



National Defence

Défense nationale

National Defence Headquarters
Ottawa, Ontario
K1A 0K2

Quartier général de la Défense nationale
Ottawa (Ontario)
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PART 1 - GENERAL INFORMATION

1.1 Reissue of Bid Solicitation

- A. This bid solicitation cancels and supersedes previous bid solicitation number W6369-17-A007/A dated 5 April 2017 with a closing of 15 May 2017 at 2:00 PM. A debriefing or feedback session will be provided upon request to bidders/offerors/suppliers who bid on the previous solicitation.

1.2 Statement of Work

- A. The Work to be performed is detailed under Article 6.2 of the resulting contract clauses.

1.3 Debriefings

- A. 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 from receipt of the results of the bid solicitation process. The debriefing may be in writing, by telephone or in person.



PART 2 - BIDDER INSTRUCTIONS

2.1 Standard Instructions, Clauses and Conditions

- A. 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 (SACC) Manual* (<https://buyandsell.gc.ca/policy-and-guidelines/standard-acquisition-clauses-and-conditions-manual>) issued by Public Works and Government Services Canada.
- B. 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.
- C. The 2003 (2016-04-04), Standard Instructions - Goods or Services - Competitive Requirements, are incorporated by reference into and form part of the bid solicitation, with the following modification(s):
- (i) Section 02, Procurement Business Number, is deleted in its entirety;
 - (ii) Section 05, Submission of bids, subsection 2, paragraph d., is deleted in its entirety and replaced with the following:
 - d. send its bid only to the Department of National Defence location specified on page 1 of the bid solicitation or to the address specified in the bid solicitation.
 - (iii) Section 05, Submission of bids, subsection 4, is amended as follows:
 - Delete: 60 days
 - Insert: 120 days
 - (iv) Section 06, Late bids, is deleted in its entirety;
 - (v) Section 07, Delayed bids, is deleted in its entirety and replaced with the following:
 - 07 Delayed bids
 - 1. It is the Bidder's responsibility to ensure that the Contracting Authority has received the entire submission. Misrouting or other electronic delivery issues resulting in late submission of bids will not be accepted.
 - (vi) Section 08, Transmission by facsimile, is deleted in its entirety; and
 - (vii) Section 20, Further information, is deleted in its entirety.

2.2 Submission of Bids

- A. Bids must be submitted only to the Department of National Defence (DND) by the date, time, and place indicated on page 1 of the bid solicitation.
- B. Due to the nature of the bid solicitation, bids transmitted by facsimile to DND will not be accepted.



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2.2.1 Electronic Submissions

- A. Individual e-mails exceeding five (5) megabytes in size, or those including other factors such as embedded files, macros, and/or links, may be rejected by DND e-mail system and/or firewall(s) without notice to the Bidder or Contracting Authority. Larger bids may be submitted through more than one e-mail. DND will confirm receipt of documents. It is the responsibility of the Bidder to ensure that their entire bid submission has been received. Bidders must not assume that all documents have been received unless DND confirms receipt of each document. Due to the possibility of e-mail rejection and/or other technical issues, bidders are requested to allow sufficient time before the closing time and date to submit their bid and for DND to confirm receipt. Bid documents received after the closing time and date will not be accepted.

2.3 Former Public Servant

- A. 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 nonresponsive.

2.3.1 Definitions

- A. For the purposes of this clause:
- (i) "Former public servant" is any former member of a department as defined in the *Financial Administration Act*, R.S., 1985, c. F-11 (<http://laws-lois.justice.gc.ca/eng/acts/F-11/FullText.html>), 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;
 - (ii) "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; and
 - (iii) "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*



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[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.

2.3.2 Former Public Servant in Receipt of a Pension

A. As per the above definitions, is the Bidder a FPS in receipt of a pension?

Yes () No ()

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

(i) Name of former public servant; and

(ii) Date of termination of employment or retirement from the Public Service.

C. 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](#) (<http://www.tbs-sct.gc.ca/hgw-cgf/business-affaire/gcp-agc/notices-avis/2012/10-31-eng.asp>) and the [Guidelines on the Proactive Disclosure of Contracts](#) (<http://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=14676>).

2.3.3 Work Force Adjustment Directive

A. Is the Bidder a FPS who received a lump sum payment pursuant to the terms of the Work Force Adjustment Directive?

Yes () No ()

B. If so, the Bidder must provide the following information:

(i) Name of former public servant;

(ii) Conditions of the lump sum payment incentive;

(iii) Date of termination of employment;

(iv) Amount of lump sum payment;

(v) Rate of pay on which lump sum payment is based;

(vi) Period of lump sum payment including start date, end date and number of weeks; and

(vii) Number and amount (professional fees) of other contracts subject to the restrictions of a work force adjustment program.

C. 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.



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2.4 Enquiries - Bid Solicitation

- A. All enquiries must be submitted in writing to the Contracting Authority no later than 15 calendar days before the bid closing date. Enquiries received after that time may not be answered.
- B. Bidders should reference as accurately as possible the numbered item of the bid solicitation to which the enquiry relates. Care should be taken by Bidders to explain each question in sufficient detail in order to enable Canada to provide an accurate answer. Technical enquiries that are of a proprietary nature must be clearly marked "proprietary" at each relevant item. Items identified as "proprietary" will be treated as such except where Canada determines that the enquiry is not of a proprietary nature. Canada may edit the question(s) or may request that the Bidder do so, so that the proprietary nature of the question(s) is eliminated and the enquiry can be answered to all Bidders. Enquiries not submitted in a form that can be distributed to all Bidders may not be answered by Canada.

2.5 Applicable Laws

- A. Any resulting contract must be interpreted and governed, and the relations between the parties determined, by the laws in force in Ontario.
- B. 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.



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PART 3 - BID PREPARATION INSTRUCTIONS

3.1 Bid Preparation Instructions

- A. Canada requests that Bidders provide their bid in separately bound sections as follows:
- Section I: Technical Bid: one (1) soft copy by e-mail;
- Section II: Financial Bid: one (1) soft copy by e-mail;
- Section III: Certifications: one (1) soft copy by e-mail; and
- Section IV: Additional Information: one (1) soft copy by e-mail.
- B. Prices must appear in the financial bid only. No prices must be indicated in any other section of the bid.
- C. Canada 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; and
 - (ii) Use a numbering system that corresponds to the bid solicitation.

3.2 Section I: Technical Bid

- A. In their technical bid, Bidders should demonstrate their understanding of the requirements contained in the bid solicitation and explain how they will meet these requirements. Bidders should demonstrate their capability in a thorough, concise and clear manner for carrying out the work.
- B. The technical bid should address clearly and in sufficient depth the points that are subject to the evaluation criteria against which the bid will be evaluated. Simply repeating the statement contained in the bid solicitation is not sufficient. In order to facilitate the evaluation of the bid, Canada requests that Bidders address and present topics in the order of the evaluation criteria under the same headings. To avoid duplication, Bidders may refer to different sections of their bids by identifying the specific paragraph and page number where the subject topic has already been addressed.

3.3 Section II: Financial Bid

- A. Bidders must submit their financial bid in accordance with the Pricing Schedule detailed in Attachment 1 to Part 3. The total amount of Applicable Taxes must be shown separately.

3.3.1 Electronic Payment of Invoices - Bid

- A. If you are willing to accept payment of invoices by Electronic Payment Instruments, complete Attachment 1 to Part 3, Electronic Payment Instruments, to identify which ones are accepted.
- B. If Attachment 1 to Part 3, Electronic Payment Instruments is not completed, it will be considered as if Electronic Payment Instruments are not being accepted for payment of invoices.
- C. Acceptance of Electronic Payment Instruments will not be considered as an evaluation criterion.



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3.3.2 Exchange Rate Fluctuation

- A. The requirement does not offer exchange rate fluctuation risk mitigation. Requests for exchange rate fluctuation risk mitigation will not be considered. All bids including such provision will render the bid non-responsive.

3.4 Section III: Certifications

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

3.5 Section IV: Additional Information

- A. In Section IV of their bid, bidders should provide:
 - (i) Their legal name;
 - (ii) The name of the contact person (provide also this person's mailing address, phone and facsimile numbers and email address) authorized by the Bidder to enter into communications with Canada with regards to their bid, and any contract that may result from their bid;
 - (iii) For Part 2, article 2.3, Former Public Servant, of the bid solicitation: the required answer to each question; and, if the answer is yes, the required information;
 - (iv) Any other information submitted in the bid not already detailed.



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ATTACHMENT 1 TO PART 3 - PRICING SCHEDULE

- A. The Bidder must complete the pricing schedule below and include it in its financial bid.
- B. The firm rates specified below includes all expenses that may need to be incurred to satisfy the terms of any contract that may result from its bid, including the total estimated cost of any travel and living expenses that may need to be incurred for the Work described in Annex A, Statement of Work of the bid solicitation.
- C. All prices and costs must be submitted in Canadian Dollars.
- D. Under any resulting contract, Canada will not accept travel and living expenses that may need to be incurred by the contractor for any relocation of resources required to satisfy its contractual obligations.
- E. For the purpose of this solicitation, a day is defined as 24 hours of work. Payment will be made for days actually worked, with no provision for annual leave, statutory holidays and sick leave. If time worked is more or less than a day, the all-inclusive fixed daily rate must be prorated to reflect the actual time worked.

1. PRICING SCHEDULE

Period	Estimated Level of Effort (days)	All-Inclusive Fixed Per Diem Rate	Total Estimated Cost
Initial Contract Period Three (3) years: 1 June 2017 to 31 May 2020	1095	\$	\$
Option Period 1 One (1) year: 1 June 2020 to 31 May 2021	365	\$	\$
Option Period 2 One (1) year: 1 June 2021 to 31 May 2022	365	\$	\$
Option Period 3 One (1) year: 1 June 2022 to 31 May 2023	365	\$	\$
Total			\$



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ATTACHMENT 2 TO PART 3 - ELECTRONIC PAYMENT INSTRUMENTS

A. The Bidder accepts to be paid by any of the following Electronic Payment Instrument(s):

- VISA Acquisition Card;
- MasterCard Acquisition Card;
- Direct Deposit (Domestic and International);
- Electronic Data Interchange (EDI);
- Wire Transfer (International Only); and
- Large Value Transfer System (LVTS) (Over \$25M).



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PART 4 - EVALUATION PROCEDURES AND BASIS OF SELECTION

4.1 Evaluation Procedures

- A. Bids will be assessed in accordance with the entire requirement of the bid solicitation including the technical, management, and financial evaluation criteria.
- B. An evaluation team composed of representatives of Canada will evaluate the bids.

4.1.1 Technical Evaluation

- A. Mandatory technical evaluation criteria are included in Attachment 1 to Part 4, Evaluation Criteria.

4.1.2 Financial Evaluation

- A. The price of the bid will be evaluated in Canadian dollars, Applicable Taxes excluded, FOB destination, Canadian customs duties and excise taxes included.

4.2 Basis of Selection - Lowest Evaluated Price, Mandatory Technical Criteria

- A. 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.
- B. Should two (2) or more responsive bids achieve an identical lowest evaluated price the bid with the highest level of experience in mandatory technical criterion M2.1 will be recommended for award of a contract.



ATTACHMENT 1 TO PART 4 - TECHNICAL EVALUATION

1. Mandatory Technical Criteria

Mandatory Criteria (M)			
Bid Preparation Instructions: Bids should address clearly and in sufficient depth the points that are subject to the evaluation criteria against which the bid will be evaluated. Simply repeating the statement contained in the bid solicitation is not sufficient. Also, if key pieces of information are not provided, the evaluators will not be in a position to assess the criteria which will render the bid none responsive, e.g. if the period of time over which the service was rendered is not provided in the requested format, the evaluators will not consider partial information and the bid may be disqualified.			
#	Criterion	Met/ Not Met	Location in the Bid
M1	Corporate Requirement For each of the following criteria, the Bidder should describe its approach and methodology for meeting the requirements. The Bidder should describe its approach and methodology for meeting the requirements		
M1.1	The Bidder must describe its approach and methodology for meeting the requirements to provide 24 hours per day, 7 days per week telephone access to a physician with experience in Emergency Medicine in accordance with Annex A, Statement of Work. At a minimum, the Bidder must demonstrate: (a) Details of how many physicians the Bidder will have on call; (b) How the allocation of resources will be done to ensure that 24/7 coverage is available; and (c) The existence of sufficient redundancy and capacity to ensure that coverage is maintained through events such as resources illness and vacations.		
M1.2	Bidders must describe its approach and methodology for meeting the requirement to answer a call from anywhere in the world within two (2) minutes. At a minimum, the Bidder must demonstrate: (a) Details of Bidder's communications system; and (b) How the Bidder will ensure that the response time is maintained within the required two (2) minutes.		



#	Criterion	Met/ Not Met	Location in the Bid
M1.3	<p>Bidders must describe its approach and methodology for meeting the requirement to provide practical information to Canadian Armed Forces (CAF) medical care providers, who may be constrained by:</p> <ul style="list-style-type: none"> (a) The level of training and experience; (b) The finite store of medical equipment and supplies; and (c) The challenges posed by location and weather. <p>At a minimum, the Bidder must:</p> <ul style="list-style-type: none"> (a) Demonstrate an understanding of the CAF medical care provider’s constraints; (b) Outline how advice provided will be communicated and understood; and (c) Provide three (3) examples of how a caller who is dealing with a complicated medical issue and limited resources would be advised. 		
M2	Resource Requirements (Each Proposed Physician)		
M2.1	<p>The Bidder must provide a résumé for each proposed Emergency Medicine Physician that demonstrates a minimum of two (2) years of experience acquired within the last five (5) years working in the field of Emergency Medicine.</p> <p>To demonstrate the experience of each Emergency Medicine Physician, at a minimum the Bidder must provide the following information:</p> <ul style="list-style-type: none"> (a) Short description of employment history; and (b) The period of time over which the experience was acquired, in a format including month and year information, e.g. from (month/year) to (month/year) for each month. 		
M2.2	<p>The Bidder must demonstrate the Education and Credentials of each Emergency Physician by providing the following:</p> <ul style="list-style-type: none"> (a) Name; (b) Medical license number and Canadian Province or Territory that issued the license; and (c) A certification that the physician is in good standing order with its licensing body. 		



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PART 5 - CERTIFICATIONS AND ADDITIONAL INFORMATION

- A. Bidders must provide the required certifications and additional information to be awarded a contract.
- B. 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.
- C. The Contracting Authority will have the right to ask for additional information to verify the Bidder's certifications. Failure to comply and to cooperate with any request or requirement imposed by the Contracting Authority will render the bid non-responsive or constitute a default under the Contract.

5.1 Certifications Required with the Bid

- A. Bidders must submit the following duly completed certifications as part of their bid.

5.1.1 Integrity Provisions - Declaration of Convicted Offences

- A. In accordance with the *Ineligibility and Suspension Policy* (<http://www.tpsgc-pwgsc.gc.ca/ci-if/politique-policy-eng.html>), the Bidder must provide with its bid the required documentation, as applicable, to be given further consideration in the procurement process.

5.2 Certifications Precedent to Contract Award and Additional Information

- A. 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 specified will render the bid non-responsive.

5.2.1 Integrity Provisions - Required Documentation

- A. In accordance with the *Ineligibility and Suspension Policy* (<http://www.tpsgc-pwgsc.gc.ca/ci-if/politique-policy-eng.html>), the Bidder must provide the required documentation, as applicable, to be given further consideration in the procurement process.

5.2.2 Federal Contractors Program for Employment Equity - Bid Certification

- A. 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](http://www.esdc.gc.ca/en/jobs/workplace/human_rights/employment_equity/federal_contractor_program.page?&_ga=1.229006812.1158694905.1413548969#afed) website (http://www.esdc.gc.ca/en/jobs/workplace/human_rights/employment_equity/federal_contractor_program.page?&_ga=1.229006812.1158694905.1413548969#afed).
- B. 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.



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5.2.3 Status and Availability of Resources

- A. The Bidder certifies that, should it be awarded a contract as a result of the bid solicitation, every individual proposed in its bid will be available to perform the Work as required by Canada's representatives and at the time specified in the bid solicitation or agreed to with Canada's representatives. If for reasons beyond its control, the Bidder is unable to provide the services of an individual named in its bid, the Bidder may propose a substitute with similar qualifications and experience. The Bidder must advise the Contracting Authority of the reason for the substitution and provide the name, qualifications and experience of the proposed replacement. For the purposes of this clause, only the following reasons will be considered as beyond the control of the Bidder: death, sickness, maternity and parental leave, retirement, resignation, dismissal for cause or termination of an agreement for default.
- B. If the Bidder has proposed any individual who is not an employee of the Bidder, the Bidder certifies that it has the permission from that individual to propose his/her services in relation to the Work to be performed and to submit his/her résumé to Canada. The Bidder must, upon request from the Contracting Authority, provide a written confirmation, signed by the individual, of the permission given to the Bidder and of his/her availability. Failure to comply with the request may result in the bid being declared non-responsive.

