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PART 1 - GENERAL INFORMATION

1. Security Requirement

1.1 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 sites 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.

1.2 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.

1.3 For additional information on security requirements, Bidders should refer to the Industrial Security Program (ISP) of Public Works and Government Services Canada (<http://ssi-iss.tpsgc-pwgsc.gc.ca/index-eng.html>) website.

2. Statement of Work

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

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

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) Manual (<https://buyandsell.gc.ca/policy-and-guidelines/standard-acquisition-clauses-and-conditions-manual>) issued by Public Works and Government Services Canada.

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

The 2003 (2016-04-04) Standard Instructions - Goods or Services - Competitive Requirements, are incorporated by reference into and form part of the bid solicitation.

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

Delete: sixty (60) days
Insert: ninety (90) days

2. Submission of Bids

Bids must be submitted only to Correctional Service of 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. Former Public Servants

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 awarded to FPSs, bidders must provide the information required below before contract award. If the answer 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? **Yes () No ()**

If so, the Bidder must provide the following information, for all FPSs 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 the 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.



4. Enquiries – Bid Solicitation

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.

5. Applicable Laws

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

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

- i. use 8.5 x 11 inch (206 mm x 279 mm) paper containing fibre certified as originating from a sustainably-managed forest and 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, duo tangs or binders.

2. Section I: Technical Bid

In their technical bid, Bidders should explain and demonstrate how they propose to meet the requirements and how they will carry out the work.

3. Section II: Financial Bid

- 3.1 Bidders must submit their financial bid in Canadian funds and in accordance with the pricing schedule detailed in Annex B - Proposed Basis of Payment. The total amount of Applicable Taxes must be shown separately, as applicable.
- 3.2 Bidders must submit their rates, FOB destination; Canadian customs duties and excise taxes included, as applicable, and Applicable Taxes excluded.
- 3.3 The rates specified in the financial proposal, when quoted by the Bidder, must include provision of all of the services described in Annex A - Statement of Work, including the total estimated cost of all travel and living expenses that may need to be incurred for:
 - a. work described in Annex A, Statement of Work, of the bid solicitation required to be performed at the Institution indicated under 3. Objective.
 - b. travel between the successful bidder's place of business and the Institution; and



- c. the relocation of resources to satisfy the terms of any resulting contract. These expenses cannot be charged directly and separately from the professional fees to any contract that may result from the bid solicitation.
- 3.4 The rates specified in the financial proposal, when quoted by the bidder, must not include the cost of the supplies and equipment required to provide health services to CSC inmates (see Annex A, statement of work, article 15. Support to Contractor).
- 3.5 When preparing their financial bid, bidders should review clause 1.2, Financial Evaluation, of Part 4.
- 3.6 The Bidder's all-inclusive hourly rates in response to the RFP and resulting contract(s) will apply to where the Work is to be performed as specified in the RFP and the resulting contract(s).

3.1 Exchange Rate Fluctuation

SACC Manual clause C3011T (2013-11-06) Exchange Rate Fluctuation

4. Section III: Certifications

Bidders must submit the certifications and additional information required under Part 5.



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 - Bid

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

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

3. Insurance Requirements

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



PART 5 - CERTIFICATIONS AND ADDITIONAL INFORMATION

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

The certifications provided by Bidders to Canada are subject to verification by Canada at all times. Unless specified otherwise, Canada will declare a bid non-responsive or will declare a contractor in default if any certification made by the Bidder is found to be untrue whether made knowingly or unknowingly, during the bid evaluation period or during the contract period.

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

1. Certification Required with the Bid

Bidders must submit the following duly completed certification as part of their bid.

1.1 Integrity Provisions – Declaration of Convicted Offenses

- A) Subject to subsection B, by submitting a bid in response to this bid solicitation, the Bidder certifies that:
- i. it has read and understands the Ineligibility and Suspension Policy;
 - ii. it understands that certain domestic and foreign criminal charges and convictions, and other circumstances, as described in the Policy, will or may result in a determination of ineligibility or suspension under the Policy;
 - iii. it is aware that Canada may request additional information, certifications, and validations from the Bidder or a third party for purposes of making a determination of ineligibility or suspension;
 - iv. it has provided with its bid a complete list of all foreign criminal charges and convictions pertaining to itself, its affiliates and its proposed first tier subcontractors that, to the best of its knowledge and belief, may be similar to one of the listed offenses in the Policy;
 - v. none of the domestic criminal offenses, and other circumstances, described in the Policy that will or may result in a determination of ineligibility or suspension, apply to it, its affiliates and proposed first tier subcontractors; and
 - vi. it is not aware of a determination of ineligibility or suspension issued by PWGSC that applies to it.
- B) Where a Bidder is unable to provide any of the certifications required by subsection A, it must submit with its bid the completed Integrity Declaration Form (<http://www.tpsgc-pwgsc.gc.ca/ci-if/declaration-eng.html>). Bidders must submit this form to Correctional Service of Canada with their bid.

2. Certifications Precedent to Contract Award and Additional Information

The certifications and additional information listed below should be submitted with the bid, but may be submitted afterwards. If any of these required certifications or additional information is not completed and submitted as requested, the Contracting Authority will inform the Bidder of a time



frame within which to provide the information. Failure to provide the certifications or the additional information listed below within the time frame provided will render the bid non-responsive.

2.1 Integrity Provisions – Required documentation

List of names: all Bidders, regardless of their status under the Ineligibility and Suspension Policy, must submit the following information:

- i. Bidders that are corporate entities, including those bidding as joint ventures, must provide a complete list of the names of all current directors or, for a privately owned corporation, the names of the owners of the corporation;
- ii. Bidders bidding as sole proprietors, including sole proprietors bidding as joint ventures, must provide a complete list of the names of all owners; or
- iii. Bidders that are a partnership do not need to provide a list of names.

