

**RETURN BIDS TO:  
RETOURNER LES SOUMISSIONS À:**  
**Bid Receiving Public Works and Government  
Services Canada/Réception des soumissions  
Travaux publics et Services gouvernementaux  
Canada**  
**Pacific Region**  
**800 Burrard Street, Room 219**  
**800, rue Burrard, pièce 219**  
**Vancouver, B. C.**  
**V6Z 0B9**  
**Bid Fax: (604) 775-7526**

## REQUEST FOR PROPOSAL DEMANDE DE PROPOSITION

**Proposal To: Public Works and Government  
Services Canada**

We hereby offer to sell to Her Majesty the Queen in right of Canada, in accordance with the terms and conditions set out herein, referred to herein or attached hereto, the goods, services, and construction listed herein and on any attached sheets at the price(s) set out therefor.

**Proposition aux: Travaux Publics et Services  
Gouvernementaux Canada**

Nous offrons par la présente de vendre à Sa Majesté la Reine du chef du Canada, aux conditions énoncées ou incluses par référence dans la présente et aux annexes ci-jointes, les biens, services et construction énumérés ici sur toute feuille ci-annexée, au(x) prix indiqué(s).

**Comments - Commentaires**

<b>Title - Sujet</b> Physicians	
<b>Solicitation No. - N° de l'invitation</b> 21801-140104/B	<b>Date</b> 2014-09-30
<b>Client Reference No. - N° de référence du client</b> 21801-140104	
<b>GETS Reference No. - N° de référence de SEAG</b> PW-\$XSB-005-7332	
<b>File No. - N° de dossier</b> XSB-4-37104 (005)	<b>CCC No./N° CCC - FMS No./N° VME</b>
<b>Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2014-10-16</b>	<b>Time Zone Fuseau horaire</b> Pacific Daylight Saving Time PDT
<b>F.O.B. - F.A.B.</b> <b>Plant-Usine:</b> <input type="checkbox"/> <b>Destination:</b> <input type="checkbox"/> <b>Other-Autre:</b> <input type="checkbox"/>	
<b>Address Enquiries to: - Adresser toutes questions à:</b> Armstrong, Wendy	<b>Buyer Id - Id de l'acheteur</b> xsb005
<b>Telephone No. - N° de téléphone</b> (604) 775-7691 ( )	<b>FAX No. - N° de FAX</b> (604) 775-7526
<b>Destination - of Goods, Services, and Construction: Destination - des biens, services et construction:</b> CORRECTIONAL SERVICE OF CANADA Various Institutions Canada	

**Instructions: See Herein**

**Instructions: Voir aux présentes**

**Vendor/Firm Name and Address**

**Raison sociale et adresse du  
fournisseur/de l'entrepreneur**

**Issuing Office - Bureau de distribution**

Public Works and Government Services Canada - Pacific  
Region  
800 Burrard Street, Room 219  
800, rue Burrard, pièce 219  
Vancouver, BC V6Z 0B9

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

Solicitation No. - N° de l'invitation

21801-140104/B

Amd. No. - N° de la modif.

Buyer ID - Id de l'acheteur

xsb005

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

21801-140104

File No. - N° du dossier

XSB-4-37104

CCC No./N° CCC - FMS No/ N° VME

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See attached PDF

This bid solicitation cancels and supersedes previous bid solicitation number 21801-140104/A dated August 6, 2014 with a closing of August 13, 2014 at 2:00 p.m. A debriefing or feedback session will be provided upon request to bidders/offerors/suppliers who bid on the previous solicitation.

## **TABLE OF CONTENTS**

**TITLE: Physician Services**

### **PART 1 - GENERAL INFORMATION**

- 1.1. Introduction
- 1.2. Summary
- 1.3. Debriefings

### **PART 2 - BIDDER INSTRUCTIONS**

- 2.1. Standard Instructions, Clauses and Conditions
- 2.2. Submission of Bids
- 2.3. Enquiries - Bid Solicitation
- 2.4. Applicable Laws

### **PART 3 - BID PREPARATION INSTRUCTIONS**

- 3.1. Bid Preparation Instructions

### **PART 4 - EVALUATION PROCEDURES AND BASIS OF SELECTION**

- 4.1. Evaluation Procedures
- 4.2. Basis of Selection

### **PART 5 - CERTIFICATIONS**

- 5.1. Certifications Required Precedent to Contract Award

### **PART 6 - SECURITY, FINANCIAL AND OTHER REQUIREMENTS**

- 6.1. Security Requirement
- 6.2. Insurance Requirements

### **PART 7 - RESULTING CONTRACT CLAUSES**

- 7.1. Statement of Work
- 7.2. Standard Clauses and Conditions
- 7.3. Security Requirement
- 7.4. Term of Contract
- 7.5. Authorities
- 7.6. Payment
- 7.7. Invoicing Instructions
- 7.8. Certifications
- 7.9. Applicable Laws
- 7.10. Priority of Documents
- 7.11. Insurance Requirements

#### **List of Annexes:**

- Annex "A" Statement of Work
- Annex "B" Basis of Payment
- Annex "C" Security Requirements Check List
- Annex "D" Federal Contractors Program for Employment Equity - Certification
- Annex "E" Insurance Requirements
- Annex "F" Form PWGSC-TPSGC 572 Task Authorization
- Annex "G" National Essential HS Framework (May 2014)

**TITLE: Physician Services**

**PART 1 - GENERAL INFORMATION**

**1.1. Introduction**

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

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

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

**1.2 Summary:**

Every inmate shall be provided, in accordance with the current CSC directives, with the essential medical and dental care that he or she requires. (*Corrections and Conditional Release Act*)

This Contract is for the provision of essential medical services to inmates incarcerated in a Federal Institution. For security reasons it is impractical to take each inmate to a private physician's office in the community. To meet the obligation as stipulated in the *Corrections and Conditional Release Act*, Her Majesty enters into a personal service contract for the provision of medical service in the Health Service Centre of the institution.

The Contractor is responsible for the provision of general medical services to the inmates and to establish preventative medicine programs as per Annex A Statement of Work.

Physicians are required for the following institutions:

- Pacific Institution (Regional Treatment Centre units – Psychiatric Hospital and Rehabilitation Unit and Regional Medical Hospital & Pacific Institution Units (including Regional Reception and Assessment Center )); Fraser Valley Institution; Matsqui Institution; Kent Institution; Mountain Institution; Mission Minimum Institution/Mission Medium Institution/Kwikwèxwelhp Healing Village (KWI) and William Head Institution. (Addresses to found in Annex A)

Multiple contracts may be issued. Assuming a sufficient number of bids determined to be fair value to the Crown are received, up to eight contracts may be awarded to seven different suppliers that are determined to be fair value to the Crown. Each bidder may bid on one institute or more than one institute.

The period of the contract is for one year plus 2 one year option periods.

There is a security requirement associated with this requirement. For additional information, consult Part 4 - [Evaluation Procedures and Basis of Selection](#), and Part 6A - [Standing Offer](#). [Offerors should consult the "Security Requirements for PWGSC Bid Solicitations - Instructions for Bidders"](#) (<http://www.tpsgc-pwgsc.gc.ca/app-acq/lc-pl/lc-pl-eng.html#a31>) document on the Departmental Standard Procurement Documents Web site;

The requirement is subject to the provisions of the Agreement on Internal Trade (AIT).

### **1.3. Debriefings**

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

## **PART 2 - BIDDER INSTRUCTIONS**

### **2.1. Standard Instructions, Clauses and Conditions**

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

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

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

Subsection 5.4 of [2003](#), Standard Instructions - Goods or Services - Competitive Requirements, is amended as follows:

Delete: sixty (60) days

Insert: one hundred and eighty (180) days

### **2.2. Submission of Bids**

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

### **2.3. Enquiries - Bid Solicitation**

All enquiries must be submitted in writing to the Contracting Authority no later than ten (10) calendar days before the bid closing date. Enquiries received after that time may not be answered.

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

### **2.4. Applicable Laws**

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

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

## **PART 3 - BID PREPARATION INSTRUCTIONS**

### **3.1. Bid Preparation Instructions**

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

Section I: Technical Bid ( 3 ) hard copies

Section II: Financial Bid ( 1 ) hard copy

Section III: Certifications ( 1 ) hard copy

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

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

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

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

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

#### **Section I: Technical Bid**

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

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

#### **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).

**Section III: Certifications**

Bidders must submit the certifications required under Part 5.



## **PART 4 - EVALUATION PROCEDURES AND BASIS OF SELECTION**

### **4.1. Evaluation Procedures**

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

### **4.1.1 Technical Evaluation**

#### **4.1.1.1. Mandatory Technical Criteria**

Proposed personnel (Physician(s) and physician replacement(s)) must be actively registered in their Professional associations for the province of British Columbia. Copy of license(s) to be provided.

Proposed personnel (Physician) that will be prescribing Methadone and Suboxone must hold a current and valid authorization to prescribe Methadone and Suboxone from the appropriate Federal and/or Provincial authority. Copy of Physician's authorization to be provided.

#### **4.1.1.3 Point Rated Technical Criteria**

The bidder should describe (in no more than 5 pages), without repeating or paraphrasing the contents of the Request for Proposal, how they meet the following criteria:

- |                                                                                                                                                                                                                                                                               |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| a) How many years of experience as a Physician Practitioner<br>(no experience = 0 points; less than 1 year experience = 5 points,<br>1 year or more but less than 3 years = 15 points; 3 years or more<br>but less than 5 years = 20 points; and 5 years or more = 25 points) | 25 points |
| b) Provide a plan for emergency after hour physician care<br>requirements                                                                                                                                                                                                     | 15 points |
| c) Education; post secondary; certificates, related courses,<br>or continuing education within the last 3 years, related to the<br>Statement of Work (5points for each example to a maximum of 15)                                                                            | 15 points |
| d) Experience with dealing effectively with marginalized populations.<br>(0-1 year= 0 points; 2-3 years= 5 points; 4-5 years = 10 points;<br>more than 5 years =                                                                                                              | 15 points |
| e) Provide documentation (recent 1 – 2 years) to prove how Bidder<br>has worked work in a team concept for the delivery of services                                                                                                                                           | 30 points |

<b>TOTAL</b>	<b>100 points</b>
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Bidder is to obtain the required minimum of 60 points overall for the technical evaluation criteria which are subject to point rating.

The rating is performed on a scale of 100 points.

### **4.2 Financial Evaluation**

The bidders must submit their price information as detailed in Annex "B" Basis of Payment. Failure to do so will result in your proposal being considered non-responsive and not considered for award.

**4.2.1** The price of bids will be evaluated in Canadian dollars, Goods and Services Tax (GST) excluded, FOB destination for goods, Customs duties and Excise taxes included. The prices in Annex B Table (a) will be multiplied by the all-inclusive hourly rate for services x the estimated yearly hours. The prices in Annex B Table (b) will be multiplied by the minimal nominal all-inclusive rate x the estimated level of effort (hours). The total for Table (a) and Table (b) will then be added together to obtain the price rate.

#### 4.3. Basis of Selection

The selection of bidders will be based on best value as determined by a ratio of 60% points from the technical evaluation to 40% points based on the price (See Annex "B"). The highest technical score will receive the maximum points of 60 and the others prorated accordingly. The lowest price score (must be technically acceptable) will receive the maximum points of 40 and the others prorated. The highest total score when adding the technical points and the price rate points will be considered as representing best value.

i.e.)

##### Example of Best Value Determination

Assuming three valid bids are received (each meets the minimum required technical score - and mandatory requirements, where applicable), and maximum technical score is 100 points.

Using a ratio of 60% technical vs. 40% price rate:

Details:

	Bid #1	Bid #2	Bid #3
Technical:	88 points	82 points	76 points
Price	\$30/hr	\$28/hr	\$24/hr

Calculation:

Bidder	Technical Points	Price Points	Total Points
Bid #1	$88 \times 60 = 60.00$ * 88	$^{**}24 \times 40 = 32.00$ 30	92.00 points
Bid #2	$82 \times 60 = 55.91$ 88	$24 \times 40 = 34.29$ 28	90.20 points
Bid #3	$76 \times 60 = 51.82$ 88	$24 \times 40 = 40$ 24	91.82 points

\* Highest technical score.

\*\* Lowest price rate (and technically acceptable)

Award to Bid #1 (Highest total score taking into consideration technical and price.)

