or containing minimum 30% recycled content; and
- ii. use an environmentally-preferable format including black and white printing instead of colour printing, printing double sided/duplex, using staples or clips instead of cerlox, duotangs or binders.

2. Section I: Technical Bid

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

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

3. Section II: Financial Bid

Section II: Financial Bid

- 1.1 Bidders must submit their financial bid in Canadian funds and in accordance with the pricing schedule detailed in Annex B - Proposed Basis of Payment. The total amount of



Goods and Services Tax (GST) or Harmonized Sales Tax (HST) must be shown separately, as applicable.

- 1.2 Bidders must submit their rates, FOB destination; Canadian customs duties and excise taxes included, as applicable; and GST or HST excluded.
- 1.3 The rates specified in the financial proposal, when quoted by the Bidder, must include provision of all of the services described in Annex A - Statement of Work, including the total estimated cost of all travel and living expenses that may need to be incurred for:
 - a. work described in Annex A, Statement of Work, of the bid solicitation required to be performed at the Institution indicated under 3. Objective.
 - b. travel between the successful bidder's place of business and the Institution; and
 - c. the relocation of resources to satisfy the terms of any resulting contract. These expenses cannot be charged directly and separately from the professional fees to any contract that may result from the bid solicitation.
- 1.4 The rates specified in the financial proposal, when quoted by the bidder, must not include the cost of the supplies and equipment required to provide dental services to CSC inmates (see Annex A, statement of work, article 15. Support to Contractor).
- 1.5 When preparing their financial bid, bidders should review clause 1.2, Financial Evaluation, of Part 4.
- 1.6 The Bidder's all-inclusive hourly rates in response to the RFP and resulting contract(s) will apply to where the Work is to be performed as specified in the RFP and the resulting contract(s).

4. Section III: Certifications

Bidders must submit the certifications required under **Part 5 - Certifications**.



PART 4 - EVALUATION PROCEDURES AND BASIS OF SELECTION

1. Evaluation Procedures

- (a) Bids will be assessed in accordance with the entire requirement of the bid solicitation including the technical and financial evaluation criteria.
- (b) An evaluation team composed of representatives of CSC will evaluate the bids.

1.1 Technical Evaluation

1.1.1 Mandatory Technical Criteria

Proposals will be evaluated to determine if they meet all mandatory requirements outlined in **Annex D – Evaluation Criteria**. Proposals not meeting all mandatory criteria will be declared non-responsive and will be given no further consideration.

1.2 Financial Evaluation

SACC Manual Clause A0220T (2014-06-26), Evaluation of Price

Proposals containing a financial bid other than the one requested at **Article 3. Section II: Financial Bid** of **PART 3 – BID PREPARATION INSTRUCTIONS** will be declared non-compliant.

Note to Bidders: Table Totals will be calculated using the formula that follows the corresponding table in **Annex B – Proposed Basis of Payment**.

2. Basis of Selection

SACC Manual Clause A0031T 2010-08-16, Basis of Selection – Mandatory Technical Criteria

A bid must comply with the requirements of the bid solicitation and meet all mandatory technical evaluation criteria to be declared responsive. The responsive bid with the lowest evaluated price will be recommended for award of a contract.

Bidder's lowest average will be determined as follows:

Total of year one markup % per procedure+ year two markup % per procedure + year three markup % per procedure = three year average markup % per procedure total
Three year average markup % per procedure total ÷ 3 = Average procedure markup rate for three years of contract. **Lowest total average will be awarded the contract.**

In the event of a tie, the lowest markup % per procedure from year 1 will be awarded the contract.

3. Insurance Requirement

- 3.1 The Bidder must provide a letter from an insurance broker or an insurance company licensed to operate in Canada stating that the Bidder, if awarded a contract as a result of the bid solicitation, can be insured in accordance with the Insurance Requirements specified in **Annex D**.
- 3.2 If the information is not provided in the bid, the Contracting Authority will so inform the Bidder and provide the Bidder with a time frame within which to meet the requirement. Failure to comply with the request of the Contracting Authority and meet the requirement within that time period will render the bid non-responsive.



PART 5 - CERTIFICATIONS

Bidders must provide the required certifications to be awarded a contract. Canada will declare a bid non-responsive if the required certifications are not completed and submitted as requested.

Compliance with the certifications bidders provided to Canada is subject to verification by Canada during the bid evaluation period (before award of a contract) and after award of a contract. The Contracting Authority will have the right to ask for additional information to verify bidders' compliance with the certifications before award of a contract. The bid will be declared non-responsive if any certification made by the Bidder is untrue, whether made knowingly or unknowingly. Failure to comply with the certifications or to comply with the request of the Contracting Authority for additional information will also render the bid non-responsive.

1. Certifications Precedent to Contract Award

The certifications listed below should be completed and submitted with the bid, but may be submitted afterwards. If any of these required certifications is not completed and submitted as requested, the Contracting Authority will so inform the Bidder and provide the Bidder with a time frame within which to meet the requirement. Failure to comply with the request of the Contracting Authority and meet the requirement within that time period will render the bid non-responsive.

1.1 Federal Contractors Program for Employment Equity - Bid Certification

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

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

1.2 Former Public Servant Certification

Contracts awarded to former public servants (FPS) in receipt of a pension or of a lump sum payment must bear the closest public scrutiny, and reflect fairness in the spending of public funds. In order to comply with Treasury Board policies and directives on contracts with FPS, bidders must provide the information required below before contract award. If the answers to the questions and, as applicable, the information required have not been received by the time the evaluation of bids is completed, Canada will inform the Bidder of a time frame within which to provide the information. Failure to comply with Canada's request and meet the requirement within the prescribed time frame will render the bid non-responsive.

Definitions

For the purposes of this clause,

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

- (a) an individual;
- (b) an individual who has incorporated;
- (c) a partnership made of former public servants; or



(d) a sole proprietorship or entity where the affected individual has a controlling or major interest in the entity.

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

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

Former Public Servant in Receipt of a Pension

As per the above definitions, is the Bidder a FPS in receipt of a pension as defined above?
YES () NO ()

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

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

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

Work Force Adjustment Directive

Is the Bidder a FPS who received a lump sum payment pursuant to the terms of a work force reduction program? **YES () NO ()**.

If so, the Bidder must provide the following information:

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

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



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

1.3 Status and Availability of Resources

SACC Manual clause A3005T 2010-08-16 Status and Availability of Resources

1.4 Education and Experience

SACC Manual clause A3010T 2010-08-16 Education and Experience

1.5 Rate Certification:

The Bidder certifies that the rate proposed:

- a. is not in excess of the lowest rate charged anyone else, including the Bidder's most favoured customer, for the like quality and quantity of the service;
- b. does not include an element of profit on the sale in excess of that normally obtained by the Bidder on the sale of services of like quality and quantity, and
- c. does not include any provision for discounts to selling agents.

1.6 Licensing Certification

The Contractor must hold a current license in good standing with the provincial licensing body for dentists in the Province(s) where the work will be performed for the duration of the contract. The Contractor must provide a copy of the license(s) to the Contracting Authority when requested to do so.

Certification:

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



PART 6 - RESULTING CONTRACT CLAUSES

1. Security Requirement

There is no security requirement associated with the requirement.

2. Statement of Work

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

3. Standard Clauses and Conditions

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

As this Contract is issued by Correctional Service Canada (CSC), any reference to Public Works and Government Services Canada (PWGSC) or its Minister contained in full text or by reference in any term, condition or clause of this document must be interpreted as a reference to CSC or its Minister.

3.1 General Conditions

2010B 2014-06-26, General Conditions - Professional Services (Medium Complexity), apply to and form part of the Contract.

Subsection 31.4 of 2010B, General Conditions – Professional Services (Medium Complexity), will not form part of the Contract. All other subsections of '2010B 31 Code of Conduct and Certifications – Contract', will form part of the Contract.

3.2 Supplemental General Conditions

4008, 2008-12-12, Supplemental General Conditions - Personal Information apply to and form part of the contract.

3.3 Replacement of Specific Individuals

1. If specific individuals identified in the Contract to perform the Work, the Contractor must provide the services of those individuals unless the Contractor is unable to do so for reasons beyond its control.
2. If the Contractor is unable to provide the services of any specific individual identified in the Contract, it must provide a replacement with similar qualifications and experience. The replacement must meet the criteria used in the selection of the Contractor and be acceptable to Canada. The Contractor must, as soon as possible, give notice to the Contracting Authority of the reason for replacing the individual and provide:
 - a. The name, qualifications and experience of the proposed replacement; and
 - b. Proof that the proposed replacement has required security clearance granted by Canada, if applicable.
3. The Contractor must not, in any event, allow performance of the Work by unauthorized replacement persons. The Contracting Authority may order that a replacement stop performing the Work. In such a case, the Contractor must immediately comply with the order and secure a further replacement in accordance with subsection 2. The fact that the



Contracting Authority does not order that a replacement stop performing the work does not release the Contractor from its responsibility to meet the requirements of the Contract.

4. Term of Contract

4.1 Period of the Contract

The period of the Contract is from February 1, 2015 to January 31, 2018 inclusive.

5. Authorities

5.1 Contracting Authority

The Contracting Authority for the Contract is:

Regional Contracting Specialist
Contracting & Materiel Services
2313 Hanselman Place
Saskatoon, SK, S7L 6A9
Telephone: (306) 975-8921
Facsimile: (306) 975-6238
Email: 501Contracts@csc-scc.gc.ca

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

5.2 Project Authority

The Project Authority for the Contract is:

XXX
Correctional Service Canada
Branch/Directorate: XXX
Telephone: XXX
Facsimile: XXX

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

5.3 Contractor's Representative

The Authorized Contractor's Representative is:

Name: _____
Title: _____
Company: _____
Address: _____
Telephone: _____ - _____
Facsimile: _____ - _____
E-mail address: _____



6. Payment

6.1 Basis of Payment – All-inclusive hourly rate – Contract Period.

The Contractor will be paid the all-inclusive firm hourly rates specified at Annex B – Basis of Payment, for work performed in accordance with the Contract. Customs duties are *included* and Applicable Taxes are extra.