List of Names:

OR

- The Bidder is a partnership

During the evaluation of bids, the Bidder must, within 10 working days, inform the Contracting Authority in writing of any changes affecting the list of names submitted with the bid.

2.2 Federal Contractors Program for Employment Equity - Bid Certification

By submitting a bid, the Bidder certifies that the Bidder, and any of the Bidder's members if the Bidder is a Joint Venture, is not named on the Federal Contractors Program (FCP) for employment equity "[FCP Limited Eligibility to Bid](#)" list available at the bottom of the page of the [Employment and Social Development Canada \(ESDC\) - Labour's](#) website (http://www.esdc.gc.ca/en/jobs/workplace/human_rights/employment_equity/federal_contractor_program.page?&_ga = 1.229006812.1158694905.1413548969).

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.

2.3 Status and Availability of Resources

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

2.5 Language Requirements - English Essential

By submitting a bid, the Bidder certifies that, should it be awarded a contract as result of the bid solicitation, every individual proposed in its bid will be fluent in English. The individual(s)



proposed must be able to communicate orally and in writing in English without any assistance and with minimal errors.

2.6 Education and Experience

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

2.7 Rate Certification

The Bidder certifies that the rates proposed:

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

2.8 Licensing Certification

a) General Practitioner Licence:

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

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

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

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

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

2.9 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

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

1. Security Requirement

1.1 The following security requirements (SRCL and related clauses provided by PWGSC ISP) apply to and form part of the Contract.

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

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

3. Standard Clauses and Conditions

All clauses and conditions identified in the Contract by number, date and title are set out in the [Standard Acquisition Clauses and Conditions](https://buyandsell.gc.ca/policy-and-guidelines/standard-acquisition-clauses-and-conditions-manual) Manual (<https://buyandsell.gc.ca/policy-and-guidelines/standard-acquisition-clauses-and-conditions-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 (2016-04-04), General Conditions - Professional Services (Medium Complexity), apply to and form part of the Contract.

3.3 Replacement of Specific Individuals



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

4. Term of Contract

4.1 Period of the Contract

The Work is to be performed during the period of **September 1, 2017 to August 31, 2022.**

5. Authorities

5.1 Contracting Authority

The Contracting Authority for the Contract is:

Claudette Chabot
Contracting and Materiel Services
Correctional Service Canada
Prairie Region Headquarters
3427 Faithfull Avenue
Saskatoon, SK
Telephone: 306-659-9255
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.

[Fill in at contract award only.]

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.

[Fill in at contract award only.]

5.3 Contractor's Representative

The Authorized Contractor's Representative is:

Name: _____
Title: _____
Company: _____
Address: _____

Telephone: ____-____-_____
Facsimile: ____-____-_____
E-mail address: _____

6. Payment

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.

6.1 Basis of Payment

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 Monthly Payment

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

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

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 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.
Each invoice must be supported by:
 - a. a copy of time sheets to support the time claimed;
2. Invoices must be distributed as follows:
 - a. One (1) copy must be forwarded to the Project Authority identified under the section entitled "Authorities" of the Contract

8. Certifications and Additional Information

8.1 Compliance

Unless specified otherwise, the continuous compliance with the certifications provided by the Contractor in its bid or precedent to contract award, and the ongoing cooperation in providing additional information are conditions of the Contract and failure to comply will constitute the Contractor in default. Certifications are subject to verification by Canada during the entire period of the Contract.

9. Applicable Laws

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



10. Priority of Documents

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

- (a) the Articles of Agreement;
- (b) the General Conditions 2010B (2016-04-04), Professional Services (Medium Complexity)
- (c) Annex A, Statement of Work
- (d) Annex B, Basis of Payment;
- (e) Annex C, Security Requirements Check List;
- (f) the Contractor's bid dated _____ (*to be inserted at contract award*)

11. Termination on Thirty Days Notice

11.1 Canada reserves the right to terminate the Contract at any time in whole or in part by giving thirty (30) calendar days written notice to the Contractor.

11.2 In the event of such termination, Canada will only pay for costs incurred for services rendered and accepted by Canada up to the date of the termination. Despite any other provision of the Contract, there will be no other costs that will be paid to the Contractor as a result of the termination.

12. Insurance – Specific Requirements

12.1 The Contractor must comply with the insurance requirements specified in Annex E - Insurance Requirements. The Contractor must maintain the required insurance coverage for the duration of the Contract. Compliance with the insurance requirements does not release the Contractor from or reduce its liability under the Contract.

12.2 The Contractor is responsible for deciding if additional insurance coverage is necessary to fulfill its obligation under the Contract and to ensure compliance with any applicable law. Any additional insurance coverage is at the Contractor's expense, and for its own benefit and protection.

12.3 The Contractor must forward to the Contracting Authority within ten (10) days after the date of award of the Contract, a Certificate of Insurance evidencing the insurance coverage and confirming that the insurance policy complying with the requirements is in force. Coverage must be placed with an Insurer licensed to carry out business in Canada. The Contractor must, if requested by the Contracting Authority, forward to Canada a certified true copy of all applicable insurance policies.

13. 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 (i.e. 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.

14. Closure of Government Facilities

14.1 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.

14.2 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.

15. Tuberculosis Testing

15.1 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.

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

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

16. Compliance with CSC Policies

16.1 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.

16.2 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.

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

17. Health and Labour Conditions

17.1 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.

17.2 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.



- 17.3 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.
- 17.4 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."