Note:

The above is only an example to show mathematically how the relationship between technical and rate will be handled. The rates indicated DO NOT REPRESENT AN ESTIMATE OF THE RATES ASSOCIATED WITH THIS PARTICULAR REQUIREMENT.

#### 4.4 Multiple Contracts

Up to eight contracts may be issued for this requirement.

Bidders may bid on one institute or more than one institute. Award will be based on the highest number of points per institute. Each institute will be evaluated separately.

## **PART 5 - CERTIFICATIONS**

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

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

The Contracting Authority will have the right to ask for additional information to verify the Bidder's certifications. Failure to comply and to cooperate with any request or requirement imposed by the Contracting Authority may render the bid non-responsive or constitute a default under the Contract.

### **5.1. Certifications Required Precedent to Contract Award**

#### **5.1.1 Integrity Provisions - Associated Information**

By submitting a bid, the Bidder certifies that the Bidder and its Affiliates are in compliance with the provisions as stated in Section 01 Integrity Provisions - Bid of Standard Instructions. The associated information required within the Integrity Provisions will assist Canada in confirming that the certifications are true.

#### **5.1.2 Federal Contractors Program for Employment Equity - Bid Certification**

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

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

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

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

#### **5.2.1 Canadian Content Certification**

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

This procurement is conditionally limited to Canadian services.

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

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

The Bidder certifies that:

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

### **5.3 Worker's Compensation**

The Bidder certifies that the workers are covered by the Worker's Compensation during the period of the Contract, in accordance with the labour laws for British Columbia."

#### **5.4 Status and Availability of Resources**

The Bidder certifies that, should it be awarded a contract as a result of the bid solicitation, every individual proposed in its bid will be available to perform the Work as required by Canada's representatives and at the time specified in the bid solicitation or agreed to with Canada's representatives. If for reasons beyond its control, the Bidder is unable to provide the services of an individual named in its bid, the Bidder may propose a substitute with similar qualifications and experience. The Bidder must advise the Contracting Authority of the reason for the substitution and provide the name, qualifications and experience of the proposed replacement. For the purposes of this clause, only the following reasons will be considered as beyond the control of the Bidder: death, sickness, maternity and parental leave, retirement, resignation, dismissal for cause or termination of an agreement for default.

If the Bidder has proposed any individual who is not an employee of the Bidder, the Bidder certifies that it has the permission from that individual to propose his/her services in relation to the Work to be performed and to submit his/her résumé to Canada. The Bidder must, upon request from the Contracting Authority, provide a written confirmation, signed by the individual, of the permission given to the Bidder and of his/her availability.

#### **5.5 Education and Experience**

The Bidder certifies that all the information provided in the résumés and supporting material submitted with its bid, particularly the information pertaining to education, achievements, experience and work history, has been verified by the Bidder to be true and accurate. Furthermore, the Bidder warrants that every individual proposed by the Bidder for the requirement is capable of performing the Work described in the resulting contract.

#### **5.6 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.

#### **5.7 Licensing Certification**

General Practitioner Licence:

The Bidder must hold a current license in good standing with the provincial licensing body for physicians and surgeons.

The Contractor must provide a copy of this license to the Contracting Authority annually for the duration of the contract and when requested to do so.

b) Opiate Substitution Therapy for Physicians Prescribing Methadone and/or Suboxone:

The Bidder must have the required authorizations to prescribe Methadone and Suboxone from the appropriate Federal and/or Provincial Authority.

The Contractor must provide a copy of this authorization to the Contracting Authority when requested to do so.

## **PART 6 - SECURITY, FINANCIAL AND OTHER REQUIREMENTS**

### **6.1. Security Requirement**

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

- (a) the Bidder must hold a valid organization security clearance as indicated in Part 7 - Resulting Contract Clauses;
  - (b) the Bidder's proposed individuals requiring access to classified or protected information, assets or sensitive work site(s) must meet the security requirement as indicated in Part 7 - Resulting Contract Clauses;
  - (c) the Bidder must provide the name of all individuals who will require access to classified or protected information, assets or sensitive work sites;
2. Bidders are reminded to obtain the required security clearance promptly. Any delay in the award of a contract to allow the successful bidder to obtain the required clearance will be at the entire discretion of the Contracting Authority.
3. For additional information on security requirements, bidders should refer to the [Canadian Industrial Security Directorate \(CISD\), Industrial Security Program](http://ssi-iss.tpsgc-pwgsc.gc.ca/index-eng.html) of Public Works and Government Services Canada (<http://ssi-iss.tpsgc-pwgsc.gc.ca/index-eng.html>) website.

### **6.2 Insurance Requirements**

The Contractor must comply with the insurance requirements specified in Annex E 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.

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.

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.

### **6.3 Payment by Credit Card**

**6.3.1** Canada requests that bidders complete one of the following:

( ) Government of Canada Acquisition Cards (credit cards) will be accepted for payment.

The following credit card is accepted:

Master Card:\_\_\_\_\_

( ) Government of Canada Acquisition Cards (credit cards) will not be accepted for payment.

The bidder is not obligated to accept payment by credit card.

Acceptance of credit cards for payment will not be considered as an evaluation criteria.

## **PART 7 - RESULTING CONTRACT CLAUSES**

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

### **7.1. Statement of Work**

Every inmate shall be provided, in accordance with the current CSC directives, with the essential medical and dental care that he or she requires. (*Corrections and Conditional Release Act*)

This Contract is for the provision of essential medical services to inmates incarcerated in a Federal Institution. For security reasons it is impractical to take each inmate to a private physician's office in the community. To meet the obligation as stipulated in the *Corrections and Conditional Release Act*, Her Majesty enters into a personal service contract for the provision of medical service in the Health Service Centre of the institution.

The Contractor is responsible for the provision of general medical services to the inmates and to establish preventative medicine programs as per Annex A Statement of Work. As part of the statement of work, professional behavior is required and expected at all times while on site. If less than professional behavior is observed or reported, the Contractor will be notified and given an opportunity to correct his/her behavior. Each instance of inappropriate behaviour will be recorded on the Contractor's file. If, after two notifications, the behavior continues, the Contractor may be escorted and observed while providing services on site. After a third occurrence of inappropriate behavior, CSC may recommend to PWGSC that the Contractor's contract be terminated for default.

#### **7.1.2 Task Authorization**

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

##### **7.1.2.1 Task Authorization Process**

1. The Project Authority will provide the Contractor with a description of the task using the " Task Authorization Form" for non-DND clients attached at Annex F.
2. The Task Authorization (TA) will contain the details of the activities to be performed, a description of the deliverables, and a schedule indicating completion dates for the major activities or submission dates for the deliverables. The TA will also include the applicable basis(bases) and methods of payment as specified in the Contract.
3. The Contractor must provide the Project Authority, within 3 calendar days of its receipt, the proposed total estimated cost for performing the task and a breakdown of that cost, established in accordance with the Basis of Payment specified in the Contract.
4. The Contractor must not commence work until a TA authorized by the Project Authority has been received by the Contractor. The Contractor acknowledges that any work performed before a TA has been received will be done at the Contractor's own risk.

##### **7.1.2.2 Task Authorization Limit**

The Project Authority may authorize individual task authorizations up to a limit of \$100,000.00, Goods and Services Tax or Harmonized Sales Tax included, inclusive of any revisions.

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

##### **7.1.2.3 Minimum Work Guarantee - All the Work - Task Authorizations**

1. In this clause,

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

"Minimum Contract Value" means 5%.

2. Canada's obligation under the Contract is to request Work in the amount of the Minimum Contract Value or, at Canada's option, to pay the Contractor at the end of the Contract in accordance with paragraph 3. In consideration of such obligation, the Contractor agrees to stand in readiness throughout the Contract period to perform the Work described in the Contract. Canada's maximum liability for work performed under the Contract must not exceed the Maximum Contract Value, unless an increase is authorized in writing by the Contracting Authority.

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

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

#### **7.1.2.4 Reporting Requirement- Details**

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

For each authorized task:

- (i) the authorized task number or task revision number(s);
- (ii) a title or a brief description of each authorized task;
- (iii) the total estimated cost specified in the authorized Task Authorization (TA) of each task, GST or HST extra;
- (iv) the total amount, GST or HST extra, expended to date against each authorized task;
- (v) the start and completion date for each authorized task; and
- (vi) the active status of each authorized task, as applicable.

For all authorized tasks:

- (i) the amount (GST or HST extra) specified in the contract (as last amended, as applicable) as Canada's total liability to the contractor for all authorized TAs; and
- (ii) the total amount, GST or HST extra, expended to date against all authorized Task.

#### **7.2. Standard Clauses and Conditions**

All clauses and conditions identified in the Contract by number, date and title are set out in the Standard Acquisitions Clauses and Conditions (<http://ccua-sacc.tpsgc-pwgsc.gc.ca/pub/acho-eng.jsp>) Manual issued by Public Works and Government Services Canada.

##### **7.2.1 General Conditions**

2035 (2014-06-26), General Conditions - Higher Complexity - Services, apply to and form part of the Contract.

#### **7.3 Security**

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

4. Subcontracts which contain security requirements are NOT to be awarded without the prior written permission of CISD/PWGSC.
5. The Contractor/Offeror must comply with the provisions of the:
  - (a) Security Requirements Check List and security guide (if applicable), attached at Annex C;
  - (b) Industrial Security Manual (Latest Edition).

#### **7.4 Term of Contract**

##### **7.4.1 Period of the Contract**

For all Institutions other than Matsqui Institution the period of the contract will be November 1, 2014 to October 31, 2015 inclusive.

For Matsqui Institution the period of the contract will be April 1, 2015 to October 31, 2015 inclusive.

##### **7.4.2 Option to Extend the Contract**

The Contractor grants to Canada the irrevocable option to extend the term of the Contract by up to two (2) one year periods under the same conditions. The Contractor agrees that, during the extended period of the Contract, it will be paid in accordance with the applicable provisions as set out in the Basis of Payment.

Canada may exercise this option at any time by sending a written notice to the Contractor at least 30 calendar days before the expiry date of the Contract. The option may only be exercised by the Contracting Authority, and will be evidenced for administrative purposes only, through a contract amendment.

#### **7.5 Authorities**

##### **7.5.1 Contracting Authority**

The Contracting Authority for the Contract is:

Wendy Armstrong, Supply Specialist  
Public Works and Government Services Canada  
2<sup>nd</sup> Floor - 800 Burrard St.  
Vancouver, B.C. V6Z 0B9  
Tel: (604) 775-7691  
Fax: (604) 775-7526  
E-Mail: wendy.armstrong@pwgsc.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.

##### **7.5.2 Project Authority**

The Project Authority for the Contract is:

Name: (to be inserted at time of award)  
Tel: (604) \_\_\_\_\_

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

##### **7.5.3 Contractor's Representative**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_



Telephone: \_\_\_\_\_  
Facsimile: \_\_\_\_\_  
E-mail: \_\_\_\_\_

## **7.6 Payment**

### **7.6.1 Basis of Payment**

The Contractor will be paid in accordance with the Basis of Payment attached hereto as Annex "B" for Work performed pursuant to this Contract.

### **7.6.2 Limitation of Expenditure - Cumulative Total of all Task Authorizations**

1. Canada's total liability to the Contractor under the Contract for all authorized Task Authorizations (Tas), inclusive of all revisions, must not exceed \$TBA.. Customs duties are included and Goods and Services Tax or Harmonized Sales Tax is extra, if applicable.
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.

### **7.6.3 Monthly Payment**

Canada will pay the Contractor on a monthly basis for work performed during the month covered by the invoice in accordance with the payment provisions of the Contract if:

- (a) an accurate and complete invoice and any other documents required by the Contract have been submitted in accordance with the invoicing instructions provided in the Contract;
- (b) all such documents have been verified by Canada;
- (c) the Work performed has been accepted by Canada.

### **7.6.4 Time Verification**

Time charged and the accuracy of the Contractor's time recording system are subject to verification by Canada, before or after payment is made to the Contractor. If verification is done after payment, the Contractor must repay any overpayment, at Canada's request.

#### **7.7. Invoicing Instructions**

The Contractor must submit Invoices in accordance with the information required in section 12, Invoice Submission, of the 2035 General Conditions - Higher Complexity - Services.

#### **7.8. Certifications**

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.