6.2 Limitation of Expenditure

1. Canada's total liability to the Contractor under the Contract must not exceed \$42,354.00. Customs duties are excluded and Applicable Taxes are extra.
2. No increase in the total liability of Canada or in the price of the Work resulting from any design changes, modifications or interpretations of the Work, will be authorized or paid to the Contractor unless these design changes, modifications or interpretations have been approved, in writing, by the Contracting Authority before their incorporation into the Work. The Contractor must not perform any work or provide any service that would result in Canada's total liability being exceeded before obtaining the written approval of the Contracting Authority. The Contractor must notify the Contracting Authority in writing as to the adequacy of this sum:
 - a. when it is 75 percent committed, or
 - b. four (4) months before the contract expiry date, or
 - c. as soon as the Contractor considers that the contract funds provided are inadequate for the completion of the Work,whichever comes first.
3. If the notification is for inadequate contract funds, the Contractor must provide to the Contracting Authority a written estimate for the additional funds required. Provision of such information by the Contractor does not increase Canada's liability.

6.3 SACC Manual Clauses

SACC Manual clause A9117C 2007-11-30, T1204 - Direct Request by Customer Department
SACC Manual clause C0710C 2007-11-30, Time and Contract Price Verification
SACC Manual clause C0705C 2010-01-11, Discretionary Audit
SACC manual clause H1008C 2008-05-12

6.4 Travel and Living Expenses

There are no travel and living expenses associated with the Contract.

7. Invoicing Instructions

SACC Manual Clause H5001C 2008-12-12 Invoicing Instructions

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



The original and one (1) copy must be forwarded to the Project Authority as identified in 5.2 Project Authority

8. Certifications

8.1 Certification of Compliance

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

9. Applicable Laws

The Contract must be interpreted and governed, and the relations between the parties determined, by the laws in force in Alberta.

10. Priority of Documents

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

- (a) the Articles of Agreement;
- (b) the Supplemental General Conditions 4008
- (c) the General Conditions 2010B 2013-06-27, Professional Services (Medium Complexity),
- (d) Annex A, Statement of Work
- (e) Annex B, Basis of Payment;
- (f) Annex C, Insurance Requirements
- (g) the Contractor's bid dated _____ (to be inserted at contract award)

11. Insurance - Specific Requirements

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

12. Ownership Control

Where the Contractor will have access to any and all personal and confidential information belonging to Canada, CSC staff or inmates for the performance of the work, the following will apply:



- (a) The Contractor warrants that it is not under ownership control of any non-resident entity (ie. Individual, partnership, joint venture, corporation, limited liability company, parent company, affiliate or other).
- (b) The Contractor shall advise the Minister of any change in ownership control for the duration of the contract.
- (c) The Contractor acknowledges that the Minister has relied on this warranty in entering into this Contract and that, in the event of breach of such warranty, or in the event that the Contractor's ownership control becomes under a non-resident entity, the Minister shall have the right to treat this Contract as being in default and terminate the contract accordingly.
- (d) For the purposes of this clause, a non-resident entity is any individual, partnership, joint venture, corporation, limited liability company, parent company, affiliate or other residing outside of Canada.

13. Closure of Government Facilities

13.1 Contractor personnel are employees of the Contractor and are paid by the Contractor on the basis of services rendered. Where the Contractor or the Contractor's employees are providing services on government premises pursuant to this Contract and the said premises become non accessible due to evacuation or closure of government facilities, and consequently no Work is being performed as a result of the closure, Canada will not be liable for payment to the Contractor for the period of closure.

13.2 Contractors working at CSC sites should be aware that they may be faced with delay or refusal of entry to certain areas at certain times even if prior arrangements for access may have been made. Contractors are advised to call in advance of travel to ensure that planned access is still available.

14. Tuberculosis Testing

14.1 It is a condition of this contract that the Contractor or any employees of the Contractor who require entry into a Correctional Service of Canada Institution to fulfill the conditions of the contract may, at the sole discretion of the Warden, be required to provide proof of and results of a recent tuberculin test for the purpose of determining their TB infection status.

14.2 Failure to provide proof of and results of a tuberculin test may result in the termination of the contract.

14.3 All costs related to such testing will be at the sole expense of the Contractor.

15. Compliance with CSC Policies

15.1 The Contractor agrees that its officers, servants, agents and subcontractors will comply with all regulations and policies in force at the site where the work covered by this contract is to be performed.

15.2 Unless otherwise provided in the contract, the Contractor shall obtain all permits and hold all certificates and licenses required for the performance of the Work.

15.3 Details on existing CSC policies can be found at: www.csc-scc.gc.ca or any other CSC web page designated for such purpose.

16. Health and Labour Conditions



- 16.1 In this section, "Public Entity" means the municipal, provincial or federal government body authorized to enforce any laws concerning health and labour applicable to the performance of the Work or any part thereof.
- 16.2 The Contractor shall comply with all laws concerning health and labour conditions applicable to the performance of the Work or part thereof and shall also require compliance of same by all its subcontractors when applicable.
- 16.3 The Contractor upon any request for information or inspection dealing with the Work by an authorized representative of a Public Entity shall forthwith notify the Project Authority or Her Majesty.
- 16.4 Evidence of compliance with laws applicable to the performance of the Work or part thereof by either the Contractor or its subcontractor shall be furnished by the Contractor to the Project Authority or Her Majesty at such time as the Project Authority or Her Majesty may reasonably request."

17. Dispute Resolution Services

The parties understand that the Procurement Ombudsman appointed pursuant to Subsection 22.1(1) of the *Department of Public Works and Government Services Act* will, on request, and consent of the parties for both the process and to bear the cost of such process, assist in an alternative dispute resolution process to resolve any dispute between the parties respecting the interpretation or applicable of a term and condition of this contract. The Office of Procurement Ombudsman may be contacted by telephone at 1-866-734-5169 or by e-mail at boa.opo@boa.opo.gc.ca.

18. Contract Administration

The parties understand that the Procurement Ombudsman appointed pursuant to Subsection 22.1(1) of the *Department of Public Works and Government Services Act* will review a complaint filed by the contractor respecting administration of this contract if the requirements of Subsection 22.2(1) of the *Department of Public Works and Government Services Act* and Sections 15 and 16 of the *Procurement Ombudsman Regulations* have been met, and the interpretation and the application of the terms and conditions and the scope of work of this contract are not in dispute. The Office of Procurement Ombudsman may be contacted by telephone at 1-866-734-5169 or by e-mail at boa.opo@boa.opo.gc.ca.

19. Proactive Disclosure of Contracts with Former Public Servants

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

ANNEX A – Statement of Work

1. Introduction:

- 1.1 The Correctional Service Canada (CSC), Health Services requires Dental services for Pe Sakestew Healing Lodge in the Prairie Region. The Contractor will provide Dental services to inmates and collaborate with the institution's multi-disciplinary health services team that includes but is not limited to, Nurses, Institutional Physicians, Psychologists, Dieticians and other allied health professionals.

2. Background:

- 2.1 CSC has a legal obligation, under the Corrections and Conditional Release Act (CCRA), to "provide every inmate with essential health care and reasonable access to non essential mental health care".
- 2.2 The Commissioner's Directives 800 series are the key references on essential health services covering Clinical services, mental health and public health services.
- 2.3 The mission of Health Services is to provide offenders with efficient and effective health services that **encourages individual responsibility, promotes healthy reintegration and contributes to safe communities.**
- 2.4 Consistent with its transformation agenda, CSC recognizes that health outcomes are a shared responsibility between service providers and inmates. Inmates must be involved in taking responsibility and proactive measures to safeguard their health, which includes dental health.
- 2.5 Health Services are provided in ambulatory Health Service Centres in institutions, regional hospitals and regional treatment / psychiatric centres. Inmates may have to go to the community for emergency services, specialized health care services and for hospitalization that cannot be accommodated in CSC's regional hospitals. In CSC, health care is provided by a wide range of regulated and non-regulated health professionals.
- 2.6 In broad terms health care means medical, dental, mental health care and public health services. During the period of incarceration, inmates are provided with a range of coordinated health services that are accessible, affordable, and appropriate to the correctional environment.

3. Objective:

- 3.1 Provide and coordinate essential dental services to inmates at Pe Sakestew Healing Lodge.

4. Performance Standards:

- 4.1 The Contractor must provide dental services that respect gender, cultural, religious and linguistic differences, and are responsive to the special needs of women and Aboriginal people.

4.2 Dental Care:

The Contractor must provide primary dental care, including x-rays and health promotion, to inmates that complies with relevant federal legislation, provincial standards and CSC policies and guidelines.

- 4.3 Compliance with provincial/national dental guidelines.

The Contractor is expected to consult with the Chief Health Services to ensure that dental practices are consistent with the relevant and most current legislation and practice standards.

4.4 The following is a list of key relevant legislation and CSC Policy/Guidelines but should not be considered an exhaustive list. CSC's policies and guidelines can be found on the CSC internet website at www.CSC-SCC.GC.ca or available in hard copy.

- Corrections and Conditional Release Act - Section 85 Health Care
- Commissioner's Directive 800, Health Services
- Guidelines 800-1 Hunger Strike: Managing an Inmate's Health
- Commissioner's Directive 803, Consent to Health Service Assessment, Treatment and Release of Information
- Commissioner's Directive 805, Management of Medication
- Commissioner's Directive 821, Management of Infectious Diseases
- Protocol 821-1, Post Exposure Protocol (PEP) and Managing Significant Exposure to Blood and/or Body Fluids
- Commissioner's Directive 835, Health Care Records
- Commissioner's Directive 840, Psychological Services
- Commissioner's Directive 843, Management of Inmate Self-Injurious and Suicidal Behaviour
- Commissioner's Directive 850, Mental Health Services
- National Essential Health Services Framework
- Emergency Medical Directives
- CSC's Sterilization Quality Assurance Program in Health Facilities
- National Formulary
- Clozapine Protocol
- Medication Reconciliation Guidelines
- Neurontin (Gabapentin) Protocol
- Procedures to Obtain Nutritional Supplements
- Managing Medication Events Guidelines
- Documentation for Health Services Professionals
- Abbreviations for Health Services
- Guidelines for Sharing Personal Health Information
- Tuberculosis Prevention and Control Guidelines for Federal Correctional Institutions
- Canadian Tuberculosis Standards (6th Edition)
- Management of Viral Hepatitis Guidelines
- CSC Sexually Transmitted Infections Clinical Practice Guidelines
- Health Canada – Canadian Guidelines on Sexually Transmitted Infections
- Discharge Planning Guidelines: A Client Centred Approach
- Clinical Discharge Planning and Community Integration Service Guidelines
- Institutional Mental Health Services (Primary Care) Guidelines
- Accreditation Standards and Required Organization Practices

4.5 Documentation on CSC Dental Records:

- a) The Contractor must document all dental care on the invoice to be sent to Correctional Services of Canada.
- b) As an accountability and quality assurance measure, the Chief, Health Services will periodically review the Contractor's documentation for quality, consistency and completeness.
- c) All of the inmates' Dental records must be kept at the institution. Details on the procedures completed shall be provided on each offender to Pe Sakastew Healing Lodge, Health Care. Offenders will provide the dentist with any personal information such as date of birth or any other personal information required by the Dentist Office. No Protected information is being provided to the Dentist by the Correctional Service of Canada. All information will be voluntarily disclosed by the Offender directly to the Dentists.