18. Identification Protocol Responsibilities

The Contractor must ensure that the Contractor and each of its agents, representatives or subcontractors (referred to as Contractor Representatives for the purposes of this clause) comply with the following self-identification requirements:

- 18.1 During the performance of any Work at a Government of Canada site, the Contractor and each Contractor Representative must be clearly identified as such at all times;
- 18.2 During attendance at any meeting, the Contractor or Contractor Representatives must identify themselves as such to all meeting participants;
- 18.3 If the Contractor or a Contractor Representative requires the use of the Government of Canada's e-mail system in the performance of the Work, then the individual must clearly identify him or herself as the Contractor or an agent or subcontractor of the Contractor in all electronic mail in the signature block as well as under the e-mail account Properties. This identification protocol must also be used in all other correspondence, communication, and documentation; and
- 18.4 If Canada determines that the Contractor is not complying with any of the obligations stated in this article, Canada will advise the Contractor and request that the Contractor implement, without delay, appropriate corrective measures to eliminate recurrence of the problem.

19. Dispute Resolution Services

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

20. 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 supplier or the contractor or the name of the entity awarded this contract*) 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.

21. Privacy



21.1 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.

21.2 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.

22. 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.

23. Information Guide for Contractors

Prior to the commencement of any work, the Contractor certifies that its employees, or employees of its subcontractors, working under contract for CSC will complete the applicable Module(s) and retain the signed checklist(s) from the CSC "Information Guide for Contractors" website: www.bit.do/CSC-EN.

ANNEX A - Statement of Work

1. Introduction:

- 1.1 The Correctional Service of Canada (CSC) Health Services require the services of a physician - general practitioner for **Edmonton Institution for Women, and Buffalo Sage** in the Prairies Region. The Contractor (General Practitioner) will provide general practitioner services to inmates and collaborate with the institution's multi-disciplinary health services team that includes, but is not limited to, nurses, dietitians, radiology services, dental, psychiatry, psychology and other allied healthcare professionals.

2. Background:

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

3. Objective:

- 3.1 Provide and coordinate essential health services to inmates at Edmonton Institution for Women and at Buffalo Sage via Grierson Institution as a general practitioner.

4. Performance standards:

- 4.1 The Contractor must also take into account gender, cultural, religious and linguistic differences and be responsive to the special needs of women and Aboriginal People.
- 4.2 Medical care:
The Contractor must provide all services in compliance with federal and provincial legislation and standards, provincial and national guidelines (such as the Canadian Immunization Guide), practice standards and CSC Policy/Guidelines and including the CSC Mental Health Policy and guidelines.
- 4.3 Compliance with provincial/national guidelines

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

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

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

4.5 Documentation on CSC health care records:

- a) In addition to the above noted policies, guidelines and standards, the Contractor must document all assessment, treatment and consultations in the Inmates Health Care Records in compliance with relevant legislation, professional standards of practice and CSC's Documentation for Health Services Professionals guidelines.

- b) As an accountability and quality assurance measure, the Chief, Health Services will periodically review the Contractor's documentation for quality, consistency and completeness.
- c) All of the inmates' health care records, including all protected information, must remain at the institution.
- d) The Contractor must obtain prior approval, in writing, from the Chief, Health Services before collecting any data on inmates. The Contractor must specify what data would be collected and for what purpose. Any data collected in an electronic or other format must remain at the institution.

5. Tasks:

5.1 Inmate care:

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

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

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

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

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

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

- a) The Contractor must ensure that:

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

5.7 Health Services to other CSC Institutions:

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

5.8 On Call and Call Back Services

a) On Call Services:

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

The Contractor must provide on-call services to the following institution(s) during hours of operation:

	Institution Name	Hours of Operation Monday to Friday	Hours of Operation Weekends	Hours of Operation Statutory Holidays
1.	Edmonton Institution for Women	0700 – 1730	0700 - 1730	0700 - 1730
2.	Buffalo Sage	As requested by project authority	As requested by project authority	As requested by project authority

b) Call-Back Services:

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

6. Grievance and Investigation Processes:

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

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

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

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

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

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

8. Notification Requirements:

8.1 The Contractor must notify the Chief Health Services of any issues that may call into question the Contractor's competency and any restrictions imposed by the licensing body affecting the Contractor's ability to provide medical services to inmates.

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

9. Security:

9.1 All equipment including communication devices the Contractor wishes to bring into the Institution must be approved by the Chief Health Services and CSC Security in advance.

9.2 As a visitor to a CSC correctional institution, the Contractor will be subject to local security requirements that can vary from moment to moment depending on inmate activities. The Contractor may be faced with delay or refusal of entry to certain areas at certain times although prior arrangements for access may have been made.

10. Language of work:

10.1 English

11. Hours of work:

11.1 The Contractor must provide inmate care during clinics held at **Edmonton Institution for Women, up to a maximum of 12 hours per week.** (Currently there are two clinics per week each clinic is 4.5 hours long.) The Contractor must provide care during clinics held at **Buffalo Sage via Grierson Institution, up to a maximum of 3 hours per month.**

11.2 The Chief Health Services will establish the clinic hours.

11.3 In the event of an unexpected delay or cancellation of the clinic by CSC, the Contractor will be paid a one hour charge calculated from the time the clinic was scheduled to begin.

11.4 In case of delays, the Chief Health Services reserves the right to cancel the remainder of the clinic at no additional cost to CSC.

11.5 The Chief Health Services may, at his/her discretion, change the clinic schedule and number of hours per week during the course of the contract, including any options if and when exercised by CSC.

11.6 The Chief Health Services will notify the Contractor of any changes to clinic schedules a minimum of one week prior to implementation of the change.

11.7 The Contractor must sign an attendance record kept by the Chief Health Services at the beginning and the end of each clinic.

12. Meetings:

12.1 At the discretion of the Chief Health Services, there will be an initial meeting at the beginning of the contract to finalize the scope of services to be provided under the contract.

