



RETURN BIDS TO :

RETOURNER LES SOUMISSIONS À :

Bid Receiving - Réception des soumissions:

Nancy Baessler, Regional Contracting Specialist
Correctional Service Canada
Regional Headquarters – Prairies
3427 Faithfull Avenue
Saskatoon, Saskatchewan
S7K 8H6

**REQUEST FOR PROPOSAL
DEMANDE DE PROPOSITION**

Proposal to: Correctional Service 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 à: Service Correctionnel du 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 appendices ci-jointes, les biens, services et construction énumérés ici sur toute feuille ci-annexée, au(x) prix indiqué(s).

Comments — Commentaires :

"THIS DOCUMENT CONTAINS A SECURITY REQUIREMENT" « LE PRÉSENT DOCUMENT COMPORTE UNE EXIGENCE RELATIVE À LA SÉCURITÉ »

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

Telephone # — N° de Téléphone :

Fax # — No de télécopieur :

Email / Courriel : _____

GST # or SIN or Business # — N° de TPS
ou NAS ou N° d'entreprise :

Title — Sujet: Physiotherapy Services	
Solicitation No. — N° de l'invitation 52000-14-2066394	Date: 2014-11-06
Client Reference No. — N° de Référence du Client 52000-14-2066394	
GETS Reference No. — N° de Référence de SEAG	
Solicitation Closes — L'invitation prend fin at / à : 10:00am CST on / le : November 21, 2014	
F.O.B. — F.A.B. Plant – Usine: Destination: Other-Autre: Saskatchewan Penitentiary Prince Albert, Saskatchewan	
Address Enquiries to — Soumettre toutes questions à: Nancy Baessler Regional Contracting Specialist	
Telephone No. — N° de téléphone: 306-659-9256	Fax No. — N° de télécopieur: 306-659-9317
Destination of Goods, Services and Construction: Destination des biens, services et construction: Saskatchewan Penitentiary, Prince Albert, Saskatchewan	
Instructions: See Herein Instructions : Voir aux présentes	
Delivery Required — Livraison exigée : See herein	Delivery Offered – Livraison proposée : Voir aux présentes
Name and title of person authorized to sign on behalf of Vendor/Firm Nom et titre du signataire autorisé du fournisseur/de l'entrepreneur	
Name / Nom	Title / Titre
Signature	Date
 (Sign and return cover page with bid proposal / Signer et retourner la page de couverture avec la proposition)	



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PART 1 - GENERAL INFORMATION

1. Security Requirement

There is a security requirement associated with the requirement. For additional information, consult Part 4 - Evaluation Procedures and Basis of Selection and Part 6 - Resulting Contract Clauses.

2. Statement of Work

As per Annex A.

3. Revision of Departmental Name

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

4. Debriefings

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

5. Procurement Ombudsman

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



PART 2 - BIDDER INSTRUCTIONS

1. Standard Instructions, Clauses and Conditions

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

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

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

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

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

Sixty (60) days

2. Submission of Bids

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

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

3. Communications – Solicitation Period

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

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

4. Applicable Laws

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

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



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



PART 3 - BID PREPARATION INSTRUCTIONS

1. Bid Preparation Instructions

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

Section I: Technical Bid: **three (3) hard copies**

Section II: Financial Bid: **one (1) hard copy**

Section III: Certifications **one (1) hard copy**

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

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

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

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

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

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

2. Section I: Technical Bid

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

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



3. Section II: Financial Bid

Bidders must submit their financial bid 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, if applicable.

See Annex B – Proposed Basis of Payment for the Pricing Schedule format.

3.1 Exchange Rate Fluctuation

SACC Manual clause C3011T 2013-11-06, Exchange Rate Fluctuation

4. Section III: Certifications

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



PART 4 - EVALUATION PROCEDURES AND BASIS OF SELECTION

1. Evaluation Procedures

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

1.1 Technical Evaluation

1.1.1 Mandatory Technical Criteria

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

1.2 Financial Evaluation

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

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

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

2. Basis of Selection

SACC Manual Clause A0031T 2010-08-16, Mandatory Technical Criteria

3. Security Requirement

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

- (a) the Bidder must hold a valid organization security clearance as indicated in Part 6 - 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 6 - 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.

3.2 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.

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



4. Insurance Requirement

The Bidder must provide a letter from an insurance broker or an insurance company licensed to operate in Canada stating that the Bidder, if awarded a contract as a result of the bid solicitation, can be insured in accordance with the Insurance Requirements specified in article 11 of PART 6 – RESULTING CONTRACT CLAUSES.

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



PART 5 - CERTIFICATIONS

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

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

1. Certifications Required with the Bid

Bidders must submit the following duly completed certifications with their bid.

1.1 Federal Contractors Program for Employment Equity - Bid Certification

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

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

1.2 Former Public Servant Certification

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

Definitions

For the purposes of this clause,

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

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



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

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

Former Public Servant in Receipt of a Pension

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

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

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

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

Work Force Adjustment Directive

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

If so, the Bidder must provide the following information:

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



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

1.3 Language Requirements

The bidder certifies that the proposed resource(s) is/are capable of providing verbal and written communication and able to conduct the work in English.