5. Tasks:

- 5.1 The Contractor must provide essential Dental services to inmates, as requested by the Chief Health Services, in accordance with the National Essential Health Services Framework, including any amendment to this Framework issued by CSC during the contract period and any optional period if and when exercised by CSC.
- 5.2 The Contractor must prepare dental clinic lists and appointment schedules triaged based on requisitions received and dental emergencies as they arise.
- 5.3 The Contractor, in his/her role as dentist, must manage all aspects of dental care services including coordination of care provided by dental specialists to inmates to ensure continuity and integration of care. This includes, but is not limited to, approval of all recommendations made by dental care providers outside of CSC.
- 5.4 The Contractor must consult with the Chief Health Services regarding requirements for dental supplies and equipment. Any requests for equipment and supplies must be submitted to, and approved by, the Chief Health Services.
- 5.5 The Contractor must provide the following:
 - a) A Dental Assistant; and,
 - b) Backup personnel to ensure that there will not be any interruption in service and that Canada's operational requirements are met when the Contractor is unable to provide services (including but not limited to, due to vacation or illness).
- 5.6 The Contractor must supervise the activities of the Dental Assistants the Contractor is providing under this contract.
- 5.7 The tasks the Dental Assistants must perform include, but are not limited to the following:
 - a) Preparing the treatment/clinical area;
 - b) Cleaning and sterilization of instruments and hand pieces;
 - c) Passing instruments to the dentist or hygienist (Single and Two handed technique);
 - d) Making proper use of High Volume Evacuator within the Oral Cavity;
 - e) Preparing restorative materials;
 - f) Performing simple laboratory procedures such as the pouring and trimming of study models;
 - g) Maintaining supplies and equipment (stocks and replenishes supplies provided by CSC);
 - h) Monitoring Inventory of dental supplies and equipment;
 - i) Assessing emergency situations, being aware of, and able to implement, emergency protocols, being able to provide First Aid and CPR;
 - j) Assisting in maintaining emergency drug kits;
 - k) Interpreting Material Safety Data Sheets;
 - l) Conducting spore/biological indicator tests;
 - m) Recording data on patient's record or chart as directed by the Dentist;
 - n) Providing inmate education on oral health (extra-oral);
 - o) Providing instruction on care and maintenance of pre-fitted appliances; and
 - p) Obtaining Vital Signs.
- 5.8 The Contractor must ensure that dental instrument sterilization is done only by dental staff that is trained according to Provincial sterilization standards.
- 5.9 Recommendations for Non-formulary medication and Special Authorization Items:
 - a) The Contractor must ensure that:
 - i) Requests for non-formulary medications are made in accordance with CSC's National Formulary.

- ii) Requests for Special Authorization items that are being recommended by the Contractor are made in accordance with CSC's Essential Health Services Framework.

6. Grievance and Investigation Processes:

- 6.1 The Contractor must participate in various CSC internal inmate grievance/investigation processes which may include a review of the Contractor's documentation on the Health Care Records. Upon request from the Chief, Health Services, the Contractor may have to undergo interviews as a result of an inmate grievance/investigation process.

7. Services related to the provision of Health Services in CSC:

- 7.1 The Contractor must have knowledge of and provide input into CSC's Accreditation Standards, Required Organizational Practices and other CSC quality improvement/assurance initiatives.

8. Notification Requirements:

- 8.1 The Contractor must notify the Chief, Health Services of any issues that may call into question the Contractor's competency and any restrictions imposed by the licensing body affecting the Contractor's ability to provide dental services to inmates.
- 8.2 The Contractor must notify the Chief, Health Services immediately of any significant complaints lodged against the Contractor.

9. Language of Work:

- 9.1 All service will be delivered in English.

10. Hours of work:

- 10.1 The Contractor must provide inmate care during clinics held at his/her place of work at scheduled appointment times. The exact time of appointment will be arranged through the dental clinic receptionist and nursing staff, Health Services and are to be mutually acceptable to both parties
- 10.2 In the event of an unexpected delay or cancellation of the clinic the Contractor will be paid an one hour charge calculated from the time the clinic was scheduled to begin.
- 10.3 In case of delays, the Chief Health Services reserves the right to cancel the remainder of the clinic at no additional cost to CSC.
- 10.4 The Chief, Health Services may, at his/her discretion, change the clinic schedule and number of hours per week during the course of the contract, including any options if and when exercised by CSC.
- 10.5 The Chief Health Services will notify the Contractor of any changes to clinic schedules a minimum of one week prior to implementation of the change.

11. Meetings:

- 11.1 At the discretion of the Chief Health Services, there will be an initial meeting at the beginning of the contract to finalize the scope of services to be provided under the contract.
- 11.2 At the request of the Chief, Health Services, the Contractor must attend meetings at Saskatoon, Alberta, Regional Headquarters.

11.3 The Contractor must attend Institutional Health Services team meetings when requested by the Chief, Health Services. The Contractor may be requested to attend meetings once per quarter. The Contractor may bill time spent attending meetings at 75% of the firm hourly rate.

12. Reporting Requirements:

12.1 As part of an effective ongoing oversight mechanism to ensure accountability, consistency, cost effectiveness and best practices specific to the needs of CSC's population, the Contractor must provide procedure information to the Chief Health Services once a month. The Contractor must use the template included as Annex G- Dental Services Reporting Tool.

12.2 At the request of the Chief, Health Services, the Contractor must produce or contribute to regional reporting.

ANNEX B – Proposed Basis of Payment

The Contractor will be paid in accordance with the following Basis of Payment for Work performed pursuant to the Contract. The inclusion of volumetric data in this document does not represent a commitment by Canada that Canada's future usage of the services described will be consistent with this data.

1.0 Contract Period (From February 1, 2015 to January 31, 2018).

1.1 Professional Fees

- (a) For the provision of services as described in Annex A - Statement of Work, the Contractor will be paid the all inclusive firm hourly rate below in the performance of this Contract, HST or GST extra.

Professional Fees, (February 1, 2015 to January 31, 2016). For a total amount of \$14,118/year.

Table (a)		
RESOURCE NAME	FEE AS PER THE "ALBERTA HEALTH PAYMENT SCHEDULE FOR INSURED SERVICES PROVIDED BY A DENTIST OR A DENTIST HOLDING A SPECIALIST LICENCE"	Markup % Per Procedure
Fee as per above		

Professional Fees, (February 1, 2016 to January 31, 2017). For a total amount of \$14,118/year

Table (a)		
RESOURCE NAME	FEE AS PER THE "ALBERTA HEALTH PAYMENT SCHEDULE FOR INSURED SERVICES PROVIDED BY A DENTIST OR A DENTIST HOLDING A SPECIALIST LICENCE"	Markup % Per Procedure
Fee as per above		

Professional Fees, (February 1, 2017 to January 31, 2018). For a total amount of \$14,118/year

Table (a)		
RESOURCE NAME	FEE AS PER THE "ALBERTA HEALTH PAYMENT SCHEDULE FOR INSURED SERVICES PROVIDED BY A DENTIST OR A DENTIST HOLDING A SPECIALIST LICENCE"	Markup % Per Procedure
Fee as per above		

Bidder's lowest average will be determined as follows:

Total of year one markup % per procedure + year two markup % per procedure + year three markup % per procedure = three year average markup % per procedure total

Three year average markup % per procedure total ÷ 3 = Average procedure markup rate for three years of contract. **Lowest total average will be awarded the contract.**

In the event of a tie, the lowest markup % per procedure from year 1 will be awarded the contract.

2.0 Cost Reimbursable Expenses

2.1 Canada will not accept any travel and living expenses for:

- (a) Work performed at the Institution indicated under Annex A, Statement of Work, 3. Objective;
- (b) Any travel between the Contractor's place of business and the Institution; and
- (c) Any relocation of resources required to satisfy the terms of the Contract. These expenses are included in the all inclusive hourly rates specified in this annex.

3.0 HST or GST

3.1 All prices and amounts of money in the contract are exclusive of Goods and Services Tax (GST) or Harmonized Sales Tax (HST), as applicable, unless otherwise indicated. The GST or HST, whichever is applicable, is extra to the price herein and will be paid by Canada.

3.2 The estimated HST or GST of \$_____ (to be completed at contract award) is included in the total estimated cost shown on page 1 of this Contract. The estimated GST or HST to the extent applicable will be incorporated into all invoices and progress claims and shown as a separate item on invoices and progress claims. All items that are zero-rated, exempt, or to which the GST or HST does not apply, are to be identified as such on all invoices. The Contractor agrees to remit to Canada Revenue Agency (CRA) any amounts of GST or HST paid or due.

Annex C “Evaluation Criteria”

1.0 Technical Evaluation:

The following elements of the proposal will be evaluated and scored in accordance with the following evaluation criteria.

- Mandatory Technical Criteria

It is imperative that the proposal address each of these criteria to demonstrate that the requirements are met.

LISTING EXPERIENCE WITHOUT PROVIDING ANY SUBSTANTIATING DATA TO SUPPORT WHERE, WHEN AND HOW SUCH EXPERIENCE WAS OBTAINED WILL RESULT IN THE STATED EXPERIENCE NOT BEING CONSIDERED FOR EVALUATION PURPOSES.

