



Fisheries and Oceans  
Canada

Pêches et Océans  
Canada

Procurement Hub – Ottawa Office,  
Station 9W084, 9th Floor,  
200 Kent Street,  
Ottawa, Ontario K1A 0E6

April 01, 2015

**ADDENDUM NO. 2**

Subject: Request for Supply Arrangement No. FP802-150006  
**Provision of Emergency Medical Advice and Support to the Department of Fisheries and Oceans, Canadian Coast Guard, Fleet Operations**

Dear Sir/Madam:

Further to the above-mentioned Request for Proposal, this Addendum (#2) is to advise potential bidders of the question(s) received during this tender call to date. Both the question(s) and the response(s) are indicated in the attached Annex A

All other terms and conditions remain unchanged.

**Tenderers are to acknowledge this Addendum by signing in the space provided below and enclosing a copy of this document with their tender submission.**

Yours truly,

(Original signed by)

**Beverly Shawana**  
Senior Contracting Officer,  
Financial & Materials Management Operations

**RECEIPT ACKNOWLEDGED**

**Name of Company**

**Signature** \_\_\_\_\_

**Canada**



**Annex A-1**

Q1. How many calls a day/week/year does the doctor receive? How long are the calls usually?

A1. Variable from one year to the next. The average is about 30 calls each year for the last two (2) years.

Q2. Do you have some stats about the most frequent kind of calls? Level of activity?

A2. Yes. We keep tracking of statistics and the most frequent calls concern the prescription of medication

Q3. Does the Health officer on board fill out the PCR? Do they have tablets to enter data or do they fill out paper forms?

A3. Every ship is equipped with a medical computer. Paper files are no longer kept

Q4. Is it usually one CCG Health Officer on each vessel?

A4. Yes

Q5. What is the scope of practice for the RN and NPs on board? Do they have a medical directive they go by?

A5. Nurses are using "The Clinical Practice Guidelines" prepared by Health Canada's First Nations and Inuit Health Branch (FNIHB).

Q6. Security Requirements – We have clearance as an organization but our CSO has retired and appointing a new one will take more than the April 8<sup>th</sup> deadline. Is it ok if we show proof of process but the CSO is appointed after the bid closing and we are able to provide our reliability status after bid closing?

**A6. Security Clearance at bid closing**

The bidder/firm must hold a valid Document Safeguarding Capability (DOS) at the Protected B level and the proposed resource(s) must hold a valid Reliability Status clearance issued by the Canadian and International Industrial Security Directorate (CIISD) of Public Work and Government Services Canada (PWGSC) at the time of bid closing.

Q7. What is a test page – is it a call? How many do we need to do monthly?

A7. The test consists of making a call and we do that 1 or 2 times per month.

Q8. What happens if there is one 'bad' case? In case somebody dies on board?

A8. The Health Officers will contact the doctor and together they will decide the best course of action.

Q9. Are we only treating people on board or also people that might be rescued?

A9. Normally treat crewmembers and supernumeraries but occasionally we receive calls from Search & Rescue and nurses may have to provide medical care to them, as required.

Q10. Do doctors have to be registered by **both** Royal College AND Canadian College of Family Practitioners? We have most emergency physicians that are registered with one college.

A10. Physicians need to be registered with the Royal College of Physicians and Surgeons of Canada OR the Canadian College of Family Practice



Q11. Is there any scope to have in person meetings during the process? Before submitting the proposal? After? Before decision is made? Is there an open meeting for all bidders?

A11. No in person meetings will take place but a contact person and contact details are posted on the Web site

Q12. If EMSP is unable to reestablish communication with the vessel – we have to contact the coordinator – do they have a 24/7 number? Is there a backup for that in case we can't reach the coordinator? What happens if we can't reach the coordinator?

A12. During work hours, EMSP should contact national health officers' program coordinator directly. Before 07h00 or after 15h00, if EMSP cannot re-establish communication with vessel the Regional Operations Centre (ROC) must be contacted (1-855-209 -1976) since ROC is operational 24/7. ROC will attempt re-establishing contact with vessel. If these attempts fail, the ROC will contact the national health officers' program coordinator.

Q13. Do the vessels only sail in Canadian waters?

A13. No. Vessels sail offshore in international waters as well as Canadian waters.

Q14. 24 hours after the initial phone call – the report detailing consultation submitted via email – is that for all cases or just the ones where connection is lost – Section 2.3? We are able to provide the voice recording within 10 minutes of the call but is there a form that is to be filled?

A14. We require a report for all calls. A standard report will be completed.

Q15. Set up the Coordinator and Health Officers with access to our system – what kind of access do you require? Admin? What do you wish to access?

A15. Both National Coordinator and Health Officers need to have access to all consultations made on board our ships.

Q16. Appendix C – Part 3 only to be filled if subcontracting?

A16. That is correct.

Q17. Will reference letters be considered? Are they a good idea as a part of the proposals?

A17. It's a good idea to include them.

Q18. Where is the template for the return envelope?

A18. A return envelope is not required for this proposal call.

Q19. How long is the decision process estimated to be after April 8th? Will we be informed by mail only? How long will the successful bidder get for implementation?

A19. Decision should be made by end of April. Successful bidder will need to be ready for implementation and fully functional June 01, 2015.

Q20. Is it a public tender opening? What is the process around that?

A20. There will be no public tender opening for this proposal call.

Q21. Doesn't specify tender/contract security or insurance in the RFP – do we need any?



A21. Normally when a Doctor is registered with the Royal College or Canadian College of Family Practitioner they already have insurance coverage

Q22. Appendix F – Is that a title/cover sheet? Do we have a PWGSC file or certificate number? The security level?

A22. The form attached to the RFP package under Appendix “F” is to be completed by the bidder and submitted as part of their response. Only the first two (2) blocks are required to be completed.

The resources being proposed must hold a valid Reliability Status clearance and when PWGSC issued these clearances they would have advised what the file# and/or certificate # would be.

Q23. The pricing requested is based on 1200 hours, which works out to 50 days at 24 hours per day. Appendix C Section 4.1 states that the work will run for about 5 months (150 days). Can you please confirm that you want pricing for only 50 days?

A23. We need the pricing for the 5 months.

Q24. The Table in Appendix B asks for an hourly rate. Previous contracts have requested a daily rate, and this contract is asking for services for 24 hours per day. Please confirm that you want an hourly rate for a 24 hour day.

A24. This table is under review and revisions will be addressed in Addendum #3.

Q25. Will CCG ever request this service for less than 24 hours per day?

A25. No