Certification:

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



PART 6 - RESULTING CONTRACT CLAUSES

1. Security Requirement

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).

2. Statement of Work

As per Annex A.

3. Standard Clauses and Conditions

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

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

3.1 General Conditions

2010B 2014-09-25, General Conditions - Professional Services (Medium Complexity), apply to and form part of the Contract.

Subsection 31.4 of 2010B, General Conditions – Professional Services (Medium Complexity), will not form part of the Contract. All other subsections of ‘2010B 31 Integrity Provisions – Contract’, will form part of the Contract.

4. Term of Contract

4.1 Period of the Contract

The Work is to be performed during the period of **2015-01-01 to 2015-12-31**.



4.2 Option to Extend Contract

The Contractor grants to Canada the irrevocable option to extend the term of the Contract by up to two (2) additional one (1) year period(s) 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.

5. Authorities

5.1 Contracting Authority

The Contracting Authority for the Contract is:

Name:	Nancy Baessler
Title:	Regional Contracting Specialist Correctional Service Canada
Branch/Directorate:	Regional Headquarters – Prairies
Telephone:	(306) 659-9256
Facsimile:	(306) 659-9317
E-mail address:	501Contracts@csc-scc.gc.ca

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

5.2 Project Authority

The Project Authority for the Contract is:

Name:	(XXX)
Title:	(XXX)
Correctional Service Canada	
Branch/Directorate:	(XXX)
Telephone:	(XXX)
Facsimile:	(XXX)
E-mail address:	(XXX)

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

5.3 Contractor's Representative

The Authorized Contractor's Representative is:

Name:	_____
Title:	_____
Company:	_____



Address: _____

Telephone: _____ - _____

Facsimile: _____ - _____ - _____

E-mail address: _____

6. Payment

6.1 Basis of Payment

SACC Manual Clause C0206C 2013-04-25 – Basis of Payment – Limitation of Expenditure

The Contractor will be reimbursed for the costs reasonably and properly incurred in the performance of the Work, as determined in accordance with the Basis of Payment in Annex B, to a limitation of expenditure of ***\$insert the amount at contract award***. Customs duties are excluded and Applicable Taxes are extra.

6.2 Limitation of Expenditure

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

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

6.3 SACC Manual Clauses

SACC Manual clause A9117C 2007-11-30, T1204 - Direct Request by Customer Department

SACC Manual clause C0710C 2007-11-30, Time and Contract Price Verification

SACC Manual clause C0705C 2010-01-11, Discretionary Audit

6.4 Monthly Payment

SACC Manual clause H1008C 2008-05-12, Monthly Payment

6.5 Travel and Living Expenses



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

7. Invoicing Instructions

1. The Contractor must submit invoices in accordance with the section entitled "Invoice Submission" of the general conditions. Invoices cannot be submitted until all work identified in the invoice is completed.
2. Invoices must be distributed as follows:
 - The original and one (1) copy must be forwarded to the address shown on page 1 of the Contract for certification and payment.

8. Certifications

8.1 Certification of Compliance

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

8.2 SACC Manual Clauses

SACC Manual Clause A7017C 2008-05-12 – Replacement of Specific Individuals

9. Applicable Laws

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

10. Priority of Documents

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

- (a) the Articles of Agreement;
- (b) the General Conditions 2010B 2014-09-25
- (c) Annex A, Statement of Work;
- (e) Annex B, Basis of Payment;
- (f) Annex C, Security Requirements Check List;
- (g) the Contractor's bid dated _____ (to be inserted at contract award)

11. Insurance – Specific Requirements

The Contractor must comply with the insurance requirements specified in below. 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.

11.1

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.
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. 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.
4. Notice of Cancellation: The Insurer will endeavour to provide the Contracting Authority thirty (30) days written notice of cancellation.

12. Ownership Control

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

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

13. Closure of Government Facilities

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

13.2 Contractors working at CSC sites should be aware that they may be faced with delay or refusal of entry to certain areas at certain times even if prior arrangements for access may



have been made. Contractors are advised to call in advance of travel to ensure that planned access is still available.

14. Tuberculosis Testing

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

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

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

15. Compliance with CSC Policies

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

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

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

16. Health and Labour Conditions

16.1 In this section, "Public Entity" means the municipal, provincial or federal government body authorized to enforce any laws concerning health and labour applicable to the performance of the Work or any part thereof.

16.2 The Contractor shall comply with all laws concerning health and labour conditions applicable to the performance of the Work or part thereof and shall also require compliance of same by all its subcontractors when applicable.

16.3 The Contractor upon any request for information or inspection dealing with the Work by an authorized representative of a Public Entity shall forthwith notify the Project Authority or Her Majesty.

16.4 Evidence of compliance with laws applicable to the performance of the Work or part thereof by either the Contractor or its subcontractor shall be furnished by the Contractor to the Project Authority or Her Majesty at such time as the Project Authority or Her Majesty may reasonably request."