#### **7.9 Applicable Laws**

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

#### **7.10 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) 2035 (2014-06-26), General Conditions - Higher Complexity - Services,
- (c) Annex A, Statement of Work
- (d) Annex B - Basis of Payment
- (e) Annex C, Security Requirement
- (f) Annex E, Insurance Requirement
- (f) Annex F, Task Authorization Form 572
- (g) the Contractor's bid dated \_\_\_\_\_

## **ANNEX A STATEMENT OF WORK**

### **1. Introduction:**

- 1.1 The Correctional Service of Canada (CSC) Health Services require the services of a physician - general practitioner for various Institutions in the Pacific Region. The Contractor (General Practitioner) will provide general practitioner services to inmates and collaborate with the institution's multi-disciplinary health services team that includes, but is not limited to, nurses, dietitians, radiology services, dental, psychiatry, psychology and other allied healthcare 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 ***encourage individual responsibility, promote healthy reintegration and contribute 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 health services to inmates at various institutions in B.C. as a general practitioner.

### **4. Performance standards:**

- 4.1 The Contractor must also take into account gender, cultural, religious and linguistic differences and be responsive to the special needs of women and Aboriginal People.

#### **4.2 Medical care:**

The Contractor must provide all services in compliance with federal and provincial legislation and standards, provincial and national guidelines (such as the Canadian Immunization Guide), practice standards and CSC Policy/Guidelines and including the CSC Mental Health Policy and guidelines.

- 4.3 Compliance with provincial/national guidelines

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

- 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](http://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
- Specific Guidelines for the Treatment of Opiate Dependence (Methadone/Suboxone®)
- Hospice Palliative Care Guidelines for Correctional Service Canada
- CSC 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
- Medication Distribution and Administration
- National Guidelines for Gastroenteritis Outbreaks Compatible with Norovirus
- CSC National Guidelines for the Immunization of Inmates

- 4.5 Documentation on CSC health care records:

- a) In addition to the above noted policies, guidelines and standards, the Contractor must document all assessment, treatment and consultations in the Inmates Health Care Records in compliance with relevant legislation, professional standards of practice and CSC's Documentation for Health Services Professionals guidelines.
- 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' health care records, including all protected information, must remain at the institution.
- d) The Contractor must obtain prior approval, in writing, from the Chief, Health Services before collecting any data on inmates. The Contractor must specify what data would be collected and for what purpose. Any data collected in an electronic or other format must remain at the institution.

## **5. Tasks:**

### **5.1 Inmate care:**

- a) The Contractor must provide essential general practitioner integrated health 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 PWGSC during the contract period and any optional period if and when exercised by PWGSC.
- b) These services include, but are not limited to the following:
  - i. Essential physical health assessment;
  - ii. Consultation;
  - iii. Treatment;
  - iv. Primary mental health care (this includes collaborating with mental health professionals as well as initiating and continuing the prescription of psychotropic medications);
  - v. Appropriate referrals;
  - vi. Urgent health services (any condition that is likely to deteriorate to an emergency or affect the inmate's ability to carry out their activities of daily living is considered to be "urgent") including referral to the appropriate community hospital for emergency medical services when required;
  - vii. visiting hospitalized offenders admitted to community hospitals when required as authorized by the Chief Health Services.
- c) The contractor must visit inmates admitted to the Regional Hospital as frequently as required according to their acuity level or as requested by the Chief Health Services.

5.2 The Contractor, in his/her role as the primary care physician must manage all aspects of healthcare services for those inmates under his/her direct care, including coordination of care provided to inmates by other practitioners and specialists to ensure continuity and integration of care. This includes, but is not limited to, approval of all recommendations made by healthcare providers outside of CSC.

5.3 The Contractor must visit inmates in segregation areas upon request of the Chief Health Services.

5.4 The Contractor must document health assessment, treatment, and consultations in the inmate's health care record.

5.5 The Contractor must consult with the Chief Health Services regarding requirements for medical supplies and equipment. Any requests for equipment and supplies must be submitted to, and approved by, the Chief Health Services.

5.6 Recommendations for non-formulary medication and Special Authorization items:

a) The Contractor must ensure that:

Medications are prescribed according to CSC's National Formulary;

- i. Requests for non-formulary medications are made in accordance with CSC's National Formulary; and
- ii. Requests for Special Authorization items that are being recommended by the Contractor are made in accordance with CSC's Essential Health Services Framework.

**5.7 Health Services to other CSC Institutions:**

On occasion and at the request of the Chief Health Services, the Contractor may be required to provide health services to inmates in other CSC institutions.

**5.8 On Call and Call Back Services**

**a) On Call Services:**

The Contractor must be available for work related calls as specified below.

Note: On call services as required during the operational hours of Health Care Services when not in clinics (as determined by the project authority);

	Institution Name	Hours of Operation Monday to Friday	Hours of Operation Weekends	Hours of Operation Statutory Holidays
1.	Pacific Institution (Regional Medical Hospital & Pacific Institution Units (including Regional Reception and Assessment Center (RRAC)	24 hour coverage		
2.	Pacific Institution (Regional Treatment Centre units – Psychiatric Hospital and Rehabilitation Unit)	07:00 – 19:00 hrs	07:00-1900 hrs.	07:00-1900 hrs
3.	Fraser Valley Institution	06:45 – 19:15 hrs	06:45 – 19:15 hrs	06:45 – 19:15 hrs
4.	Matsqui Institution	06:45 – 19:00 hrs	06:45 – 19:00 hrs	06:45 – 19:00 hrs

5.	Kent Institution	06:30 – 23:00 hrs	06:30 – 23:00 hrs	06:30 – 23:00 hrs
6.	Mountain Institution	07:00 – 19:00 hrs	07:00-1900 hrs.	07:00-1900 hrs
7.	Mission Minimum Institution/  Mission Medium Institution/ Kwikwèxwelhp Healing Village (KWI)	07:00 – 15:00 hrs  06:30 – 18:30 hrs		
8.	William Head Institution	07:00 – 15:50 hrs	06:30-23:00 hrs.	06:30-23:00 hrs.

**b) Call-Back Services:**

The contractor may be recalled (called-back) to the institution to provide a medical service outside institutional clinic hours. The Contractor must provide call-back services at the request of the Chief, Health Services or his/her designate.

**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 At the request of the Chief Health Services, the Contractor must provide the following services:

- a) participate in the review of policies and guidelines related to the provision of Health Services in CSC; and
- b) assume a leadership role as part of a Professional Advisory Committee, participate in credentialing, and review professional practice issues.

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

7.3 The Contractor must review and sign CSC's Emergency and Non-Emergency Medical Directives annually and whenever these directives are changed as a result of a national review.

**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 medical services to inmates.

8.2 The Contractor must notify the Chief Health Services immediately of any significant complaints lodged against the Contractor.

**9. Security:**

- 9.1 All equipment including communication devices the Contractor wishes to bring into the Institution must be approved by the Chief Health Services and CSC Security in advance.
- 9.2 As a visitor to a CSC correctional institution, the Contractor will be subject to local security requirements that can vary from moment to moment depending on inmate activities. The Contractor may be faced with delay or refusal of entry to certain areas at certain times although prior arrangements for access may have been made.

**10. Language of work:**

- 10.1 All work will be performed and delivered in English.

**11. Hours of work:**

- 11.1 The Contractor must provide inmate care during clinics held at various Institutions in the Pacific Region, up to a maximum of 13 hours per week.
- 11.2 The Chief Health Services will establish the clinic hours.
- 11.3 In the event of an unexpected delay or cancellation of the clinic by CSC, the Contractor will be paid a one hour charge calculated from the time the clinic was scheduled to begin.
- 11.4 In case of delays, the Chief Health Services reserves the right to cancel the remainder of the clinic at no additional cost to CSC.
- 11.5 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.
- 11.6 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.

**12. Meetings:**

- 12.1 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.
- 12.2 At the request of the Chief Health Services, the Contractor may be requested to attend meetings at Pacific Regional Headquarters.
- 12.3 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.

**13. Reporting Requirements:**

- 13.1 At any time, the Chief Health Services may request that the Contractor report data on health services provided to inmates. This may include the use of reporting templates as provided by the Chief Health Services.
- 13.2 At the request of the Chief Health Services, the Contractor must produce or contribute to regional reporting.
- 13.3 As part of CSC's accountability with respect to the delivery of health services, the Chief Health Services may request that the Contractor provide input into reports on health care delivery e.g. infectious diseases surveillance, opiate substitution therapy, chronic disease prevalence.



**14. Constraints:****14.1 Working within a correctional institutional environment:**

- a) In a Correctional Environment there is the possibility of diversion of high abuse potential medications and for security reasons there are restrictions with respect to prescribing that may not exist in the community. Issues surrounding potential diversion, high abuse potential of narcotics and other security issues may occur in CSC Institutions.
- b) While the expectation is that medical practices in CSC institutions are generally consistent with community practice, because the care provided as part of this contract is within a prison setting, there are some limitations with respect to practice. CSC policy and guidelines are developed in order to provide direction to health care professions regarding these limitations.

**15. Support to the Contractor:****15.1 CSC will provide the supplies and equipment required for health services to inmates.**

## ANNEX B - 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.

The Limitation of Expenditure for each Institution is the maximum dollar amount the Institution has for the year. If the hourly rate x estimated hours exceed the Limitation of Expenditure, the hours for the sessions will be reduced.

The minimum hours for each session for medical and methadone is 3.5 hours.

### 1.0 Contract Period (From November 1, 2014 to October 31, 2015)

#### 1.1 Professional Fees

##### (a) Institutional clinics:

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

Table (a)					
Physician NAME	PROVINCIAL HEALTH INSURANCE (NON FEE for SERVICE) HOURLY RATES FOR GENERAL PRACTITIONERS A	MARKUP, QUOTED AS A PERCENTAGE B	ALL-INCLUSIVE HOURLY RATE FOR SERVICES PROVIDED DURING INSTITUTIONAL CLINICS C = A + (A X B)	ESTIMATED LEVEL OF EFFORT (hours) D	Total (in Cdn \$) C x D
	\$117.68			[Insert total number of clinic hours required per year]	

#### Services are required for various Institutions:

**Pacific Institution (Regional Medical Hospital & Pacific Institution Units (including Regional Reception and Assessment Center (RRAC)**

Estimated yearly hours 890

Estimated yearly hours are distributed as follows:

-700 hours for medical sessions

-182 hours for methadone sessions

-8 hours for meetings

Limitation of Expenditure: \$278,276.00

**Pacific Institution (Regional Treatment Centre units – Psychiatric Hospital and Rehabilitation Unit)**

Estimated yearly hours 554

Estimated yearly hours are distributed as follows:

-546 hours for medical sessions

-0 hours for methadone sessions

-8 hours for meetings

Limitation of Expenditure: \$150,004.00

**Fraser Valley Institution**

Estimated yearly hours 667

Estimated yearly hours are distributed as follows:

-581 hours for medical sessions

-78 hours for methadone sessions

-8 hours for meetings

Limitation of Expenditure: \$168,580.00

**Mastsqui Institution**

Estimated yearly hours 610

Estimated yearly hours are distributed as follows:

-420 hours for medical sessions

-182 hours for methadone sessions

-8 hours for meetings

Limitation of Expenditure: \$177,616.00

**Kent Institution:**

Estimated yearly hours 645

Estimated yearly hours are distributed as follows:

-546 hours for medical sessions

-91 hours for methadone sessions

-8 hours for meetings

Limitation of Expenditure: \$190,736.00

**Mountain Institution:**

Estimated yearly hours 736

Estimated yearly hours are distributed as follows:

-546 hours for medical sessions

-182 hours for methadone sessions

-8 hours for meetings

Limitation of Expenditure: \$217,568.00

**Mission Minimum Institution/  
Mission Medium Institution/  
Kwkwèxwelhp Healing Village (KWI)**

Estimated yearly hours 1,259

Estimated yearly hours are distributed as follows:

-1160 hours for medical sessions

-91 hours for methadone sessions

-8 hours for meetings

Limitation of Expenditure: \$373,314.00

**William Head Institution**

Estimated yearly hours 488

Estimated yearly hours are distributed as follows:

-390 hours for medical sessions

-90 hours for methadone sessions

-8 hours for meetings

Limitation of Expenditure: \$126,372.00

**Example of Calculation of the All-inclusive Hourly Rate and Total in Table (a):**

In order to calculate the all-inclusive hourly rate for services provided during institutional clinics (Column C), Bidders must apply their markup (Column B) to the Provincial Health Insurance hourly rate for General

Practitioners (Column A) established by CSC, using the formula as provided in Table (a). Bidders are to note that all of the numbers used in the calculations below are fictitious and are used for illustration purposes only.