5.2.4 Education and Experience

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



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PART 6 - RESULTING CONTRACT CLAUSES

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

6.1 Security Requirements

A. There is no security requirement applicable to the Contract.

6.2 Statement of Work

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

6.3 Standard Clauses and Conditions

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

6.3.1 General Conditions

A. 2010B (2016-04-04), General Conditions - Professional Services (Medium Complexity), apply to and form part of the Contract, with the following modification:

(i) Article 01, Interpretation, "Canada", "Crown", "Her Majesty" or "the Government", is deleted in its entirety and replaced with the following:

"Canada", "Crown", "Her Majesty" or "the Government"
means Her Majesty the Queen in right of Canada as represented by the Minister of National Defence and any other person duly authorized to act on behalf of that minister or, if applicable, an appropriate minister to whom the Minister of National Defence has delegated his or her powers, duties or functions and any other person duly authorized to act on behalf of that minister.

6.4 Term of Contract

6.4.1 Period of the Contract

A. The period of the Contract is from 1 June 2017 to 31 May 2020 inclusive.

6.4.2 Option to Extend the Contract

A. The Contractor grants to Canada the irrevocable option to extend the term of the Contract by up to three (3) additional one (1)-year period(s) under the same conditions. The Contractor agrees that, during the extended period of the Contract, it will be paid in accordance with the applicable provisions as set out in the Basis of Payment.

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



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6.5 Authorities

6.5.1 Contracting Authority

A. The Contracting Authority for the Contract is:

[Contact information to be detailed in the resulting contract]

Name: _____
Title: _____
Organization: _____
Address: Department of National Defence
101 Colonel By Drive
Ottawa ON K1A 0K2

Telephone: _____
E-mail: _____

B. 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.

6.5.2 Technical Authority

A. The Technical Authority for the Contract is:

[Contact information to be detailed in the resulting contract]

Name: _____
Title: _____
Organization: _____
Address: Department of National Defence (DND)
101 Colonel By Drive
Ottawa ON K1A 0K2

Telephone: _____
E-mail: _____

B. The Technical 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 Technical Authority; however, the Technical 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.

6.5.3 Contractor's Representative

[Contact information to be detailed in the resulting contract]

Name: _____
Title: _____
Address: _____

Telephone: _____
E-mail: _____



6.6 Proactive Disclosure of Contracts with Former Public Servants

A. By providing information on its status, with respect to being a former public servant in receipt of a [Public Service Superannuation Act](http://laws-lois.justice.gc.ca/eng/acts/P-36/FullText.html) (PSSA) (<http://laws-lois.justice.gc.ca/eng/acts/P-36/FullText.html>) 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](http://www.tbs-sct.gc.ca/pubs_pol/dcgpubs/contpolnotices/siglist-eng.asp) of the Treasury Board Secretariat of Canada (http://www.tbs-sct.gc.ca/pubs_pol/dcgpubs/contpolnotices/siglist-eng.asp).

6.7 Payment

6.7.1 Basis of Payment - Limitation of Expenditure

- A. The Contractor will be reimbursed for the costs reasonably and properly incurred in the performance of the Work, as determined in accordance with the following Basis of Payment, to a limitation of expenditure of \$[amount to be detailed in the resulting contract]. Customs duties are included and Applicable Taxes are extra.
- B. For the purpose of this Contract, a day is defined as 24 hours of work. Payment will be made for days actually worked, with no provision for annual leave, statutory holidays and sick leave. If time worked is more or less than a day, the all-inclusive fixed daily rate must be prorated to reflect the actual time worked.
- C. The following firm rates include all expenses that may need to be incurred to satisfy the terms of the Contract:

[Rates to be detailed in the resulting contract]

Period	All-Inclusive Fixed Per Diem Rate
Initial Contract Year: 1 June 2017 to 31 May 2020	\$
Option Period 1: 1 June 2020 to 31 May 2021	\$
Option Period 2: 1 June 2021 to 31 May 2022	\$
Option Period 3: 1 June 2022 to 31 May 2023	\$
Total	\$

6.7.2 Limitation of Expenditure

- A. Canada's total liability to the Contractor under the Contract must not exceed \$[amount to be detailed in the resulting contract]. Customs duties are included and Applicable Taxes are extra.
- B. 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:
 - (i) when it is 75 percent committed; or
 - (ii) four (4) months before the contract expiry date; or



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- (iii) as soon as the Contractor considers that the contract funds provided are inadequate for the completion of the Work;

whichever comes first.

- C. 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.

6.7.3 Method of Payment - Monthly Payment

- A. 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:

- (i) 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;
- (ii) all such documents have been verified by Canada; and
- (iii) the Work performed has been accepted by Canada.

6.7.4 Electronic Payment of Invoices - Contract

- A. The Contractor accepts to be paid using any of the following Electronic Payment Instrument(s):

[List to be updated in the resulting contract]

- (i) Visa Acquisition Card;
- (ii) MasterCard Acquisition Card;
- (iii) Direct Deposit (Domestic and International);
- (iv) Electronic Data Interchange (EDI);
- (v) Wire Transfer (International Only); and
- (vi) Large Value Transfer System (LVTS) (Over \$25M).

6.8 Invoicing Instructions

- A. 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.
- B. Each invoice must be supported by:
 - (i) A copy of any documents as specified in the Contract;
 - (ii) A copy of the monthly progress report; and
 - (iii) A description of the Work delivered.



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C. Invoices must be distributed as follows:

- (i) The original and one (1) copy must be forwarded to the following address for certification and payment:

National Defence Headquarters (NDHQ)
Department of National Defence (DND)
101 Colonel By Drive
Ottawa, Ontario K1A 0K2
c/o: [organization to be detailed in the resulting contract]
attn: [name to be detailed in the resulting contract]

- (ii) Upon request, one (1) copy must be forwarded to the Contracting Authority identified under the section entitled "Authorities" of the Contract.

6.9 Certifications and Additional Information

6.9.1 Compliance

- A. 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.

6.9.2 Certifications - Contract

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

6.10 Applicable Laws

- A. The Contract must be interpreted and governed, and the relations between the parties determined, by the laws in force in the Province of [Ontario for as specified by the bidder in its bid, if applicable].

6.11 Priority of Documents

- A. 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:
 - (i) The Articles of Agreement;
 - (ii) The General Conditions 2010B (2016-04-04), General Conditions - Professional Services (Medium Complexity);
 - (iii) Annex A, Statement of Work;



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- (iv) Annex B, Insurance Requirements;
- (v) the Contractor's bid dated [date to be specified in the resulting contract], as clarified on [date to be specified in the resulting contract, if required], and as amended on [date to be specified in the resulting contract, if required].

6.12 Defence Contract

- A. The Contract is a defence contract within the meaning of the *Defence Production Act*, R.S.C. 1985, c. D-1 (<http://laws-lois.justice.gc.ca/eng/acts/d-1/>), and must be governed accordingly.
- B. Title to the Work or to any materials, parts, work-in-process or finished work must belong to Canada free and clear of all claims, liens, attachments, charges or encumbrances. Canada is entitled, at any time, to remove, sell or dispose of the Work or any part of the Work in accordance with section 20 of the *Defence Production Act*.

6.13 Handling of Personal Information

- A. The Contractor acknowledges that Canada is bound by the *Privacy Act*, R.S., 1985, c. P-21 (<http://laws-lois.justice.gc.ca/eng/acts/P-21/index.html>), with respect to the protection of personal information as defined in the Act. The Contractor must keep private and confidential any such personal information collected, created or handled by the Contractor under the Contract, and must not use, copy, disclose, dispose of or destroy such personal information except in accordance with this clause and the delivery provisions of the Contract.
- B. All such personal information is the property of Canada, and the Contractor has no right in or to that information. The Contractor must deliver to Canada all such personal information in whatever form, including all working papers, notes, memoranda, reports, data in machine-readable format or otherwise, and documentation which have been made or obtained in relation to the Contract, upon the completion or termination of the Contract, or at such earlier time as Canada may request. Upon delivery of the personal information to Canada, the Contractor will have no right to retain that information in any form and must ensure that no record of the personal information remains in the Contractor's possession.

One (1) of the following two (2) options will be inserted in the resulting contract, as applicable:

Option 1: A2000C (2006-06-16) when the contract is to be with a Canadian-based supplier; or

6.14 Foreign Nationals (Canadian Contractor)

- A. The Contractor must comply with Canadian immigration requirements applicable to foreign nationals entering Canada to work temporarily in fulfillment of the Contract. If the Contractor wishes to hire a foreign national to work in Canada to fulfill the Contract, the Contractor should immediately contact the nearest Service Canada regional office to enquire about Citizenship and Immigration Canada's requirements to issue a temporary work permit to a foreign national. The Contractor is responsible for all costs incurred as a result of non-compliance with immigration requirements.

Option 2: A2001C (2006-06-16) when the contract is to be with a foreign-based supplier.

6.14 Foreign Nationals (Foreign Contractor)

- A. The Contractor must comply with Canadian immigration legislation applicable to foreign nationals entering Canada to work temporarily in fulfillment of the Contract. If the Contractor wishes to hire



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a foreign national to work in Canada to fulfill the Contract, the Contractor should immediately contact the nearest Canadian Embassy, Consulate or High Commission in the Contractor's country to obtain instructions, information on Citizenship and Immigration Canada's requirements and any required documents. The Contractor is responsible to ensure that foreign nationals have the required information, documents and authorizations before performing any work under the Contract in Canada. The Contractor is responsible for all costs incurred as a result of non-compliance with immigration requirements.

6.15 Insurance Requirements

- A. The Contractor must comply with the insurance requirements specified in Annex C. 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.
- B. 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.
- C. 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. For Canadian-based Contractors, coverage must be placed with an Insurer licensed to carry out business in Canada, however, for Foreign-based Contractors, coverage must be placed with an Insurer with an A.M. Best Rating no less than "A-". The Contractor must, if requested by the Contracting Authority, forward to Canada a certified true copy of all applicable insurance policies.

6.16 Non-disclosure Agreement

- A. The Contractor must obtain from its employee(s) or subcontractor(s) the completed and signed non-disclosure agreement, attached at Annex C, and provide it to the Contracting Authority before they are given access to information by or on behalf of Canada in connection with the Work.



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ANNEX A - STATEMENT OF WORK

The Canadian Forces Health Services Group (CF H Svcs Gp) needs Emergency Medical Advisory Services to support CAF Health Care clinicians in the provision of patient care at sea with the Royal Canadian Navy (RCN).

1. Purpose

- 1.1 The purpose of this Contract is the provision of expert Emergency Medicine Physician advice on the management of patients to RCN Physicians, Physician Assistants (PA), Medical Technicians (Med Techs), and other Health Care clinicians at sea or on land in remote locations. RCN operations may take place anywhere in the world and are variable from year to year depending on operational requirements.

2. Background

- 2.1 RCN Physicians, PAs, and Med Techs are commonly tasked with providing medical care at sea or on land in remote locations. As such they are required to assess patients, diagnose and treat medical conditions, and make recommendations for casualty evacuation, medevac or repatriation.
- 2.2 Access to expert medical opinions, particularly in Emergency Medicine, via communication links such as telephone, fax or e-mail is important in improving patient outcome.
- 2.3 There may be times onboard an RCN ship where a Physician, Med Techs and PA are unavailable, such as when RCN personnel are deployed on smaller operations / vessels, or when the Health Care clinician is the casualty itself. In this case, a CAF member trained only in first aid may call the Emergency Medicine Physician for advice.

3. Terminology

- 3.1 Casualty evacuation: refers to the movement of a patient to an initial medical treatment facility or to medical facilities in a military operational/combat zone.
- 3.2 Dysbaric Illness (DI): refers to a broad range of complex pathophysiological conditions associated with decompression and governed by Boyle's Law and Henry's Law, including decompression illness, barotrauma and arterial gas embolism. Related terms and expressions include Caisson's disease, the bends, decompression sickness, dysbarism, arterial gas embolism, gas bubble illness/injury.
- 3.3 Medevac: refers to the movement of a patient from one medical facility (such as a ship's Sick Bay or a hospital) to another medical treatment facility, typically for definitive medical treatment and/or rehabilitation.
- 3.4 Medical Technician (Med Tech): Military Health Care Clinician who specialize in prehospital care and also support the work of PAs, Medical Officers (physicians), Nursing Officers and other health care clinicians. Their training and certification includes Basic Trauma Life Support (BTLS), and qualification as a Primary Care Paramedic. They can prescribe a limited number of emergency medications in accordance with approved protocols. They also give basic advice on disease prevention, hygiene and sanitation and perform limited environmental health and preventive medicine duties. On ship they assist the PA in all aspects of their duties.
- 3.5 Physician Assistant (PA): Health Care clinician provides emergency and primary care under direct or indirect supervision by a physician. They are physician extenders and not independent



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practitioners. PAs sailing in support of the RCN are under indirect supervision of the Fleet Surgeon (aka Fleet Support Medical Officer). PAs also provide preventive medicine education, conduct basic hygiene, safety and sanitation inspections, and perform medical administration. On ship they are responsible for training and direction of the casualty clearing (first aid) teams, the sick bay, the dispensary and the ward. PAs working in support of the RCN are required to hold current certification by the Canadian College of Physician Assistants.

- 3.6 **Repatriation:** refers to the non-emergency return of personnel from deployed RCN units where the patient's condition is not directly life-threatening but may require more advanced medical assessment and treatment, interfere with the member's ability to perform their work duties or create safety concerns in the specific location and environment.
- 3.7 **Stratevac:** Strategic Evacuation refers to the urgent transfer of ill/injured personnel out of a theatre of operations. Most commonly, this involves air evacuation from a foreign country to Canada. All Stratevac by air must be routed through the RCAF Aeromedical Evacuation Coordination Officer (AECO). The medical authority for Stratevac is the Division Surgeon for 1 Canadian Air Division.

4. **Applicable Documents**

- 4.1 Medical Technician Qualification Level Three - Scope of Practice, 28 May 2014 (Appendix 1 of Annex A).
- 4.2 Medical Technician Qualification Level Five A - Scope of Practice, 21 July 2014 (Appendix 2 of Annex A).
- 4.3 Canadian Forces Health Policy - Direction - Instruction 4200-59 - Restricted Act: Pharmaceuticals, 06 Aug 15 (Appendix 3 of Annex A).
- 4.4 Physician Assistant Delegated Acts - available from the Canadian Association of Physician Assistants (CAPA) Website: https://capa-acam.ca/wp-content/uploads/2012/12/NCP_en_sept20092.pdf

5. **Tasks**

- 5.1 The contractor must provide 24 hours per day/7 days per week (24/7) Emergency Medicine Physician Advisory services via phone to all CAF Physicians, PAs, Med Techs, and other Health Care clinicians who are managing patients at sea or on land in remote locations, including:
- (a) A toll-free telephone number that authorized ship-board medical personnel and/or ship-board RCN first responders can call to receive immediate (within 2 minutes) voice access to an Emergency Medicine Physician. This number must be accessible from anywhere in the world;
 - (b) A toll-free facsimile number so that the Contractor's physician and the ship-board medical personnel can promptly exchange medical information (ECGs, etc.);
 - (c) The services of Emergency Medicine Physicians who will provide expert advice on matters related to Emergency Medicine. Each physician must hold a current license in good standing from the licensing body for physicians and surgeons in the province or territory from where the said physician is providing the services throughout the term of the contract. Copy of all licenses are required to submit annually;



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- (d) Access to qualified Emergency Medicine Physicians must be available 24/7 throughout the contract; and
 - (e) A back up physician must be available in the event of communication link problems or two simultaneous calls from different sites.
- 5.2 If requested, the Contractor's physician must provide an initial interpretation of faxed 12-lead electrocardiogram.
- 5.3 If a medical situation is outside the expertise of the on-call Emergency Medicine Physician, the physician must immediately refer the call to an appropriate consultant, or undertake to find the appropriate answer or source.