2.0 Evaluation Criteria:

- 2.1 In addressing the mandatory evaluation criteria, the Bidder must supplement the information supplied in response to the mandatory evaluation criteria with details outlining the depth and extent of the relevant experience, qualifications and specialized expertise of the proposed resource(s). All claims with regard to resource experience, qualifications or expertise must be substantiated through the provision of detailed project descriptions of how, when and where the claimed experience, qualifications or expertise were gained. Unsubstantiated claims of experience, qualifications or expertise will not be considered by the evaluation team during evaluation.
- 2.2 Proposals must include a résumé for each of the proposed resources, which support the skills/expertise being offered. Names and telephone number of business references should be provided which can substantiate the work experience claimed. The Bidder should indicate the location in the proposed resource's résumé of supporting information to substantiate relevant experience for each mandatory evaluation criteria.
- 2.3 All experience must be strictly work-related. Time spent during education and/or training will not be considered, unless otherwise indicated.
- 2.4 Experience must be demonstrated through a history of past projects, either completed or on-going.
- 2.5 Experience obtained after bid closing will not be considered.
- 2.6 For evaluation purposes,
 - (a) “where” means the name of the employer as well as the position/title held by the proposed resource;
 - (b) “when” means the start date and end date (e.g. from January, 2000 to March, 2002) of the period during which the proposed resource acquired the qualification/experience; and
 - (c) “how” means a clear description of the activities performed and the responsibilities assigned to the proposed resource under this position and during this period.
- 2.7 Furthermore, Bidders are also advised that the month(s) of experience listed for a project or experience whose timeframe overlaps that of another referenced project or experience will only be counted once. For example: Project 1 timeframe is July 2001 to December 2001; Project 2 timeframe is October 2001 to January 2002; the total months of experience for these two project references is seven (7) months.
- 2.8 In order to facilitate evaluation of proposals, it is recommended that bidders address, in their proposal, the mandatory and rated criteria in the order in which they appear below, using the numbering outlined in the table below.

(A) Dentists

#	Mandatory Technical Criteria	Bidder Response Description (include location in bid)	Met/Not Met
M1	The bidder must propose at least one dentist		
M2	The proposed dentist(s) must hold a current license in good standing from the provincial licensing body for Dentists in the province where services are to be provided. Bidders must provide a copy of the license with the bid.		
M3	The proposed dentist(s) must have a minimum of six (6) months experience practicing as a Dentist within the last two (2) years.		

(B) Dental Assistants

M4	The bidder must propose at least one dental assistant		
M5	The proposed dental assistant(s) must be licensed by the appropriate governing body for the Province where services will be provided. Bidders must provide a copy of the license with their bid.		
M6	The proposed dental assistant must have a minimum of six (6) months experience as a dental assistant providing intra-oral care within the last two (2) years.		

BIDDERS MUST INCLUDE BOTH MONTH AND YEAR WHEN PROVIDING EXPERIENCES START AND END DATES

Note: Important information required to be deemed compliant

IMPORTANT REMINDER TO BIDDERS: FAILURE TO COMPLETING AND SUBMITTING ALL CERTIFICATIONS REQUIRED WITH YOUR BID WILL RENDER YOUR BID NON-COMPLIANT. THIS INCLUDES BUT IS NOT LIMITED TO THE FOLLOWING:

- 1- THE FEDERAL CONTRACTORS PROGRAM FOR EMPLOYEMENT EQUITY – BID CERTIFICATION, at PART 5 – CERTIFICATIONS of this RFP;**
- 2- THE FORMER PUBLIC SERVANT CERTIFICATION, at PART 5 – CERTIFICATIONS of this RFP**

ANNEX D - Insurance Requirements

1. Commercial General Liability Insurance:

- 1.1 The Contractor must obtain Commercial General Liability Insurance, and maintain it in force throughout the duration of the Contract, in an amount usual for a contract of this nature, but for not less than \$2,000,000 per accident or occurrence and in the annual aggregate.
- 1.2 The Commercial General Liability policy must include the following:
 - a) Additional Insured: Canada is added as an additional insured, but only with respect to liability arising out of the Contractor's performance of the Contract. The interest of Canada should read as follows: Canada, as represented by the Correctional Service of Canada.
 - b) Bodily Injury and Property Damage to third parties arising out of the operations of the Contractor.
 - c) Products and Completed Operations: Coverage for bodily injury or property damage arising out of goods or products manufactured, sold, handled, or distributed by the Contractor and/or arising out of operations that have been completed by the Contractor.
 - d) Personal Injury: While not limited to, the coverage must include Violation of Privacy, Libel and Slander, False Arrest, Detention or Imprisonment and Defamation of Character.
 - e) Cross Liability/Separation of Insureds: Without increasing the limit of liability, the policy must protect all insured parties to the full extent of coverage provided. Further, the policy must apply to each Insured in the same manner and to the same extent as if a separate policy had been issued to each.
 - f) Blanket Contractual Liability: The policy must, on a blanket basis or by specific reference to the Contract, extend to assumed liabilities with respect to contractual provisions.
 - g) Employees and, if applicable, Volunteers must be included as Additional Insured.
 - h) Employers' Liability (or confirmation that all employees are covered by Worker's compensation (WSIB) or similar program)
 - i) Broad Form Property Damage including Completed Operations: Expands the Property Damage coverage to include certain losses that would otherwise be excluded by the standard care, custody or control exclusion found in a standard policy.
 - j) Notice of Cancellation: The Insurer will endeavour to provide the Contracting Authority thirty (30) days written notice of policy cancellation.
 - k) If the policy is written on a claims-made basis, coverage must be in place for a period of at least 12 months after the completion or termination of the Contract.
 - l) Owners' or Contractors' Protective Liability: Covers the damages that the Contractor becomes legally obligated to pay arising out of the operations of a subcontractor.

2. Litigation Rights:

- 2.1 Pursuant to subsection 5(d) of the Department of Justice Act, S.C. 1993, c. J-2, s.1, if a suit is instituted for or against Canada which the Insurer would, but for this clause, have the right to pursue or defend on behalf of Canada as an Additional Named Insured under the insurance policy, the Insurer must promptly contact the Attorney General of Canada to agree on the legal strategies by sending a letter, by registered mail or by courier, with an acknowledgement of receipt.

For the province of Quebec, send to:

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

For other provinces and territories, send to:

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

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

3. Medical Malpractice Liability Insurance:

- 3.1 The Contractor must obtain Medical Malpractice Liability Insurance, and maintain it in force throughout the duration of the Contract, in an amount usual for a contract of this nature, but for not less than \$1,000,000 per loss and in the annual aggregate, inclusive of the defence costs.
- 3.2 Coverage is for what is standard in a Medical Malpractice policy and must be for claims arising out of the rendering or failure to render medical services resulting in injury, mental injury, illness, disease or death of any person caused by any negligent act, error or omission committed by the Contractor in or about the conduct of the Contractor's professional occupation or business of good samaritan acts.
- 3.3 If the policy is written on a claims-made basis, coverage must be in place for a period of at least 12 months after the completion or termination of the Contract.
- 3.4 Notice of Cancellation: The Insurer will endeavour to provide the Contracting Authority thirty (30) days written notice of cancellation.



Correctional Service
Canada

Service correctionnel
Canada

ANNEX E - National Essential Health Services Framework



SAFETY, RESPECT
AND DIGNITY
FOR ALL

LA SÉCURITÉ,
LA DIGNITÉ
ET LE RESPECT
POUR TOUS

National Essential Health Services Framework

Cadre national relatif aux soins de santé essentiels

April 2013 / Avril 2013

Canada

Table of Contents / Table de matières

Table of Contents / Table de matières	i
1. Background / Contexte	1
2. CSC National Advisory Committee on Essential Health Services / Comité consultatif national sur les services de santé essentiels du SCC.....	4
3. Access to essential services / Accès aux services essentiels	6
4. Access to non-essential services / Accès aux services non essentiels	7
5. Guiding Principles for decisions about essential and non-essential services / Principes directeurs relatifs aux décisions sur les services essentiels et non essentiels	7
6. Approval Process / Processus d'approbation	9
Appendix A. List of Health Services, Medical Equipment, and Supplies ¹⁰	
<i>Core Essential Health Services / Services de santé essentiels de base.....</i>	<i>11</i>
<i>Assistive Devices and Mobility Aids / Aides à la mobilité et accessoires fonctionnels.....</i>	<i>11</i>
<i>Orthotics / Orthèses.....</i>	<i>12</i>
<i>Artificial limbs and speciality braces / Les membres artificiels et les appareils orthopédiques spéciaux.....</i>	<i>12</i>
<i>Hearing and Speech Impaired / Audition et troubles de la parole</i>	<i>13</i>
<i>Respiratory / Système respiratoire.....</i>	<i>13</i>
<i>Cosmetic and Esthetic Services / Services de soins cosmétiques et esthétiques</i>	<i>13</i>
<i>Physiotherapy / Physiothérapie</i>	<i>14</i>
<i>Other Health Services / Autres services de santé.....</i>	<i>14</i>
<i>Urinary Supplies / Fournitures relatives à l'appareil urinaire.....</i>	<i>14</i>
<i>Vision Care / Soins de la vue</i>	<i>14</i>
<i>Occupational Health and Safety / Santé et sécurité au travail.....</i>	<i>14</i>
<i>Allergies and Food Sensitivity Treatment / Traitement des allergies et de la sensibilité alimentaire.....</i>	<i>15</i>
<i>Breast Pumps / Pompes tire-lait</i>	<i>15</i>
<i>Nutritional Supplements / Suppléments alimentaires.....</i>	<i>15</i>
<i>Personal Hygiene Items / Articles d'hygiène personnelle.....</i>	<i>16</i>
<i>Clothing and Linen / Vêtements et linge de maison.....</i>	<i>16</i>
Appendix B. Technical Annex on Dental Service Standards / Technique sur les normes en matière de services dentaires.....	17
Appendix C. Criteria for Diagnostic Investigation / Critère de test diagnostique.....	22
Appendix D. Mental Health Services / Service de santé mentale.....	24
Appendix E. Communications Regarding the Framework / Communication concernant le Cadre.....	26

1. Background / Contexte

Correctional Service Canada (CSC) is obligated, under the Corrections and Conditional Release Act (CCRA), to “provide every inmate with essential health care and reasonable access to non essential mental health care”

The Commissioner’s Directives 800 series are the key references on essential health services (Clinical services, mental health and public health services).

The mission of Health Services is to provide offenders with efficient and effective health services that **encourages individual responsibility, promotes healthy reintegration and contributes to safe communities.**

Health care services must respect gender, cultural, religious and linguistic differences, and be responsive to the special needs of women and Aboriginal people.

Consistent with the transformation agenda, CSC recognizes that health outcomes are a shared responsibility between service providers and inmates. Inmates must be involved in taking responsibility and proactive measures to safeguard their health.

Le Service correctionnel Canada (SCC) est tenu, aux termes de la Loi sur le système correctionnel et la mise en liberté sous condition, de veiller « à ce que chaque détenu reçoive les soins de santé essentiels et qu’il ait accès, dans la mesure du possible aux soins qui peuvent faciliter sa réadaptation et sa réinsertion sociale ».