17. Dispute Resolution Services

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

18. Contract Administration



The parties understand that the Procurement Ombudsman appointed pursuant to Subsection 22.1(1) of the *Department of Public Works and Government Services Act* will review a complaint filed by the contractor respecting administration of this contract if the requirements of Subsection 22.2(1) of the *Department of Public Works and Government Services Act* and Sections 15 and 16 of the *Procurement Ombudsman Regulations* have been met, and the interpretation and the application of the terms and conditions and the scope of work of this contract are not in dispute.

The Office of Procurement Ombudsman may be contacted by telephone at 1-866-734-5169 or by e-mail at boa.opo@boa.opo.gc.ca.

19. Privacy

19.1 The Contractor acknowledges that Canada is bound by the Privacy Act, R.S.C. 1985, c. P-21, with respect to the protection of personal information as defined in that Act. The Contractor shall keep private and confidential any such personal information collected, created or handled by the Contractor under the Contract, and shall not use, copy, disclose, dispose of or destroy such personal information except in accordance with this clause and the delivery provisions of the Contract.

19.2 All such personal information is the property of Canada, and the Contractor shall have no right in or to that information. The Contractor shall deliver to Canada all such personal information in whatever form, including all copies, drafts, working papers, notes, memoranda, reports, data in machine-readable format or otherwise, and documentation which have been made or obtained in relation to this Contract, upon the completion or termination of the Contract, or at such earlier time as the Minister may request. Upon delivery of the personal information to Canada, the Contractor shall have no right to retain that information in any form and shall ensure that no record of the personal information remains in the Contractor's possession.

20. Proactive Disclosure of Contracts with Former Public Servants

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

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

ANNEX A – Statement of Work

The Correctional Service Canada has a requirement to provide basic health services to the offenders within our care. The work will involve the following:

1.1 Background

In accordance with the Corrections and Conditional Release Act and Commissioner's Directive's, the Correctional Service of Canada (CSC) requires each Institution to ensure that the health needs of offenders are identified and that services/programs are developed and maintained to meet those needs.

Saskatchewan Penitentiary is a multilevel complex for minimum, medium and maximum security offenders. It is located at the western edge of Prince Albert, Saskatchewan: housing approximately 900 male adult offenders at any given time.

Prince Albert is a small city located in north central Saskatchewan with a population of approximately 35,000. There is one major hospital and twelve medium to large medical clinics with some offering specialized medical services. A wide range of specialized medical services are available within the city of Saskatoon which is located 150 km southwest of Prince Albert.

Saskatchewan Penitentiary, as part of the Correctional Service Canada requires contracted Physiotherapy Services.

1.2 Objectives:

To provide Physiotherapy Services for Saskatchewan Penitentiary minimum, medium and maximum security inmates.

1.3 Tasks:

- a) The contractor will act as part of the overall Health Services program provided to offenders at the Saskatchewan Penitentiary.
- b) The contractor must provide one (1) half day routine physiotherapy clinic based on need for up to one half-day per week (maximum 4 hours) or as required during the period of the contract. Clinics will not necessarily be scheduled on a regular basis.
- c) The actual day the clinic will be held is subject to agreement between the Contractor and the Chief, Health Services.
- d) The contractor must advise the Chief, Health Services on all aspects of the Physiotherapy Services, in accordance with accepted legal practices and procedures, and the administrative support needs of the Health Services Centre.
- e) The contractor must ensure, in consultation with the Chief, Health Services, that Accreditation Canada standards are maintained in the delivery of Physiotherapy Services within the institution.
- f) The contractor must ensure proper records of Physiotherapy Services and administrative workload for the subsequent billing systems are submitted on a monthly bases.
- g) The contractor must identify and initiate Physiotherapy and policy and procedure requirements and ensuring an annual review is accomplished on all of the same and that they adhere to CSC regulations, Saskatchewan Penitentiary's Stand Orders, and Health Services Operating Policies.
- h) The contractor must establish and maintain a Quality Assurance Program for the Institutional Health Services Department, attending the institution when evaluations are provided by outside sources and submitting reports on the same annually.
- i) The contractor must advise on Health Services requirements for physiotherapy supplies, equipment and advise on the preventative maintenance program.

1.4 Deliverables:

The contractor will provide:

- a) comprehensive services to Saskatchewan Penitentiary by attending the Health Services Centre to provide the respective services, through pre-scheduled clinics, in accordance with the established CSC regulations, Saskatchewan Penitentiary Standing Orders and Health Services Policies and Procedures and Standing Operating Procedures.
- b) physiotherapy Services for Saskatchewan Penitentiary minimum, medium and maximum security inmates. Clinics will be scheduled based on need for up to one half-day per week (maximum 4 hours) or as required during the period of the contract. Clinics will not necessarily be scheduled on a regular basis.
- c) physiotherapy services to approximately 8 -12 client visits per half day for one clinic session.
- d) physiotherapy services that were prescribed by the medical doctor and approved by the Manager of Clinical Service for treatment per the National Essential Health Services Framework.
- e) rehabilitative care post operative.
- f) advise to Health Services staff regarding supplies and equipment.
- g) instruction to nursing staff on new techniques and nursing interventions to assist in the provision of physiotherapy prescribed by the medical doctor.
- h) in-service to staff as required to promote safe and effective body mechanics while performing lifts and moving patients.
- i) yearly copies of up-to-date/annual licenses, insurance and/or any other documents that certify that the company or individual is licensed to practice/perform the work described herein.