6. Deliverables

6.1 The Contractor must provide:

- (f) Copies of each telephone consultation record;
- (g) Monthly reports of calls; and
- (h) General observations and recommendations (lessons learned).

7. Constraints

- 7.1 The Emergency Medicine Physicians must provide advice within the constraints imposed by the level of training and experience of CAF Health Care clinicians (Scope of Practice, Delegated Acts and Restricted Act: Pharmaceuticals), the finite store of medical equipment and supplies at sea and on land in remote locations, and the challenges posed by geographic location and weather, so as to give practical information and advice to CAF Health Care clinicians.
- 7.2 The context of operational environment, naval operation, land operations, traveler's health issues, and dysbaric effects must always be taken into account.

8. Technical Environment

8.1 Reports and other deliverables must be delivered using Microsoft Office Suite tools via email.

9. Reporting Requirements

- 9.1 The Contractor must prepare a report for each consultation case (telephone, fax or e-mail) and send it within 24 hours to the Fleet Support Medical Officer at Canadian Force Health Services Centre (Atlantic), Halifax or at the Canadian Health Services Centre (Pacific), Esquimalt as appropriate. The report must provide the following information:
- (i) The patient's particulars (gender, age, and any other appropriated information);
 - (j) The patient's identification number (assigned by the calling representative);
 - (k) Date and time of call;
 - (l) Originating ship, medical facility or remote location,;
 - (m) The nature of the case; and



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(n) The advice given.

9.2 The Contractor must provide on request to the Technical Authority (the RCN Surgeon, acting on behalf of the Surgeon General), relevant observations and recommendations stemming from specific cases (i.e., “lessons learned”).

10. Language Requirements

10.1 The resources must be fluent in the English language. Fluent means that the individuals must be able to communicate orally and in writing without any assistance and with minimal errors. Reports and other deliverables must be delivered in English.

11. Location of Work

11.1 All work must be completed at the Contractor’s site. The work/advice will be provided by phone, fax or e-mail; therefore, the contractor is responsible to provide the workplace for its employees. No travel will be required.



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APPENDIX 1 TO ANNEX A - MEDICAL TECHNICIAN QUALIFICATION LEVEL THREE - SCOPE OF PRACTICE, 28 MAY 2014

Medical Technician Qualification Level Three



Scope of Practice

Issued on authority of the Surgeon General
OPI: D H Svcs Pers // SSO Pol Plans & Occ Stds



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Medical Technician Qualification Level Three

Scope of Practice

Introduction

This Scope of Practice is designed to provide an authoritative document on the practice of medicine for the Qualification Level Three Medical Technician (QL3 Med Tech). It provides a set of comprehensive skills which the QL3 Med Tech is expected to know and is authorized to perform.

It is important when reading this Scope of Practice to ascertain if the skill in question is an independent skill or one that is practiced under supervision and direction. Regardless of level of autonomy it is important to seek help when unsure or perplexed.

Areas of Practice

The Scope of Practice for the QL3 Med Tech is divided into six areas depending on the area of employment.

- 1 – Prehospital Care
- 2 – Operational Casualty Care
- 3 – Medical Service Specific Field Skills
- 4 – Primary Care
- 5 – Administration and Clinic Support
- 6 – In-Patient Care

Autonomy of Practice

The QL3 Med Tech can practice at one of three levels of autonomy depending on the clinical setting. The level of authorized autonomy is clearly indicated at the top of each area of practice within this document. The levels of autonomy are:

1 – Under remote supervision. This allows the Med Tech to practice without direct supervision on the condition that they do so within the defined Scope of Practice, training, and within authorized protocols when issued. The Med Tech is not co-located with the supervising senior clinician and would be functioning largely independently with telephone / radio consultation where possible and clinical / leadership oversight only after the completion of the casualty management event. It is restricted to Area One – Prehospital Care.

2 – Under remote supervision and written authorization. This allows the Med Tech to practice without direct supervision on the condition that they do so within the defined Scope of Practice and within authorized protocols when issued. Written authorization from a medical officer must



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occur for these skills to be utilized. It is restricted to Area Two – Operational Casualty Care. A sample of the written authorization is contained within this document. As above, the Med Tech is not co-located with the supervising senior clinician and would be functioning largely independently with telephone / radio consultation where possible and clinical / leadership oversight only after the completion of the casualty management event.

3 – Under direct supervision. This allows the Med Tech to work under the immediate direction and supervision of a more senior clinician. A more senior clinician must be consulted prior to executing these activities within the Scope of Practice. It is applicable to Areas Three to Six - Medical Service Specific Field Skills, Primary Care, Administration and Clinic Support, and In-Patient Care.

The term “manage”

The term "manage" appears numerous times in this Scope of Practice document. In this context, it means taking control of a situation involving casualties, including both logistical issues (e.g. securing a site) and the direct provision of immediate medical care. The direct provision of immediate medical care includes performing a casualty assessment and applying medications, devices, or other clinical interventions appropriate to the situation and the condition of the casualty. The term “manage” alone implies neither comprehensive therapeutic intervention nor the administration of medications unless specifically included within this Scope of Practice or other approved clinical protocol.

Practical application

This Scope of Practice should not be taken as a simple menu of procedures to perform. Indeed, doing nothing unto itself is an intervention. It is up to each QL3 Med Tech, through formal training, experience, and participation in the Maintenance of Clinical Readiness Program, to hone these skills, achieve professional excellence, and realize when these skills should or should not be performed. One of the hardest concepts in medical practice is understanding both your clinical expertise and limitations and then practicing in a manner consistent with this basic tenet of risk management.

The Medical Technician Protocol and Procedures Manual will be published which further provide clinical practice guidelines based on this Scope of Practice. They will help guide the QL3 Med Tech through the treatment algorithms of difficult situations.

Applicability

Unless otherwise indicated, this Scope of Practice is applicable for the paediatric, adult, and geriatric populations.



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Notwithstanding

Nothing in this Scope of Practice negates the Med Tech requirement to act ethically as a healthcare provider. Clinicians are placed in a tremendous position of trust and responsibility and abuse of this trust not only harms the healthcare provider and their patient but also the reputation of every Canadian Forces Health Services clinician. Topics such as confidentiality, patient centred care, therapeutic communication, accountability, advocacy, and interdisciplinary teamwork cannot be ignored or set aside within the context of this Scope of Practice.



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Area 1 - QL3 Med Tech Scope of Practice - Prehospital Care

Level of Autonomy of Practice: Under remote supervision.

Area of Practice Description: This environment includes, but is not limited to, working on exercises, providing range / training / event medical coverage, moving casualties in the evacuation chain, and working outside the sick bay of a ship.

1.1 General

1.1.1 Work as a member of an ambulance team or in a dismounted role.

1.1.2 Maintain medical supplies, equipment, and the patient care area of an ambulance.

1.1.3 Load and unload casualties on ambulances and helicopters.

1.1.4 Move patients using stretchers, litters, backboards, clamshell stretchers, chair cots, and/or slider boards.

1.1.5 Transport casualties to medical facilities.

1.1.6 Transfer care to a higher medical authority.

1.1.7 Accept a patient from a medical facility for transfer to another medical facility.

1.1.8 Assist with the extrication of a casualty who is trapped.

1.1.9 Assist with the rescue of casualties in complex environments.

1.2 Assessment, Interpretation, and Documentation

1.2.1 Evaluate a scene and conduct triage. This includes managing multiple casualty incidents, and recognizing hazardous material, bioterrorism, and nuclear incidents.

1.2.2 Conduct primary and secondary casualty assessments. This includes taking a history, and assessing the vital signs, psychiatric state, cardiovascular, neurological, respiratory, musculoskeletal, eyes ears nose throat, integumentary, and endocrine systems.

1.2.3 Conduct a primary assessment of the genitourinary and/or gastrointestinal areas only when trauma to these areas is probable and conduct a focused genitourinary and gastrointestinal history as part of the secondary assessment.

1.2.4 Conduct glucometric testing and interpret findings.



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1.2.5 Interpret findings from primary and secondary casualty assessment.

1.2.6 Determine the appropriate transport method, speed of evacuation, and destination for a casualty.

1.2.7 Document assessment findings and treatments rendered.

1.3 Airway, Breathing, Circulation, and Pain Management

1.3.1 Clear an obstructed airway using abdominal thrusts, finger sweeps, chest compressions, or back blows.

1.3.2 Maintain an airway using manual techniques, nasopharyngeal airways or oropharyngeal airways. In an adult an approved supraglottic airway device is authorized.

1.3.3 Suction the oropharynx.

1.3.4 Measure and monitor oxygen saturation levels using a pulse oximeter.

1.3.5 Provide oxygen therapy using the bag valve mask, nasal cannula, Venturi, standard, or non-rebreather masks.

1.3.6 Provide cardiopulmonary resuscitation to adults, children, or infants using the Health Care Provider Standard. This includes using an automatic external defibrillator.

1.3.7 Discontinue cardiopulmonary resuscitation in an adult who has a normal temperature and has not responded to resuscitation for a period of 30 minutes.

1.3.8 Perform a three-lead electrocardiogram (ECG).

1.3.9 Utilize the vital signs monitor or an external defibrillator for monitoring.

1.3.10 Initiate intravenous (IV) access with a saline lock.

1.3.11 Initiate intraosseous (IO) access using an approved manual IO insertion device.

1.3.12 Initiate and maintain IV/IO therapy using crystalloid solutions without additives in accordance with approved protocols.

1.3.13 Administer acetaminophen and ibuprofen for pain in accordance with approved protocols.



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1.4 Trauma

1.4.1 Manage stable and unstable trauma including the control of external haemorrhage using pressure, dressings, bandaging, positioning, pressure points, packing, approved haemostatic agents, and/or tourniquets. This includes urinary catheterization in accordance with approved protocols.

1.4.2 Manage the casualty with a suspected spinal injury including stabilizing the spine using manual stabilization, sandbags, head bed, hard collar, approved extraction device, backboards, clamshell, and spinal strapping equipment. Move the suspected spinal casualty using established rolling procedures.

1.4.3 Manage burn casualties including the use of dressings, the administration of IV/IO fluids, pain control, and bladder catheterization in accordance with approved protocols.

1.4.4 Manage casualties with blunt or penetrating chest trauma including those with flail chest, rib fractures, tension pneumothorax, simple pneumothorax, and myocardial contusion. This includes sealing open chest wounds and stabilizing flail segments.

1.4.5 Manage casualties with blunt or penetrating abdominal trauma.

1.4.6 Manage casualties with injuries, dislocations, or fractures to the clavicle, scapula, shoulder, humerus, elbow, ulna, radius, wrist, hand, pelvis, hip, femur, knee, tibia, fibula, ankle, foot, or who have sustained an amputation. This includes the use of cold, slings, traction splints, commercial splints, improvised splints, and/or pelvic binders.

1.5 Medical Conditions

1.5.1 Manage casualties with abdominal conditions.

1.5.2 Manage casualties with heat illness (cramps, exhaustion, and stroke), frostbite (deep and superficial), hypothermia, or drowning/near drowning. This includes warming or cooling the casualty and urinary catheterization in accordance with approved protocols.

1.5.3 Manage the casualty with cardiac conditions and/or chest pain including the administration of acetylsalicylic acid and sublingual nitroglycerin in accordance with approved protocols. This includes urinary catheterization in accordance with approved protocols.

1.5.4 Manage casualty with respiratory conditions and/or shortness of breath including the administration of nebulised or metered-dose inhaler salbutamol in accordance with approved protocols.



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1.5.5 Manage casualty in a diabetic emergency including the administration of oral glucose, intravenous dextrose 10% by volume in water (D10W), and subcutaneous glucagon in accordance with approved protocols.

1.5.6 Manage casualties with endocrine disorders.

1.5.7 Manage the casualty in anaphylaxis including the administration of subcutaneous or intramuscular epinephrine hydrochloride 1:1000, nebulised salbutamol, and oral or intramuscular diphenhydramine in accordance with approved protocols.

1.5.8 Manage casualties who are unconscious without obvious pathology including the administration of oral glucose, intravenous D10W, subcutaneous glucagon, and intravenous naloxone hydrochloride in accordance with approved protocols.

1.5.9 Manage casualties who have neurological disorders including those who are having a seizure, postictal, or who are having a stroke.

1.5.10 Manage casualties who have ingested poisons, overdosed (narcotics, commonly abused medications / street drugs, or alcohol), or who have been exposed to cyanide, chlorine, or carbon monoxide. This includes the administration of intravenous, subcutaneous, or intramuscular naloxone hydrochloride for narcotic overdoses in accordance with approved protocols.

1.5.11 Manage the casualty in a psychiatric crisis or having behavioural disturbances.

1.5.12 Remove a tick.

1.6 Ophthalmology

1.6.1 Recognize a gross ruptured globe injury.

1.6.2 Administer tetracaine anaesthetic drops to the eye in accordance with approved protocols.

1.6.3 Irrigate the eye.

1.6.4 Remove a foreign body from the eye using a moist cotton applicator.

1.6.5 Apply a hard eye shield.

1.6.6 Remove contact lenses.

1.6.7 Administer oral moxifloxacin, once, in penetrating injuries.



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1.7 Obstetrics

1.7.1 Assess a pregnant casualty and manage conditions as required. This includes normal delivery, abnormal delivery, multiple births, haemorrhage, eclampsia, pre-eclampsia, prolapsed cord, and uterine inversion. Recognize abnormal presentations and take appropriate management and transport actions.

1.7.2 Deliver a baby to include assisting mother with birthing, suctioning the nose and mouth, clamping and cutting the umbilical cord, assessing baby, APGAR score, delivering the placenta, and massaging of the fundus.

1.7.3 Assess the neonate and manage care as required.



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Area 2 - OL3 Med Tech Scope of Practice - Operational Casualty Care

Level of Autonomy of Practice: Under remote supervision and written authorization.

Area of Practice Description: This environment includes named operations both domestic and expeditionary.

2.1 General Assessment and Skills

2.1.1 Evaluate a scene and conduct triage. This includes managing multiple casualty incidents, and recognizing CBRN incidents.

2.1.2 Perform an assessment for massive haemorrhage, airway patency, respiratory sufficiency, circulation, hypothermia, head injury and eye trauma (MARCHE).

2.1.3 Determine the appropriate transport method, speed of evacuation, and destination of a casualty.

2.1.4 Document patient assessment findings and any care performed.

2.1.5 Prepare casualties for evacuation rearwards.

2.1.6 Extract casualties using manual carry techniques.

2.1.7 Load and unload casualties on ambulances and helicopters.

2.1.8 Manage a casualty in accordance with approved tactical medicine protocols.

2.1.9 Transfer care to a higher medical authority.

2.1.10 Provide immediate post mortem care.

2.1.11 Provide information to the chain of command in order to arrange for the evacuation of casualties.

2.2 Manage Combat Casualties

2.2.1 Provide cardiopulmonary resuscitation to adults, children, or infants using the Health Care Provider Standard.

2.2.2 Maintain an airway using manual techniques, nasopharyngeal airways, oropharyngeal airways, or an approved supraglottic.



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2.2.3 Provide oxygen therapy using the bag valve mask or non-rebreather masks.

2.2.4 Assist with intubation.

2.2.5 Suction the airway.

2.2.6 Decompress pneumothorax using a needle in accordance with approved tactical medicine protocols.

2.2.7 Initiate IV access with a saline lock.

2.2.8 Initiate intraosseous (IO) access using an approved manual IO insertion device.

2.2.9 Initiate and maintain IV/IO therapy using approved solutions.

2.2.10 Manage stable and unstable trauma including the control of external haemorrhage using pressure, dressings, bandaging, positioning, pressure points, packing, haemostatic agents, and/or tourniquets. This includes the administration of oral moxifloxacin, once, in penetrating injuries and bladder catheterization in accordance with tactical medicine protocols.

2.2.11 Manage the casualty with a suspected spinal injury including stabilizing the spine using manual stabilization, sandbags, hard collar, approved extraction device, backboards, and spinal strapping equipment. Move the suspected spinal casualty using established rolling procedures.

2.2.12 Manage burn casualties including the use of dressings, the administration of IV/IO fluids, pain control, and bladder catheterization in accordance with approved protocols.

2.2.13 Manage casualties with blunt or penetrating chest trauma including those with flail chest, rib fractures, tension pneumothorax, simple pneumothorax, and myocardial contusion. This includes sealing open chest wounds and stabilizing flail segments. This includes the needle decompression of the chest and the administration of oral moxifloxacin, once, in penetrating injuries in accordance with tactical medicine protocols.