Provincial Health Insurance Hourly Rates for General Practitioners (A) = \$175.00 per hour  
Bidder's Markup, quoted as a percentage (B) = 10% (or 0.10)

Bidders must then calculate their proposed "all-inclusive hourly rate for services provided during institutional clinics (C = A + (A x B))" using the formula provided:

$$\$175.00 + (\$175.00 \times 0.10) = \$175.00 + \$17.50 = \$192.50 \text{ per hour}$$

Bidders must calculate the "Total" (C x D) by multiplying their proposed "all inclusive hourly rate for services provided during institutional clinics" (Column C) by the "estimated level of effort" (Column D) established by CSC:

$$500 \text{ hours} \times \$192.50 \text{ per hour} = \$96,250.00$$

Bidders then populate Table (a) using the resulting numbers

Bidders may bid on one Institute or more than one Institute.

If bidding on more than one institute provide a separate Annex B Basis of Payment for each Institute

Institute (s) you are bidding on \_\_\_\_\_

(b) On-Call Services:

- i. For the provision of on-call services during the hours stated in Annex A - Statement of Work, the Contractor shall be paid the all inclusive minimum nominal hourly rate in Table (b) in the performance of this Contract, HST or GST extra.

**ii. Limitation of Expenditure, On-Call Services:**

The total limitation of expenditure for on-call services (Table (b), Column C) must not exceed \$\_\_\_\_\_ (see amounts below). Customs duties are included and Applicable Taxes are extra.

Table (b)				
	Physician NAME	MINIMAL NOMINAL ALL- INCLUSIVE HOURLY RATE A	ESTIMATED LEVEL OF EFFORT (hours) B	Limitation of Expenditure for On- Call Services (in Cdn \$) C = A x B
1.1			[Insert total number of on-call hours required per year]	

On-Call Services are required for various Institutions

	Institution Name	Hours of Operation Monday to Friday	Hours of Operation Weekends	Hours of Operation Statutory Holidays	Estimated Level of Effort on Call Services	Limitation of expenditure for on call Services
1.	Pacific Institution (Regional Medical Hospital & Pacific Institution Units (including Regional Reception and Assessment Center (RRAC)	24 hour coverage			7870	\$28,800.00
2.	Pacific Institution (Regional Treatment Centre units – Psychiatric Hospital and Rehabilitation Unit)	07:00 – 19:00 hrs	07:00-1900 hrs.	07:00-1900 hrs	3826	\$11,160.00
3.	Fraser Valley Institution	06:45 – 19:15 hrs	06:45 – 19:15 hrs	06:45 – 19:15 hrs	3896	\$11,160.00
4.	Matsqui Institution	06:45 – 19:00 hrs	06:45 – 19:00 hrs	06:45 – 19:00 hrs	3862	\$16,200.00
5.	Kent Institution	06:30 – 23:00 hrs	06:30 – 23:00 hrs	06:30 – 23:00 hrs	5195	\$11,160.00
6.	Mountain Institution	07:00 – 19:00 hrs	07:00-1900 hrs.	07:00-1900 hrs	3644	\$11,160.00
7.	Mission Minimum Institution/  Mission Medium Institution/ Kwkwèxwelhp Healing Village (KWI)	07:00 – 15:00 hrs  06:30 – 18:30 hrs			3121	\$15,696.00
8.	William Head	07:00 – 15:50	06:30-23:00	06:30-23:00		

	Institution	hrs	hrs.	hrs.	2615	\$11,160.00
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c) **Call-Back Services:**

For the provision of call-back services, CSC will pay the Contractor an amount equal to two (2) times the all inclusive hourly rate listed in table (a), column C for the first hour of work at the institution. For every subsequent hour of work performed at the institution, CSC will pay the Contractor an amount equal to one (1) time the all inclusive hourly rate listed in table (a), column C.

2.0 **Option(s) to Extend the Term of the Contract**

Subject to the exercise of an option to extend the Contract period in accordance with Article 4. Term of Contract, 4.2 Options to Extend Contract, the all-inclusive hourly rates for the contract period detailed in this Annex will be subject to upward adjustment to reflect the overall annual increase in the Consumer Price Index (CPI) for Canada for the previous calendar year as established by Statistics Canada. The Contracting Authority will determine these rates at the time the option is exercised using the following formula:

$$\text{Adjusted rate} = \text{all-inclusive hourly rate} + (\text{firm all-inclusive hourly rate} \times \% \text{ CPI increase for previous calendar year})$$

The Contractor shall be paid the resulting adjusted firm all inclusive hourly rates, GST or HST extra, to complete all Work and services required to be performed in relation to the Contract extension.

**3.0 Cost Reimbursable Expenses**

**3.1** 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.

**4.0 HST or GST**

- 4.1 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.
- 4.2 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 “D” to PART 5 - BID SOLICITATION  
FEDERAL CONTRACTORS PROGRAM FOR EMPLOYMENT EQUITY - CERTIFICATION**

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

For further information on the Federal Contractors Program for Employment Equity visit Employment and Social Development Canada (ESDC)-Labour's website.

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

Complete both A and B.

A. Check only one of the following:

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

A5. The Bidder has a combined workforce in Canada of 100 or more employees; and

- ☐ A5.1. The Bidder certifies already having a valid and current Agreement to Implement Employment Equity (AIEE) in place with ESDC-Labour.

**OR**

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

B. Check only one of the following:

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

**OR**

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

**ANNEX "E"**  
**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 B.C., 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.

**NOTE TO BIDDERS:** Please use ONE of the two mailing labels below and affix it securely to the outside of the envelope or package containing your bid submitted by mail or courier. For bids submitted by facsimile (Bid receiving fax (604) 775-7526), use this sheet as the cover sheet. Always ensure your company name, return address, open bidding solicitation number and closing date appear legibly on the outside of your bid submission.

**AVIS AUX FOURNISSEURS:** Pour le retour par la poste ou par messenger, veuillez utiliser UNE des étiquettes d'envoi ci-dessous et apposez-la à l'extérieur de votre enveloppe ou du colis contenant votre offre. Pour les offres soumises par télécopieur (n° du télécopieur pour la réception des offres: (604) 775-7526), utilisez cette page comme bordereau de télécopie. Assurez-vous que le nom de votre compagnie, l'adresse de retour, le numéro de l'invitation ouverte à soumissionner et la date de clôture soient lisibles à l'extérieur de votre offre.

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**Bid Receiving  
Public Works & Government Services Canada  
219 - 800 BURNARD STREET  
VANCOUVER BC V6Z 0B9**

**Solicitation No. : 21801-140104/B**

**Solicitation Closes at : 2:00 PM PT  
on : Oct. 16, 2014**

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**Réception des soumissions  
Travaux publics et services gouvernementaux Canada  
800 rue Burrard, 219  
Colombie-Britannique (C.-B) V6Z 0B9**

**N° de l'invitation : 21801-140104/B**

**La réception des soumissions prend fin le : Oct. 16, 2014  
à : 14:00 PT**

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Government of Canada  
Gouvernement du Canada

Contract Number / Numéro du contrat

21801-14-0105

Security Classification / Classification de sécurité

SECURITY REQUIREMENTS CHECK LIST (SRCL)  
LISTE DE VÉRIFICATION DES EXIGENCES RELATIVES À LA SÉCURITÉ (LVERS)

PART A - CONTRACT INFORMATION / PARTIE A - INFORMATION CONTRACTUELLE	
1. Originating Government Department or Organization / Ministère ou organisme gouvernemental d'origine	2. Branch or Directorate / Direction générale ou Direction
3. a) Subcontract Number / Numéro du contrat de sous-traitance	3. b) Name and Address of Subcontractor / Nom et adresse du sous-traitant
4. Brief Description of Work / Brève description du travail	
See attached SOW	
5. a) Will the supplier require access to Controlled Goods? Le fournisseur aura-t-il accès à des marchandises contrôlées?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
5. b) Will the supplier require access to unclassified military technical data subject to the provisions of the Technical Data Control Regulations? Le fournisseur aura-t-il accès à des données techniques militaires non classifiées qui sont assujetties aux dispositions du Règlement sur le contrôle des données techniques?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
6. Indicate the type of access required / Indiquer le type d'accès requis	
6. a) Will the supplier and its employees require access to PROTECTED and/or CLASSIFIED information or assets? Le fournisseur ainsi que les employés auront-ils accès à des renseignements ou à des biens PROTÉGÉS et/ou CLASSIFIÉS? (Specify the level of access using the chart in Question 7. c) (Préciser le niveau d'accès en utilisant le tableau qui se trouve à la question 7. c)	
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
6. b) Will the supplier and its employees (e.g. cleaners, maintenance personnel) require access to restricted access areas? No access to PROTECTED and/or CLASSIFIED information or assets is permitted. Le fournisseur et ses employés (p. ex. nettoyeurs, personnel d'entretien) auront-ils accès à des zones d'accès restreintes? L'accès à des renseignements ou à des biens PROTÉGÉS et/ou CLASSIFIÉS n'est pas autorisé.	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
6. c) Is this a commercial courier or delivery requirement with no overnight storage? S'agit-il d'un contrat de messagerie ou de livraison commerciale sans entreposage de nuit?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
7. a) Indicate the type of information that the supplier will be required to access / Indiquer le type d'information auquel le fournisseur devra avoir accès	
Canada <input checked="" type="checkbox"/>	NATO / OTAN <input type="checkbox"/>
7. b) Release restrictions / Restrictions relatives à la diffusion	
No release restrictions Aucune restriction relative à la diffusion <input checked="" type="checkbox"/>	All NATO countries Tous les pays de l'OTAN <input type="checkbox"/>
Not releasable À ne pas diffuser <input type="checkbox"/>	Restricted to: / Limité à: <input type="checkbox"/>
Specify country(ies): / Préciser le(s) pays:	Specify country(ies): / Préciser le(s) pays:
7. c) Level of information / Niveaux d'information	
PROTECTED A PROTÉGÉ A <input checked="" type="checkbox"/>	NATO UNCLASSIFIED NATO NON CLASSIFIÉ <input type="checkbox"/>
PROTECTED B PROTÉGÉ B <input checked="" type="checkbox"/>	NATO RESTRICTED NATO DIFFUSION RESTREINTE <input type="checkbox"/>
PROTECTED C PROTÉGÉ C <input type="checkbox"/>	NATO CONFIDENTIAL NATO CONFIDENTIEL <input type="checkbox"/>
CONFIDENTIAL CONFIDENTIEL <input type="checkbox"/>	NATO SECRET NATO SECRET <input type="checkbox"/>
SECRET SECRET <input type="checkbox"/>	COSMIC TOP SECRET COSMIC TRÈS SECRET <input type="checkbox"/>
TOP SECRET TRÈS SECRET <input type="checkbox"/>	PROTECTED A PROTÉGÉ A <input type="checkbox"/>
TOP SECRET (SIGINT) TRÈS SECRET (SIGINT) <input type="checkbox"/>	PROTECTED B PROTÉGÉ B <input type="checkbox"/>
	PROTECTED C PROTÉGÉ C <input type="checkbox"/>
	CONFIDENTIAL CONFIDENTIEL <input type="checkbox"/>
	SECRET SECRET <input type="checkbox"/>
	TOP SECRET TRÈS SECRET <input type="checkbox"/>
	TOP SECRET (SIGINT) TRÈS SECRET (SIGINT) <input type="checkbox"/>

TBS/SCT 350-103(2004/12)

Security Classification / Classification de sécurité

Canada



Government of Canada  
Gouvernement du Canada

Contract Number / Numéro du contrat

21801-14-0105

Security Classification / Classification de sécurité

**PART A (continued) / PARTIE A (suite)**

8. Will the supplier require access to PROTECTED and/or CLASSIFIED COMSEC information or assets?  
Le fournisseur aura-t-il accès à des renseignements ou à des biens COMSEC désignés PROTÉGÉS et/ou CLASSIFIÉS?  
If Yes, indicate the level of sensitivity.  
Dans l'affirmative, indiquer le niveau de sensibilité:

☒ No ☐ Yes  
Non Oui

9. Will the supplier require access to extremely sensitive INFOSEC information or assets?  
Le fournisseur aura-t-il accès à des renseignements ou à des biens INFOSEC de nature extrêmement délicate?