12.2 At the request of the Chief Health Services, the Contractor must attend meetings at Prairie Regional Headquarters.

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

12.4 At the request of the Regional Director Health Services or designate (Regional Physician Lead), participate in one hour-long teleconferences/videoconferences. The Contractor may bill time spent attending teleconferences/videoconferences at 75% of the firm hourly rate.

13. Reporting Requirements:

13.1 At any time, the Chief Health Services may request that the Contractor report data on health services provided to inmates. This may include the use of reporting templates as provided by the Chief Health Services.

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

13.3 As part of CSC's accountability with respect to the delivery of health services, the Chief Health Services may request that the Contractor provide input into reports on health care delivery e.g. infectious diseases surveillance, opiate substitution therapy, chronic disease prevalence.

14. Constraints:

14.1 Working within a correctional institutional environment:

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

15. Support to the Contractor:

15.1 CSC will provide the supplies and equipment required for health services to inmates.

ANNEX B - Proposed Basis of Payment

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

1.0 Contract Period (From September 1, 2017 to August 31, 2022)

1.1 Professional Fees

(a) Institutional clinics:

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

Table (a)					
RESOURCE NAME	PROVINCIAL HEALTH INSURANCE (NON FEE for SERVICE) HOURLY RATES FOR GENERAL PRACTITIONERS A	MARKUP, QUOTED AS A PERCENTAGE B	ALL-INCLUSIVE HOURLY RATE FOR SERVICES PROVIDED DURING INSTITUTIONAL CLINICS C = A + (A X B)	ESTIMATED LEVEL OF EFFORT (hours) D	Total (in Cdn \$) C x D
	[Insert the applicable provincial rate.]			624 hours per year	

(b) On-Call Services:

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

ii. Limitation of Expenditure, On-Call Services:

The total limitation of expenditure for on-call services (Table (b), Column C) must **not exceed \$2,000**. Customs duties are included and Applicable Taxes are extra.

Table (b)				
	RESOURCE NAME	MINIMAL NOMINAL ALL-INCLUSIVE HOURLY RATE A	ESTIMATED LEVEL OF EFFORT (hours) B	Limitation of Expenditure for On-Call Services (in Cdn \$) C = A x B
1.1			3800 (minus the clinic hours)	

c) Call-Back Services:

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

d) Attendance at Meetings:

For attendance at meetings as requested by the Chief Health Services, CSC will pay the contractor an amount equal to 75% of the all-inclusive hourly rate listed in table (a).

4.0 Applicable Taxes

- 4.1 All prices and amounts of money in the contract are exclusive of Applicable Taxes unless otherwise indicated. The Applicable Taxes, are extra to the price herein and will be paid by Canada.
- 4.2 The estimated Applicable Taxes of \$_____ (to be completed at contract award) are included in the total estimated cost shown on page 1 of this Contract. The estimated Applicable Taxes 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 taxes do not apply, are to be identified as such on all invoices. The Contractor agrees to remit to Canada Revenue Agency (CRA) any amounts of Applicable Taxes paid or due.

Annex C – Security Requirement Check List

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Government of Canada

Gouvernement du Canada

Contract Number / Numéro du contrat

53800-17-2505120

Security Classification / Classification de sécurité

SECURITY REQUIREMENTS CHECK LIST (SRCL)

LISTE DE VÉRIFICATION DES EXIGENCES RELATIVES À LA SÉCURITÉ (LVERS)

PART A - CONTRACT INFORMATION / PARTIE A - INFORMATION CONTRACTUELLE		
1. Originating Government Department or Organization / Ministère ou organisme gouvernemental d'origine	2. Branch or Directorate / Direction générale ou Direction CSC	
3. a) Subcontract Number / Numéro du contrat de sous-traitance		
4. Brief Description of Work / Brève description du travail PHYSICIAN SERVICES E.I.F.W		
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	
5. 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"/>	
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:	
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 <input type="checkbox"/>	COSMIC TOP SECRET / COSMIC TRÈS SECRET <input type="checkbox"/>	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"/>

TBS/SCT 350-103(2D04/12)

Security Classification / Classification de sécurité

Canada



Government of Canada

Gouvernement du Canada

Contract Number / Numéro du contrat

53400-17-2505120

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:

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

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

10. a) Personnel security screening level required / Niveau de contrôle de la sécurité du personnel requis
RELIABILITY STATUS COTE DE FIABILITE
TOP SECRET - SIGINT TRÈS SECRET - SIGINT
SITE ACCESS ACCÈS AUX EMPLACEMENTS
CONFIDENTIAL CONFIDENTIEL
NATO CONFIDENTIAL NATO CONFIDENTIEL
SECRET SECRET
NATO SECRET NATO SECRET
TOP SECRET TRÈS SECRET
COSMIC TOP SECRET COSMIC TRÈS SECRET
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?

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?
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?

PRODUCTION

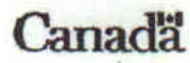
11. c) Will the production (manufacture, and/or repair and/or modification) of PROTECTED and/or CLASSIFIED material or equipment occur at the supplier's site or premises?
Les installations du fournisseur serviront-elles à la production (fabrication et/ou réparation et/ou modification) de matériel PROTÉGÉ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

INFORMATION TECHNOLOGY (IT) MEDIA / SUPPORT RELATIF A 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?
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?