2.2.14 Manage casualties with blunt or penetrating abdominal trauma.

2.2.15 Manage casualties with injuries, dislocations, or fractures to the clavicle, scapula, shoulder, humerus, elbow, ulna, radius, wrist, hand, pelvis, hip, femur, knee, tibia, fibula, ankle, foot, or who have sustained an amputation. This includes the use of cold, slings, approved traction splints, commercial splints, improvised splints, and/or pelvic binders. This includes the administration of oral moxifloxacin, once, in open fractures in accordance with tactical medicine protocols.



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2.2.16 Recognize and provide treatment recommendations for patients with combat stress reaction.

2.2.17 Administer the fentanyl lozenge, acetaminophen and ibuprofen for pain in accordance with approved protocols.

2.2.18 Detect and manage concussions / mild traumatic brain injury.

2.3 Ophthalmology

2.3.1 Recognize a gross ruptured globe injury.

2.3.2 Administer tetracaine anaesthetic drops to the eye in accordance with approved protocols.

2.3.3 Irrigate the eye.

2.3.4 Remove a foreign body from the eye using a moist cotton applicator.

2.3.5 Apply a hard eye shield.

2.3.6 Remove contact lenses.

2.3.7 Administer oral moxifloxacin, once, in penetrating injuries.

2.4 CBRN

2.4.1 Provide basic CBRN care to a casualty to include the use of auto injector administration, flushing wounds, the use of the casualty bag, and application of protective dressings.

2.4.2 Decontaminate casualties.



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PROTECTED A (when completed)

Authorization for Scope of Practice Utilization

SN	Rank	Name	Unit
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Is hereby authorized to provide operational casualty care in accordance with Area Two of the QL3 Med Tech Scope of Practice. While employed on operation:

Operation Name

This authorization is valid as of the date below and only in the named area of operation. It expires one year from the date of signature.

Date of Commencement: _____

Signature of Medical Officer

SN	Rank	Name of Medical Officer	Appointment
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- Copy 1: Unit Employment Record (CF 743)
- Copy 2: Unit File
- Copy 3: QL3 Medical Tech

PROTECTED A (when completed)



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Area 3 - QL3 Med Tech Scope of Practice - Medical Service Specific Field Skills

Level of Autonomy of Practice: Under direct supervision.

Area of Practice Description: This environment includes, but is not limited to, working in a role one, two, or three field medical treatment facility.

- 3.1 Set up and work in a field medical facility.
- 3.2 Search for casualties in a field environment.
- 3.3 Prepare casualties for evacuation rearwards.
- 3.4 Prepare a helicopter landing zone for casualty evacuation.
- 3.5 Call for the evacuation of casualties from the field medical facility.
- 3.6 Provide basic CBRN care to a casualty to include auto injector administration, flushing wounds, the use of the casualty bag, and application of protective dressings.
- 3.7 Decontaminate casualties.
- 3.8 Inspect field facilities for health and safety issues.
- 3.9 Provide immediate post mortem care and temporary holding of the deceased.



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Area 4 - QL3 Med Tech Scope of Practice - Primary Care

Level of Autonomy of Practice Under direct supervision.

Area of Practice Description This environment includes, but is not limited to, providing sick parade in the field / on ship and whilst working in a care delivery unit.

4.1 General Assessment

4.1.1 Perform vital signs assessment to include, pulse, respirations, temperature, blood pressure, Glasgow Coma Scale (GCS), pupils, and oxygen saturation.

4.1.2 Conduct a general physical examination to include a general survey, inspection, palpation, percussion, auscultation, height, weight, and waist circumference. This does not include the examination of the breast, palpation of genitalia, or inserting a digit / instrument into the vagina or past the verge of the anus.

4.1.3 Conduct a physical examination of the breast and/or genitalia. This can only be performed under the direct order of a Physician Assistant, Nursing Officer, Medical Officer, or Medical Doctor.

4.1.4 Calculate a body mass index.

4.1.5 Document patient assessment findings and any care performed.

4.2 Cardiovascular

4.2.1 Perform a three, twelve, or fifteen lead ECG.

4.2.2 Recognize and provide a treatment plan to a senior clinician for patients with the following cardiovascular conditions: acute myocardial infarction, dissecting abdominal aortic aneurism, hypertension, pulmonary embolism, and deep vein thrombosis.

4.3 Orthopaedics

4.3.1 Assess active range of motion.

4.3.2 Recognize and provide a treatment plan to a senior clinician for patients with the following orthopaedic conditions: sprains, strains, patellofemoral syndrome, shin splints, septic joint, compartment syndrome, cauda equine syndrome, and mechanical lower back pain.

4.3.3 Fit a patient for crutches or a cane and educate them on their proper and safe use.



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4.3.4 Apply casts and orthopaedic splints and supports. This includes educating the patient on the care of the cast.

4.3.5 Remove casts.

4.4 Ophthalmology

4.4.1 Recognize a gross ruptured globe injury.

4.4.2 Administer tetracaine anaesthetic drops to the eye in accordance with approved protocols.

4.4.3 Irrigate the eye.

4.4.4. Remove contact lenses.

4.4.5 Remove a foreign body from the eye using a moist cotton applicator.

4.4.6 Test visual acuity using standard wall charts.

4.4.7 Recognize and provide a treatment plan to a senior clinician for a patient with seasonal allergic conjunctivitis.

4.5 Ear, Nose, and Throat

4.5.1. Examine the ear with an otoscope.

4.5.2 Test hearing using an audiometer.

4.5.3 Recognize and provide a treatment plan to a senior clinician for patients with the following ear, nose, and throat conditions: otitis media, otitis externa, pharyngitis, infectious mononucleosis, and sinusitis.

4.5.4 Irrigate the external ear canal.

4.6 Respiratory

4.6.1 Recognize and provide a treatment plan to a senior clinician for patients with upper and lower respiratory tract infections.

4.7 Neurology

4.7.1 Recognize and provide a treatment plan to a senior clinician for patients with the following neurological conditions: headaches and subarachnoid haemorrhages.



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4.8 Abdomen

4.8.1 Recognize and provide a treatment plan to a senior clinician for patients with the following abdominal conditions: diarrhoea, constipation, nausea, vomiting, appendicitis, surgical abdomen, haemorrhoids, ectopic pregnancy, and dyspepsia. Recognize the signs of a serious abdominal condition.

4.9 Integumentary

4.9.1 Recognize and provide a treatment plan to a senior clinician for patients with the following integumentary conditions: blisters, warts, contact dermatitis, urticaria, cellulitis, and ingrown toenail.

4.10 Nephrology / Urology

4.10.1 Recognize and provide a treatment plan to a senior clinician for patients with the following genitourinary conditions: cystitis and renal calculi.

4.11 Infectious Diseases

4.11.1 Recognize and provide a treatment plan to a senior clinician for patients with the following sexually transmitted infections: genital herpes, condyloma, chlamydia, gonorrhoea, and syphilis.

4.11.2 Recognize and provide a treatment plan to a senior clinician for patients with the following communicable diseases: varicella zoster virus, fungal infections, malaria, hepatitis, pediculosis, candidiasis and scabies.

4.11.3 Recognize and provide a treatment plan to a senior clinician for patients with Lyme disease including tick removal.

4.12 Psychiatry

4.12.1 Support patients who present following sexual assault.

4.12.2 Recognize the signs and symptoms of depression, anxiety, and psychosis and refer to a senior clinician.

4.12.3 Recognize the casualty who is having suicidal thoughts and take immediate actions followed by referral to a senior clinician.



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4.13 Emergency Medicine

4.13.1 Provide cardiopulmonary resuscitation to adults, children, or infants using the Health Care Provider Standard.

4.13.2 Manage an airway with the use of the nasopharyngeal airways, and/or oropharyngeal airways.

4.13.3 Assist with intubation.

4.13.4 Suction the airway.

4.13.5 Provide oxygen therapy using nasal cannula, Venturi, standard, and/or non-rebreather masks.

4.13.6 Initiate intravenous access with a saline lock.

4.13.7 Initiate and monitor intravenous therapy.

4.14 Nursing Care

4.14.1 Provide basic wound care including the assessment of the condition of a wound, close a wound using sterile tape closures, remove sutures and staples, irrigate a wound, pack a wound, dress wounds with dry sterile dressings, and bandage wounds.

4.14.2 Interpret medication orders, research medications, and calculate medication dosages.

4.14.3 Administer topical, oral, subcutaneous, intramuscular, and intradermal medications.

4.15 Provide Patient Education

4.15.1 Educate patient on methods to prevent hearing loss from noise.

4.15.2 Educate patient on personal hygiene.

4.16 Laboratory

4.16.1 Collect a throat or infected wound specimen using a swab.

4.16.2 Collect urine and stool specimens.

4.16.3 Analyse a urine specimen using reagent strips.

4.16.4 Obtain a venous blood sample for analysis using a vacuum tube system.

4.16.5 Obtain a blood sample from an IV catheter.



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Area 5 - QL3 Med Tech Scope of Practice - Administration and Clinic Support

Level of Autonomy of Practice: Under direct supervision.

Area of Practice Description: This environment includes, but is not limited to, working in a care delivery unit within a Canadian Forces Health Services Centre.

5.1 Surgical

5.1.1 Assist with aseptic minor surgical procedures outside of the operating room to include setting up for the procedure, preparing documentation, positioning patient, receiving specimens, assisting during the procedure, and cleaning up after the procedure.

5.1.2 Prepare equipment, instruments and/or supplies for sterilization.

5.1.3 Load and operate sterilizers.

5.2 Maintain Equipment and Supplies

5.2.1 Complete test procedures and conduct user maintenance on in-service monitors/recorders and defibrillators.

5.2.2 Perform routine user calibration on an audiometer.

5.2.3 Maintain medical records.

5.2.4 Manage medications, medical supplies, and equipment.



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Area 6 - QL3 Med Tech Scope of Practice – In-Patient Care

Level of Autonomy of Practice: Under direct supervision.

Area of Practice Description: This environment includes, but is not limited to, holding a casualty in unit medical station, sick bay, brigade medical station, advanced surgical centre, field hospital, or domestic evacuation centre.

6.1 General Assessment

6.1.1 Perform vital signs assessment to include, pulse, respirations, temperature, blood pressure, GCS, pupils, and oxygen saturation.

6.1.2 Conduct a general physical examination to include a general survey, inspection, palpation, percussion, auscultation, height, weight, and waist circumference. This does not include the examination of the breast, palpation of genitalia, or inserting a digit / instrument into the vagina or past the verge of the anus.

6.1.3 Conduct a physical examination of the breast and/or genitalia. This can only be performed under the direct order of a Physician Assistant, Nursing Officer, Medical Officer, or Medical Doctor.

6.1.4 Document patient assessment findings and any care performed.

6.1.5 Recognize changes in physiological status which necessitates informing their direct supervisor and/or calling for emergency assistance.

6.2 Nursing Care

6.2.1 Provide basic nursing care to a patient on a ward including those patients with a communicable disease in isolation. This includes preparing a patient unit, assisting with mobility, physical transfers / lifts, deep breathing and coughing exercises, maintaining input / output records, providing patient hygiene, feeding, preparing the patient for diagnostic procedures and assisting with receiving a patient from the recovery room.

6.2.2 Provide basic wound care including the assessment of the condition of a wound, close a wound using sterile tape closures, remove sutures and staples, irrigate a wound, pack a wound, dress wounds with dry sterile dressings, and bandage wounds.

6.2.3 Interpret medication orders, research medications, and calculate medication dosages.

6.2.4 Administer topical, oral, subcutaneous, intramuscular, and intradermal medications.



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6.2.5 Initiate intravenous access with a saline lock.

6.2.6 Initiate and monitor intravenous maintenance therapy.

6.2.7 Remove an IO device.

6.2.8 Remove an IV catheter.

6.2.9 Catheterize the bladder in an adult.

6.2.10 Provide post mortem care.

6.3 Cardiovascular

6.3.1 Perform a three, twelve, or fifteen lead-ECG.

6.3.2 Apply compression stockings and sequential compression devices.

6.4 Orthopaedics

6.4.1 Assess active range of motion.

6.4.2 Fit a patient for crutches or a cane and educate them on their proper and safe use.

6.4.3 Assist with the application of casts and orthopaedic splints and supports. This includes educating the patient on the care of the cast.

6.4.4 Remove casts.

6.5 Ophthalmology

6.5.1 Test visual acuity using standard wall charts.

6.5.2 Administer tetracaine anaesthetic drops to the eye in accordance with approved protocols.

6.5.3 Irrigate the eye.

6.5.4 Remove a foreign body from the eye using a moist cotton applicator.

6.5.4 Remove contact lenses.



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6.6 Ear, Nose, and Throat

6.6.1 Examine the ear with an otoscope.

6.6.2 Irrigate the external ear canal.

6.7 Psychiatry

6.7.1 Recognize and provide treatment recommendations for patients with a combat or operational stress reaction.

6.7.2 Recognize the signs and symptoms of depression, anxiety, and psychosis and refer to a senior clinician.

6.7.3 Recognize the casualty who is having suicidal thoughts and take immediate actions followed by referral to a senior clinician.

6.8 Emergency Medicine

6.8.1 Provide cardiopulmonary resuscitation to adults, children, or infants using the Health Care Provider Standard.

6.8.2 Manage the airway with the use of nasopharyngeal airways or oropharyngeal airways.

6.8.3 Assist with intubation.

6.8.4 Suction the oropharynx.

6.8.5 Provide oxygen therapy using nasal cannula, Venturi, standard, and/or non-rebreather masks.

6.9 Laboratory

6.9.1 Collect a throat or infected wound specimen using a swab.

6.9.2 Collect urine and stool specimens.

6.9.3 Analyse a urine specimen using reagent strips.

6.9.4 Obtain a venous blood sample for analysis using a vacuum tube system.

6.9.5 Obtain a blood sample from an IV catheter.



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6.10 Maintain Equipment and Supplies

6.10.1 Complete test procedures and conduct user maintenance on in-service monitors/recorders and defibrillators.

6.10.2 Maintain medical records.

6.10.3 Manage medications, medical supplies, and equipment.



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QL3 Med Tech Scope of Practice
Authorized Devices List

Supraglottic Airways:

6515-21-920-1956	AIRWAY (COMBITUBE) 41FR
6515-21-920-1957	AIRWAY (COMBITUBE) 37FR
6515-CF-002-8571	AIRWAY, SUPRAGLOTTIC, SIZE 2
6515-CF-002-8572	AIRWAY, SUPRAGLOTTIC, SIZE 2.5
6515-CF-002-8573	AIRWAY, SUPRAGLOTTIC, SIZE 3
6515-CF-002-8408	AIRWAY, SUPRAGLOTTIC, SIZE 4
6515-CF-002-8574	AIRWAY, SUPRAGLOTTIC, SIZE 5
6515-CF-002-8509	AIRWAY LMA PAEDIATRIC SIZE 1 DISP
6515-CF-002-8510	AIRWAY LMA PAEDIATRIC SIZE 2 DISP
6515-CF-002-6551	AIRWAY LARYN MSK DSP SZ3
6515-CF-002-6552	AIRWAY LARYN MSK DSP SZ5

Intraosseous Access:

6515-01-559-7489	SET NEEDLE IO DEVICE
6515-01-557-6937	SET NEEDLE IO MANUAL

Haemostatic Agents:

6510-01-562-3325	GAUZE HEMOSTATIC 7.5CM
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Traction Splints:

6515-01-521-5730	SPLINT LEG TRACTION 4:1
6515-01-446-9318	SAGER SPLINT

Extraction Devices:

6515-01-127-2211	EXT/IMMOB KENDRICK (KED)
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Note:

Authorized medical devices / NSNs can change without notice. If a device is not on this list that is being fielded please contact CF H Svcs HQ // D H Svcs Pers // SSO Pol, Plans & Occ Standards in so that it can be confirmed for inclusion in the authorized Scope of Practice.



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APPENDIX 2 TO ANNEX A - MEDICAL TECHNICIAN QUALIFICATION LEVEL FIVE A - SCOPE OF PRACTICE, 28 MAY 2014

Medical Technician Qualification Level Five A



Scope of Practice

**Issued on authority of the Surgeon General
OPI: D H Svc Pers // SSO Clinical Cap Mgmt**



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Medical Technician Qualification Level Five A

Scope of Practice

Introduction

This Scope of Practice is designed to provide an authoritative document on the practice of medicine for the Qualification Level Five A Medical Technician (QL5A Med Tech). It provides a set of comprehensive skills which the QL5A Med Tech is expected to know and is authorized to perform.