☒ No ☐ Yes  
Non Oui

Short Title(s) of material / Titre(s) abrégé(s) du matériel:  
Document Number / Numéro du document:

**PART B - PERSONNEL (SUPPLIER) / PARTIE B - PERSONNEL (FOURNISSEUR)**

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

☒ RELIABILITY STATUS  
COTE DE FIABILITÉ

☐ CONFIDENTIAL  
CONFIDENTIEL

☐ SECRET  
SECRET

☐ TOP SECRET  
TRÈS SECRET

☐ TOP SECRET - SIGINT  
TRÈS SECRET - SIGINT

☐ NATO CONFIDENTIAL  
NATO CONFIDENTIEL

☐ NATO SECRET  
NATO SECRET

☐ COSMIC TOP SECRET  
COSMIC TRÈS SECRET

☐ SITE ACCESS  
ACCÈS AUX EMPLACEMENTS

Special comments:

Commentaires spéciaux:

NOTE: If multiple levels of screening are identified, a Security Classification Guide must be provided.  
REMARQUE: Si plusieurs niveaux de contrôle de sécurité sont requis, un guide de classification de la sécurité doit être fourni.

10. b) May unscreened personnel be used for portions of the work?  
Du personnel sans autorisation sécuritaire peut-il se voir confier des parties du travail?

☒ No ☐ Yes  
Non Oui

If Yes, will unscreened personnel be escorted?  
Dans l'affirmative, le personnel en question sera-t-il escorté?

☐ No ☐ Yes  
Non Oui

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

INFORMATION / ASSETS / RENSEIGNEMENTS / BIENS

11. a) Will the supplier be required to receive and store PROTECTED and/or CLASSIFIED information or assets on its site or premises?  
Le fournisseur sera-t-il tenu de recevoir et d'entreposer sur place des renseignements ou des biens PROTÉGÉS et/ou CLASSIFIÉS?

☒ No ☐ Yes  
Non Oui

11. b) Will the supplier be required to safeguard COMSEC information or assets?  
Le fournisseur sera-t-il tenu de protéger des renseignements ou des biens COMSEC?

☒ No ☐ Yes  
Non Oui

**PRODUCTION**

11. c) Will the production (manufacture, and/or repair and/or modification) of PROTECTED and/or CLASSIFIED material or equipment occur at the supplier's site or premises?  
Les installations du fournisseur serviront-elles à la production (fabrication et/ou réparation et/ou modification) de matériel PROTÉGÉ et/ou CLASSIFIÉ?

☒ No ☐ Yes  
Non Oui

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

11. d) Will the supplier be required to use its IT systems to electronically process, produce or store PROTECTED and/or CLASSIFIED information or data?  
Le fournisseur sera-t-il tenu d'utiliser ses propres systèmes informatiques pour traiter, produire ou stocker électroniquement des renseignements ou des données PROTÉGÉS et/ou CLASSIFIÉS?

☒ No ☐ Yes  
Non Oui

11. e) Will there be an electronic link between the supplier's IT systems and the government department or agency?  
Disposera-t-on d'un lien électronique entre le système informatique du fournisseur et celui du ministère ou de l'agence gouvernementale?

☒ No ☐ Yes  
Non Oui

TBS/SCT 350-103(2004/12)

Security Classification / Classification de sécurité

Canada



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

For users completing the form manually use the summary chart below to indicate the category(ies) and level(s) of safeguarding required at the supplier's site(s) or premises.  
Les utilisateurs qui remplissent le formulaire manuellement doivent utiliser le tableau récapitulatif ci-dessous pour indiquer, pour chaque catégorie, les niveaux de sauvegarde requis aux installations du fournisseur.

For users completing the form online (via the Internet), the summary chart is automatically populated by your responses to previous questions.  
Dans le cas des utilisateurs qui remplissent le formulaire en ligne (par Internet), les réponses aux questions précédentes sont automatiquement saisies dans le tableau récapitulatif.

SUMMARY CHART / TABLEAU RÉCAPITULATIF

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

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

☒ No ☐ Yes  
Non Oui

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

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

☒ No ☐ Yes  
Non Oui

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



Government of Canada  
Gouvernement du Canada

Contract Number / Numéro du contrat

21801-14-0105

Security Classification / Classification de sécurité

PART D - AUTHORIZATION / PARTIE D - AUTORISATION

13. Organization Project Authority / Chargé de projet de l'organisme

Name (print) - Nom (en lettres moulées)

Diane Thiessen

Title - Titre

Manager Clinical Services

Signature

Telephone No. - N° de téléphone

604 870 2644

Facsimile No. - N° de télécopieur

604 870 8155

E-mail address - Adresse courriel

diane.thiessen@csc-scc.gc.ca

Date

2014-06-11

14. Organization Security Authority / Responsable de la sécurité de l'organisme

Name (print) - Nom (en lettres moulées)

Title - Titre

Signature

Telephone No. - N° de téléphone

Facsimile No. - N° de télécopieur

E-mail address - Adresse courriel

Date

15. Are there additional instructions (e.g. Security Guide, Security Classification Guide) attached?

Des instructions supplémentaires (p. ex. Guide de sécurité, Guide de classification de la sécurité) sont-elles jointes?



No



Yes

16. Procurement Officer / Agent d'approvisionnement

Name (print) - Nom (en lettres moulées)

Title - Titre

Signature

Telephone No. - N° de téléphone

Facsimile No. - N° de télécopieur

E-mail address - Adresse courriel

Date

17. Contracting Security Authority / Autorité contractante en matière de sécurité

Name (print) - Nom (en lettres moulées)

Title - Titre

Signature

Telephone No. - N° de téléphone

Facsimile No. - N° de télécopieur

E-mail address - Adresse courriel

Date



## Task Authorization Autorisation de tâche

Contract Number - Numéro du contrat

Contractor's Name and Address - Nom et l'adresse de l'entrepreneur	Task Authorization (TA) No. - N° de l'autorisation de tâche (AT)
	Title of the task, if applicable - Titre de la tâche, s'il y a lieu
	Total Estimated Cost of Task (Applicable taxes extra) Coût total estimatif de la tâche (Taxes applicables en sus) \$
Security Requirements: This task includes security requirements Exigences relatives à la sécurité : Cette tâche comprend des exigences relatives à la sécurité <input type="checkbox"/> No - Non <input type="checkbox"/> Yes - Oui If YES, refer to the Security Requirements Checklist (SRCL) included in the Contract Si OUI, voir la Liste de vérification des exigences relative à la sécurité (LVERS) dans le contrat ▶	

### For Revision only - Aux fins de révision seulement

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

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

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

### 1. Required Work: - Travaux requis :

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

Contract Number - Numéro du contrat

## 2. Authorization(s) - Autorisation(s)

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

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

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PWGSC Contracting Authority - Autorité contractante de TPSGC

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





Correctional Service  
Canada

Service correctionnel  
Canada



SAFETY, RESPECT  
AND DIGNITY  
FOR ALL

LA SÉCURITÉ,  
LA DIGNITÉ  
ET LE RESPECT  
POUR TOUS

# National Essential Health Services Framework

## Cadre national relative aux soins de santé essentiels

May 9, 2014 / mai 9, 2014

## 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 .....	5
4. Access to non-essential services / Accès aux services non essentiels .....	6
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 / Annexe A. Liste des services de santé, des équipements médicaux et des fournitures .....	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>13</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>14</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>15</i>
<i>Vision Care / Soins de la vue .....</i>	<i>15</i>
<i>Occupational Health and Safety / Santé et sécurité au travail .....</i>	<i>15</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>16</i>
<i>Nutritional Supplements / Suppléments alimentaires .....</i>	<i>16</i>
<i>Personal Hygiene Items / Articles d'hygiène personnelle .....</i>	<i>16</i>
<i>Clothing and Linen / Vêtements et linge de maison .....</i>	<i>17</i>
Appendix B. CSC's Dental Service Standards / Annexe B. Normes de services dentaires du SCC ....	18
<i>Emergency Services / Services d'urgence .....</i>	<i>19</i>
<i>Anaesthesia / Anesthésie .....</i>	<i>19</i>
<i>Preventive Services / Services de prévention .....</i>	<i>19</i>
<i>Examinations / Examens .....</i>	<i>20</i>

<b>Correctional Service Canada National Essential Health Services Framework</b>	<b>Service correctionnel Canada Cadre national relatif aux soins de santé essentiels</b>
<i>Radiographs / Radiographies</i> .....	20
<i>Restorative Services / Services de restauration</i> .....	21
<i>Endodontic Services / Services d'endodontie</i> .....	22
<i>Periodontal Services / Services parodontaux</i> .....	22
<i>Prosthodontic Services / Service de dentisterie prosthodontique</i> .....	23
<i>Surgical Services / Services chirurgicaux</i> .....	25
<i>Sedation and General Anaesthesia Policy / Politiques concernant la sédation et l'anesthésie générale</i> .....	25
<i>Exceptions / Exceptions</i> .....	28
<i>Records / Dossiers</i> .....	28
<i>Review / Révision</i> .....	29
Appendix C. Criteria for Diagnostic Investigation / Annexe C. Critères de test diagnostique .....	29
Appendix D. Mental Health Services / Annexe D. Services de santé mentale .....	31
Appendix E. Public Health Services / Annexe E. Services de santé publique .....	33
Appendix F - Criteria for decision making / Annexe F – Critères pour la prise de décisions .....	34
Appendix G. Communications Regarding the Framework / Annexe G. Communication concernant le Cadre .....	36

## 1. Background / Contexte

Correctional Service Canada (CSC) is mandated, 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, Aboriginal peoples, persons requiring mental health care and other groups.

In order to support inmates in taking responsibility for proactively safeguarding their health, CSC provides:

- information and education on health promotion and disease prevention
- direct health care services

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, aux personnes Autochtones, aux personnes nécessitant des soins en santé mentale et d’autres groupes.

Pour aider les détenus à assumer leurs responsabilités afin qu’ils prennent des mesures proactives pour protéger leur santé, le SCC fournit :

- de l’information et de la formation sur la promotion de la santé et la prévention des maladies;
- des soins de santé directs.



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.

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.

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.

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.

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.

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 maintain 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 de maintenir 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**

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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.

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.

The Committee is responsible for making recommendations on new and emerging services and technologies and enhances national consistency through revision and updates to the Framework.

Le Comité 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.

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.

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.

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.

In the third phase (2011-2012), the Committee focused on public health services. Annex E Public Health Services provides a framework for the provision of public health services to inmates.

Durant la troisième étape (2011-2012), le Comité a examiné les services de santé publique. Un cadre pour la prestation de ces services aux détenus est présenté à l'Annexe E (Services de santé publique).

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### **3. Access to essential services / Accès aux services essentiels**

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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. The use of private clinics for the provision of essential health services is not permitted in CSC. 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. Le recours aux cliniques privées pour l'obtention de services de santé essentiels n'est pas permis au SCC. L'accès aux services offerts dans la collectivité est également en fonction des exigences opérationnelles de l'établissement.

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

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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.”<sup>a</sup>

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. »<sup>b</sup>

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

<sup>b</sup> 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

## 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;

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.

Incarceration presents an important public health opportunity to promote and protect the health of a population with a high co-morbidity of diseases at high risk of contracting and spreading infectious diseases.

Sur le plan de la santé publique, l'incarcération est une occasion de favoriser et de protéger la santé d'une population ayant un taux de comorbidité élevé, ainsi qu'un risque élevé de contracter et de propager des maladies infectieuses.

Public health services are tied to epidemiology and surveillance which are the on-going processes of collecting, analyzing and sharing information about risks and disease trends and distributions occurring in a population so that the appropriate prevention, education and treatment requirements can be identified.

Les services de santé publique doivent effectuer des études d'épidémiologie et de la surveillance, ce qui englobe la collecte, l'analyse et la communication continue de renseignements sur les risques et sur les tendances relatives aux maladies contractées au sein d'une population et elle vise à déterminer les mesures appropriées en matière de prévention, de sensibilisation et de traitement.