1.5 Location of work:

- a. The Contractor must perform the work at Saskatchewan Penitentiary, 15th Street West, Prince Albert, SK, Canada
- b. Travel
 - i. No travel is anticipated for performance of the work under this contract.

1.6 Language of Work:

The contractor must perform all work in English.

ANNEX B – Proposed Basis of Payment

1.0 Contract Period

The Contractor will be paid in accordance with the following Basis of Payment for Work performed pursuant to this Contract.

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


Financial Proposal	
	January 1, 2015 to December 31, 2015
Physiotherapy Services Fee	
	Option Year 1: January 1, 2016 to December 31, 2016
Physiotherapy Services Fee	
	Option Year 2: January 1, 2017 to December 31, 2017
Physiotherapy Services Fee	

3.0 HST or GST

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

Annex C – Security Requirement Check List

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OCT 06 2014

 Government of Canada / Gouvernement du Canada

Contract Number / Numéro du contrat
51000-15-2093138
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 CORRECTIONAL SERVICE OF CANADA	2. Branch or Directorate / Direction générale ou Direction STONY MOUNTAIN INSTITUTION	
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 PSYCHOLOGICAL ASSESSMENT SERVICES		
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 / Non <input type="checkbox"/> Yes / Oui		
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 / Non <input type="checkbox"/> Yes / Oui		
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 / Non <input checked="" type="checkbox"/> Yes / Oui		
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 / Non <input type="checkbox"/> Yes / Oui		
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 / Non <input type="checkbox"/> Yes / Oui		
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"/>	Foreign / Étranger <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"/>	No release restrictions Aucune restriction relative à la diffusion <input type="checkbox"/>
Not releasable À ne pas diffuser <input type="checkbox"/>	Restricted to: / Limité à: <input type="checkbox"/>	Restricted to: / Limité à: <input type="checkbox"/>
Specify country(ies): / Préciser le(s) pays:	Specify country(ies): / Préciser le(s) pays:	Specify country(ies): / Préciser le(s) pays:
7. c) Level of information / Niveau d'information		
PROTECTED A PROTÉGÉ A <input checked="" type="checkbox"/>	NATO UNCLASSIFIED NATO NON CLASSIFIÉ <input type="checkbox"/>	PROTECTED A PROTÉGÉ A <input type="checkbox"/>
PROTECTED B PROTÉGÉ B <input checked="" type="checkbox"/>	NATO RESTRICTED NATO DIFFUSION RESTREINTE <input type="checkbox"/>	PROTECTED B PROTÉGÉ B <input type="checkbox"/>
PROTECTED C PROTÉGÉ C <input type="checkbox"/>	NATO CONFIDENTIAL NATO CONFIDENTIEL <input type="checkbox"/>	PROTECTED C PROTÉGÉ C <input type="checkbox"/>
CONFIDENTIAL CONFIDENTIEL <input type="checkbox"/>	NATO SECRET NATO SECRET <input type="checkbox"/>	CONFIDENTIAL CONFIDENTIEL <input type="checkbox"/>
SECRET SECRET <input type="checkbox"/>	COSMIC TOP SECRET COSMIC TRÈS SECRET <input type="checkbox"/>	SECRET SECRET <input type="checkbox"/>
TOP SECRET TRÈS SECRET <input type="checkbox"/>		TOP SECRET TRÈS SECRET <input type="checkbox"/>
TOP SECRET (SIGINT) TRÈS SECRET (SIGINT) <input type="checkbox"/>		TOP SECRET (SIGINT) TRÈS SECRET (SIGINT) <input type="checkbox"/>

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

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

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?
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



Government of Canada / Gouvernement du Canada

Contract Number / Numéro du contrat

51000-15-2093128
Security Classification / Classification de sécurité

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

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

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

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

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

SUMMARY CHART / TABLEAU RÉCAPITULATIF

Category / Catégorie	PROTECTED / PROTÉGÉ			CLASSIFIED / CLASSIFIÉ			NATO				COMSEC					
	A	B	C	CONFIDENTIAL	SECRET	TOP SECRET / TRÈS SECRET	NATO RESTRICTED / NATO DIFFUSION RESTRIÉE	NATO CONFIDENTIAL	NATO SECRET	COMSEC TOP SECRET / COMSEC TRÈS SECRET	PROTECTED / PROTÉGÉ			CONFIDENTIAL	SECRET	TOP SECRET / TRÈS SECRET
											A	B	C			
Information / Aspects / Rendements / Items / Production																
IT Media / Support IT / IT Unit / Unit électronique																

12. a) Is the description of the work contained within this SRCL PROTECTED and/or CLASSIFIED? / La description du travail visé par la présente LVERS est-elle de nature PROTÉGÉE et/ou CLASSIFIÉE? No / Non Yes / Oui