It is important when reading this Scope of Practice to ascertain if the skill in question is a skill performed under direct supervision, indirect supervision, or remote supervision. Regardless of level of autonomy it is important to seek help when unsure or perplexed.

Areas of Practice

The Scope of Practice for the QL5A Med Tech is divided into six areas depending on the area of employment.

- 1 – Prehospital Care
- 2 – Operational Casualty Care
- 3 – Medical Service Specific Field Skills
- 4 – Primary Care
- 5 – Administration and Clinic Support
- 6 – In-Patient Care

Autonomy of Practice

The QL5A Med Tech can practice at one of four levels of autonomy depending on the clinical setting. The level of authorized autonomy is clearly indicated at the top of each area of practice within this document. The levels of autonomy are:

1 – Under remote supervision. This allows the Med Tech to practice without direct supervision on the condition that they do so within the defined Scope of Practice, training, and within authorized protocols when issued. The Med Tech is not co-located with the supervising senior clinician and would be functioning largely independently with telephone / radio consultation where possible and clinical / leadership oversight only after the completion of the casualty management event. It is applicable to Area One – Prehospital Care and Area Three - Medical Service Specific Field Skills. It is also applicable to parts of Area Four - Primary Care when sick parade is conducted outside of a Canadian Forces Health Care Centre (e.g. field).



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2 – Under remote supervision and written authorization. This allows the Med Tech to practice without direct supervision on the condition that they do so within the defined Scope of Practice and within authorized protocols when issued. Written authorization from a medical officer must occur for these skills to be utilized. It is restricted to Area Two – Operational Casualty Care. A sample of the written authorization is contained within this document. As above, the Med Tech is not co-located with the supervising senior clinician and would be functioning largely independently with telephone / radio consultation where possible and clinical / leadership oversight only after the completion of the casualty management event.

3 – Under indirect supervision. This allows the Med Tech to work indirectly under the supervision of a more senior clinician. The senior clinician should be readily available for consultation. These scope of practice activities can be initiated by the Med Tech within the confines of their training and casualties discharged (if appropriate) without the need to consult a more senior clinician. Supervision will occur through routine clinical and leadership oversight mechanisms such as periodic review of a sampling of cases and occasional direct supervision. It is applicable to parts of Area One – Prehospital Care, Area Two – Operational Casualty Care, and Area Three - Medical Service Specific Field Skills when working indirectly with a more senior clinician. It also applicable to Area Four – Primary Care when working within a Canadian Forces Health Services Centre, Area Five - Administration and Clinic Support, and parts of Area Six – In-Patient Care.

4 – Under direct supervision. This allows the Med Tech to work under the immediate direction and supervision of a more senior clinician. A more senior clinician must be consulted prior to executing these activities within the Scope of Practice. It is applicable to parts of Area One – Prehospital Care, Area Two – Operational Casualty Care, and Area Three - Medical Service Specific Field Skills (when working directly with a more senior clinician). It is also applicable to Area Four A - Primary Care when primary care is conducted in the Care Delivery Unit within a Canadian Forces Health Care Centre and Area Six A - In-Patient Care.

The term “manage”

The term "manage" appears numerous times in this Scope of Practice document. In this context, it means taking control of a situation involving casualties, including both logistical issues (e.g. securing a site) and the direct provision of immediate medical care. The direct provision of immediate medical care includes performing a casualty assessment and applying medications, devices, or other clinical interventions appropriate to the situation and the condition of the casualty. The term “manage” alone implies neither comprehensive therapeutic intervention nor the administration of medications unless specifically included within this Scope of Practice or other approved clinical protocol.



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Practical application

This Scope of Practice should not be taken as a simple menu of procedures to perform. Indeed, doing nothing unto itself is an intervention. It is up to each QL5A Med Tech, through formal training, experience, and participation in the Maintenance of Clinical Readiness Program, to hone these skills, achieve professional excellence, and realize when these skills should or should not be performed. One of the hardest concepts in medical practice is understanding both your clinical expertise and limitations and then practicing in a manner consistent with this basic tenet of risk management.

The Medical Technician Protocol and Procedures Manual will be published which further provide clinical practice guidelines based on this Scope of Practice. They will help guide the QL5A Med Tech through the treatment algorithms of difficult situations.

Applicability

Unless otherwise indicated, this Scope of Practice is applicable for the paediatric, adult, and geriatric populations.

Notwithstanding

Nothing in this Scope of Practice negates the Med Tech requirement to act ethically as a healthcare provider. Clinicians are placed in a tremendous position of trust and responsibility and abuse of this trust not only harms the healthcare provider and their patient but also the reputation of every Canadian Forces Health Services clinician. Topics such as confidentiality, patient centred care, therapeutic communication, accountability, advocacy, and interdisciplinary teamwork cannot be ignored or set aside within the context of this Scope of Practice.



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Area 1 – QL5A Med Tech Scope of Practice - Prehospital Care

Level of Autonomy of Practice: Under remote, indirect, or direct supervision depending on employment location.

Area of Practice Description: This environment includes, but is not limited to, working on exercises, providing range / training / event medical coverage, moving casualties in the evacuation chain, and working outside the sick bay of a ship.

1.1 General

1.1.1 Work as a member of an ambulance team or in a dismantled role.

1.1.2 Maintain medical supplies, equipment, and the patient care area of an ambulance.

1.1.3 Load and unload casualties on ambulances and helicopters.

1.1.4 Move patients using stretchers, litters, backboards, clamshell stretchers, chair cots, and/or slider boards.

1.1.5 Transport casualties to medical facilities.

1.1.6 Transfer care to a higher medical authority.

1.1.7 Accept a patient from a medical facility for transfer to another medical facility.

1.1.8 Supervise the extrication of a casualty who is trapped.

1.1.9 Assist with the rescue of casualties in complex environments.

1.2 Assessment, Interpretation, and Documentation

1.2.1 Evaluate a scene and conduct triage. This includes managing multiple casualty incidents, and recognizing hazardous material, bioterrorism, and nuclear incidents.

1.2.2 Conduct primary and secondary casualty assessments. This includes taking a history, and assessing the vital signs, psychiatric state, cardiovascular, neurological, respiratory, musculoskeletal, eyes ears nose throat, integumentary, and endocrine systems.

1.2.3 Conduct a primary assessment of the genitourinary and/or gastrointestinal areas only when trauma to these areas is probable and conduct a focused genitourinary and gastrointestinal history as part of the secondary assessment.



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1.2.4 Conduct glucometric testing and interpret findings.

1.2.5 Interpret findings from primary and secondary casualty assessment.

1.2.6 Determine the appropriate transport method, speed of evacuation, and destination for a casualty.

1.2.7 Document assessment findings and treatments rendered.

1.3 Airway, Breathing, Circulation, and Pain Management

1.3.1 Clear an obstructed airway using abdominal thrusts, finger sweeps, chest compressions, or back blows.

1.3.2 Maintain an airway using manual techniques, nasopharyngeal airways or oropharyngeal airways. In an adult an approved supraglottic device is authorized.

1.3.3 Suction the oropharynx.

1.3.4 Measure and monitor oxygen saturation levels using a pulse oximeter.

1.3.5 Provide oxygen therapy using the bag valve mask, nasal cannula, Venturi, standard, or non-rebreather masks.

1.3.6 Provide cardiopulmonary resuscitation to adults, children, or infants using the Health Care Provider Standard. This includes using an automatic external defibrillator.

1.3.7 Discontinue cardiopulmonary resuscitation in an adult who has a normal temperature and has not responded to resuscitation for a period of 30 minutes.

1.3.8 Perform a three-lead electrocardiogram (ECG).

1.3.9 Utilize the vital signs monitor or an external defibrillator for monitoring.

1.3.10 Initiate intravenous (IV) access with a saline lock.

1.3.11 Initiate intraosseous (IO) access using an approved manual IO insertion device.

1.3.12 Initiate and maintain IV/IO therapy using crystalloid solutions without additives in accordance with approved protocols.

1.3.13 Administer acetaminophen, ibuprofen, and/or IV morphine for pain in accordance with approved protocols. This includes treating opiate caused nausea with dimenhydrinate as required.



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1.4 Trauma

1.4.1 Manage stable and unstable trauma including the control of external haemorrhage using pressure, dressings, bandaging, positioning, pressure points, packing, approved haemostatic agents, tourniquets, placing a whip stitch in the scalp, stapling the scalp, and/or using a Foley catheter to control epistaxis or bleeding from the neck. This includes the administration of tranexamic acid and urinary catheterization in accordance with approved protocols.

1.4.2 Manage the casualty with a suspected spinal injury including stabilizing the spine using manual stabilization, sandbags, head bed, hard collar, approved extraction device, backboards, clamshell, and spinal strapping equipment. Move the suspected spinal casualty using established rolling procedures.

1.4.3 Manage burn casualties including the use of dressings, the administration of IV/IO fluids, pain control, and bladder catheterization in accordance with approved protocols.

1.4.4 Manage casualties with blunt or penetrating chest trauma including those with flail chest, rib fractures, tension pneumothorax, simple pneumothorax, and myocardial contusion. This includes sealing open chest wounds, stabilizing flail segments, and performing needle decompression in accordance with approved protocols.

1.4.5 Manage casualties with blunt or penetrating abdominal trauma.

1.4.6 Manage casualties with injuries, dislocations, or fractures to the clavicle, scapula, shoulder, humerus, elbow, ulna, radius, wrist, hand, pelvis, hip, femur, knee, tibia, fibula, ankle, foot, or who have sustained an amputation. This includes the use of cold, slings, traction splints, commercial splints, improvised splints, and/or pelvic binders.

1.4.7 Prevent infection in trauma casualties. This includes the administration of cefoxitin, clindamycin, or moxifloxacin in accordance with approved protocols.

1.5 Medical Conditions

1.5.1 Manage casualties with abdominal conditions.

1.5.2 Manage casualties with heat illness (cramps, exhaustion, and stroke), frostbite (deep and superficial), hypothermia, or drowning/near drowning. This includes warming or cooling the casualty, administration of oral rehydration solution, and urinary catheterization in accordance with the approved protocols.

1.5.3 Manage the casualty with cardiac conditions and/or chest pain including the administration of acetylsalicylic acid, sublingual nitroglycerin, intravenous morphine, and dimenhydrinate in accordance with approved protocols. This includes urinary catheterization in accordance with the approved post-cardiac arrest stabilization protocol.



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1.5.4 Manage casualty with respiratory conditions and/or shortness of breath including the administration of nebulised or metered-dose inhaler salbutamol, ipratropium bromide, epinephrine hydrochloride 1:1000, and/or dexamethasone in accordance with approved protocols.

1.5.5 Manage casualty in a diabetic emergency including the administration of oral glucose, intravenous dextrose 10% by volume in water (D10W), and subcutaneous glucagon in accordance with approved protocols.

1.5.6 Manage casualties with endocrine disorders.

1.5.7 Manage the casualty in anaphylaxis including the administration of subcutaneous or intramuscular epinephrine hydrochloride 1:1000, nebulised or meter-dose inhaler salbutamol, diphenhydramine, and/or dexamethasone in accordance with approved protocols.

1.5.8 Manage casualties who are unconscious without obvious pathology including the administration of oral glucose, intravenous D10W, subcutaneous glucagon, and intravenous naloxone hydrochloride in accordance with approved protocols.

1.5.9 Manage casualties who have neurological disorders including those who are having a seizure, postictal, or who are having a stroke. This includes the administration of midazolam for seizures.

1.5.10 Manage casualties who have ingested poisons, overdosed (narcotics, commonly abused medications / street drugs, or alcohol), or who have been exposed to cyanide, chlorine, or carbon monoxide. This includes the administration of intravenous, subcutaneous, or intramuscular naloxone hydrochloride for narcotic overdoses in accordance with approved protocols.

1.5.11 Manage the casualty in a psychiatric crisis or having behavioural disturbances.

1.5.12 Remove a tick.

1.5.13 Manage the casualty with the signs and symptoms of an arterial gas embolism or decompression illness.

1.6 Ophthalmology

1.6.1 Recognize a gross ruptured globe injury.

1.6.2 Administer tetracaine anaesthetic drops to the eye in accordance with approved protocols.

1.6.3 Irrigate the eye.

1.6.4 Remove a foreign body from the eye using a moist cotton applicator.



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1.6.5 Apply a hard eye shield.

1.6.6 Remove contact lenses.

1.6.7 Administer oral moxifloxacin, once, in penetrating injuries.

1.6.8 Stain the eye with fluorescein in accordance with approved protocols.

1.7 Obstetrics

1.7.1 Assess a pregnant casualty and manage conditions as required. This includes normal delivery, abnormal delivery, multiple births, haemorrhage, eclampsia, pre-eclampsia, prolapsed cord, and uterine inversion. Recognize abnormal presentations and take appropriate management and transport actions.

1.7.2 Deliver a baby to include assisting mother with birthing, suctioning the nose and mouth, clamping and cutting the umbilical cord, assessing baby, APGAR score, delivering the placenta, and massaging of the fundus.

1.7.3 Assess the neonate and manage care as required.



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Area 2 – QL5A Med Tech Scope of Practice - Operational Casualty Care

Level of Autonomy of Practice: Under remote, indirect, or direct supervision depending on employment location with written authorization.

Area of Practice Description: This environment includes named operations both domestic and expeditionary.

2.1 General Assessment and Skills

2.1.1 Evaluate a scene and conduct triage. This includes managing multiple casualty incidents, and recognizing CBRN incidents.

2.1.2 Perform an assessment for massive haemorrhage, airway patency, respiratory sufficiency, circulation, hypothermia, head injury and eye trauma (MARCHE).

2.1.3 Determine the appropriate transport method, speed of evacuation, and destination of a casualty.

2.1.4 Document patient assessment findings and any care performed.

2.1.5 Prepare casualties for evacuation rearwards.

2.1.6 Extract casualties using manual carry techniques.

2.1.7 Load and unload casualties on ambulances and helicopters.

2.1.8 Manage a casualty in accordance with approved vital signs absent protocol.

2.1.9 Transfer care to a higher medical authority.

2.1.10 Provide immediate post mortem care.

2.1.11 Provide information to the chain of command in order to arrange for the evacuation of casualties.

2.2 Manage Combat Casualties

2.2.1 Provide cardiopulmonary resuscitation to adults, children, or infants using the Health Care Provider Standard.

2.2.2 Maintain an airway using manual techniques, nasopharyngeal airways, oropharyngeal airways, or an approved supraglottic device.



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2.2.3 Perform a cricothyroidotomy with or without a transtracheal block in accordance with the approved procedure.

2.2.4 Provide oxygen therapy using the bag valve mask or non-rebreather masks.

2.2.5 Assist with intubation.

2.2.6 Suction the airway.

2.2.7 Decompress pneumothorax using a needle in accordance with approved procedures and protocols.

2.2.8 Initiate IV access with a saline lock.

2.2.9 Initiate intraosseous (IO) access using an approved manual IO insertion device.

2.2.10 Initiate and maintain IV/IO therapy using approved solutions.

2.2.11 Manage stable and unstable trauma including the control of external haemorrhage using pressure, dressings, bandaging, positioning, pressure points, packing, approved haemostatic agents, tourniquets, placing a whip stitch in the scalp, stapling the scalp, and/or using a Foley catheter to control epistaxis / bleeding from the neck. This includes the administration of tranexamic acid and urinary catheterization in accordance with approved protocols.

2.2.12 Manage the casualty with a suspected spinal injury including stabilizing the spine using manual stabilization, sandbags, hard collar, approved extraction device, backboards, and spinal strapping equipment. Move the suspected spinal casualty using established rolling procedures.

2.2.13 Manage burn casualties including the use of dressings, the administration of IV/IO fluids, pain control, and bladder catheterization in accordance with approved protocols.

2.2.14 Manage casualties with blunt or penetrating chest trauma including those with flail chest, rib fractures, tension pneumothorax, simple pneumothorax, and myocardial contusion. This includes sealing open chest wounds and stabilizing flail segments. This includes the needle decompression of the chest in accordance with approved protocols.

2.2.15 Manage casualties with blunt or penetrating abdominal trauma.

2.2.16 Manage casualties with injuries, dislocations, or fractures to the clavicle, scapula, shoulder, humerus, elbow, ulna, radius, wrist, hand, pelvis, hip, femur, knee, tibia, fibula, ankle, foot, or who have sustained an amputation. This includes the use of cold, slings, approved traction splints, commercial splints, improvised splints, and/or pelvic binders.