Essential health services are provided to inmates throughout their incarceration including assessment and screening at intake, the provision of acute, intermediate and chronic care during incarceration and the planning for health care services upon release into the community.

Les services de santé essentiels sont offerts aux détenus tout au long de leur incarcération, ce qui comprend l'évaluation et le dépistage à l'admission, la prestation de soins actifs et intermédiaire et de soins aux malades chroniques pendant l'incarcération et la planification des soins de santé en prévision de la mise en liberté dans la collectivité.

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.

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## 6. Approval Process / Processus d'approbation

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*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](#)
- [Appendix E – Public Health Services](#)
- [Appendix F - Criteria for decision making](#)

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](#)
- [Annexe E - Services de santé publique](#)
- [Annexe F – Critères pour la prise de décisions](#)

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

## Appendix A. List of Health Services, Medical Equipment, and Supplies / Annexe A. Liste des services de santé, des équipements médicaux et des fournitures

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

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

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

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 ».

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

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

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

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

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

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.

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.

Veuillez 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
<b>Y / O</b>	Approved / Approuvé
<b>N</b>	No / Non
<b>SA / AS</b>	Approved by Special Authorization / Approuvé par suite d'une autorisation spéciale

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

A.	Assistive Devices and Mobility Aids		Aides à la mobilité et accessoires fonctionnels
1.	Pillows	<b>N</b>	Oreillers
2.	Mattresses	<b>N</b>	Matelas
3.	Wheelchairs		Fauteuils roulants
3-a	Electric	<b>SA / AS</b>	Électrique
3-b	Manual	<b>Y / O</b>	Manuel
4.	Motorized scooters	<b>SA / AS</b>	Scooters motorisés
5.	Walkers	<b>Y / O</b>	Déambulateurs
6.	Canes	<b>Y / O</b>	Cannes
7.	Crutches	<b>Y / O</b>	Béquilles
8.	Fibreglass casts	<b>N</b>	Plâtres en fibre de verre
9.	Back brace	<b>Y / O</b>	Corset lombaire
10.	Knee braces	<b>Y / O</b>	Attelles pour le genou
11.	Ankle braces	<b>Y / O</b>	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>B.</b>	<b>Foot Care</b>		<b>Soins des pieds</b>
1.	<p>Provided by nurses trained in foot care with the following criteria:</p> <ul style="list-style-type: none"> <li>• Diabetics</li> </ul>	Y/O	<p>Fournis par les membres du personnel infirmier formés pour effectuer des soins des pieds dans les cas suivants :</p> <ul style="list-style-type: none"> <li>• Diabète</li> </ul>
2.	<p>Provided by a podiatrist or other specialist with the following criteria:</p> <ul style="list-style-type: none"> <li>• Complex care required (e.g. nail removal, surgical intervention)</li> </ul>	Y/O	<p>Fournis par un podiatre ou un autre spécialiste dans les cas suivants :</p> <ul style="list-style-type: none"> <li>• Besoin de soins complexes (p. ex. extraction d'un ongle, intervention chirurgicale)</li> </ul>
<b>C.</b>	<b>Orthotics</b>		<b>Orthèses</b>
1.	<p>Orthotics i.e. custom shoe inserts, over the counter orthotics</p>	N	<p>Orthèses c.-à-d: semelles faites sur mesure, orthèses qu'on peut obtenir sans ordonnance</p>

D.	Artificial limbs and speciality braces		Les membres artificiels et les appareils orthopédiques spéciaux
1.	<p>Artificial limbs and speciality braces</p> <ul style="list-style-type: none"> <li>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.</li> </ul>	Y / O	<p>Les membres artificiels et les appareils orthopédiques spéciaux</p> <ul style="list-style-type: none"> <li>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.</li> </ul>
E.	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
F.	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"> <li>CSC will only provide after sleep study completed and upon the recommendation of a sleep specialist.</li> <li>Regions will rent or buy machines that remain the property of CSC.</li> <li>CSC will purchase tubing and masks once per year that "belongs to inmate".</li> </ul>	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"> <li>Le SCC ne fournira un appareil qu'après une évaluation du sommeil et à la recommandation d'un spécialiste du sommeil.</li> <li>Les régions loueront ou achèteront les appareils de VSPPC, et ceux-ci appartiendront au SCC.</li> <li>Le SCC achètera les tubes et les masques une fois par année (ils appartiendront au détenu).</li> </ul>
2.	Aerochamber	Y / O	Aérochambre



G.	Diabetic supplies		Fournitures pour diabétiques
	Insulin pump and supplies <ul style="list-style-type: none"> <li>only in type I diabetics, when admitted to CSC with longstanding insulin pump use and is determined by the Institutional Physician as essential</li> </ul>	SA/AS	Pompe à insuline et fournitures <ul style="list-style-type: none"> <li>seulement s'il s'agit d'un diabète de type 1, si le détenu utilise déjà une pompe depuis longtemps à son admission au SCC et si le médecin de l'établissement juge la pompe essentielle</li> </ul>
H.	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  *While this is a non-essential service not funded by CSC, Health Services will make efforts to identify a community agency which may provide assistance to inmate*	N	Perruques  *Bien qu'il s'agisse d'un service non essentiel qui n'est pas financé par le SCC, les Services de santé tenteront de trouver, dans la collectivité, un organisme qui pourra aider le détenu*
I.	Physiotherapy		Physiothérapie
	<b>Chronic Conditions :</b> One session for teaching and two follow up sessions	Y/O	<b>Conditions chroniques</b> Une séance d'éducation et deux séances de suivi
	<b>Acute Conditions :</b> A maximum of ten sessions	Y/O	<b>Conditions aiguës</b> Nombre maximal de dix séances
J.	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

5.	Physical exam and form completion for Class 1 operator's license	N	Examen physique et formulaire à remplir pour les détenteurs de permis de classe 1
6.	Speech Therapy		Orthophonie
	Swallowing Studies only with the following criteria: <ul style="list-style-type: none"> <li>In the acute phase</li> <li>In cases with a positive prognosis</li> </ul>	SA/AS	Tests de déglutition, seulement dans les cas suivants : <ul style="list-style-type: none"> <li>En phase aiguë</li> <li>Si le pronostic est favorable</li> </ul>
<b>K.</b>	<b>Urinary Supplies</b>		<b>Fournitures relatives à l'appareil urinaire</b>
1.	Colostomy equipment	Y / O	Équipement de colostomie
2.	Catheterization supplies	Y / O	Matériel de cathétérisme
3.	Incontinence supplies	Y / O	Produits pour incontinence
<b>L.</b>	<b>Vision Care</b>		<b>Soins de la vue</b>
1.	<ul style="list-style-type: none"> <li>Refraction (2yrs)*</li> <li>Frames and lenses(3yrs)*</li> </ul> *Referral to the Institutional Physician is required for assessment of medical need if requested before 2 years	Y / O	<ul style="list-style-type: none"> <li>Examen de la vue (2ans)*</li> <li>Montures et verres (3ans)*</li> </ul> * Si une demande est présentée avant qu'il se soit écoulé deux ans, le médecin de l'établissement doit en évaluer la nécessité du point de vue médical.
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
<b>M.</b>	<b>Occupational Health and Safety</b>		<b>Santé et sécurité au travail</b>
1.	Safety glasses	N	Lunettes de sécurité
2.	Gloves	N	Gants
3.	Earplugs	N	Bouchons d'oreilles
<b>N.</b>	<b>Allergies and Food Sensitivity Treatment</b>		<b>Traitement des allergies et de la sensibilité alimentaire</b>
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 <a href="#">Food Allergy Testing Protocol</a>	* Y / O	Tests d'allergies alimentaires *Selon le <a href="#">Protocole relatif aux tests d'allergies alimentaires</a>
3.	Lactose Intolerance *As per <a href="#">Lactose Intolerance Management Protocol</a>	* Y / O	Intolérance au lactose *Selon le protocole de <a href="#">Gestion de l'intolérance au lactose</a>
4.	EpiPen®	Y / O	EpiPen®
<b>O.</b>	<b>Reproductive</b>		
1.	Copper Intra-uterine Device (IUD)	Y/O	Dispositif intra-utérin (DIU) en cuivre
<b>P.</b>	<b>Breast Pumps</b>		<b>Pompes tire-lait</b>
1.	Machine (rented or purchased – property of CSC) <a href="#">Health Canada Recommendations</a>	*Y / O (2 yrs / ans)	L'appareil (loué ou acheté – propriété du SCC) <a href="#">Recommandations de Santé Canada</a>
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
<b>Q.</b>	<b>Nutritional Supplements</b>		<b>Suppléments alimentaires</b>
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.	<a href="#">Nutritional Supplement drinks</a>	N	<a href="#">Boissons – suppléments alimentaires</a>
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
<b>R.</b>	<b>Personal Hygiene Items</b>		<b>Articles d'hygiène personnelle</b>
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)
<b>S.</b>	<b>Clothing and Linen</b>		<b>Vêtements et linge de maison</b>
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. CSC's Dental Service Standards / Annexe B. Normes de services dentaires du SCC

CSC's Dental Service Standards were reviewed and revised in 2012/2013 fiscal year in collaboration with a National Dental Working Group which was comprised of 5 CSC Institutional Dentists and Regional and National Health Services professionals and senior managers. A scan of provincial and federal dental plans was conducted and the information was utilized to help inform the working group during the revision.

Les normes de services dentaires au SCC ont été révisées en 2012-2013 avec la collaboration d'un groupe de travail national composé de cinq dentistes travaillant dans des établissements ainsi que de professionnels des Services de santé et de hauts dirigeants des administrations régionales et nationale. Les régimes de soins dentaires du gouvernement fédéral et des provinces ont été examinés et ont guidé les membres du groupe de travail durant leur révision.

Essential dental care focuses on relieving pain and infection, managing disease and providing education on preventative oral hygiene. Essential dental care will be guided by the following key features<sup>c</sup>:

Les soins dentaires essentiels misent sur le soulagement de la douleur et de l'infection, le traitement de maladies et la sensibilisation à une bonne hygiène buccale (prévention). Les soins jugés essentiels satisfont aux critères suivants :

- 1) It provides relief from pain and infection
- 2) It maintains or restores function, in particular, the ability to chew food
- 3) It relies on active participation and individual responsibility of the patient/inmate to:
  - a) practice good oral hygiene
  - b) attend scheduled appointments
- 4) It provides management of acute and chronic oral disease
- 5) It provides information and education on oral health hygiene and the prevention of oral disease

- 1) ils soulagent la douleur et l'infection;
- 2) ils préservent ou rétablissent une fonction, en particulier celle de mâcher;
- 3) ils dépendent de la participation active du patient ou du détenu, qui doit :
  - a) avoir de bonnes habitudes d'hygiène buccale;
  - b) se présenter aux rendez-vous prévus;
- 4) ils traitent une maladie buccale aiguë et chronique;
- 5) ils sensibilisent au maintien d'une bonne hygiène buccale et à la prévention des maladies connexes.

<sup>c</sup> Some aspects were taken from the "Report on Essential Dental Care" by the Committee on Clinical and Scientific Affairs, Canadian Dental Association, October 2012 / Certains aspects sont tirés du Rapport sur les soins dentaires essentiels préparé par le Comité des affaires cliniques et scientifiques, Association dentaire canadienne, octobre 2012

A.	Emergency Services		Services d'urgence
2.	Tooth and root extractions	Y / O	Extraction de dents et de racines
3.	Opening of the pulp chamber once (1) per tooth/per lifetime	Y / O	Ouverture de la chambre pulpaire une fois par dent à vie
4.	Drainage of an abscess	Y / O	Drainage d'un abcès
5.	Hemorrhage control	Y / O	Maîtrise d'une hémorragie
6.	Repair of a laceration	Y / O	Réparation d'une lacération
7.	Immobilization of a tooth loosened by trauma	Y / O	Immobilisation d'une dent ébranlée
B.	Anaesthesia		Anesthésie
1.	Local anaesthesia only	Y / O	Anesthésie locale seulement
C.	Preventive Services Services C 1-2 will only be authorized following an assessment and diagnosis of dental disease where these services are a necessary component to managing the condition.		Services de prévention Les services C 1 et 2 ne seront autorisés qu'à la suite d'une évaluation et d'un diagnostic de maladie bucco-dentaire, et seulement s'ils sont essentiels à la prise en charge de la condition.
1.	Dental scaling in combination with root planing to a maximum of 4 units in any 12 month period*	SA / AS	Détartrage et surfaçage radiculaire jusqu'à concurrence de 4 unités par période de 12 mois*
2.	Hygiene Procedure Teaching	SA / AS	Enseignement des mesures d'hygiène
3.	Fluoride Treatments	N	Traitements au fluorure

**\* Eligibility for additional units of scaling and root planing in any 12 month period based on several factors including, but not limited to:**

- The severity of periodontal disease based on current (within the last 12 months) clinical notes, diagnosis and prognosis, complete periodontal charting, and radiographs;
- Comprehensive treatment plan addressing all client oral health needs;
- The date of the last visit for periodontal and preventive services;
- The regularity and compliance of periodontal maintenance; and
- Medical condition relative to periodontal diseases including any prescribed medication.