Les directives du commissaire de la série 800 constituent les principaux documents de référence sur les services de santé essentiels (services cliniques, santé mentale et santé publique).

La mission des Services de santé est de fournir aux délinquants des services de santé efficaces et efficaces **qui permettent de promouvoir la responsabilité individuelle, favoriser la saine réinsertion sociale et contribuer à la sécurité des collectivités.**

Les Services de santé doivent respecter les différences entre les sexes, les cultures et les groupes linguistiques et tenir compte des besoins propres aux femmes et aux Autochtones.

Conformément au programme de transformation, le SCC reconnaît que les résultats en matière de santé constituent une responsabilité partagée entre les prestataires de services et les détenus. Les détenus doivent s’impliquer dans cette responsabilité et prendre des mesures proactives pour protéger leur santé.

Health Services are provided in ambulatory Health Service Centres in institutions, regional hospitals and regional treatment / psychiatric centres. Inmates may have to go to the community for emergency services, specialized health care services and for hospitalization that cannot be accommodated in CSC's regional hospitals. In CSC, health care is provided by a wide range of regulated and non-regulated health professionals.

In broad terms health care means medical, dental, mental health care and public health services. During the period of incarceration, inmates are provided with a range of coordinated health services that are accessible, affordable, and appropriate to the correctional environment.

Within CSC the comprehensive health services provided to inmates are administratively managed in three categories: clinical services, mental health and public health. Clinical Services refers to assessment, diagnosis and treatment of acute and chronic physical illnesses. Mental health care includes assessment, intervention, treatment and support services and discharge planning provided to inmates with significant mental health needs in the areas of emotion, thinking and/or behaviour.

Les services de santé sont fournis dans les centres de soins ambulatoires à l'intérieur des établissements, dans les hôpitaux régionaux et dans les centres de traitement / psychiatriques régionaux. Il est possible que les détenus doivent se rendre dans la collectivité pour y recevoir des soins d'urgence, des soins spécialisés ou pour y être hospitalisés, lorsque cela est impossible dans un hôpital régional du SCC. Au SCC, les soins de santé sont dispensés par des professionnels de la santé réglementés et non réglementés.

En termes généraux, les soins de santé comprennent les soins médicaux, dentaires, les soins de santé mentale et les services de santé publique. Pendant la durée de leur incarcération, les détenus ont droit à tout un éventail de services de santé coordonnés qui sont accessibles, abordables et adaptés au milieu correctionnel.

Au sein du SCC, les services de santé complets offerts aux détenus sont administrés selon trois catégories : les services cliniques, la santé mentale et la santé publique. Les services cliniques visent le dépistage, le diagnostic et le traitement des maladies aiguës ou chroniques. Les soins de santé mentale comprennent le dépistage, l'intervention, le traitement et les services de soutien ainsi que la planification de la continuité des soins offerts aux détenus qui ont des besoins importants en santé mentale pour ce qui touche les émotions, la pensée ou le comportement.

Public health consists of the services and resources provided to inmates related to health promotion and education; prevention, control and management of infectious diseases; epidemiology and surveillance; and discharge planning for community reintegration.

La santé publique consiste en les services et ressources fournis aux détenus en ce qui concerne la promotion et l'éducation en matière de santé; la prévention, le contrôle et la gestion des maladies infectieuses; l'épidémiologie et la surveillance ainsi que la planification de la continuité des soins en vue de la réinsertion sociale dans la collectivité.

One of the key priorities for Health Services is to improve the quality and consistency of essential health service delivery. As highlighted in the Audit of Physical Health Care Delivery to Inmates (April 2008), in the past CSC defined essential services in general terms. This left room for interpretation by site health services personnel as to which health services are essential and provided by CSC, and which are non-essential and may be provided if paid for by the inmate. This led to inconsistency in the provision of health care services from site to site.

L'une des principales priorités des Services de santé est d'améliorer la qualité et l'uniformité des soins de santé essentiels dispensés. Comme en témoigne le rapport sur la vérification des soins de santé physique dispensés aux détenus (avril 2008), le SCC définissait par le passé les services essentiels en termes généraux, ce qui laissait une marge au personnel des soins de santé de chaque établissement pour déterminer les soins de santé qui sont essentiels et dispensés par le SCC et ceux qui ne sont pas essentiels et qui peuvent être prodigués sous réserve que le détenu en règle la note. Cela se traduisait par un manque d'uniformité d'un établissement à l'autre dans la prestation des soins de santé.

The purpose of this Framework and the [National Formulary](#) is the promotion of quality and consistency in health services across the country, and allows CSC to make decisions based on monitoring and analyzing the effectiveness and efficiency of essential health services.

Le but de ce Cadre et le [Formulaire national](#) est de promouvoir la qualité et l'uniformité des services de soins de santé à travers le pays et il permet au SCC de prendre des décisions fondées sur la surveillance et l'analyse de l'efficacité et de l'efficience des services de santé essentiels.

2. CSC National Advisory Committee on Essential Health Services / Comité consultatif national sur les services de santé essentiels du SCC

In order to move forward with the development of a comprehensive framework a National Advisory Committee on Essential Health Services was established in 2009 to provide an effective ongoing oversight mechanism to ensure accountability, consistency, cost effectiveness and best practices specific to the needs of CSC's population. The Committee has adopted a phased approach to clarify/define essential health services in the areas of clinical services, mental health and public health.

The Committee reviews the nature and scope of regional "special authorization" requests and approvals, is responsible for making recommendations on new and emerging services and technologies and enhances national consistency through revision and updates to the Framework.

In the first phase (2009-2010) CSC, under the leadership of the Committee, addressed the recommendation of the Audit of Physical Health Care Delivery to Inmates (April 2008) and focused on services in Health Service Centres in institutions, namely, clinical services.

Pour faire avancer l'élaboration d'un cadre global, un Comité consultatif national sur les services de santé essentiels a été mis sur pied en 2009 afin de fournir un mécanisme de surveillance continue pour assurer la responsabilisation, l'uniformité, la rentabilité et l'établissement de pratiques exemplaires propres aux besoins de la population du SCC. Le Comité a adopté une approche progressive pour cerner et définir les services de soins de santé essentiels dans les domaines des services cliniques, de la santé mentale et de la santé publique.

Le Comité examine la nature et la portée des demandes régionales « d'autorisations spéciales » et d'approbations, formule des recommandations sur les nouveaux services et technologies et accroît l'uniformité à l'échelle nationale grâce à des révisions et des mises à jour du cadre.

Au cours de la première étape (2009-2010), le SCC, sous la gouverne du Comité, a donné suite à la recommandation issue de la vérification des soins de santé physique dispensés aux détenus (avril 2008) et s'est concentré sur les services offerts dans les centres de santé en établissement, notamment les services cliniques.

In the second phase (2010-2011), the Committee focused on mental health services. Annex D – Mental Health Services outlines a framework for decision making on the provision of essential mental health services along the continuum of care from intake through to warrant expiry, including mental health screening at intake, primary mental health care, intermediate mental health care, intensive care at the regional treatment centres, and transitional care for release to the community.

In subsequent phases, other components of essential health services will be further defined including public health services and health care provided in CSC regional hospitals.

Durant la deuxième étape (2010-2011), le Comité s'est penché sur les services de santé mentale. L'Annexe D – Services de santé mentale présente un cadre pour la prise de décisions relatives à la prestation de services de santé mentale essentiels tout au long du continuum des soins. Ce continuum comprend : le dépistage des troubles mentaux à l'évaluation initiale, les soins de santé mentale primaires, les soins de santé mentale intermédiaires, les soins intensifs dans les centres régionaux de traitement et les soins de transition en vue de la remise en liberté dans la collectivité.

Durant les étapes à venir, d'autres composantes des services de santé essentiels seront mieux définies, dont les services de santé publique et les soins de santé offerts dans les hôpitaux régionaux du SCC.

3. Access to essential services / Accès aux services essentiels

There are several ways that health services may be accessed. Inmates may initiate access by submitting, in confidence, a request for health services (clinical services, mental health, public health), and indicating the reason for the request. Inmate requests are reviewed, prioritized according to urgency, and services are provided by a health care provider.

Il y a plusieurs voies d'accès aux services de santé. Les détenus peuvent présenter, à titre confidentiel, une demande de services de santé (services cliniques, santé mentale, santé publique) en précisant le motif de leur demande. Ces demandes sont examinées et classées par ordre de priorité en fonction de leur niveau d'urgence. Un fournisseur de soins de santé dispense ensuite des services au détenu.

An inmate may also be referred to Health Services by any staff in the institution.

Un détenu peut aussi être aiguillé vers les Services de santé à la demande d'un membre du personnel de l'établissement.

Some Health Service Centers have “drop in hours” where inmates can be seen by showing up at the Centre. Visits with Physicians/Specialists (including Psychiatrists) and other health care professionals are pre-booked according to need and institutional operational requirements. When inmates are referred to community medical/psychiatric services they are subject to the same waiting period as community members. Accessing community services is also subject to the operational requirements of the institution.

Certains centres de services de santé ont des heures de cliniques sans rendez-vous durant lesquelles les détenus peuvent être vus lorsqu'ils se présentent au centre de santé. Les rendez-vous avec des médecins ou des spécialistes (y compris des psychiatres) sont pris à l'avance en fonction des besoins et des exigences opérationnelles de l'établissement. Lorsque des détenus sont aiguillés vers des services médicaux/psychiatriques à l'extérieur des établissements, ils sont assujettis au même délai d'attente que les membres de la collectivité. L'accès aux services offerts dans la collectivité est également en fonction des exigences opérationnelles de l'établissement.

4. Access to non-essential services / Accès aux services non essentiels

According to [CD 800](#), “inmate requested services deemed non-essential will be at the inmate’s complete expense including consultation fees; and at the discretion of the Institutional Heads, any associated escort costs. Health Services shall be responsible for the coordination of arrangements for inmate requested services.”^a

Selon la [DC 800](#), « Lorsque le détenu demande des services qui ne sont pas jugés essentiels par le médecin de l’établissement, il doit en assumer tous les frais; y compris les frais de consultation et, à la discrétion du directeur, les coûts connexes associés aux fonctions d’escorte. Les services de santé sont responsables de la coordination des dispositions relatives aux services demandés par des détenus. »^b

5. Guiding Principles for decisions about essential and non-essential services / Principes directeurs relatifs aux décisions sur les services essentiels et non essentiels

The following guiding principles were considered in the development of the list (and exclusions) of funded services and are in accordance with relevant legislation, CSC Policy and CSC Health Services’ Mission:

Les principes directeurs suivants ont servi de référence pour l’élaboration de la liste des services financés (et des exclusions) et est en conformité avec législation pertinente, la politique du SCC et la mission des Services de santé.