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

12. b) Will the documentation attached to this SRCL be PROTECTED and/or CLASSIFIED? / La documentation associée à la présente LVERS sera-t-elle PROTÉGÉE et/ou CLASSIFIÉE? No / Non Yes / Oui

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



Annex D "Evaluation Criteria"

1.0 Technical Evaluation:

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

Mandatory Technical Criteria

2.0 Evaluation Criteria:

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



MANDATORY TECHNICAL CRITERIA – _____

#	Mandatory Technical Criteria	Bidder Response Description (include location in bid)	Met/Not Met
M1	The proposed physiotherapist must hold a current license in good standing from the provincial licensing body for physiotherapists in Saskatchewan where services are to be provided.		
M2	The proposed physiotherapist must have a minimum of one (1) year experience practicing as a Physiotherapist.		



Annex “E” – Patient Safety: Roles and Responsibilities Institution Health Services Staff

Preamble:

Accreditation Canada identifies that challenges to patient safety often occur through system errors that are the result of multiple breakdowns in processes and communication and can contribute to adverse events. All staff and contracted personnel have a role to play in the provision of health services, and maintenance of a health care environment that is conducive to patient safety.

Objectives:

- To define the roles and responsibilities of the front line staff of Health Services for Patient Safety.

General Responsibilities:

All Health Services personnel, both clinical and non-clinical, have a responsibility commensurate with their specific role within health services as well as a more general role in the reporting of unsafe activities and events. This also includes the maintenance of a workplace environment that is conducive to the provision of safe patient care. These responsibilities include, but are not limited to:

- Ensuring that continuity of patient care is maintained through the completion of position specific activities, examples of which include:
 - Ensuring that patient test results are forwarded for review to the ordering health care professional using the institutions' specific process;
 - Ensuring that all patient care documents are filed in the appropriate section of the patient health care file;
 - Ensuring that appointments, and follow-up appointments, for patients are booked with the appropriate health care professional in a timely fashion and in a manner that is consistent with the urgency of the patient's presenting health care need;
 - Ensuring that when patients fail to show up for their appointments that the reason for the 'no show' is determined and that, if there is a need, that the appointment is rescheduled;
 - Ensuring that all health care documentation required for transfer or release is complete and forwarded to the appropriate health care professional as appropriate.
- Reporting the occurrence of good saves (near misses), adverse events and sentinel events in a timely manner and using the appropriate reporting tools;
- Participation in Continuous Quality Improvement (CQI) activities as appropriate and as requested by the Chief of Health Services;
- Identifying, reporting, responding to and when possible, taking immediate action to rectify, unsafe conditions, circumstances or hazards that may be present in the health care environment. This may require, as appropriate, the completion of the Classification of inmate injury (CSC-1375) as per CD 234 and/or the Officer's Statement/Observation Report (CSC-0875) as per CD 568.



Clinical Personnel Responsibilities:

Clinical personnel are responsible and accountable for their own practice and, as such, have special discipline-specific responsibilities for the provision of health care services. These responsibilities include, but are not limited to;

Adherence to their respective profession's Standards of Practice (or equivalent);

- Adherence to the Scope of Practice identified by their regulatory body;
- Acting as a patient advocate;
- Identifying the need for patient education and providing patient teaching as appropriate and specific to the needs of the patient;
- Individual health care practitioners are responsible for recognizing when a given health care activity is outside their individual skill set but remain responsible for ensuring that the patient is referred to an appropriately skilled health care practitioner. This helps to ensure both safe patient care and continuity of care.

The above is not meant to be an exhaustive list of all of the responsibilities that Health Services personnel have for the promotion of Patient Safety. Rather, it is intended to identify the breadth and scope of these responsibilities. As always, critical thinking is an essential component of the provision of safe health care services and is a skill that must be utilized in regards to Patient Safety.

Jan Nachtegaele
Manager of Clinical Services
Prairie Region

Heather Thompson
Regional Director Health Services
Prairie Region



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

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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.

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

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

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

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

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

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

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

One of the key priorities for Health Services is to 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

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

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

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

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

Le Comité formule des recommandations sur les nouveaux services et technologies et accroît l'uniformité à l'échelle nationale grâce à des révisions et des mises à jour du cadre.

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

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

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).

3. Access to essential services / Accès aux services essentiels

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

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

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

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

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

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

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

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

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

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

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 détenant à un moment précis, en fonction de l'évaluation clinique effectuée.