**\* L'admissibilité à des unités additionnelles de détartrage et de surfaçage radiculaire par période de 12 mois repose sur plusieurs facteurs, notamment :**

- La gravité de la maladie parodontale fondée sur les éléments suivants (12 derniers mois) : notes cliniques, diagnostic et pronostic, charte parodontale complète et radiographies;
- Le plan de traitement complet répondant à tous les besoins en matière de santé buccodentaire du bénéficiaire;
- La date de la dernière consultation pour des services parodontaux ou des services de prévention;
- La régularité et le respect de la maintenance parodontale;
- La présence d'un problème de santé associé à des maladies parodontales, y compris la prise de tout médicament d'ordonnance.

D.	Examinations		Examens
1.	Complete Oral examination and treatment planning every 5 years	Y / O	Examen bucco-dentaire complet et planification de traitement tous les cinq ans (par dentiste)
2.	Recall examination once every 12 months	Y / O	Un examen de rappel tous les 12 mois.
3.	Emergency/specific oral examination and treatment planning as required	Y/O	Examen bucco-dentaire d'urgence ou particulier et planification de traitement au besoin.
4.	Screening for oral cancer using light based techniques	N	Dépistage du cancer buccal à l'aide de techniques utilisant la lumière
E.	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)

F.	Restorative Services		Services de restauration
1.	Fixed bridges, implants, ridge augmentation, 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 clinical processed repairs may be covered when recommended by the dentist. e.g. Minor repairs to porcelain and re-cementing	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 /Composite restorations for the posterior/anterior teeth **	Y / O	Restaurations en amalgame/composite des dents postérieures/antérieures **
5.	Prefabricated post/pin in restorations only when inadequate coronal tooth structure is remaining to retain a direct restoration	Y / O	Utilisation d'un tenon dentinaire et/ou d'un pivot préfabriqué uniquement lorsque la structure coronale restante de la dent est insuffisante pour servir de base à une restauration directe
**	<b>** Final choice of restoration material is based on dentist judgement / Le choix final des biomatériaux de restauration est à la discrétion du dentiste</b>		



G.	Endodontic Services		Services d'endodontie
1.	<p>Root canal treatment:</p> <p>There is a frequency limitation of one (1) standard root canal (RCT) treatment procedure in 36 months for all teeth. Once the frequency has been reached, subsequent standard RCT procedures require special authorization.</p> <p>ALL the following criteria must be met for RCT:</p> <ul style="list-style-type: none"> <li>• <b>ONLY</b> Anterior 12 teeth are eligible for RCT (#13, 12, 11, 21, 22, 23, 33, 32, 31, 41, 42, 43)</li> <li>• Adequate periodontal support, based on alveolar bone levels (crown to root ratio of at least 1:1) visible on radiographs with absence of furcation involvement;</li> <li>• Absence of active periodontal disease;</li> <li>• Adequate remaining non-diseased tooth structure to ensure that biologic width can be maintained during restoration;</li> <li>• A mesio-distal width equivalent to that of the natural tooth with no loss of space due to caries or crowding; and</li> <li>• A tooth that does not require any additional dental treatment such as crown lengthening, root re-sectioning or orthodontic treatment.</li> </ul>	Y / O	<p>Traitement de canal :</p> <p>Il y a une limite de un (1) traitement de canal par période de 36 mois pour l'ensemble des dents. Une fois la limite atteinte, il faut obtenir une autorisation spéciale pour tout TC standard subséquent :</p> <p>Pour qu'un TC soit autorisé, il faut respecter TOUS les critères suivants :</p> <ul style="list-style-type: none"> <li>• <b>SEULES</b> les 12 dents antérieures sont admissibles pour un TC (n<sup>os</sup> 13, 12, 11, 21, 22, 23, 33, 32, 31, 41, 42 et 43)</li> <li>• Support parodontal adéquat, comme en attestent les niveaux d'os alvéolaire (rapport couronne-racine d'au moins 1 :1) visibles sur les radiographies soumises et le degré d'atteinte de furcation;</li> <li>• Absence de parodontopathie active;</li> <li>• Structure dentaire restante saine capable d'assurer le maintien de la largeur biologique pendant la restauration;</li> <li>• Largeur mésiodistale équivalente à la largeur de la dent naturelle, sans perte d'espace en raison de caries ou de chevauchements;</li> <li>• Dent ne nécessitant aucun autre traitement dentaire, comme un allongement coronaire, une amputation de racine ou un traitement orthodontique.</li> </ul>
H.	Periodontal Services		Services parodontaux
1.	Management of acute periodontal infections	Y / O	Prise en charge d'infections parodontales aiguës

I.	Prosthodontic Services		Service de dentisterie prosthodontique
1.	Supplemental prosthesis-Sports mouth guards	N	Prothèses amovibles (protège-dents de sport)
2.	Supplemental prosthesis-Lab processed night guards	N	Prothèses amovibles (gouttière de protection nocturne traitée en laboratoire)

3.	<p>Acrylic partials for teeth numbered 16 to 26 and 36 to 46 inclusive once every 5 years and with the following criteria:</p> <p>General Criteria:</p> <ul style="list-style-type: none"> <li>• All basic treatment must be completed including: <ul style="list-style-type: none"> <li>a) control of caries and of periodontal and periapical disease for all teeth; and</li> <li>b) restoration of major structural defects in the abutment teeth;</li> </ul> </li> <li>• The space to be replaced is greater than or equal to the corresponding natural teeth;</li> <li>• All abutment teeth must have: <ul style="list-style-type: none"> <li>a) adequate periodontal support, based on alveolar bone levels (crown to root ratio of at least 1:1) visible on submitted radiographs; and</li> <li>b) absence of active periodontal disease; and</li> </ul> </li> <li>• If there is an existing partial denture, it must be at least five (5) years old.</li> </ul> <p>Specific Criteria:</p> <ul style="list-style-type: none"> <li>• There must be one or more missing teeth in the anterior sextant; or</li> <li>• There must be two or more missing posterior teeth in a quadrant excluding second and third molars.</li> </ul> <p>*Acrylic partials may be upgraded to cast partials at the inmate's expense.</p>	Y / O (5 yrs / ans)	<p>Prothèses dentaires partielles en acrylique pour les dents 16 à 26 et 36 à 46 inclusivement tous les 5 ans, conformément aux critères suivants :</p> <p>Critères généraux :</p> <ul style="list-style-type: none"> <li>• Tous les traitements de base doivent avoir été exécutés, à savoir les suivants : <ul style="list-style-type: none"> <li>a) contrôle des caries et des maladies parodontales et périapicales pour l'ensemble des dents;</li> <li>b) restauration des défauts de structure majeurs dans les dents piliers;</li> </ul> </li> <li>• L'espace à remplacer est plus grand ou égal à l'espace correspondant de la dent naturelle;</li> <li>• Toutes les dents piliers doivent respecter les critères suivants : <ul style="list-style-type: none"> <li>a) support parodontal adéquat, comme en attestent les niveaux d'os alvéolaire (rapport couronne-racine d'au moins 1:1) visibles sur les radiographies soumises;</li> <li>b) absence de parodontopathie active;</li> </ul> </li> <li>• S'il y a déjà une prothèse dentaire partielle, celle-ci doit avoir au moins cinq (5) ans.</li> </ul> <p>Critères particuliers</p> <ul style="list-style-type: none"> <li>• Il doit y avoir au moins une dent manquante dans le sextant antérieur; OU</li> <li>• Il doit y avoir deux ou plusieurs dents postérieures manquantes dans un quadrant, à l'exception des deuxième et troisième molaires.</li> </ul> <p>*Les prothèses en acryliques peuvent être remplacées par des prothèses en métal aux frais du détenu.</p>
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	Complete dentures are covered once in any five (5) year period per arch.	Y / O (5 yrs / ans)	Les prothèses complètes sont couvertes une fois aux cinq (5) ans par arcade.
4.	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)
5.	Re-lining of removable complete and partial prosthesis, as required	Y / O (5 yrs / ans)	Regarnissage des prothèses complètes et partielles amovibles, une fois tous les 5 ans
6.	Addition of a structure to the prosthesis (as required)	Y / O	Ajout de structure à des prothèses (au besoin)
7.	Minor repairs or re-cementation of fixed bridges	Y / O	Réparations mineures ou recimentation de ponts fixes (au besoin)
<b>J.</b>	<b>Surgical Services</b>		<b>Services chirurgicaux</b>
1.	Complicated tooth and root extraction (erupted teeth and symptomatic impaction)	Y / O	Extraction complexe 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.	Treatment of osteomyelitis	Y / O	Traitement de l'ostéomyélite
7.	Gingival Grafts*  *CSC does not fund gingival grafts on teeth that show chronic periodontal disease or to improve esthetics*	Y/O	Greffons gingivaux*  *Le SCC ne paye pas les greffons gingivaux pour les dents présentant une parodontopathie chronique ni les greffons réalisés à des fins esthétiques*

7.	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
8.	Dental Implants or any associated procedures	N	Implants dentaires ou toute autre procédure associée
9.	Ridge Augmentation	N	Augmentation de crête
10.	Cosmetic or elective services	N	Services cosmétiques ou accompagnés d'option
<b>K</b>	<b>Sedation and General Anaesthesia Policy</b>		<b>Politique concernant la sédation et l'anesthésie générale</b>
1.	<b>Deep Sedation and General Anaesthesia Criteria:</b> <ul style="list-style-type: none"> <li>Once in any twelve (12) month period</li> <li>To limit the associated risks with repeat deep sedation and general anaesthesia, dental providers should ensure that whenever possible, all dental services performed under general anaesthesia and deep sedation are completed in one session</li> <li>Deep sedation and general anaesthesia is not covered for the management of dental anxiety</li> <li>Deep sedation and general anaesthesia may be considered for the management of a documented dental phobia (A letter from a physician, psychiatrist or recognized psychologist must be submitted with the predetermination request)</li> </ul>	Y / O	<b>Critères pour la sédation profonde et l'anesthésie générale</b> <ul style="list-style-type: none"> <li>Une fois par période de douze (12) mois;</li> <li>Afin de limiter les risques associés à l'anesthésie générale et à la sédation profonde administrée de façon répétée, les fournisseurs de soins dentaires doivent, dans la mesure du possible, faire en sorte que tous les soins dentaires fournis sous anesthésie générale et sédation profonde soient complétés en une seule séance</li> <li>La sédation profonde et l'anesthésie générale utilisées pour calmer l'anxiété liée aux soins dentaires ne sont pas couvertes</li> <li>La sédation profonde et l'anesthésie générale peuvent être envisagées en cas de phobie confirmée des soins dentaires (la demande de prédétermination doit être accompagnée d'une lettre d'un médecin, d'un psychiatre ou d'un psychologue reconnu)</li> </ul>