The goal is the provision of essential health services to CSC’s inmate population;

L’objectif est la prestation de services de santé essentiels à la population carcérale du SCC;

CSC recognizes that health outcomes are a shared responsibility between service providers and inmates. Inmates will be expected to take responsibility and be proactive in safeguarding their health;

Le SCC reconnaît que les résultats en matière de santé sont une responsabilité partagée entre les prestataires de services et les détenus. On s’attend à ce que les détenus assument cette responsabilité et soient proactifs pour protéger leur santé;

^a Form 532 (Inmate Request to Encumber/Disburse Funds) is completed by the inmate with the assistance of health services staff

^b Le formulaire 532 (Demande du détenu pour charger/déboursier des fonds) doit être complété par le détenu avec l’aide du personnel des Services de santé

In meeting its mandate to provide essential services, CSC should not normally exceed the level of health services that are available through provincially public-funded health and social service programs;

Dans le mandat qui lui est confié de fournir des services essentiels, le SCC ne doit normalement pas excéder le niveau des services de santé disponibles dans les réseaux de santé publics et de services sociaux provinciaux;

Provincially public-funded services vary across provinces and CSC is responsible for establishing national standards that promote effectiveness and efficiency;

Les services financés par les réseaux publics provinciaux varient d'une province à l'autre et le SCC est responsable d'établir des normes nationales qui favorisent l'efficacité et l'efficience;

Medical, dental and mental health care services will be provided by health care professionals conforming to professionally accepted standards; and

Les soins médicaux, dentaires et de santé mentale seront dispensés par des professionnels de la santé autorisés conformément aux normes professionnelles reconnues; et

Health services will be provided consistent with the unique requirements of the correctional environment emphasizing safety, security and in support of the correctional plan.

Les services de santé seront dispensés dans le contexte des exigences uniques à l'environnement correctionnel, la protection et la sécurité demeurant toujours des priorités de même que l'appui au plan correctionnel.

These principles recognize that the determination about which service is required for an inmate at a specific time remains the function of the health care professionals, based on a sound clinical assessment.

Ces principes reconnaissent qu'il appartient aux professionnels de la santé de décider des services à dispenser au détenu à un moment précis, en fonction de l'évaluation clinique effectuée.

6. Approval Process / Processus d'approbation

In order to assist with making a determination about essential and non-essential services and achieve consistency across regions, refer to:

- [Appendix A – List of Health Services, Medical Equipment and Supplies](#)
- [Appendix B – Technical Annex on Dental Service Standards](#)
- [Appendix C – Criteria for Diagnostic Investigation](#)
- [Appendix D – Mental Health Services](#)

In order to promote and support national consistency selected special authorization requests will be monitored.

Pour aider à déterminer les services essentiels et non essentiels et à assurer l'uniformité entre les régions, le personnel peut consulter les annexes suivantes :

- [Annexe A – Liste des services de santé, des équipements médicaux et des fournitures](#)
- [Annexe B – Technique sur les normes en matière de services dentaires](#)
- [Annexe C – Critères de test diagnostique](#)
- [Annexe D – Services de santé mentale](#)

Afin de favoriser l'uniformité nationale, certaines demandes d'autorisations spéciales régionales seront examinées.

Appendix A.

List of Health Services, Medical Equipment, and Supplies

(some items that Health Services does not provide may be provided by other departments)

The approved list identifies items/services according to “approved,” “not approved,” and “by special authorization”.

Items/services listed as “approved” can be implemented routinely at the institutional level.

Items/services listed as “by special authorization” require regional approval by the Manager, Clinical Services; and,

The requested special authorization must be recommended by the Institutional Physician or Dentist along with the medical justification for the request.

Please note that the determination about specific health services for specific inmates at specific time remains the function of health professionals, based on clinical assessment.

Liste des services de santé, des équipements médicaux et des fournitures

(certains éléments qui ne sont pas fournis par les Services de santé seront peut-être fournis par d'autres départements)

La liste présente les articles/services selon s'ils sont « approuvés » ou « non approuvés », ou s'ils doivent être approuvés « par suite d'une autorisation spéciale ».

Les articles/services « approuvés » peuvent être mis en œuvre régulièrement dans les établissements

Les articles/services qui doivent être approuvés « par une autorisation spéciale » nécessitent l'approbation régionale du gestionnaire, Services cliniques; et,

De plus, la demande d'autorisation spéciale doit être recommandée par le médecin ou le dentiste de l'établissement, qui doit fournir une justification médicale à l'appui.

Veillez noter que la détermination des services de santé requis pour des détenus particuliers et pour une période donnée demeure la responsabilité de professionnels de la santé et doit se fonder sur une évaluation clinique.

Legend / Légende	
Y / O	Approved / Approuvé
N	No / Non
SA / AS	Approved by Special Authorization / Approuvé par suite d'une autorisation spéciale

	Core Essential Health Services		Services de santé essentiels de base
1.	Physical Health	Y / O	Santé physique
2.	Mental Health	Y / O	Santé mentale
3.	Public Health	Y / O	Santé publique
4.	Dental Services	Y / O	Soins dentaires

A.	Assistive Devices and Mobility Aids		Aides à la mobilité et accessoires fonctionnels
1.	Pillows	N	Oreillers
2.	Mattresses	N	Matelas
3.	Wheelchairs		Fauteuils roulants
3-a	Electric	SA / AS	Électrique
3-b	Manual	Y / O	Manuel
4.	Motorized scooters	SA / AS	Scooters motorisés
5.	Walkers	Y / O	Déambulateurs
6.	Canes	Y / O	Cannes
7.	Crutches	Y / O	Béquilles
8.	Fibreglass casts	N	Plâtres en fibre de verre
9.	Back brace	Y / O	Corset lombaire
10.	Knee braces	Y / O	Attelles pour le genou
11.	Ankle braces	Y / O	Attelles de cheville

12.	Elbow supports	Y / O	Protège-coude
13.	Wrist supports	Y / O	Protège-poignet
14.	Tensor bandages	Y / O	Bandages de contention
15.	Heating pads	N	Coussins chauffants
16.	Hot water bottles	N	Bouillottes
17.	Support stockings	Y / O	Bas de contention
18.	Stump stockings	Y / O	Bonnets couvre-moignon
19.	Slings		Attelles
19-a	bandage type	Y / O	de type bandage
19-b	orthopedic type	Y / O	de type orthopédique
20.	Shoes	N	Souliers
21.	Corn pads	N	Coussinets pour les cors
B.	Orthotics		Orthèses
1.	Orthotics i.e. custom shoe inserts, over the counter orthotics	N	Orthèses c.-à-d: semelles fait sur mesure, orthèses qu'on peut obtenir sans ordonnance
c.	Artificial limbs and speciality braces		Les membres artificiels et les appareils orthopédiques spéciaux
1.	Artificial limbs and speciality braces <ul style="list-style-type: none"> Must be recommended by a specialist and approved by the Institutional Physician. Does not require approval by the Manager Clinical Services. The Chief Health Services can implement the order. 	Y / O	Les membres artificiels et les appareils orthopédiques spéciaux <ul style="list-style-type: none"> Doivent avoir été recommandées par un spécialiste et approuvées par le médecin de l'établissement. L'autorisation du gestionnaire des Services cliniques n'est pas nécessaire. Le chef des Services de santé peut faire la commande.

D.	Hearing and Speech Impaired		Audition et troubles de la parole
1.	Hearing aids (and how often)	Y / O (5 yrs / ans)	Appareils auditifs (à quelle fréquence)
2.	Hearing aid batteries	Y / O	Piles pour les appareils auditifs
3.	Repairs to hearing aids	Y / O	Réparations des appareils auditifs
4.	Cochlear implant processors	N	Processeurs d'implant cochléaire
E.	Respiratory		Système respiratoire
1.	<p>Continuous positive airway pressure (CPAP) or Auto titrating positive airway pressure (APAP) Machines and related replacement parts</p> <ul style="list-style-type: none"> • CSC will only provide after sleep study completed and upon the recommendation of a sleep specialist. • Regions will rent or buy machines that remain the property of CSC. • CSC will purchase tubing and masks once per year that "belongs to inmate". 	Y / O	<p>Appareils à ventilation spontanée en pression positive continue (VSPPC) ou appareils de ventilation nasale spontanée en pression positive continue avec titration automatique</p> <ul style="list-style-type: none"> • Le SCC ne fournira un appareil qu'après une évaluation du sommeil et à la recommandation d'un spécialiste du sommeil. • Les régions loueront ou achèteront les appareils de VSPPC, et ceux-ci appartiendront au SCC. • Le SCC achètera les tubes et les masques une fois par année (ils appartiendront au détenu).
2.	Aerochamber	Y / O	Aérochambre
F.	Cosmetic and Esthetic Services		Services de soins cosmétiques et esthétiques
1.	Reconstructive surgery	SA / AS	Reconstruction chirurgicale
2.	Cosmetic surgery	N	Chirurgie esthétique
3.	Tattoo removal	N	Détatouage
4.	Laser hair removal	N	Épilation au laser
5.	Esthetics	N	Esthétique
6.	Wigs	N	Perruques

G.	Physiotherapy		Physiothérapie
	Chronic Conditions : One session for teaching and two follow up sessions	Y/O	Conditions chroniques Une séance d'éducation et deux séances de suivi
	Acute Conditions : A maximum of ten sessions	Y/O	Conditions aiguës Nombre maximal de dix séances
H.	Other Health Services		Autres services de santé
1.	Chiropractic services	N	Services chiropratiques
2.	Registered massage therapy	N	Massothérapie autorisée
3.	Naturopath consultation	N	Consultation en naturopathie
4.	Acupuncture	N	Acuponcture
I.	Urinary Supplies		Fournitures relatives à l'appareil urinaire
1.	Colostomy equipment	Y / O	Équipement de colostomie
2.	Catheterization supplies	Y / O	Matériel de cathétérisme
3.	Incontinence supplies	Y / O	Produits pour incontinence
J.	Vision Care		Soins de la vue
1.	Glasses (and how often new lenses and frames provided)	Y / O (3 yrs / ans)	Lunettes (fréquence à laquelle les nouvelles lentilles et montures sont fournies)
2.	Foldable intraocular lenses indicated in cataract surgery	Y/O	Lentilles intraoculaires pliables indiquées dans les cas de chirurgie de la cataracte
3.	Laser eye surgery	N	Chirurgie des yeux au laser
4.	Contact lenses and solution	N	Lentilles de contact et solution
K.	Occupational Health and Safety		Santé et sécurité au travail
1.	Safety glasses	N	Lunettes de sécurité
2.	Gloves	N	Gants
3.	Earplugs	N	Bouchons d'oreilles