TBS/SCT 350-103(2004/12)

Security Classification / Classification de sécurité





Contract Number / Numéro du contrat
53800-17-2505120
 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				CONSEC							
	B	C	CONFIDENTIAL / CONFIDENTIEL	SECRET	TOP SECRET / TRÈS SECRET	NATO RESTRICTED / NATO DIFFUSION RESTREINTE	NATO CONFIDENTIAL / NATO CONFIDENTIEL	NATO SECRET	COSMIC TOP SECRET / COSMIC TRÈS SECRET	PROTECTED / PROTÉGÉ			CONFIDENTIAL / CONFIDENTIEL	SECRET	TOP SECRET / TRÈS SECRET	
										A	B	C				
Information / Assets / Renseignements / Biens / Production																
IT Media / Support IT																
IT Link / Lien électronique																

12. a) Is the description of the work contained within this SRCL PROTECTED and/or CLASSIFIED?
 La description du travail visé par la présente LVERS est-elle de nature PROTÉGÉE et/ou CLASSIFIÉE? No / 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 indiquez qu'il y a des pièces jointes (p. ex. SECRET avec des pièces jointes).



Government of Canada

Gouvernement du Canada

Contract Number / Numéro du contrat

53800-17-2005120

PART D - AUTHORIZATION / PARTIE D - AUTORISATION

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

Name (print) - Nom (en lettres moulées) Bruce Blizs	Title - Titre Chief M.S.	Signature
Telephone No. - N° de téléphone	Facsimile No. - N° de télécopieur	E-mail address - Adresse courriel bruce.blizs@csc-cc.gc.ca / 6-9621

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

Name (print) - Nom (en lettres moulées) ROBERT WATTIG	Title - Titre CONTRACT SECURITY ANALYST	Signature
Telephone No. - N° de téléphone	Facsimile No. - N° de télécopieur	E-mail address - Adresse courriel
		Date March 10 / 17

15. Are there additional instructions (e.g. Security Guide, Security Classification Guide) attached?
Des instructions supplémentaires (p. ex. Guide de sécurité, Guide de classification de la sécurité) sont-elles jointes?

No / Non Yes / Oui

16 Name Claudette Chabot Procurement Officer Tel: 306-659-9255 Email: claudette.chabot@csc-cc.gc.ca	Signature
	Date March 9, 2017

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

Name (print) - Nom (en lettres moulées) Sherry Campbell	Title - Titre Contract Security Officer, Contract Security Division	Signature
Telephone No. - N° de téléphone	Facsimile No. - N° de télécopieur	E-mail address - Adresse courriel Sherry.Campbell@tpsgo-pwgsc.gc.ca
		Date March 27, 2017

Contract Security Officer, Contract Security Division
Sherry.Campbell@tpsgo-pwgsc.gc.ca
Tel/Tél - 613-948-1646 / Fax/Téloc - 613-9 48-1712



Annex D Evaluation Criteria

1.0 Technical Evaluation:

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

- Mandatory Technical Criteria

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

- 1.2 LISTING EXPERIENCE WITHOUT PROVIDING ANY SUBSTANTIATING DATA TO SUPPORT WHERE, WHEN AND HOW SUCH EXPERIENCE WAS OBTAINED WILL RESULT IN THE STATED EXPERIENCE NOT BEING CONSIDERED FOR EVALUATION PURPOSES.
- 1.3 All experience must be strictly work-related. Time spent during education and/or training will not be considered, unless otherwise indicated.
- 1.4 Experience must be demonstrated through a history of past projects, either completed or on-going.
- 1.5 References must be provided for each project/employment experience.
 - I. Where the stated experience was acquired within a Canadian Federal Government Department or Agency **as a Public Servant**, the reference must be a Public Servant who had a supervisory role over the proposed resource during the stated employment.
 - II. Where the stated experience was acquired within a Canadian Federal Government Department or Agency **as a consultant**, the reference must be the Public Servant who was identified as the Project Authority of the project on which the proposed resource acquired the experience.
 - III. References must be presented in this format:
 - a. Name;
 - b. Organization;
 - c. Current Phone Number; and
 - d. Email address if available

1.6 Response Format

- I. In order to facilitate evaluation of proposals, it is recommended that bidders' proposals address the mandatory criteria in the order in which they appear in the Evaluation Criteria and using the numbering outlined.
- II. 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.
- III. For any requirements that specify a particular time period (e.g., 2 years) of work experience, CSC will disregard any information about experience if the technical bid does not include the required month and year for the start date and end date of the experience claimed.



- IV. CSC will also only evaluate the duration that the resource actually worked on a project or projects (from his or her start date to end date), instead of the overall start and end date of a project or a combination of projects in which a resource has participated.

MANDATORY TECHNICAL CRITERIA – _____

#	Mandatory Technical Criteria	Bidder Response Description (include location in bid)	Met/Not Met
M1	<p>The proposed resource must hold a current license in good standing from the provincial licensing body for physicians and surgeons in the province where services are to be provided.</p> <p>Bidders must provide a copy of the license with their bid.</p>		
M2	<p>The proposed resource must have a minimum of six (6) months experience in providing primary care or in general practice in the last two (2) years.</p>		
M3	<p>The proposed resource must hold a current and valid authorization to prescribe Methadone and Suboxone from the appropriate Federal and/or Provincial authority.</p> <p>Bidders must provide a copy of the authorization with the bid.</p>		



ANNEX E - Insurance Requirements

1. Commercial General Liability Insurance:

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

2. Litigation Rights:

- 2.1 Pursuant to subsection 5(d) of the Department of Justice Act, S.C. 1993, c. J-2, s.1, if a suit is instituted for or against Canada which the Insurer would, but for this clause, have the right to pursue or defend on behalf of Canada as an Additional Named Insured under the insurance policy,



the Insurer must promptly contact the Attorney General of Canada to agree on the legal strategies by sending a letter, by registered mail or by courier, with an acknowledgement of receipt.