2.	<p><b>Moderate Sedation:</b></p> <p>Applies to:</p> <ul style="list-style-type: none"> <li>• Parenteral sedation</li> <li>• Combined technique of inhalation plus intravenous and/or intramuscular injection; and,</li> <li>• Nitrous oxide combined with oral sedative drugs)</li> </ul> <p><b>Moderate Sedation Criteria:</b></p> <ul style="list-style-type: none"> <li>• Once in any twelve (12) month period</li> <li>• Minimal sedation must have been considered prior to considering use of moderate sedation.</li> <li>• Moderate sedation is not covered for the management of dental anxiety</li> <li>• Moderate sedation may be considered for the management of a documented dental phobia (A letter from a physician, psychiatrist or recognized psychologist must be submitted with the predetermination request</li> </ul>	Y / O	<p><b>Sédation modérée</b></p> <p>S'applique à ce qui suit :</p> <ul style="list-style-type: none"> <li>• Sédation administrée par voie parentérale;</li> <li>• Technique combinée d'inhalation et d'injection intraveineuse et/ou intramusculaire;</li> <li>• Oxyde nitreux associé à des sédatifs oraux.</li> </ul> <p><b>Critères pour la sédation modérée</b></p> <ul style="list-style-type: none"> <li>• Une fois par période de douze (12) mois;</li> <li>• Il faut avoir envisagé la sédation minimale avant de recourir à la sédation modérée.</li> <li>• La sédation modérée utilisée pour calmer l'anxiété liée aux soins dentaires n'est pas couverte.</li> <li>• La sédation modérée peut être envisagée en cas de phobie confirmée des soins dentaires (la demande de prédétermination doit être accompagnée d'une lettre d'un médecin, d'un psychiatre ou d'un psychologue reconnu).</li> </ul>
	<p><b>Minimal Sedation:</b></p> <p>Applies to:</p> <ul style="list-style-type: none"> <li>• Oral sedation*,</li> <li>• Nitrous oxide; and,</li> <li>• Nitrous oxide with oral sedation (single sedative drug)</li> </ul> <p>*Oral sedation may be covered for the management of dental anxiety</p>	Y/O	<p><b>Sédation minimale</b></p> <p>S'applique à ce qui suit :</p> <ul style="list-style-type: none"> <li>• Sédation orale*;</li> <li>• Oxyde d'azote;</li> <li>• Oxyde d'azote avec sédation orale (un seul sédatif).</li> </ul> <p>*La sédation orale utilisée pour calmer l'anxiété liée aux soins dentaires peut être couverte</p>

<b>K</b>	<b>Exceptions</b>		<b>Exceptions</b>
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"> <li>• The dentist must provide clear written rationale for any required exception</li> <li>• The decision and rationale must be entered on the patient's chart</li> </ul>	<b>SA / AS</b>	<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"> <li>• Le dentiste doit fournir une justification écrite pour toute exception requise</li> <li>• La décision et la justification doivent être versées au dossier du patient</li> </ul>
<b>L</b>	<b>Records</b>		<b>Dossiers</b>
1.	Delivery of dental services and of dental record maintenance, including radiographs must be in compliance with professional and provincial licensing authorities standards		La prestation des services dentaires, incluant les radiographies et la tenue des dossiers dentaires, doivent être conformes aux normes 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 détail 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 in 2016		L'annexe technique sur les normes en matière de services dentaires du SCC sera révisée 2016
	<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 / Annexe C. 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 / Annexe D. Services de santé mentale

I.1	The provision of mental health services should be consistent with the individual's level of need. Need is defined as an ability to benefit from an intervention and is distinguished from both "use" and "demand". 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. Triage should be conducted in accordance with professionally accepted standards and relevant <a href="#">CSC Mental Health policy and guidelines</a> .		La prestation de services de santé mentale devrait répondre au niveau de besoin de l'individu. Un besoin est défini comme la capacité de bénéficier d'une intervention et se distingue de l'« utilisation » et de la « demande ». 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 <a href="#">lignes directrices du SCC sur les soins santé mentale</a> .
II.	<b>Essential Mental Health Services</b>		<b>Les services de santé mentale essentiels</b>

	<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"> <li>• Create significant impairment in the individual's functioning within his/her institution; and /or</li> <li>• Significantly impact the individual's successful reintegration into the community.</li> </ul>		<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"> <li>• de nuire considérablement au fonctionnement de l'individu au sein de son établissement; et/ou</li> <li>• d'avoir des répercussions importantes sur la réinsertion de l'individu en communauté.</li> </ul>
III.	<b>Essential Mental Health Services include:</b>		<b>Les services de santé mentale essentiels incluent :</b>
a	Mental Health awareness and Mental Health promotion.		Sensibilisation à la santé mentale et promotion de celle-ci;
b	Mental Health screening, review and follow-up assessment as required.		Dépistage, examen et évaluation des troubles mentaux;
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.	<b>Non-Essential Mental Health Services:</b>		<b>Les services de santé mentale non essentiels :</b>
	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. Public Health Services / Annexe E. Services de santé publique

I.	The provision of public health services to federal inmates must be consistent with prevention, management and control of diseases for the need of the population as a whole, as well as for the individual inmate		La prestation des services de santé publique aux détenus sous responsabilité fédérale doit être conforme à la prévention, la gestion et le contrôle des maladies de l'ensemble de la population, ainsi que des détenus en particulier.
II.	<b>Essential Public Health Services</b>		<b>Services essentiels de santé publique</b>
	Screening and assessment for infectious and communicable disease on admission and throughout incarceration.		Évaluation et test de dépistage des maladies infectieuses et contagieuses à l'admission et tout au long de la période d'incarcération.
	Immunization per CSC policy (e.g. hepatitis A & B, and seasonal influenza)		Immunisation selon la politique du SCC (p. ex. hépatite A et B et grippe saisonnière)
	Treatment and clinical management of infectious and communicable disease and their sequelae.		Traitement et gestion clinique des maladies infectieuses et contagieuses et de leurs séquelles.
	Public health awareness and health promotion, including tailoring of materials to meet the specific need of inmate populations (i.e. cultural and gender appropriate; literacy levels).		Sensibilisation à la santé publique et promotion de la santé, y compris l'adaptation de documents pour répondre aux besoins précis des détenus (c-à-d. messages adaptés à la culture et au sexe ainsi qu'au niveau d'alphabétisation).
	Provision of harm reduction programs.		Offre de programmes de réduction des méfaits.
	Management of infectious disease outbreaks within institutions.		Gestion des éclosions de maladies infectieuses dans les établissements.
	Transitional supports including necessary community referrals for continuing services for inmates released with health needs i.e. discharge planning.		Soutiens de transition, incluant les renvois nécessaires dans la collectivité pour assurer la continuité des services aux délinquants libérés qui ont des besoins en santé (planification de la mise en liberté).

	Legend / Légende
	Approved / Approuvé
	No / Non
	Approved by Special Authorization / Approuvé par suite d'une autorisation spéciale

## Appendix F - Criteria for decision making / Annexe F – Critères pour la prise de décisions

A) Gynecomastia:		A) Gynécomastie
<b>Acute Gynecomastia*</b> (less than six months)		<b>Gynécomastie aiguë*</b> (moins de six mois)
<ul style="list-style-type: none"> <li>Not treated surgically</li> <li>Acute cases with no identifiable cause may be treated with a trial of tamoxifen</li> </ul>	N	<ul style="list-style-type: none"> <li>Aucun traitement chirurgical.</li> <li>S'il s'agit d'un cas aigu de cause inconnue, on peut faire l'essai de tamoxifène.</li> </ul>
<b>Chronic Gynecomastia*</b> (greater than one-two years) <ul style="list-style-type: none"> <li>There is significant pain refractory to analgesic medication;</li> <li>There is significant psychological distress refractory to medical and psychiatric therapy; and,</li> <li>Medical management has been unsuccessful</li> </ul>	SA / AS	<b>Gynécomastie chronique*</b> (plus d'un an ou deux) <ul style="list-style-type: none"> <li>Douleur intense réfractaire aux analgésiques.</li> <li>Détresse psychologique importante réfractaire aux traitements médicaux et psychiatriques.</li> <li>Aucune solution médicale concluante.</li> </ul>
<p>*As a result of the higher incidence of breast cancer, screening for breast cancer and appropriate interventions will be undertaken in all cases of gynecomastia.</p> <p>Surgical treatment for gynecomastia for esthetic reasons is not an essential health service and is not funded by CSC.</p>		<p>*Compte tenu de l'incidence élevée du cancer du sein, tous les cas de gynécomastie feront l'objet d'un dépistage et d'interventions appropriées.</p> <p>Le traitement chirurgical d'une gynécomastie pour des raisons esthétiques n'est pas considéré comme un service essentiel et n'est pas payé par le SCC.</p>

<b>B)Sinuplasty</b>		<b>B)Sinuplastie</b>
<b>Chronic sinusitis :</b>		<b>Sinusite chronique</b>
<ul style="list-style-type: none"> <li>Sinuplasty and osteomeatal complex surgical procedures for chronic sinusitis of fungal origin or in the presence of polyps</li> </ul>	Y / O	<ul style="list-style-type: none"> <li>Sinuplastie et traitement chirurgical du complexe ostio-méatal si la sinusite chronique est d'origine fongique ou si des polypes sont présents.</li> </ul>
<ul style="list-style-type: none"> <li>The surgical treatment of chronic sinusitis in the absence of fungal infection or polyps</li> </ul>	SA / AS	<ul style="list-style-type: none"> <li>Traitement chirurgical de la sinusite chronique en l'absence d'une infection fongique ou de polypes.</li> </ul>
<b>Nasal obstruction :</b>		<b>Obstruction nasale</b>
<ul style="list-style-type: none"> <li>Chronic complete unilateral or bilateral nasal obstruction cases unsuccessfully treated by medical means</li> </ul>	Y / O	<ul style="list-style-type: none"> <li>Cas chroniques d'obstruction nasale complète d'une ou de deux narines sans solution médicale concluante..</li> </ul>
<ul style="list-style-type: none"> <li>Partial or intermittent nasal obstruction may be covered depending on the potential for worsening of the condition, e.g., an evolutionary polyp or neoplasm</li> </ul>	SA / AS	<ul style="list-style-type: none"> <li>Les cas d'obstruction nasale partielle ou intermittente peuvent être couverts s'il y a une possibilité que la condition se détériore (tumeur ou polype en phase évolutive).</li> </ul>
<b>Septum perforation :</b>		<b>Perforation de la cloison nasale</b>
<ul style="list-style-type: none"> <li>Correction of an asymptomatic nasal septum perforation -</li> </ul>	N	<ul style="list-style-type: none"> <li>Correction d'une perforation asymptomatique de la cloison nasale</li> </ul>
<ul style="list-style-type: none"> <li>Symptomatic nasal septum perforation (pain, bleeding, nose discharge) provided that the causative agent has been addressed (cocaine use, underlying disease)</li> </ul>	Y / O	<ul style="list-style-type: none"> <li>Correction d'une perforation symptomatique de la cloison nasale (douleur, saignement, rhinorrhée), si l'agent causal a été réglé (consommation de cocaïne, maladie sous-jacente)</li> </ul>
<b>Nose deviation and cosmetic procedures :</b>		<b>Déviaton du nez et chirurgie esthétique</b>
<ul style="list-style-type: none"> <li>Surgical procedures solely for esthetic reasons including external nasal deviation (acquired or congenital)</li> </ul>	N	<ul style="list-style-type: none"> <li>Traitement chirurgical uniquement pour des raisons esthétiques, y compris pour une déviation externe du nez (acquise ou congénitale)</li> </ul>

<ul style="list-style-type: none"> <li>Conditions for which there is significant psychological distress for the patient, e.g. following removal of a nasal cutaneous malignant tumour</li> </ul>	SA / AS	<ul style="list-style-type: none"> <li>Conditions lors desquelles le patient souffre d'une détresse psychologique importante, p. ex. après s'être fait retirer une tumeur cutanée maligne au nez.</li> </ul>

## Appendix G. Communications Regarding the Framework / Annexe G. Communication concernant le Cadre

### 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

### 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: Demandes de service 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

**National Health Services Framework  
– November 26, 2010**

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

**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) Essential Health Services  
Communication Deck December  
2010**

[Essential Health Services  
Communication Deck](#)

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

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

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

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

**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) Memo: Updated National Health  
Services Framework – April 10, 2013**

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

**I) Note de service: Mise à jour du Cadre  
national des services de santé essentiels  
(10 avril 2013)**

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

**J) Memo: Updated National Health  
Services Framework – July , 2013**

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

**(J) Note de service: Mise à jour du Cadre  
national des services de santé essentiels  
(Juillet 2013)**

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

**K) Fact Sheet : Dental Services –  
Fact Sheet and FAQ for Staff**

[Fact Sheet : Dental Services](#)

**K) Fiche de renseignements: Services  
dentaires – Fiche de renseignements et  
FAQ destinée au personnel**

[Fiche de renseignements : Services  
dentaires](#)