L.	Allergies and Food Sensitivity Treatment		Traitement des allergies et de la sensibilité alimentaire
1.	Allergy testing (other than for food allergies)	Y / O	Tests d'immunologie (autres que les allergies alimentaires)
2.	Food allergy testing *As per the Food Allergy Testing Protocol	* Y / O	Tests d'allergies alimentaires *Selon le Protocole relatif aux tests d'allergies alimentaires
3.	Lactose Intolerance *As per Lactose Intolerance Management Protocol	* Y / O	Intolérance au lactose *Selon le protocole de Gestion de l'intolérance au lactose
4.	EpiPen®	Y / O	EpiPen®
M.	Breast Pumps		Pompes tire-lait
1.	Machine (rented or purchased – property of CSC) Health Canada Recommendations	*Y / O (2 yrs / ans)	L'appareil (loué ou acheté – propriété du SCC) Recommandations de Santé Canada
2.	Tubing and equipment “belongs to inmate”	*Y / O (2 yrs / ans)	Les tubes et les pièces appartiennent à la détenue
	*2 yrs – then reassess		*2 ans – puis réévaluer
N.	Nutritional Supplements		Suppléments alimentaires
1.	Artificial sweeteners (provided to inmates with diabetes by Food Services)	N	Édulcorants artificiels (fourni aux détenus avec un diabète par les Services d'alimentation)
2.	Nutritional Supplement drinks	N	Boissons – suppléments alimentaires
3.	Weight loss aids	N	Produits favorisant la perte de poids
4.	Protein supplements	N	Suppléments protéiques
5.	Herbal and naturopathic medicine	N	Herbes médicinales et les produits naturopathiques
6.	Organic food	N	Produits biologiques
7.	Vitamin/mineral supplements and digestive aid products	N	Vitamines/suppléments minéraux et aides digestifs

O.	Personal Hygiene Items		Articles d'hygiène personnelle
1.	Soap	N	Savon
2.	Toothpaste	N	Dentifrice
3.	Deodorant	N	Déodorant
4.	Cologne/perfume	N	Eau de Cologne/parfum
5.	Hand/body lotion	N	Lotion pour les mains ou le corps
6.	Shampoo (non-prescription)	N	Shampooing (sans ordonnance)
7.	Dandruff Shampoo	N	Shampooing antipelliculaire
8.	Acne treatment (other than prescription)	N	Traitement contre l'acné (autre que sous ordonnance)
P.	Clothing and Linen		Vêtements et linge de maison
1.	Clothing	N	Vêtements
2.	Mattress covers	N	Couvre-matelas
3.	Towels	N	Serviettes
4.	Sheets, blankets and pillow cases	N	Draps, couvertures et taies d'oreiller
5.	Laundry detergent	N	Détergent à lessive

Appendix B. Technical Annex on Dental Service Standards			s normes en ices dentaires
Diagnostic Services		Services de diagnostic	
A.	Examinations	Examens	
1.	Emergency oral examination	Y / O	Examen bucco-dentaire d'urgence
2.	Complete oral examination and treatment planning (once every 12 months)	Y / O	Examen bucco-dentaire complet et planification de traitement (une fois tous les 12 mois)
3.	Laboratory and microbiology tests (as required)	Y / O	Analyses de laboratoire et de microbiologie (au besoin)
B.	Radiographs	Radiographies	
1.	Bitewings, occlusal, and periapical radiographs (as required)	Y / O	Radiographies interproximales, occlusales et périapicales (au besoin)
2.	Complete radiographic series (as required)	Y / O	Série complète de radiographies (au besoin)
3.	Panoramic radiographs (once every 5 years)	Y / O (5 yrs / ans)	Radiographies panoramiques (une fois tous les 5 ans)
C.	Preventive Services	Services de prévention	
1.	All preventive services are done together not more than once in a 12-month period	Y / O	Tous les services de prévention sont effectués ensemble au plus une fois dans une période de 12 mois
2.	Dental scaling and hygiene procedure teaching	Y / O	Détartrage et enseignement des mesures d'hygiène
3.	Dental polishing	Y / O	Polissage de dents
4.	Root planning (as required)	Y / O	Surfaçage radiculaire (au besoin)

D.	Restorative Services		Services de restauration
1.	Fixed bridges, implants, prefabricated crowns, and aesthetic services (e.g., veneers) are not covered; however,	N	Les ponts fixes, les implants, les couronnes préfabriquées et les services esthétiques (p. ex., facettes) sont exclus; cependant,
2.	Minor laboratory and clinical processed repair may be covered when recommended by the dentist.	SA / AS	Les réparations mineures faites en laboratoire ou en clinique peuvent être incluses si elles sont recommandées par le dentiste.
3.	Dental caries/pain control with the use of sedative dressing and/or pulp caps	Y / O	Traitement de caries/douleur à l'aide d'un pansement sédatif et/ou d'une coiffe pulpaire
4.	Amalgam restorations for the posterior teeth **	Y / O	Restaurations en amalgame des dents postérieures **
5.	Composite restorations for the anterior teeth **	Y / O	Restaurations en composite des dents antérieures **
6.	Use of pin retention and/or prefabricated posts in restorations (as required)	Y / O	Utilisation d'un tenon dentinaire et/ou d'un pivot préfabriqué dans le cadre d'une restauration (au besoin)
**	** <i>Final choice of restoration material is based on dentist judgement and may differ from above. / Le choix final des biomatériaux de restauration est à la discrétion du dentiste et peut différer des biomatériaux proposés ci-haut.</i>		
E.	Endodontic Services		Services d'endodontie
1.	Certain non complex root canal treatments for anterior 12 teeth as determined by dentist, including emergency opening of the pulp canal	Y / O	Certains traitements de canal simples sur les 12 dents antérieures si recommandés par le dentiste (incluant ouverture d'urgence de la chambre pulpaire)
F.	Periodontal Services		Services parodontaux
1.	Management of acute periodontal infections	Y / O	Prise en charge d'infections parodontales aiguës

G.	Prosthetic Services		Service de dentisterie prothodontique
1.	Supplemental prosthesis	N	Prothèses supplémentaires
2.	Fabrication of removable acrylic complete and partial prosthesis, once every 5 years**	Y / O (5 yrs / ans)	Fabrication de prothèses complètes et partielles amovibles en acrylique, une fois tous les 5 ans**
3.	Repairs and adjustments of removable complete and partial prosthesis as required (e.g., following surgery)	Y / O	Réparations et ajustements de prothèses complètes et partielles amovibles, au besoin (p. ex., à la suite d'une chirurgie)
4.	Re-lining of removable complete and partial prosthesis, once every 5 years	Y / O (5 yrs / ans)	Regarnissage des prothèses complètes et partielles amovibles, une fois tous les 5 ans
5.	Addition of a structure to the prosthesis (as required)	Y / O	Ajout de structure à des prothèses (au besoin)
6.	Minor repairs or re-cementation of fixed bridges	Y / O	Réparations mineures ou recimentation de ponts fixes (au besoin)
**	** Removable partial prosthesis with metal framework may be covered only when recommended by the dentist. / Les prothèses dentaires partielles amovibles avec squelette de métal peuvent être incluses seulement si elles sont recommandées par le dentiste.		
H.	Surgical Services		Services chirurgicaux
1.	Tooth and root extraction (erupted teeth and symptomatic impaction)	Y / O	Extraction de dents et de racines (dents à éruption complétée et dents incluses symptomatiques)
2.	Alveoloplasty and gingivoplasty in conjunction with dental extractions, fabrication of prosthesis and/or periodontal disease	Y / O	Alvéoloplastie et gingivoplastie en conjonction avec des extractions dentaires, la fabrication d'une prothèse et/ou la présence d'une maladie parodontale
3.	Oral pathology biopsy	Y / O	Biopsie buccale
4.	Drainage of an abscess	Y / O	Drainage d'un abcès
5.	Repair of a laceration	Y / O	Réparation d'une lacération
6.	Repositioning of the jaw	Y / O	Repositionnement de la mâchoire
7.	Treatment of osteomyelitis	Y / O	Traitement de l'ostéomyélite
8.	Extraction of asymptomatic impacted or un-erupted teeth, especially third molar	N	L'extraction de dents antérieures et postérieures incluses asymptomatiques, spécialement les troisièmes molaires

I.	Emergency Services		Services d'urgence
1.	Tooth and root extractions	Y / O	Extraction de dents et de racines
2.	Opening of the pulp chamber	Y / O	Ouverture de la chambre pulpaire
3.	Drainage of an abscess	Y / O	Drainage d'un abcès
4.	Hemorrhage control	Y / O	Maîtrise d'une hémorragie
5.	Repair of a laceration	Y / O	Réparation d'une lacération
6.	Immobilization of a tooth loosened by trauma	Y / O	Immobilisation d'une dent ébranlée
7.	Re-implantation of a tooth	Y / O	Réimplantation d'une dent
J.	Anaesthesia		Anesthésie
1.	Local anaesthesia only	Y / O	Anesthésie locale seulement
K.	Exceptions		Exceptions
1.	<p>An exception to the standard services may be requested where the dentist believes it is warranted:</p> <ul style="list-style-type: none"> • The dentist must provide clear written rationale for any required exception • The decision and rationale must be entered on the patient's chart 	SA / AS	<p>Une dérogation par rapport aux services réguliers peut être requise si elles sont jugées nécessaires par le dentiste :</p> <ul style="list-style-type: none"> • Le dentiste doit fournir une justification écrite pour toute exception requise • La décision et la justification doivent être versées au dossier du patient
L.	Records		Dossiers
1.	Delivery of dental services and of dental record maintenance must be in compliance with professional and provincial licensing authorities standards		La prestation des services dentaires et la tenue des dossiers dentaires doivent être conformes aux noèmes des autorités professionnelles provinciales
2.	Records should show the detailed treatment recommendations directly related to the type of examination and treatment provided		Les dossiers devraient indiquer les traitements recommandés en détails selon le type d'examen et les traitements fournis
3.	Records may be used for further reference by CSC		Le SCC peut utiliser les dossiers à des fins de consultation ultérieure