6. Approval Process / Processus d'approbation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

12.	Elbow supports	Y / O	Protège-coude
13.	Wrist supports	Y / O	Protège-poignet
14.	Tensor bandages	Y / O	Bandages de contention
15.	Heating pads	N	Coussins chauffants
16.	Hot water bottles	N	Bouillottes
17.	Support stockings	Y / O	Bas de contention
18.	Stump stockings	Y / O	Bonnets couvre-moignon
19.	Slings		Attelles
19-a	bandage type	Y / O	de type bandage
19-b	orthopedic type	Y / O	de type orthopédique
20.	Shoes	N	Souliers
21.	Corn pads	N	Coussinets pour les cors
B.	Foot Care		Soins des pieds
1.	<p>Provided by nurses trained in foot care with the following criteria:</p> <ul style="list-style-type: none"> • Diabetics 	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"> • Diabète
2.	<p>Provided by a podiatrist or other specialist with the following criteria:</p> <ul style="list-style-type: none"> • Complex care required (e.g. nail removal, surgical intervention) 	Y/O	<p>Fournis par un podiatre ou un autre spécialiste dans les cas suivants :</p> <ul style="list-style-type: none"> • Besoin de soins complexes (p. ex. extraction d'un ongle, intervention chirurgicale)
C.	Orthotics		Orthèses
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.	Artificial limbs and speciality braces <ul style="list-style-type: none"> Must be recommended by a specialist and approved by the Institutional Physician. Does not require approval by the Manager Clinical Services. The Chief Health Services can implement the order. 	Y / O	Les membres artificiels et les appareils orthopédiques spéciaux <ul style="list-style-type: none"> Doivent avoir été recommandées par un spécialiste et approuvées par le médecin de l'établissement. L'autorisation du gestionnaire des Services cliniques n'est pas nécessaire. Le chef des Services de santé peut faire la commande.
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.	Continuous positive airway pressure (CPAP) or Auto titrating positive airway pressure (APAP) Machines and related replacement parts <ul style="list-style-type: none"> CSC will only provide after sleep study completed and upon the recommendation of a sleep specialist. Regions will rent or buy machines that remain the property of CSC. CSC will purchase tubing and masks once per year that "belongs to inmate". 	Y / O	Appareils à ventilation spontanée en pression positive continue (VSPPC) ou appareils de ventilation nasale spontanée en pression positive continue avec titration automatique <ul style="list-style-type: none"> Le SCC ne fournira un appareil qu'après une évaluation du sommeil et à la recommandation d'un spécialiste du sommeil. Les régions loueront ou achèteront les appareils de VSPPC, et ceux-ci appartiendront au SCC. Le SCC achètera les tubes et les masques une fois par année (ils appartiendront au détenu).
2.	Aerochamber	Y / O	Aérochambre

G.	Diabetic supplies		Fournitures pour diabétiques
	Insulin pump and supplies <ul style="list-style-type: none"> only in type I diabetics, when admitted to CSC with longstanding insulin pump use and is determined by the Institutional Physician as essential 	SA/AS	Pompe à insuline et fournitures <ul style="list-style-type: none"> 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
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
	Chronic Conditions : One session for teaching and two follow up sessions	Y/O	Conditions chroniques Une séance d'éducation et deux séances de suivi
	Acute Conditions : A maximum of ten sessions	Y/O	Conditions aiguës Nombre maximal de dix séances
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"> In the acute phase In cases with a positive prognosis 	SA/AS	Tests de déglutition, seulement dans les cas suivants : <ul style="list-style-type: none"> En phase aiguë Si le pronostic est favorable
K.	Urinary Supplies		Fournitures relatives à l'appareil urinaire
1.	Colostomy equipment	Y / O	Équipement de colostomie
2.	Catheterization supplies	Y / O	Matériel de cathétérisme
3.	Incontinence supplies	Y / O	Produits pour incontinence
L.	Vision Care		Soins de la vue
1.	<ul style="list-style-type: none"> Refraction (2yrs)* Frames and lenses(3yrs)* *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"> Examen de la vue (2ans)* Montures et verres (3ans)* * 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
M.	Occupational Health and Safety		Santé et sécurité au travail
1.	Safety glasses	N	Lunettes de sécurité
2.	Gloves	N	Gants
3.	Earplugs	N	Bouchons d'oreilles
N.	Allergies and Food Sensitivity Treatment		Traitement des allergies et de la sensibilité alimentaire
1.	Allergy testing (other than for food allergies)	Y / O	Tests d'immunologie (autres que les allergies alimentaires)

2.	Food allergy testing *As per the Food Allergy Testing Protocol	* Y / O	Tests d'allergies alimentaires *Selon le Protocole relatif aux tests d'allergies alimentaires
3.	Lactose Intolerance *As per Lactose Intolerance Management Protocol	* Y / O	Intolérance au lactose *Selon le protocole de Gestion de l'intolérance au lactose
4.	EpiPen®	Y / O	EpiPen®
O.	Reproductive		
1.	Copper Intra-uterine Device (IUD)	Y/O	Dispositif intra-utérin (DIU) en cuivre
P.	Breast Pumps		Pompes tire-lait
1.	Machine (rented or purchased – property of CSC) Health Canada Recommendations	*Y / O (2 yrs / ans)	L'appareil (loué ou acheté – propriété du SCC) Recommandations de Santé Canada
2.	Tubing and equipment “belongs to inmate”	*Y / O (2 yrs / ans)	Les tubes et les pièces appartiennent à la détenue
	<i>*2 yrs – then reassess</i>		<i>*2 ans – puis réévaluer</i>
Q.	Nutritional Supplements		Suppléments alimentaires
1.	Artificial sweeteners (provided to inmates with diabetes by Food Services)	N	Édulcorants artificiels (fourni aux détenus avec un diabète par les Services d'alimentation)
2.	Nutritional Supplement drinks	N	Boissons – suppléments alimentaires
3.	Weight loss aids	N	Produits favorisant la perte de poids
4.	Protein supplements	N	Suppléments protéiques
5.	Herbal and naturopathic medicine	N	Herbes médicinales et les produits naturopathiques
6.	Organic food	N	Produits biologiques
7.	Vitamin/mineral supplements and digestive aid products	N	Vitamines/suppléments minéraux et aides digestifs
R.	Personal Hygiene Items		Articles d'hygiène personnelle
1.	Soap	N	Savon

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

Appendix B. 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^c:

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.