For the province of Quebec, send to:

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

For other provinces and territories, send to:

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

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

3. Medical Malpractice Liability Insurance:

- 3.1 The Contractor must obtain Medical Malpractice Liability Insurance in an amount of \$10,000,000.00, and maintain it in force throughout the duration of the Contract, in an amount usual for a contract of this nature, but for not less than \$1,000,000 per loss and in the annual aggregate, inclusive of the defence costs.
- 3.2 Coverage is for what is standard in a Medical Malpractice policy and must be for claims arising out of the rendering or failure to render medical services resulting in injury, mental injury, illness, disease or death of any person caused by any negligent act, error or omission committed by the Contractor in or about the conduct of the Contractor's professional occupation or business of good samaritan acts.
- 3.3 If the policy is written on a claims-made basis, coverage must be in place for a period of at least 12 months after the completion or termination of the Contract.
- 3.4 Notice of Cancellation: The Insurer will endeavour to provide the Contracting Authority thirty (30) days written notice of cancellation.



Correctional Service
Canada

Service correctionnel
Canada

ANNEX F - National Essential Health Services Framework

Please see attached.



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 relatif aux soins de santé essentiels

July 23, 2015 / Le 23 juillet 2015

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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 Health Services and its associated guidelines 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 **encourage individual responsibility, promote healthy reintegration and contribute 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 – Services de santé et les lignes directrices connexes 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 Care 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 categorized into three (non mutually exclusive) service streams: clinical services, mental health services and public health services. 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 on a variety of topics (mental health, wellness, infectious diseases etc) provided to inmates related to health promotion and education; disease prevention, control and management of infectious diseases 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.

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](#) et 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

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.

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.

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

Le Comité formule des recommandations à l'intention de l'Équipe de direction des Services de santé 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.

3. Access to essential health 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.

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

Some Health Care 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 periods 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.**

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.

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

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.

Essential health services are funded by CSC for offenders residing in Community Correctional Centres in circumstance where Provincial Coverage is not available. CSC is not obligated to fund health services for offenders residing in Community Residential Facilities. Exceptions must be pre-authorized and approved in writing by the Regional Director Health Services or delegate.

Le SCC finance les services de santé essentiels pour les délinquants qui résident dans les centres correctionnels communautaires lorsqu'aucune couverture provinciale n'est disponible. Le SCC n'est pas tenu de financer les services de santé pour les délinquants qui résident dans les centres résidentiels communautaires. Les exceptions doivent être autorisées au préalable et approuvées par écrit par le directeur régional des Services de santé ou son délégué.

Limited Community Mental Health services (clinical social workers, mental health nurses and psychologists) are available in select locations for offenders with significant mental health needs.

Des services en santé mentale limités (travailleurs sociaux cliniques, infirmiers en santé mentale et psychologues) sont offerts dans la collectivité à certains endroits aux délinquants ayant des besoins importants en santé mentale.

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

Non-essential health services 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 will assist with the coordination of arrangements for inmate requested services."^a Inmate access to non-essential health services will be in accordance with:

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

Les services non essentiels seront entièrement à la charge du détenu, 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. L'accès aux services de santé non essentiels sera accordé aux détenus conformément au :

[Protocole – Demandes de services de santé non essentiels payés par le détenu](#)

^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/débourser 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.

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 inmate's 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 and chronic care, intermediate mental health care, medical hospital care (CSC Regional Hospital and community hospital care when necessary), psychiatric hospital care (CSC Regional Treatment/Psychiatric Centres and external psychiatric hospital care when necessary) 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 relies on the judgement of the healthcare professionals, based on a sound clinical assessment guided by professionally accepted standards of practice.

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](#)

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](#)

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 which service is required for an inmate relies on the judgement of the healthcare professionals, based on a sound clinical assessment guided by professionally accepted standards of practice.

*(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
	<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.	Viscosupplementation	N	<u>Viscosupplémentation</u>

E.	Artificial limbs and speciality braces		Les membres artificiels et les appareils orthopédiques spéciaux
	<p>Artificial limbs and speciality braces</p> <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	<p>Les membres artificiels et les appareils orthopédiques spéciaux</p> <ul style="list-style-type: none"> Doivent avoir été recommandés par un spécialiste et approuvés 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.
F.	Diabetic supplies		Fournitures pour diabétiques
	<p>Insulin pump and supplies</p> <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	<p>Pompe à insuline et fournitures</p> <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
G.	Cryotherapy		Cryothérapie
	Liquid Nitrogen	Y / O	Azote liquide
	Commercially prepared cryotherapy ONLY when liquid nitrogen not available	Y / O	Produits de cryothérapie du commerce SEULEMENT si de l'azote liquide n'est pas disponible.
H.	Hearing and Speech Impaired		Audition et troubles de la parole
	Hearing aids (and how often)	Y / O (5 yrs / ans)	Appareils auditifs (à quelle fréquence)
	Hearing aid batteries	Y / O	Piles pour les appareils auditifs
	Repairs to hearing aids	Y / O	Réparations des appareils auditifs
	Cochlear implant processors	N	Processeurs d'implant cochléaire