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2.2.17 Recognize and provide treatment recommendations for patients with combat stress reaction.

2.2.18 Administer the fentanyl lozenge, IV morphine, acetaminophen and/or ibuprofen for pain in accordance with approved protocols. Treat opiate triggered nausea with dimenhydrinate as required.

2.2.19 Detect and manage concussions / mild traumatic brain injury in accordance with the approved protocol.

2.2.20 Manage hostile / violent casualties. This includes the administration of haloperidol, midazolam, and/or diphenhydramine in accordance with approved protocols.

2.2.21 Prevent infection in trauma casualties. This includes the administration of cefoxitin, clindamycin, or moxifloxacin in accordance with approved protocols

2.3 Ophthalmology

2.3.1 Recognize a gross ruptured globe injury.

2.3.2 Administer tetracaine anaesthetic drops to the eye in accordance with approved protocols.

2.3.3 Irrigate the eye.

2.3.4 Remove a foreign body from the eye using a moist cotton applicator.

2.3.5 Apply a hard eye shield.

2.3.6 Remove contact lenses.

2.3.7 Administer oral moxifloxacin, once, in penetrating injuries.

2.3.8 Stain the eye with fluorescein in accordance with approved protocols.

2.4 CBRN

2.4.1 Provide basic CBRN care to a casualty to include auto injector administration, flushing wounds, the use of the casualty bag, and application of protective dressings.

2.4.2 Decontaminate casualties.



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2.4.3 Reinforce education already provided to CF members on the use of the pyridostigmine bromide tablets and CBRN autoinjectors. This does not include providing the initial medical counter measures briefing.

2.4.4 Provide first line treatment to the casualty who has been exposed to nerve, vesicant, blood, choking, or incapacitating chemical warfare agents.

2.4.5 Provide first line treatment to the casualty who has been exposed to biological warfare agents. This includes the administration of oral antibiotics under standing order based on threat.

2.4.6 Provide first line treatment to the casualty who has been exposed to a radiological dispersal device.

2.4.7 Provide first line treatment to the casualty who has been exposed to a nuclear event.



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Authorization for Scope of Practice Utilization

SN	Rank	Name	Unit
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Is hereby authorized to provide operational casualty care in accordance with Area Two of the QL5A Med Tech Scope of Practice. While employed on operation:

Operation Name

This authorization is valid as of the date below and only in the named area of operation. It expires one year from the date of signature.

Date of Commencement: _____

Signature of Medical Officer

SN	Rank	Name of Medical Officer	Appointment
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- Copy 1: Unit Employment Record (CF 743)
- Copy 2: Unit File
- Copy 3: QL5A Medical Tech

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Area 3 – QL5A Med Tech Scope of Practice - Medical Service Specific Field Skills

Level of Autonomy of Practice: Under remote, indirect, or direct supervision depending on employment location.

Area of Practice Description: This environment includes, but is not limited to, working in a role one, two, or three field medical treatment facility.

- 3.1 Set up and work in a field medical facility.
- 3.2 Search for casualties in a field environment.
- 3.3 Prepare casualties for evacuation rearwards.
- 3.4 Prepare a helicopter landing zone for casualty evacuation.
- 3.5 Call for the evacuation of casualties from the field medical facility.
- 3.6 Provide immediate post mortem care and temporary holding of the deceased.
- 3.7 Provide basic CBRN care to a casualty to include auto injector administration, flushing wounds, the use of the casualty bag, and application of protective dressings.
- 3.8 Decontaminate casualties.
- 3.9 Lead operational level decontamination of field medical facilities and ambulances using the three and 20 litre decontamination apparatus.
- 3.10 Inspect field cooking, messing, showering, toileting, accommodation and CF role one medical facilities for health and safety issues.
- 3.11 Analyse potable water for gross contamination and residual chlorination.
- 3.12 Prepare operational medical reports for review by a supervisor.
- 3.13 Conduct a reconnaissance to establish a role one field medical section as part of battle procedure.
- 3.14 Deploy and establish a role one field medical section as part of battle procedure.
- 3.15 Develop a local defence plan for a role one field medical section.
- 3.16 Provide recommendations on the establishment and function of an ambulance shuttle system.
- 3.17 Lead naval casualty clearing teams.



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Area 4A – QL5A Med Tech Scope of Practice - Primary Care

Level of Autonomy of Practice Under direct supervision.

Area of Practice Description This environment includes, but is not limited to, providing sick parade in the field / on ship and whilst working in a care delivery unit.

4A.1 Orthopaedics

4A.1.1 Apply casts. This includes educating the patient on the care of the cast.

4A.1.2 Remove casts.

4A.2 Psychiatry

4A.2.1 Support patients who present following sexual assault.

4A.3 Emergency Medicine

4A.3.1 Assist with intubation.

4A.3.2 Initiate and monitor intravenous therapy.

4A.3.4 Cauterize wounds using silver nitrate applicators.

4A.4 Nursing Care

4A.4.1 Pack a wound.

4A.4.2 Administer intravenous medications.

4A.5 Pharmacy

4A.5.1 Whilst employed in a pharmacy, supply medications to a patient.



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Area 4B – QL5A Med Tech Scope of Practice - Primary Care

Level of Autonomy of Practice Under remote or indirect supervision depending on employment location.

Area of Practice Description This environment includes, but is not limited to, providing sick parade in the field / on ship and whilst working in a care delivery unit.

4B.1 General Assessment

4B.1.1 Perform vital signs assessment to include, pulse, respirations, temperature, blood pressure, Glasgow Coma Scale (GCS), pupils, and oxygen saturation.

4B.1.2 Conduct a comprehensive clinical history.

4B.1.3 Conduct a general physical examination to include a general survey, inspection, palpation, percussion, auscultation, height, weight, and waist circumference. Conduct a focused physical examination of the skin, oral cavity, eyes, nose, ears, throat, head, neck, thorax, abdomen, neurological system, cardiovascular system, lymphatic system, and musculoskeletal system. This does not include the examination of the breast, palpation of genitalia, or inserting a digit / instrument into the vagina or past the verge of the anus.

4B.1.4 Conduct a physical examination of the breast and/or genitalia. This can only be performed under the direct order of a Physician Assistant, Nursing Officer, Medical Officer or Medical Doctor.

4B.1.5 Calculate a body mass index.

4B.1.6 Document patient assessment findings and any care performed.

4B.1.7 Issue medical employment limitations including return to duty and excused duty for a period not to exceed 24 consecutive hours. Excused duty cannot be reissued consecutively without a referral to a senior clinician.

4B.1.8 Issue medical employment limitations including unfit flying duties, unfit controlling duties, and unfit diving and refer these patients to a senior clinician.

4B.1.9 Issue occupational employment limitations for a period not to exceed 48 hours to include: medically unfit for fitness testing, unable to tolerate running, unfit forced/ruck marching, unable to do contact sports, unable to do high impact activities, unfit hand-to-hand combat or contact sports, unable to lift overhead – repetitively or forcefully against resistance, unable to lift – push or hold items more than x kg repetitively, unable to lift – push or hold items more than x kg on any occasion, unable to perform tasks which require agility or fine motor skills, sedentary clerical duties only, clerical type work with light physical tasks as tolerated only, requires



frequent rest and/or the opportunity to change physical position every x minutes, unable to tolerate sea environment, unable to work on unstable platforms or at heights, unable to perform drills and parades for at least x minutes, unfit to drive DND vehicles, unable to safely and effectively operate a personal weapon, unable remain alert/vigilant, unable to wear personal protective equipment, to carry self-administered medication at all times, unable to tolerate shaving, and unfit gas chamber. These employment limitations cannot be reissued consecutively without a referral to a senior clinician.

4B.1.10 In a training environment issue employment limitations for a period not to exceed 48 hours including unfit: upper body PT, lower body PT, running, elliptical, stair climber, biking, hand bike, rowing machine, swimming, aqua jogging, confidence/obstacle course, forced march, push ups, pull ups, and sit ups. These employment limitations cannot be reissued consecutively without a referral to a senior clinician.

4B.1.11 In a training environment issue employment limitations for a period not to exceed 48 consecutive hours to include may not: wear boots / carry rucksack / do drill / wear tactical vest / wear tactical helmet / salute / march / swing arms / wear running shoes and/or excused shaving. These employment limitations cannot be reissued consecutively without a referral to a senior clinician.

4B.2 Cardiovascular

4B.2.2 Recognize, initially manage, and refer to a senior clinician angina, myocardial infarction, pericarditis, diffuse oesophageal spasm, dissecting aortic aneurysm, costochondritis, and hypertension using non-surgical and non-prescription pharmaceutical modalities. For other cardiovascular conditions which require laboratory, imaging, surgical, or prescription pharmaceutical treatment modalities a referral will be made to a senior clinician.

4B.2.3 Recognize the signs and symptoms of varicose veins, deep venous thrombosis, Raynaud's syndrome, coronary heart disease and refer to a senior clinician as appropriate.

4B.2.4 Manage dehydration and electrolyte imbalance using non-surgical and non-prescription pharmaceutical modalities. For cases which require laboratory analysis, surgical, or prescription pharmaceutical treatment modalities a referral will be made to a senior clinician.

4B.3 Orthopaedics

4B.3.1 Assess active range of motion.

4B.3.2 Manage strains, sprains, fractures, dislocations, tendonitis, bursitis, muscle spasms, spasmodic torticollis, cervical hyperextension, cervical soft tissue injuries (whiplash), degenerative disc disease, lumbar disc disorders, herniated disc, cervical spondylosis, acromioclavicular joint injury, rotator cuff injuries, impingement syndrome, epicondylitis (medial/lateral), carpal tunnel syndrome, mechanical lower back pain, sciatica, knee pain,



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chondromalacia patellae, patellofemoral syndrome, knee injuries (meniscus, ligament, tendon), shin splints (tibial periostitis), Achilles tendonitis, metatarsalgia, and plantar fasciitis using non-surgical and non-prescription pharmaceutical modalities. For other orthopaedic conditions, or the aforementioned conditions which require diagnostic imaging, surgical, or prescription pharmaceutical treatment modalities a referral will be made to a senior clinician.

4B.3.3 Recognize the signs and symptoms of compartment syndrome (traumatic and exercise induced), cauda equine syndrome, septic joint and refer to a senior clinician as appropriate.

4B.3.4 Fit a patient for crutches or a cane and educate them on their proper and safe use.

4B.3.5 Apply orthopaedic splints and supports.

4B.4 Ophthalmology

4B.4.1 Recognize a gross ruptured globe injury.

4B.4.2 Irrigate the eye.

4B.4.3 Remove contact lenses.

4B.4.4 Remove a foreign body from the eye using a moist cotton applicator.

4B.4.5 Test visual acuity using standard wall charts.

4B.4.6 Stain the eye with fluorescein in accordance with approved protocols.

4B.4.7 Manage viral conjunctivitis, acute bacterial conjunctivitis, seasonal allergies, corneal abrasion, hordeolum, chalazion, blepharitis and keratoconjunctivitis sicca (dry eye) using non-surgical and non-prescription pharmaceutical modalities. For other ocular conditions, or the aforementioned conditions which require surgical or prescription pharmaceutical treatment modalities a referral will be made to a senior clinician.

4B.4.8 Recognize the signs and symptoms of a hyphema and refer to a senior clinician as appropriate.

4B.4.9 Administer tetracaine anaesthetic drops to the eye in accordance with approved protocols.

4B.5 Ear, Nose, and Throat

4B.5.1. Examine the ear with an otoscope.

4B.5.2 Test hearing using an audiometer.



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4B.5.3 Manage common cold, influenza, seasonal allergies, sinusitis, impacted cerumen, otitis externa, acute otitis media, pharyngitis, and laryngitis using non-surgical and non-prescription pharmaceutical modalities. For other ear, nose, and throat conditions, or the aforementioned conditions which require surgical, or prescription pharmaceutical treatment modalities a referral will be made to a senior clinician.

4B.5.4 Recognize the signs and symptoms of acute and chronic otitis media, acute and chronic otitis externa, hearing loss (conductive and sensorineural), tonsillitis, barotrauma of the sinus and ear, mononucleosis and refer to a senior clinician as appropriate

4B.5.5 Irrigate the external ear canal.

4B.5.6 Manage epistaxis using manual control techniques. Provide a treatment plan to a senior clinician for patients that the epistaxis cannot be controlled with manual techniques.

4B.6 Respiratory

4B.6.1 Manage cough, respiratory tract infection, asthma and bronchitis using non-surgical and non-prescription pharmaceutical modalities. For other respiratory conditions, or the aforementioned conditions which require surgical or prescription pharmaceutical treatment modalities a referral will be made to a senior clinician.

4B.6.2 Recognize, initially manage, and refer to a senior clinician pneumonia, tuberculosis, pulmonary embolism and chronic obstructive pulmonary disorders.

4B.6.3 Recognize patients with a nicotine addiction who are likely to benefit from a nicotine cessation program and refer them to a program as appropriate.

4B.6.4 Provide episodic nicotine replacement therapy for situations where smoking would be forbidden for safety / security considerations.

4B.7 Neurology

4B.7.1 Manage headaches (tension, migraines, cluster) using non-surgical and non-prescription pharmaceutical modalities. For other neurological conditions, or the aforementioned conditions which require laboratory, imaging, surgical or prescription pharmaceutical treatment modalities a referral will be made to a senior clinician.

4B.7.2 Recognize, initially manage, and refer to a senior clinician a cerebral vascular accident, meningitis (viral and bacterial), seizures and subarachnoid haemorrhages.



4B.8 Abdomen and Gastrointestinal

4B.8.1 Manage nausea, vomiting, diarrhoea (acute, chronic, travelers), constipation, haemorrhoids, GERD, and dyspepsia using non-surgical and non-prescription pharmaceutical modalities. For other abdominal / gastrointestinal conditions, or the aforementioned conditions which require imaging, laboratory, surgical or prescription pharmaceutical treatment modalities a referral will be made to a senior clinician.

4B.8.2 Recognize, initially manage, and refer to a senior clinician, gastrointestinal bleeding (upper / lower), aspiration, appendicitis, acute cholecystitis, acute pancreatitis and ectopic pregnancy.

4B.8.3 Recognize the signs and symptoms of diverticulitis, ulcerative colitis and Crohn's disease and refer to a senior clinician as appropriate.

4B.8.4 Recognize the signs of a serious abdominal condition and refer to a senior clinician. This includes gastrointestinal conditions that may mimic serious cardiac conditions.

4B.9 Integumentary

4B.9.1 Manage an ingrown toenail using non-surgical and non-prescription pharmaceutical modalities. For situations where the ingrown toenail requires surgical or prescription pharmaceutical treatment modalities a referral will be made to a senior clinician.

4B.9.2 Manage dermatitis (atopic / contact / allergic), tinea (corporis, cruris, pedis, versicolor), cutaneous candidiasis, scabies, pediculosis, psoriasis, dandruff/seborrhoea, herpes zoster, herpes simplex, herpes labialis, aphthous stomatitis, acne, warts, chafe, and sunburn using non-surgical and non-prescription pharmaceutical modalities. For other dermatological conditions, or the aforementioned conditions which require laboratory, surgical, cryogenic or prescription pharmaceutical treatment modalities a referral will be made to a senior clinician.

4B.9.3 Recognize the signs and symptoms of stasis dermatitis, tinea (capitis and unguium), suspected cancerous skin lesion, cellulitis, impetigo and refer to a senior clinician as appropriate.

4B.9.4 Manage blisters on the feet. A treatment plan will be provided to a senior clinician for those situations in which the medical technician does not feel comfortable managing this condition under remote or indirect supervision.

4B.10 Nephrology / Urology

4B.10.1 Recognize, initially manage, and refer to a senior clinician pyelonephritis, renal calculi, epididymitis, testicular torsion and acute prostatitis using non-surgical and non-prescription pharmaceutical modalities.

4B.10.2 Recognize the signs and symptoms of cystitis and urinary tract infections and refer to a senior clinician as appropriate.



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4B.11 Infectious Diseases

4B.11.1 Manage candidal vaginitis using non-surgical and non-prescription pharmaceutical modalities. For other infectious conditions, or the aforementioned condition which requires prescription pharmaceutical treatment modality a referral will be made to a senior clinician.

4B.11.2 Recognize, initially manage, and refer to a senior clinician animal bites, Lyme disease, varicella zoster virus, malaria, dengue fever, hepatitis condyloma, syphilis, trichomonas vaginitis, chlamydia, gonorrhoea, genital warts, genital herpes, and HIV/AIDS.