4.	Records are confidential		Les dossiers sont confidentiels
M.	REVIEW		RÉVISION
1.	The Technical Annex on Dental Services Standards at CSC will be reviewed periodically		L'annexe technique sur les normes en matière de services dentaires du SCC sera révisée périodiquement
	<i>GENERAL NOTE: All aspects of CSC dental services are subject to prioritization of requests and care delivery due to the requirement to meet the overall inmate population health needs. Final determination of treatment rendered would be determined by the dentist and health care staff and would not necessarily be by chronological order of request but by priority of care order.</i>		<i>REMARQUE GÉNÉRALE : Tous les aspects des services dentaires du SCC sont assujettis à la priorité des demandes et des soins, qui est déterminée en fonction des besoins de santé de la population carcérale générale. La décision finale du traitement rendu sera déterminée par le dentiste et les professionnels de la santé et ne serait pas nécessairement basée sur l'ordre chronologique de la demande, mais bien sur l'ordre des soins prioritaires.</i>

Appendix C. Criteria for Diagnostic Investigation		Critères de test diagnostique
1.	The diagnostic test should be clinically indicated for the assessment and/or management of a disease state.	Le test diagnostique doit être indiqué d'un point de vue clinique pour l'évaluation ou la gestion d'un état pathologique.
2.	The use of a specific diagnostic test should be consistent with generally accepted clinical guidelines for the assessment and/or management of the disease state.	L'utilisation d'un test diagnostique particulier doit être conforme aux directives cliniques généralement acceptées pour l'évaluation et la gestion de l'état pathologique.
3.	The diagnostic test should provide the information required for assessment and/or management of a disease state and should generally be the least invasive and most readily available test.	Le test diagnostique doit fournir les renseignements nécessaires pour l'évaluation ou la gestion d'un état pathologique et doit généralement être le test le moins invasif et le plus facilement accessible.
4.	The following issues should be considered when ordering diagnostic tests:	Les questions suivantes doivent être prises en considération lorsque l'on commande des tests diagnostiques :
a.	The diagnostic test should contribute to the essential medical management of an inmate's health while incarcerated.	Le test diagnostique doit contribuer à la gestion médicale essentielle de la santé d'un détenu pendant son incarcération.
b.	The inmate's proposed release date and the proposed community and or province of final destination.	La date de mise en liberté proposée pour le détenu et la collectivité ou la province proposée comme destination finale.
i.	The urgency for acquiring the information generated by a diagnostic test;	L'urgence d'obtenir les renseignements fournis par un test diagnostique;
ii.	Requests for urgent and semi-urgent testing should be processed regardless of the inmate's proposed release date or geographic destination;	Les demandes d'examen urgent et semi-urgent doivent être traitées sans tenir compte de la date de mise en liberté proposée du détenu ou de leur destination géographique;

iii.	Depending on the inmate's release date and final destination, elective testing could be obtained by the inmate after release. In this situation the inmate should be provided with the appropriate advice and information concerning the diagnostic test required.		Selon la date de mise en liberté et la destination finale du détenu, celui-ci peut obtenir un test électif après leur mise en liberté. Dans ce cas, on doit leur fournir les conseils et les renseignements appropriés au sujet du test diagnostique nécessaire.
c.	The availability of local resources.		La disponibilité des ressources locales.
i.	If, for example, an MRI is requested and access to MRI is not locally available but CT is and the information obtained through computerized tomography would provide appropriate diagnostic information then CT should be an acceptable alternative;		Si, par exemple, on demande d'utiliser l'imagerie par résonance magnétique et que l'on n'y a pas accès à l'échelle locale, mais que l'on a accès à une tomographie par ordinateur et que les renseignements obtenus au moyen de celle-ci fourniraient des renseignements permettant de poser un diagnostic approprié, la tomographie par ordinateur doit être une solution acceptable;
ii.	Similarly, if CT abdomen is indicated but not locally available and Ultrasound is, if the information provided is appropriate to answer the diagnostic question then ultrasound should be considered an acceptable alternative;		De même, si une tomographie de l'abdomen par ordinateur est indiquée, mais n'est pas disponible à l'échelle locale, et que l'ultrason est disponible, et que les renseignements fournis sont appropriés et permettent de poser un diagnostic, on doit alors considérer que l'ultrason est une solution acceptable;
iii.	Consultation with the local radiologists may in some cases result in more timely investigation by utilizing an alternative and appropriate investigative modality.		La consultation des radiologistes locaux peut, dans certains cas, mener à un examen plus rapide grâce à l'utilisation d'une modalité d'évaluation de rechange appropriée.

Appendix D. Mental Health Services		Services de santé mentale
I.	<p>The provision of mental health services should be consistent with the individual's level of need. The level of need is assessed taking into account available mental health assessment information, clinical judgement and is based on signs and symptoms indicative of a mental health disorder and level of functioning. Triaging should be conducted in accordance with professionally accepted standards and relevant CSC mental health policies and guidelines.</p>	<p>La prestation de services de santé mentale devrait répondre au niveau de besoin de l'individu. Le niveau de besoin est évalué en tenant compte de l'information disponible tirée des évaluations de santé mentale et du jugement clinique, et il est fondé sur les symptômes et les signes de troubles mentaux et le niveau de fonctionnement. Le triage des besoins en santé mentale doit être conforme aux lignes directrices du SCC sur les soins santé mentale.</p>
II.	<p>Essential Mental Health Services</p> <p>The following criteria are used to determine if a mental health service is essential for a specific inmate:</p> <p>The inmate has significant mental health needs in the areas of emotion, cognition and/or behaviour indicative of a mental health disorder. These needs are, or are likely to,</p> <ul style="list-style-type: none"> • create significant impairment in the individual's functioning within his/her institution; and /or • significantly impact the individual's successful reintegration into the community. 	<p>Les services de santé mentale essentiels</p> <p>Les critères suivants servent à déterminer si un service de santé mentale est jugé essentiel pour un détenu en particulier :</p> <p>Le détenu a des besoins importants en santé mentale dans les domaines des émotions, des cognitions et/ou des comportements qui indiquent qu'il est atteint d'un trouble de santé mentale. Ces besoins sont susceptibles :</p> <ul style="list-style-type: none"> • de nuire considérablement au fonctionnement de l'individu au sein de son établissement; et/ou • d'avoir des répercussions importantes sur la réinsertion de l'individu en communauté.
III.	<p>Essential Mental Health Services include:</p>	<p>Les services de santé mentale essentiels incluent :</p>
a	<p>Mental Health awareness and Mental Health promotion.</p>	<p>Sensibilisation à la santé mentale et promotion de celle-ci;</p>
b	<p>Mental Health screening, review and follow-up assessment as required.</p>	<p>Dépistage, examen et évaluation des troubles mentaux;</p>

c	Intervention, treatment and supports for inmates with mental health needs.		Intervention, traitement et soutiens pour les détenus ayant des besoins en santé mentale;
d	Transitional supports including appropriate referrals for services in the community for offenders with mental health needs.		Soutiens de transition, incluant l'aiguillage approprié vers des services dans la collectivité pour les délinquants ayant des besoins en santé mentale.
IV.	Non-Essential Mental Health Services:		Les services de santé mentale non essentiels :
	Reasonable access must be provided to non-essential mental health services for inmates.		Un accès raisonnable à des services de santé mentale non essentiels doit être accordé aux détenus.

Appendix E. Communications Regarding the Framework

A) Memo – Use of Private Clinics – December 11, 2007

[Use of Private Clinics](#)

B) Protocol: Requests for Non-Essential Health Services Paid by the Inmate – April 6, 2009

[Memo: Protocol: Requests for Non-Essential Health Services Paid by the Inmate](#)
[Protocol: Requests for Non-Essential Health Services Paid by the Inmate](#)

C) Frequently Asked Questions for Inmates – May 2009

[Frequently Asked Questions for Inmates](#)

D) Frequently Asked Questions for Staff – May 2009

[Frequently Asked Questions for Staff](#)

E) Revised Technical Annex on Dental Standards for CSC – November 2, 2009

[Memo: Revised Technical Annex on Dental Standards for CSC](#)

[Revised Technical Annex on Dental Standards for CSC](#)

F) Memo: Launch of the Amended National Health Services Framework – November 26, 2010

[Memo: Launch of the Amended National Health Services Framework](#)

G) Essential Health Services Communication Deck December 2010

[Essential Health Services Communication Deck](#)

H) Memo: Updated National Health Services Framework – June 18, 2012

[Memo: Updated National Health Services Framework](#)

I) Memo: Updated National Health Services

Communication concernant le Cadre

A) Note de service – Utilisation de cliniques privées (décembre 11, 2007)

[Utilisation de cliniques privées](#)

B) Protocole: Demande de services de santé non-essentiels payés par le détenu (avril 6, 2009)

[Note de service: Protocole: Demande de services de santé non-essentiels payés par le détenu](#)
[Protocole: Demande de services de santé non-essentiels payés par le détenu](#)

C) Foire aux questions pour les détenus (mai 2009)

[Foire aux questions pour les détenus](#)

D) Foire aux questions pour le personnel (mai 2009)

[Foire aux questions pour les détenus](#)

E) Version révisée de l'Annexe technique sur les normes en matière de services dentaires du SCC (novembre 2009)

[Note de service: Version révisée de l'Annexe technique sur les normes en matière de service dentaires au SCC](#)

[Version révisée de l'Annexe technique sur les normes en matière de services dentaires au SCC](#)

F) Note de service: Lancement de la version modifiée du Cadre national des services de santé (novembre 26, 2010)

[Note de service: Lancement de la version modifiée du Cadre national des services de santé](#)

G) Présentation sur les Services de santé essentiel (décembre 2010)

[Présentation sur les Services de santé essentiel](#)

H) Note de service: Mise à jour du Cadre national des services de santé essentiels (juin 18, 2012)

[Note de service: Mise à jour du Cadre national des services de santé essentiels](#)

I) Note de service: Mise à jour du Cadre



Framework – April 10, 2013

[Memo : Updated National Essential Health Services Framework](#)

national des services de santé essentiels (10 avril, 2013)

[Mise à jour du Cadre national des services de santé essentiels](#)