^c 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
**	<p>** Final choice of restoration material is based on dentist judgement / Le choix final des biomatériaux de restauration est à la discrétion du dentiste</p>		

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"> • ONLY Anterior 12 teeth are eligible for RCT (#13, 12, 11, 21, 22, 23, 33, 32, 31, 41, 42, 43) • 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; • Absence of active periodontal disease; • Adequate remaining non-diseased tooth structure to ensure that biologic width can be maintained during restoration; • A mesio-distal width equivalent to that of the natural tooth with no loss of space due to caries or crowding; and • A tooth that does not require any additional dental treatment such as crown lengthening, root resectioning or orthodontic treatment. 	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"> • SEULES les 12 dents antérieures sont admissibles pour un TC (n^{os} 13, 12, 11, 21, 22, 23, 33, 32, 31, 41, 42 et 43) • 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; • Absence de parodontopathie active; • Structure dentaire restante saine capable d'assurer le maintien de la largeur biologique pendant la restauration; • Largeur mésiodistale équivalente à la largeur de la dent naturelle, sans perte d'espace en raison de caries ou de chevauchements; • Dent ne nécessitant aucun autre traitement dentaire, comme un allongement coronaire, une amputation de racine ou un traitement orthodontique.
H.	Periodontal Services		Services parodontaux
1.	Management of acute periodontal infections	Y / O	Prise en charge d'infections parodontales aiguës

I.	Prosthetic Services		Service de dentisterie prothodontique
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)

<p>3.</p>	<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"> • All basic treatment must be completed including: <ul style="list-style-type: none"> a) control of caries and of periodontal and periapical disease for all teeth; and b) restoration of major structural defects in the abutment teeth; • The space to be replaced is greater than or equal to the corresponding natural teeth; • All abutment teeth must have: <ul style="list-style-type: none"> a) adequate periodontal support, based on alveolar bone levels (crown to root ratio of at least 1:1) visible on submitted radiographs; and b) absence of active periodontal disease; and • If there is an existing partial denture, it must be at least five (5) years old. <p>Specific Criteria:</p> <ul style="list-style-type: none"> • There must be one or more missing teeth in the anterior sextant; or • There must be two or more missing posterior teeth in a quadrant excluding second and third molars. <p>*Acrylic partials may be upgraded to cast partials at the inmate's expense.</p>	<p>Y / O (5 yrs / ans)</p>	<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"> • Tous les traitements de base doivent avoir été exécutés, à savoir les suivants : <ul style="list-style-type: none"> a) contrôle des caries et des maladies parodontales et périapicales pour l'ensemble des dents; b) restauration des défauts de structure majeurs dans les dents piliers; • L'espace à remplacer est plus grand ou égal à l'espace correspondant de la dent naturelle; • Toutes les dents piliers doivent respecter les critères suivants : <ul style="list-style-type: none"> 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; b) absence de parodontopathie active; • S'il y a déjà une prothèse dentaire partielle, celle-ci doit avoir au moins cinq (5) ans. <p>Critères particuliers</p> <ul style="list-style-type: none"> • Il doit y avoir au moins une dent manquante dans le sextant antérieur; OU • Il doit y avoir deux ou plusieurs dents postérieures manquantes dans un quadrant, à l'exception des deuxièmes et troisièmes molaires. <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)
J.	Surgical Services		Services chirurgicaux
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
K	Sedation and General Anaesthesia Policy		Politique concernant la sédation et l'anesthésie générale
1.	<p>Deep Sedation and General Anaesthesia Criteria:</p> <ul style="list-style-type: none"> Once in any twelve (12) month period 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 Deep sedation and general anaesthesia is not covered for the management of dental anxiety 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) 	Y / O	<p>Critères pour la sédation profonde et l'anesthésie générale</p> <ul style="list-style-type: none"> Une fois par période de douze (12) mois; 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 La sédation profonde et l'anesthésie générale utilisées pour calmer l'anxiété liée aux soins dentaires ne sont pas couvertes 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)