4B.12 Psychiatry

4B.12.1 Recognize the signs and symptoms of depression, bipolar disorder, panic disorder, post-traumatic stress disorder, acute stress disorder, obsessive compulsive disorder, substance abuse or dependence, alcohol dependence or withdrawal, psychosis, brain injury, delirium, personality disorders (including borderline / narcissistic) and adjustment disorder and refer to a senior clinician.

4B.12.2 Recognize the patient who is having suicidal thoughts and/or self directing injury and/or at risk of directing harm to others and take immediate actions followed by referral to a senior clinician. This includes the establishment of a buddy watch.

4B.12.3 Manage anxiety in a patient using effective listening and reframing techniques.

4B.12.4 Recognize the patient who is having anger management issues and refer them to a senior clinician.

4B.13 Endocrine and Nutrition

4B.13.1 Manage diabetes mellitus (type I and II) using non-surgical and non-prescription pharmaceutical modalities. For other endocrine conditions, or the aforementioned conditions which require prescription pharmaceutical treatment modalities a referral will be made to a senior clinician.

4B.13.2 Recognize the signs and symptoms of hypothyroidism and hyperthyroidism and refer to a senior clinician.

4B.13.3 Recognize the signs and symptoms of protein energy malnutrition, vitamin deficiencies and mineral deficiencies related to malnutrition and refer to a senior clinician.



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4B.14 Obstetrics and Gynaecology

4B.14.1 Recognize the signs and symptoms of pelvic inflammatory disease, ovarian cysts, and abnormal vaginal bleeding and refer to a senior clinician as appropriate.

4B.15 Emergency Medicine

4B.15.1 Provide cardiopulmonary resuscitation to adults, children, or infants using the Health Care Provider Standard.

4B.15.2 Manage an airway with the use of the nasopharyngeal airways, and/or oropharyngeal airways.

4B.15.3 Suction the airway.

4B.15.4 Provide oxygen therapy using nasal cannula, Venturi, standard, and/or non-rebreather masks.

4B.15.5 Initiate intravenous access with a saline lock.

4B.15.6 Inspect, clean and close wounds. This includes the injection of xylocaine with or without epinephrine and the primary closure of wounds using simple interrupted sutures or tissue adhesives after consultation with a senior clinician. This does not include the administration of regional anaesthetic blocks.

4B.16 Nursing Care

4B.16.1 Provide basic wound care including the assessment of the condition of a wound, close a wound using sterile tape closures, remove sutures and staples, irrigate a wound, dress wounds with dry sterile dressings, and bandage wounds.

4B.16.2 Interpret medication orders, research medications, and calculate medication dosages.

4B.16.3 Administer topical, oral, subcutaneous, intramuscular, and intradermal medications.

4B.17 Dental

4B.17.1 Recognize the signs and symptoms of dental decay, dislodged and broken restorations, fractured teeth, hypersensitive teeth, pulpal pain, post-surgical bleeding, dry socket, temporomandibular joint pain, dislocated jaw, teeth fractures, teeth dislocations, avulsed teeth, alveolar bone fracture, facial fractures, oral lacerations / contusions, odontogenic infections / abscesses / orofacial space infections, traumatic ulcers, abnormal growths and lesions, periodontal conditions, aphthous stomatitis, and candidiasis and refer to a senior clinician if required.



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4B.17.2 In the absence of a dental officer or physician assistant, provide palliative dental care to include the preservation of a displaced tooth and the provision of analgesics and clindamycin in accordance with approved protocols.

4B.18 Provide Patient Education

4B.18.1 Educate patient on methods to prevent hearing loss from noise.

4B.18.2 Educate patient on personal hygiene.

4B.18.3 Educate patient on the care of wounds post closure.

4B.18.4 Educate patient on the benefit of ceasing the use of nicotine containing products.

4B.19 Laboratory

4B.19.1 Collect a throat or infected wound specimen using a swab.

4B.19.2 Collect urine and stool specimens.

4B.19.3 Analyse a urine specimen using reagent strips and pregnancy tests.

4B.19.4 Obtain a venous blood sample for analysis using a vacuum tube system.

4B.19.5 Obtain a blood sample from an IV catheter.

4B.19.6 Perform a point of care rapid antigen detection test for streptococcal pharyngitis.

4B.19.6 Obtain a fungal skin scraping for further analysis.

4B.20 Pharmacy

4B.20.1 Write an over the counter medication prescription.

4B.20.2 In the absence of a pharmacy, supply over the counter medications to a patient.

4B.20.3 In the absence of a pharmacy, supply medications to a patient. In these situations the prescriber is responsible for and assumes the liability for the act of dispensing the medications.



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Area 5 – QL5A Med Tech Scope of Practice - Administration and Clinic Support

Level of Autonomy of Practice: Under indirect supervision.

Area of Practice Description: This environment includes, but is not limited to, working in a care delivery unit within a Canadian Forces Health Services Centre.

5.1 Surgical

5.1.1 Assist with aseptic minor surgical procedures outside of the operating room to include setting up for the procedure, preparing documentation, positioning patient, receiving specimens, assisting during the procedure, and cleaning up after the procedure.

5.1.2 Prepare equipment, instruments and/or supplies for sterilization.

5.1.3 Load and operate sterilizers.

5.2 Maintain Facilities, Equipment and Supplies

5.2.1 Complete test procedures and conduct user maintenance on in-service monitors/recorders and defibrillators.

5.2.2 Perform routine user calibration on an audiometer.

5.2.3 Maintain medical records.

5.2.4 Manage medications, medical supplies, and equipment.

5.3 Administration

5.3.1 Complete and process clinical reports and returns.

5.3.2 Research health policies, direction, and regulations.

5.3.3 Assist with the administration of medical records.



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Area 6A – QL5A Med Tech Scope of Practice – In-Patient Care

Level of Autonomy of Practice: Under direct supervision.

Area of Practice Description: This environment includes, but is not limited to, holding a casualty in unit medical station, sick bay, brigade medical station, advanced surgical centre, field hospital, or domestic evacuation centre.

6A.1 Nursing Care

6A.1.1 Provide nursing care to a patient on a ward including those patients with a communicable disease in isolation. This includes implementing a nursing care plan, maintaining input / output records, preparing the patient for diagnostic procedures and assisting with receiving a patient from the recovery room.

6A.1.2 Provide basic wound care including the assessment of the condition of a wound, close a wound using sterile tape closures, remove sutures and staples, irrigate a wound, pack a wound, dress wounds with dry sterile dressings, and bandage wounds.

6A.1.3 Initiate and monitor intravenous maintenance therapy.

6A.1.4 Remove an IO device.

6A.1.5 Remove an IV catheter.

6A.1.6 Catheterize the bladder in an adult.

6A.1.7 Administer intravenous medications.

6A.2 Cardiovascular

6A.2.1 Apply compression stockings and sequential compression devices.

6A.3 Orthopaedics

6A.3.1 Assist with the application of casts and orthopaedic splints and supports. This includes educating the patient on the care of the cast.

6A.3.2 Remove casts.

6A.4 Ophthalmology

6A.4.1 Administer tetracaine anaesthetic drops to the eye.

6A.5 Emergency Medicine

6A.5.1 Assist with intubation.



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Area 6B – QL5A Med Tech Scope of Practice – In-Patient Care

Level of Autonomy of Practice: Under indirect or direct supervision depending on employment location.

Area of Practice Description: This environment includes, but is not limited to, holding a casualty in unit medical station, sick bay, brigade medical station, advanced surgical centre, field hospital, or domestic evacuation centre.

6B.1 General Assessment

6B.1.1 Perform vital signs assessment to include, pulse, respirations, temperature, blood pressure, GCS, pupils, and oxygen saturation.

6B.1.2 Conduct a comprehensive clinical history.

6B.1.3 Conduct a general physical examination to include a general survey, inspection, palpation, percussion, auscultation, height, weight, and waist circumference. Conduct a focused physical examination of the skin, oral cavity, eyes, nose, ears, throat, head, neck, thorax, abdomen, neurological system, cardiovascular system, lymphatic system, and musculoskeletal system. This does not include the examination of the breast, palpation of genitalia, or inserting a digit / instrument into the vagina or past the verge of the anus.

6B.1.4 Conduct a physical examination of the breast and/or genitalia. This can only be performed under the direct order of a Physician Assistant, Nursing Officer, Medical Officer, or Medical Doctor.

6B.1.5 Document patient assessment findings and any care performed.

6B.1.6 Recognize changes in physiological status which necessitates informing their direct supervisor and/or calling for emergency assistance.

6B.2 Nursing Care

6B.2.1 Provide basic nursing care to a patient on a ward. This includes preparing a patient unit, assisting with mobility, physical transfers / lifts, deep breathing and coughing exercises, providing patient hygiene, and feeding.

6B.2.2 Interpret medication orders, research medications, and calculate medication dosages.

6B.2.3 Administer topical, oral, subcutaneous, intramuscular, and intradermal medications.

6B.2.4 Initiate intravenous access with a saline lock.



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6B.2.5 Provide post mortem care.

6B.3 Cardiovascular

6B.3.1 Perform a three, twelve, or fifteen lead-ECG.

6B.3.2 Manage angina, myocardial infarction, and pericarditis, using non-surgical and non-prescription pharmaceutical modalities and alert a senior clinician.

6B.3.3 Recognize the signs and symptoms of deep venous thrombosis and alert a senior clinician.

6B.4 Orthopaedics

6B.4.1 Assess active range of motion.

6B.4.2 Fit a patient for crutches or a cane and educate them on their proper and safe use.

6B.4.3 Recognize the signs and symptoms of compartment syndrome and a septic joint and refer to a senior clinician as appropriate.

6B.5 Neurology

6B.5.1 Recognize the signs and symptoms of a casualty having neurological abnormalities or decompensation.

6B.6 Ophthalmology

6B.6.1 Test visual acuity using standard wall charts.

6B.6.2 Irrigate the eye.

6B.6.3 Remove a foreign body from the eye using a moist cotton applicator.

6B.6.4 Remove contact lenses.

6B.7 Respiratory

6B.7.1 Recognize the signs and symptoms of pneumonia, tuberculosis, pulmonary embolism and alert a senior clinician.

6B.7.2 Recognize the signs and symptoms of a casualty having respiratory decompensation or an increase in respiratory effort.



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6B.8 Ear, Nose, and Throat

6B.8.1 Examine the ear with an otoscope.

6B.7.8 Irrigate the external ear canal.

6B.9 Psychiatry

6B.9.1 Recognize and provide treatment recommendations for patients with a combat or operational stress reaction.

6B.9.2 Recognize the patient who is having suicidal thoughts and/or self directing injury and/or at risk of directing harm to others and take immediate actions followed by referral to a senior clinician. This includes the establishment of a buddy watch.

6B.9.3 Manage anxiety in a patient using effective listening and reframing techniques.

6B.10 Emergency Medicine

6B.10.1 Provide cardiopulmonary resuscitation to adults, children, or infants using the Health Care Provider Standard.

6B.10.2 Manage the airway with the use of nasopharyngeal airways or oropharyngeal airways.

6B.10.3 Suction the oropharynx.

6B.10.4 Provide oxygen therapy using nasal cannula, Venturi, standard, and/or non-rebreather masks.

6B.11 Laboratory

6B.11.1 Collect a throat or infected wound specimen using a swab.

6B.11.2 Collect urine and stool specimens.

6B.11.3 Analyse a urine specimen using reagent strips.

6B.11.4 Obtain a venous blood sample for analysis using a vacuum tube system.

6B.11.5 Obtain a blood sample from an IV catheter.



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6B.12 Maintain Facilities, Equipment and Supplies

6B.12.1 Complete test procedures and conduct user maintenance on in-service monitors/recorders and defibrillators.

6B.12.2 Maintain medical records.

6B.12.3 Manage medications, medical supplies, and equipment.

6B.12.4 Inspect CF in-patient facilities for hygiene and sanitation.



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QL5A Med Tech Scope of Practice

Authorized Devices List

Supraglottic Airways:

6515-21-920-1956	AIRWAY (COMBITUBE) 41FR
6515-21-920-1957	AIRWAY (COMBITUBE) 37FR
6515-CF-002-8571	AIRWAY, SUPRAGLOTTIC, SIZE 2
6515-CF-002-8572	AIRWAY, SUPRAGLOTTIC, SIZE 2.5
6515-CF-002-8573	AIRWAY, SUPRAGLOTTIC, SIZE 3
6515-CF-002-8408	AIRWAY, SUPRAGLOTTIC, SIZE 4
6515-CF-002-8574	AIRWAY, SUPRAGLOTTIC, SIZE 5
6515-CF-002-8509	AIRWAY LMA PAEDIATRIC SIZE 1 DISP
6515-CF-002-8510	AIRWAY LMA PAEDIATRIC SIZE 2 DISP
6515-CF-002-6551	AIRWAY LARYN MSK DSP SZ3
6515-CF-002-6552	AIRWAY LARYN MSK DSP SZ5

Surgical Airway:

6515-CF-002-7744	SET AIRWAY SURGICAL STER
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Intraosseous Access:

6515-01-559-7489	SET NEEDLE IO DEVICE
6515-01-557-6937	SET NEEDLE IO MANUAL

Haemostatic Agents:

6510-01-562-3325	GAUZE HEMOSTATIC 7.5CM
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Traction Splints:

6515-01-521-5730	SPLINT LEG TRACTION 4:1
6515-01-446-9318	SAGER SPLINT

Extraction Devices:

6515-01-127-2211	EXT/IMMOB KENDRICK (KED)
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Note:

Authorized medical devices / NSNs can change without notice. If a device is not on this list that is being fielded please contact CF H Svcs HQ // D H Svcs Pers // SSO Senior Staff Officer Clinical Capabilities Management in so that it can be confirmed for inclusion in the authorized Scope of Practice.



APPENDIX 3 TO ANNEX A - Restricted Acts: Pharmaceuticals

Restricted Acts: Pharmaceuticals

Document Status:	Current
Document Type:	Instruction
Document Number:	4200-59
Original Source:	MSI 3000-004
Approval:	Surg Gen
SME:	D Med Pol – Pharm Pol & Stds
OPI:	D Med Pol – Pharm Pol & Stds
Effective Date:	06 Feb 04
Last Reviewed:	06 Aug 15

Over-riding Principle

1. The over-riding principle of the Restricted Act: Pharmaceuticals is that civilian laws and regulations will be followed in all situations possible. The Restricted Act: Pharmaceuticals is not meant to circumvent civilian legislation and should not be used for convenience.

Background

2. This document supersedes MSI CF 3000-004 “Restricted Acts: Pharmaceuticals” which was originally issued and effective on 6 Feb 04 and amended on 8 Nov 04. It is an instruction that applies to all Regular Force members of the Canadian Forces Health Services Group (CF H Svcs Gp), Search and Rescue Technicians (SAR Techs), and civilians, employed or contracted, who are assigned responsibilities involving pharmaceuticals. The Instruction does not apply to members of the CF Reserves except in those cases where their civilian qualifications in a specific health profession or their CF healthcare-related occupation certification enables them to undertake specific restricted acts involving pharmaceuticals.

Application

3. This Instruction applies to all CF personnel, Department of National Defence (DND) Public Servants, contractors and sub-contractors who provide health services to CF members.



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Definitions

Note: *Definitions are provided for the purpose of this instruction. To enhance clarity definitions are grouped so that related terms appear sequentially rather than alphabetically.*

4. Pharmaceuticals - The broadest category of drug products defined in this instruction. Pharmaceuticals are defined below as those either "Licensed in Canada" or "Unlicensed in Canada". All other categories of drug products are subcategories of Licensed Pharmaceuticals.
5. Licensed Pharmaceuticals - Any drug that has received a Notice of Compliance from Health Canada as per the Food and Drugs Act and related regulations. Narcotics and controlled drugs are pharmaceuticals by definition.
6. Unlicensed Pharmaceuticals - Any pharmaceuticals non-marketed in Canada but required by the military for deployment or operational use in or outside of Canada. Refer to Reference F.
7. Pharmaceuticals on CF Drug Benefit List (referred to as Benefit Pharmaceuticals) - A subset of Licensed Pharmaceuticals that are approved for use in pharmaceutical care of CF members and certain other entitled persons and supplied for use by CF members. The CF Benefit List is determined and maintained by the CF Pharmacy and Therapeutics Committee (CF P&T C) as based on recommendations of the Federal Pharmacy and Therapeutics Committee (see Reference D).
8. Authorized Pharmaceuticals - A subset of CF Benefit Pharmaceuticals contained within the DGHS-authorized Medical Kits and/or Scales of Issue. (Annex A)
9. Specialty Medical Kit Pharmaceuticals - A limited number of Pharmaceuticals (both Licensed and Unlicensed) contained only within the DGHS-authorized Specialty Medical Kits such as the Nuclear/Biological/ Chemical Warfare Kit. This does not include Authorized Pharmaceuticals listed in both DGHS-authorized Medical Kits/Scale of Issues and Specialty Medical Kits.
10. Drug Schedules - The nationally approved categorization of Pharmaceuticals listing specific restrictions/requirements for use (e.g.: prescription required, sale by pharmacist only). The drug schedules referred to below are those recommended by the National Drug Scheduling Advisory Committee of the National Association of Pharmacy Regulatory Authorities of Canada.
 - a. Schedule 1 – Require a prescription for sale. The sale is controlled in a regulated environment as defined by provincial pharmacy legislation.