I.	Respiratory		Système respiratoire
1.	<p>Continuous positive airway pressure (CPAP) or Auto titrating positive airway pressure (APAP) Machines and related replacement parts for mild sleep apnea diagnosed following a sleep study:</p> <ul style="list-style-type: none"> • CPAP for mild sleep apnea will not be provided. • CSC will provide education on lifestyle choices to treat inmates diagnosed with mild sleep apnea. 	N / N	<p>Appareils à ventilation spontanée en pression positive continue (VSPPC) ou appareils de ventilation nasale spontanée en pression positive continue avec titration automatique en cas d'apnée du sommeil légère diagnostiquée suite à un examen du sommeil :</p> <ul style="list-style-type: none"> • Un appareil à VSPPC ne sera pas fourni pour l'apnée du sommeil légère. • SCC offrira de la formation sur les choix de mode de vie pour traiter les détenus qui ont reçu un diagnostic d'apnée du sommeil légère.
2.	<p>Continuous positive airway pressure (CPAP) or Auto titrating positive airway pressure (APAP) Machines and related replacement parts for moderate to severe sleep apnea diagnosed following a sleep study and upon the recommendation of a sleep specialist:</p> <ul style="list-style-type: none"> • CSC will provide CPAP to inmates diagnosed with moderate to severe sleep apnea. • Regions will rent or buy machines that remain the property of CSC. • CSC will purchase tubing and masks once per year that "belongs to inmate". 	Y / O	<p>Appareils à ventilation spontanée en pression positive continue (VSPPC) ou appareils de ventilation nasale spontanée en pression positive continue avec titration automatique en cas d'apnée du sommeil modérée ou grave diagnostiquée suite à un examen du sommeil et sur recommandation d'un spécialiste du sommeil :</p> <ul style="list-style-type: none"> • Le SCC fournira l'appareil aux détenus qui ont reçu un diagnostic d'apnée du sommeil modérée ou sévère. • Les régions loueront ou achèteront les appareils de VSPPC qui appartiendront au SCC. • Le SCC achètera les tubes et les masques une fois par an, qui « appartiendront au détenu ».
3.	Aerochamber	Y / O	Aérochambre

J.	Sinuplasty		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 (exemple, 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	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 :		Déviaton 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)

	Conditions for which there is significant psychological distress for the patient, e.g. following removal of a nasal cutaneous malignant tumour	SA / AS	Conditions lors desquelles le patient souffre d'une détresse psychologique importante, p. ex. après s'être fait retirer une tumeur cutanée maligne au nez.
K.	Gynecomastia		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.
	<p>Chronic Gynecomastia* (greater than one-two years)</p> <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	<p>Gynécomastie chronique* (plus d'un an ou deux)</p> <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>
L.	Cosmetic and Esthetic Services		Services de soins cosmétiques et esthétiques
1.	Reconstructive surgery	SA / AS	Reconstruction chirurgicale
2.	Cosmetic surgery	N	Chirurgie esthétique
3.	Lipoma Removal Not an essential health service unless there is pain, bleeding or infection.	SA/AS	Ablation de lipomes Elle n'est pas un service de santé essentiel sauf en cas de douleur, saignement ou infection.

4.	Tattoo removal	N	Détatouage
5.	Laser hair removal	N	Épilation au laser
6.	Esthetics	N	Esthétique
7.	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*
M.	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
N.	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
O.	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

P.	Vision Care		Soins de la vue
1.	<ul style="list-style-type: none"> • Refraction (2yrs)* • Frames and lenses (3yrs)* <p>*Referral to the Institutional Physician is required for assessment of medical need if requested before 2 years</p>	Y / O	<ul style="list-style-type: none"> • Examen de la vue (2 ans)* • Montures et verres (3 ans)* <p>* 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.</p>
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
5.	Ocular Prosthesis	Y / O* (5 yrs / ans)	Prothèse oculaire
Q.	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
R.	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®

S.	Reproductive		
	Copper Intra-uterine Device (IUD)	Y/O	Dispositif intra-utérin (DIU) en cuivre
T.	Prostate Specific Androgen (PSA)		Test de dépistage de l'antigène prostatique spécifique (APS)
	Targeted screening when clinically indicated	Y / O	Dépistage ciblé lorsque cela est indiqué sur le plan clinique
U.	Breast Pumps		Pompes tire-lait
1.	Machine (rented or purchased – property of CSC) Health Canada Recommendations	*Y / O (2 yrs / ans)	L'appareil (loué ou acheté – propriété du SCC) Recommandations de Santé Canada
2.	Tubing and equipment “belongs to inmate”	*Y / O (2 yrs / ans)	Les tubes et les pièces appartiennent à la détenue
	*2 yrs – then reassess		*2 ans – puis réévaluer
V.	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
W.	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)
X.	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

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

Appendix B. / Annexe B.

CSC's Dental Service Standards

Normes de services dentaires du SCC

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.

For additional information related to the changes to dental services in CSC, please refer to the following:

Pour de plus amples renseignements concernant les changements aux services dentaires du SCC, veuillez consulter les documents suivants :

[Changes to Dental Services: FAQs for Staff](#)

[Changements aux services dentaires : FAQ destinée au personnel](#)

[Changes to Dental Services for Inmates](#)

[Changements aux services dentaires des détenus](#)

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

Appendix B CSC's Dental Service Standards / Annexe B. Normes de services dentaires du SCC

A.	Emergency Services		Services d'urgence
1	Tooth and root extractions	Y / O	Extraction de dents et de racines
1.	Opening of the pulp chamber once (1) per tooth/per lifetime	Y / O	Ouverture de la chambre pulpaire une fois par dent à vie
2.	Drainage of an abscess	Y / O	Drainage d'un abcès
3.	Hemorrhage control	Y / O	Maîtrise d'une hémorragie
4.	Repair of a laceration	Y / O	Réparation d'une lacération
5.	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 are <u>not</u> essential health services. Preventive services will be authorized ONLY 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 sont pas des services de santé essentiels. Ils 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.

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*** 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)

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F.	Restorative Services		Services de restauration
1.	Fixed bridges, implants, ridge augmentation, prefabricated crowns, and aesthetic services (e.g., veneers) are not covered	N	Les ponts fixes, les implants, les couronnes préfabriquées et les services esthétiques (p. ex., facettes) sont exclus
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
**	** <i>Final choice of restoration material is based on dentist judgement / Le choix final des biomatériaux de restauration est à la discrétion du dentiste</i>		

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G.	Endodontic Services		Services d'endodontie
1.	<p>Root canal treatment:</p> <p>There is a frequency limitation of one (1) standard root canal treatment (RCT) 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.