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

K	Exceptions		Exceptions
1.	<p>An exception to the standard services may be requested where the dentist believes it is warranted:</p> <ul style="list-style-type: none"> • The dentist must provide clear written rationale for any required exception • The decision and rationale must be entered on the patient's chart 	SA / AS	<p>Une dérogation par rapport aux services réguliers peut être requise si elles sont jugées nécessaires par le dentiste :</p> <ul style="list-style-type: none"> • Le dentiste doit fournir une justification écrite pour toute exception requise • La décision et la justification doivent être versées au dossier du patient
L	Records		Dossiers
1.	Delivery of dental services and of dental record maintenance, 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	<p>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".</p> <p>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.</p> <p>Triaging should be conducted in accordance with professionally accepted standards and relevant CSC Mental Health policy and guidelines.</p>		<p>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 lignes directrices du SCC sur les soins santé mentale.</p>
II.	Essential Mental Health Services		Les services de santé mentale essentiels

	<p>The following criteria are used to determine if a mental health service is essential for a specific inmate:</p> <p>The inmate has significant mental health needs in the areas of emotion, cognition and/or behaviour indicative of a mental health disorder. These needs are, or are likely to,</p> <ul style="list-style-type: none"> • Create significant impairment in the individual's functioning within his/her institution; and /or • Significantly impact the individual's successful reintegration into the community. 		<p>Les critères suivants servent à déterminer si un service de santé mentale est jugé essentiel pour un détenu en particulier :</p> <p>Le détenu a des besoins importants en santé mentale dans les domaines des émotions, des cognitions et/ou des comportements qui indiquent qu'il est atteint d'un trouble de santé mentale. Ces besoins sont susceptibles :</p> <ul style="list-style-type: none"> • de nuire considérablement au fonctionnement de l'individu au sein de son établissement; et/ou • d'avoir des répercussions importantes sur la réinsertion de l'individu en communauté.
III.	Essential Mental Health Services include:		Les services de santé mentale essentiels incluent :
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.	Non-Essential Mental Health Services:		Les services de santé mentale non essentiels :
	Reasonable access must be provided to non-essential mental health services for inmates.		Un accès raisonnable à des services de santé mentale non essentiels doit être accordé aux détenus.

Appendix E. 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.	Essential Public Health Services		Services essentiels de santé publique
	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)		Immunsation 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
Acute Gynecomastia* (less than six months)		Gynécomastie aiguë* (moins de six mois)
<ul style="list-style-type: none"> Not treated surgically Acute cases with no identifiable cause may be treated with a trial of tamoxifen 	N	<ul style="list-style-type: none"> Aucun traitement chirurgical. S'il s'agit d'un cas aigu de cause inconnue, on peut faire l'essai de tamoxifène.
Chronic Gynecomastia* (greater than one-two years) <ul style="list-style-type: none"> There is significant pain refractory to analgesic medication; There is significant psychological distress refractory to medical and psychiatric therapy; and, Medical management has been unsuccessful 	SA / AS	Gynécomastie chronique* (plus d'un an ou deux) <ul style="list-style-type: none"> Douleur intense réfractaire aux analgésiques. Détresse psychologique importante réfractaire aux traitements médicaux et psychiatriques. Aucune solution médicale concluante.
<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)Sinuplasty		B)Sinuplastie
Chronic sinusitis :		Sinusite chronique
<ul style="list-style-type: none"> • Sinuplasty and osteomeatal complex surgical procedures for chronic sinusitis of fungal origin or in the presence of polyps 	Y / O	<ul style="list-style-type: none"> • Sinuplastie et traitement chirurgical du complexe ostio-méatal si la sinusite chronique est d'origine fongique ou si des polypes sont présents.
<ul style="list-style-type: none"> • The surgical treatment of chronic sinusitis in the absence of fungal infection or polyps 	SA / AS	<ul style="list-style-type: none"> • Traitement chirurgical de la sinusite chronique en l'absence d'une infection fongique ou de polypes.
Nasal obstruction :		Obstruction nasale
<ul style="list-style-type: none"> • Chronic complete unilateral or bilateral nasal obstruction cases unsuccessfully treated by medical means 	Y / O	<ul style="list-style-type: none"> • Cas chroniques d'obstruction nasale complète d'une ou de deux narines sans solution médicale concluante..
<ul style="list-style-type: none"> • Partial or intermittent nasal obstruction may be covered depending on the potential for worsening of the condition, e.g., an evolutionary polyp or neoplasm 	SA / AS	<ul style="list-style-type: none"> • 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).
Septum perforation :		Perforation de la cloison nasale
<ul style="list-style-type: none"> • Correction of an asymptomatic nasal septum perforation - 	N	<ul style="list-style-type: none"> • Correction d'une perforation asymptomatique de la cloison nasale
<ul style="list-style-type: none"> • Symptomatic nasal septum perforation (pain, bleeding, nose discharge) provided that the causative agent has been addressed (cocaine use, underlying disease) 	Y / O	<ul style="list-style-type: none"> • 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)
Nose deviation and cosmetic procedures :		Déviation du nez et chirurgie esthétique
<ul style="list-style-type: none"> • Surgical procedures solely for esthetic reasons including external nasal deviation (acquired or congenital) 	N	<ul style="list-style-type: none"> • Traitement chirurgical uniquement pour des raisons esthétiques, y compris pour une déviation externe du nez (acquise ou congénitale)

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

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](#)