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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)
3.	<p>Acrylic partials for teeth numbered 16 to 26 and 36 to 46 inclusive once every 5 years and with the following criteria:</p> <p>General Criteria:</p> <ul style="list-style-type: none"> • 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 	Y / O (5 yrs / ans)	<p>Prothèses dentaires partielles en acrylique pour les dents 16 à 26 et 36 à 46 inclusivement tous les 5 ans, conformément aux critères suivants :</p> <p>Critères généraux :</p> <ul style="list-style-type: none"> • 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;

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<p>Cont'd #3</p>	<ul style="list-style-type: none"> 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>		<ul style="list-style-type: none"> 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>
<p>4.</p>	<p>Complete dentures are covered once in any five (5) year period per arch.</p>	<p>Y / O (5 yrs / ans)</p>	<p>Les prothèses complètes sont couvertes une fois aux cinq (5) ans par arcade.</p>
<p>5.</p>	<p>Repairs and adjustments of removable complete and partial prosthesis as required (e.g., following surgery)</p>	<p>Y / O</p>	<p>Réparations et ajustements de prothèses complètes et partielles amovibles, au besoin (p. ex., à la suite d'une chirurgie)</p>
<p>6.</p>	<p>Re-lining of removable complete and partial prosthesis, as required</p>	<p>Y / O (5 yrs / ans)</p>	<p>Regarnissage des prothèses complètes et partielles amovibles, une fois tous les 5 ans</p>
<p>7.</p>	<p>Addition of a structure to the prosthesis (as required)</p>	<p>Y / O</p>	<p>Ajout de structure à des prothèses (au besoin)</p>
<p>8.</p>	<p>Minor repairs or re-cementation of fixed bridges</p>	<p>Y / O</p>	<p>Réparations mineures ou recimentation de ponts fixes (au besoin)</p>
<p>J.</p>	<p>Surgical Services</p>		<p>Services chirurgicaux</p>
<p>1.</p>	<p>Complicated tooth and root extraction (erupted teeth and symptomatic impaction)</p>	<p>Y / O</p>	<p>Extraction complexe de dents et de racines (dents à éruption complétée et dents incluses symptomatiques)</p>
<p>2.</p>	<p>Alveoloplasty and gingivoplasty in conjunction with dental extractions, fabrication of prosthesis and/or periodontal disease</p>	<p>Y / O</p>	<p>Alvéoloplastie et gingivoplastie en conjonction avec des extractions dentaires, la fabrication d'une prothèse et/ou la présence d'une maladie parodontale</p>

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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, EXCEPT 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*
8.	Extraction of asymptomatic impacted or un-erupted teeth, especially third molar	N	L'extraction de dents antérieures et postérieures incluses asymptomatiques, spécialement les troisièmes molaires
9.	Dental Implants or any associated procedures	N	Implants dentaires ou toute autre procédure associée
10.	Ridge Augmentation	N	Augmentation de crête
11.	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.	Deep Sedation and General Anaesthesia Criteria: <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 	Y / O	Critères pour la sédation profonde et l'anesthésie générale <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

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<p>1. cont'd</p>	<ul style="list-style-type: none"> • 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 psychologist must be submitted with the predetermination request) 	<p>Y / O</p>	<ul style="list-style-type: none"> • 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)
<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 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).

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3.	<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>	Y/O	<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.	<p>Delivery of dental services and of dental record maintenance, including radiographs must be in compliance with professional and provincial licensing authorities standards</p>		<p>La prestation des services dentaires, incluant les radiographies et la tenue des dossiers dentaires, doivent être conformes aux normes des autorités professionnelles provinciales</p>
2.	<p>Records should show the detailed treatment recommendations directly related to the type of examination and treatment provided</p>		<p>Les dossiers devraient indiquer les traitements recommandés en détail selon le type d'examen et les traitements fournis</p>
3.	<p>Records may be used for further reference by CSC</p>		<p>Le SCC peut utiliser les dossiers à des fins de consultation ultérieure</p>
4.	<p>Records are confidential</p>		<p>Les dossiers sont confidentiels</p>

Appendix B CSC's Dental Service Standards / Annexe B. Normes de services dentaires du SCC

M.	Review	Révision
	<ul style="list-style-type: none"> The Technical Annex on Dental Services Standards at CSC will be reviewed in 2016 	<ul style="list-style-type: none"> L'annexe technique sur les normes en matière de services dentaires du SCC sera révisée 2016
	<p><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></p>	<p><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></p>

Appendix C. / Annexe C.

Criteria for Diagnostic Investigation

Critères de test diagnostique

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. / Annexe D.

Mental Health Services

Services de santé mentale

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. Triage 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:</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:</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. / Annexe E.

Public Health Services

Services de santé publique

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)		Immunisation selon la politique du SCC (p. ex. hépatite A et B et grippe saisonnière)
	Treatment and clinical management of infectious and communicable disease and their sequelae.		Traitement et gestion clinique des maladies infectieuses et contagieuses et de leurs séquelles.
	Public health awareness and health promotion, including tailoring of materials to meet the specific need of inmate populations (i.e. cultural and gender appropriate; literacy levels).		Sensibilisation à la santé publique et promotion de la santé, y compris l'adaptation de documents pour répondre aux besoins précis des détenus (c-à-d. messages adaptés à la culture et au sexe ainsi qu'au niveau d'alphabétisation).
	Provision of harm reduction education services consistent within the context of a correctional environment and supports CSC's mandate of encouraging and assisting offenders to become law-abiding citizens..		Offre de matériel 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).