- b. Schedule 2 – Require professional intervention from a pharmacist at the point of sale and possibly referral to a practitioner. While a prescription is not required, the drugs are available only from the pharmacist and must be retained within an area of the pharmacy where there is no public access and no opportunity for patient self-selection.
 - c. Schedule 3 (over-the-counter (OTC)) – Although available without a prescription, these drugs are to be sold from the self-selection area of the pharmacy that is operated under the direct supervision of a pharmacist, subject to any local professional discretionary requirements that may increase the degree of control. Such an environment is accessible to the patient and clearly identified as the "professional services area" of the pharmacy. A pharmacist is available, accessible and approachable to assist the patient in making an appropriate self-medication selection.
 - d. Unscheduled – Can be sold without professional supervision. Adequate information is available for the patient to make a safe and effective choice and labelling is deemed sufficient to ensure the appropriate use of the drug. These drugs are not included in Schedules 1, 2, or 3 and may be sold from any retail outlet.
11. Canadian Forces Health Care-related Occupation - The term used to refer to CF-specific healthcare occupations that have no civilian equivalent and, therefore, no requirement for registration or licensure. Personnel in such occupations are assigned duties related to health care that involve the use of pharmaceuticals. For example, Medical Technicians (Med Tech).
12. Competent - Possessing the combination of knowledge, skills and attitudes necessary to perform a job to the standard expected.
13. Training - The systematic development of the attitudes/knowledge/skills behaviour patterns required by an individual in order to perform adequately a given task or job. Training may be provided on a collective or individual basis.
14. Certification - The formal statement by a duly constituted governing body acknowledging that an individual, having successfully completed the processes, programs and/or examinations in a specific area of practice, is competent to practice within a specific scope of practice having demonstrated that they meet the profession's basic minimum requirements for knowledge, skills, behaviours, and judgement.
15. Recertification - The processes/programs that aim to assure society that a health care professional/health care provider has maintained his/her competence to practice and continues to demonstrate the profession's basic minimum requirements for knowledge,



skills, behaviours, and judgement.

16. Certified – Pharmaceuticals - The term used to indicate that an individual regulated health care professional or an individual within a CF healthcare-related occupation has successfully completed the certification, and if applicable, re-certification programs related to the Restricted Acts: Pharmaceuticals that are required to fulfill their scope of practice.
17. Maintenance of Clinical Readiness Program – A mandatory CF H Svcs program designed in collaboration with all CF H Svcs advisors clinical occupation to ensure that CF clinical practitioners maintain the knowledge and skills acquired during formal occupation training, so that they are ready to perform clinically within their occupational scopes of practice, both in garrison and during deployed operations.
18. Independent Performance of Restricted Acts: Pharmaceuticals - Within this instruction, authorization to independently perform specific Restricted Acts: Pharmaceuticals means that the responsibility and accountability lies primarily with the member performing the delegated Restricted Act: Pharmaceuticals. Responsibility is shared with the CF H Svcs Gp/Surgeon General who approves the policies, training and certification programs required of personnel to independently perform these Acts.
19. Restricted Acts: Pharmaceuticals are as follows:
 - a. Prescribing pharmaceuticals;
 - b. Receiving verbal prescriptions for pharmaceuticals;
 - c. Supplying pharmaceuticals;
 - d. Administering pharmaceuticals;
 - e. Monitoring patient therapy with pharmaceuticals.
 - f. Compounding pharmaceuticals;
 - g. Dispensing pharmaceuticals;
 - h. Supervising a CF pharmacy or pharmaceutical-distribution facility.
20. The definitions that follow pertain to these Restricted Acts.
21. Delegation of Performance of Restricted Acts: Pharmaceuticals - The term used to refer to the situation when all or specified members of a health profession or health care-related occupation in the CF are authorized to undertake specific Restricted Acts:



Pharmaceuticals that they are not authorized to undertake independently as part of the following instruction. In such situations of delegation, there is a shared responsibility for the performance of these delegated Restricted Acts: Pharmaceuticals among the CF H Svcs Gp/Surgeon General, the delegating health professional and the member performing the delegated Restricted Act: Pharmaceuticals.

- a. Five types of delegation are authorized in the CF for performance of Restricted Acts: Pharmaceuticals:
 - i. Certified – Pharmaceuticals – The attainment and maintenance of Certified – Pharmaceuticals status permits members of a health profession or a health care-related occupation to independently perform the Restricted Acts: Pharmaceuticals stated in this instruction.
 - ii. Strict Protocol Management – According to Strict Protocol Management, all “Certified – Pharmaceuticals” members of a health profession or a health care-related occupation are authorized to perform certain Restricted Acts: Pharmaceuticals according to specific written protocols approved by the Surgeon General under recommendation of the CF Pharmacy and Therapeutic Committee (CFPTC) while practicing within the CF.
 - iii. Collaborative Patient Management Agreements (CPMA) – According to CPMA, all “Certified – Pharmaceuticals” members of a health profession or a health care-related occupation are authorized to perform certain Restricted Acts: Pharmaceuticals according to specified therapeutic guidelines. The Surgeon General under recommendation of the CF pharmacy and therapeutic committee must approve both the CPMA and the therapeutic guidelines for use in the CF. CPMA define specific responsibilities of the delegating health care practitioner and the health professional / health care-related personnel, and the patient populations to which these responsibilities apply. They also contain Therapeutic guidelines that define the general approach to management of such patient populations.
 - iv. Collective Prescription – Where the CF health services identify health interventions that are required to protect or improve the health of a defined group of CF members. The Base Surgeon can issue a collective prescription protocol for a defined group of CF members. The prescription or protocol defines specific responsibilities of the delegating health care practitioner and the health professional/health care-related personnel, and the patient populations to which these responsibilities apply. They also define the general approach to management of such patient populations.



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- v. Supervised Performance in exceptional circumstances the privilege to perform additional restricted acts may be delegated to an individual who does not have the right to independently perform these acts within his/her scope of practice in a CF health care facility or on deployed operations. This delegation must be considered to be in the best interest of the patient. The practitioner may only delegate tasks that form part of his/her regular practice and should be satisfied that the individual receiving the delegation has the appropriate skill, knowledge and judgement to perform the delegated act(s). Such delegation will be on an individualized basis and in writing. The letter of delegation will state the name, rank and service number of recipient and the delegated tasks. A copy will be given to the recipient, a copy should be placed in the recipient's personnel file and a copy will be provided to the supporting pharmacist. The responsibility for the delegated tasks remains with the delegating practitioner as well as the delegate. Where delegated acts are implemented the recipient will make every practical effort to keep the most senior medical provider (MO, PA, NP etc) responsible informed of the clinical status of the patients. The senior medical provider responsible will be informed promptly if the patient's medical condition worsens. A patient that has not demonstrated a significant improvement within a reasonable period of time of no more than 7 days, will be referred for assessment. The supervision of the delegated acts may be direct, on-site supervision and/or indirect supervision where the supervising health practitioner can be reached or has provided guidance in advance. The level of supervision must be sufficient to ensure that the delegated acts are performed properly and safely.
- b. Approval process and/or the conditions of delegation:
 - i. For CF health care facilities in Canada any expansion of scope of practice must be supported by the delegating practitioner's professional practice leader and approved by the Surgeon General.
 - ii. For deployed operations, cognizant of the traditional authority of the Task Force Surgeon and operational exigencies in theatre, the Task Force Surgeon may approve when deemed necessary, the delegation of additional controlled acts to health care providers. Delegation to QL3 Med Techs will be limited to the delegated acts relevant to trauma management and associated pain control only, unless the risk of CBRN attack is significant in which case consideration may be given to delegating the use of CBRNC (oximes, atropine and valium etc). The Surgeon General must be informed of the delegation and must concur.



- iii. Where a member has an urgent or emergent condition where a delay in treatment would be harmful a physician may delegate a PA, NP, Med Tech or Nur O to act as an agent of the physician on that physician's order.
22. Prescription - An authorization to dispense or supply a pharmaceutical.
23. Prescribing of a Pharmaceutical - The ordering of a pharmaceutical for use in the treatment or prevention of a disease or injury. Such ordering requires the prior completion of an assessment of the patient.
24. Compounding of a Pharmaceutical - The mixing of ingredients, at least one of which is a pharmaceutical. Compounding does not include the preparation of a single dose of a pharmaceutical for immediate administration to a patient (e.g.: reconstituting products).
25. Supervising a CF Pharmacy or Pharmaceutical-distribution Facility - The management services, duties and transactions necessary to ensure the proper access to, storage, allocation and distribution of Pharmaceuticals. This definition does not apply to the custody of the limited amounts of specified pharmaceuticals required for direct patient care or in CF-specific situations not regulated by civilian laws and/or regulations.
26. Dispensing of a Pharmaceutical - The preparing or filling of a prescription for pharmaceuticals including both the technical aspects of medical supply and the cognitive aspects of assessing the therapeutic appropriateness of a prescription, making recommendations to a prescriber and interpreting patient's profiles.
27. Supplying of a Pharmaceutical - The completion of the technical aspects of medication supply according to a prescription as follows: reading a prescription, adjusting an order according to an approved policy, entering orders, selecting a drug, reconstituting a product, determining an expiry date of a product, repackaging drugs, labelling a product, doing final checks for accuracy of finished products, maintaining patient profiles, providing the finished product to the patient.
28. Supply of a pharmaceutical excludes the cognitive aspects of dispensing. The delegating regulated health care professional maintains accountability for these cognitive aspects of dispensing.
29. Supply of a pharmaceutical does not include the preparing/providing of single doses of pharmaceuticals as part of administering of pharmaceuticals.
30. Administering of a Pharmaceutical - The acts involve when one individual (e.g.: the nurse) prepares a dose of a pharmaceutical and provides it to a patient, at the time the pharmaceutical is due. Administration includes the injecting, inserting, applying topically (including to eyes and ears), giving by mouth/nasogastric route, or administration via



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inhalation of pharmaceuticals. Injections can be separated into the following categories: intravenous, epidural, intrathecal, intra-arterial, intra-articular, intracardiac, intradermal, intramuscular, subcutaneous.

31. Monitoring Therapy with Pharmaceuticals - Initiating, maintaining, adjusting doses or discontinuing pharmaceuticals, where necessary obtaining/ordering and making use of drug histories, signs, symptoms, laboratory analyses and patient desires.
32. Use of Pharmaceuticals - A generic term that in this instruction includes the undertaking of one or more of the Restricted Acts: Pharmaceuticals listed in this instruction.

Direction - Requirements

Context

33. The Restricted Acts: Pharmaceuticals Instruction revises and replaces the current Delegated Medical Act – Pharmaceuticals which specifies the responsibilities, tasks and duties, the mandatory qualifications and the legal requirements of personnel working with pharmaceuticals in the CF. Revisions reflect the standard of care in civilian practice as well as recent changes in provincial and federal legislation.

Goals of this Instruction

34. The Restricted Acts: Pharmaceuticals Instruction aims to achieve the following results:
 - a. To meet the health care needs of CF members, fulfilling operational requirements and providing care to the approved, accepted standards.
 - b. To make maximum use of the knowledge and skills of CF health personnel responsible for the use of pharmaceuticals within the CF.
 - c. To maximize the ability of CF health care providers to practice within the full scope of their qualifications.
 - d. To protect CF health personnel and CF from legal liability when CF health personnel use pharmaceuticals in a manner mandated by the CF, but not legally authorized in the civilian situation.

Background

35. The name change of this Instruction recognizes that acts such as the prescribing, dispensing, administering and monitoring of the use of pharmaceuticals are not only medical acts but are acts legally undertaken by a number of health professionals in the



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civilian situation such as dentists, optometrists, pharmacists and nurses. The performance of these acts is, however, restricted to specific health professionals and based primarily on an assessment of the risk posed to the patient should unqualified personnel undertake these acts. Since this Instruction relates specifically and only to acts involving the use of pharmaceuticals, the title: Restricted Acts: Pharmaceuticals is an accurate and succinct description of the contents of the instruction.

Training Programs

36. Complete training programs for CF healthcare-related occupations that are not working under a civilian license (e.g. PA) are contained in Annexes B, F and G. Task specific training programs for CF regulated health care professionals whose responsibilities include Restricted Acts: Pharmaceuticals beyond those authorized in the province in which they are licensed to practice (e.g., training programs for pharmacist Prescribing IAW a Collaborative Patient Management Agreement) are contained in Annexes C through E.

Certification and Re-certification Programs

37. Certification and re-certification programs for CF health care-related occupations who are not working under civilian license are contained in Annexes B, F and G.
38. Task specific certification and re-certification programs for CF regulated health care professionals whose responsibilities include Restricted Acts: Pharmaceuticals beyond those authorized in the province in which they are licensed to practice (e.g., dispensing of pharmaceuticals by Nurse Practitioners) are contained in Annexes C through E.
39. Programs must include processes for managing CF personnel who are unsuccessful at maintaining certification at any point during their career.
40. There is no requirement for the programs described previously to be offered specifically by the CF. Programs may be offered/purchased from a number of providers (e.g.: universities, regulatory bodies, certifying bodies) provided they meet nationally accepted standards including:
 - a. Evidence-based rationalization of the program including literature support; and
 - b. Transparency of the program including documentation of quality and quality assurance results of the program.

Scope of Practice

Scope of Practice Statements

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41. The following scope of practice statements describe the complete responsibilities of each profession within the CF, including tasks unrelated to the use of pharmaceuticals.
42. To fulfill the stated scope of practice, however, requires CF personnel to perform a number of tasks related to the appropriate use of pharmaceuticals. Such broad scope of practice statements are included to fully characterize the responsibilities of each profession and to place the pharmaceutical-related tasks in perspective to each profession's larger responsibilities.
 - a. Dentists: The practice of dentistry is the maintenance of health through the assessment, management, treatment and prevention of any disease, disorder or condition of the orofacial complex and associated structures.
 - b. Physicians: The practice of medicine is the assessment of the physical or mental condition of an individual or group of individuals at any stage of the biological life cycle; the prevention and treatment of physical and mental disease, disorder and condition; and the promotion of good health.
 - c. Medical Technicians (Med Tech): The practice of Med Techs is the provision of emergency pre-hospital medical care according to strict protocols; the provision of care for uncomplicated, self-limiting medical conditions, and; the performance of technical and administrative procedures in support of the primary care providers or hospital care.
 - d. Nurses (Registered Nurses (RN)): The practice of nursing is the assessing of a person's state of health, determining and carrying out of the nursing care and treatment plan, providing nursing and medical care and treatment in order to maintain or restore health and prevent illness, and providing palliative care.
 - e. Nurses (Nurse Practitioners (NP)): Nurse Practitioners are registered nurses with additional education in health assessment, diagnosis, and management of illnesses and injuries, including ordering tests and prescribing drugs and practice independently.
 - f. Ophthalmic Technicians (Ophthal Tech): The practice of Ophthal Techs is the collection of patient data, administration of prescribed treatments, and supervision of patients under the direction or supervision of a physician licensed to practice medicine and surgery and qualified in ophthalmology.
 - g. Pharmacists: The practice of pharmacy is the determining and ensuring of the proper use of medications, particularly to identify and prevent pharmacotherapeutic problems, and the preparing, control and delivering of medications in order to maintain or restore health.



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- h. Pharmacy Technician: The practice of the technical aspects of pharmacy, preparation, control and delivery.
- i. Physician Assistants (PA): The practice of PAs is the prevention and initial treatment of acute and/or self-limiting physical and mental diseases, disorders and conditions.
- j. Preventive Medicine Technicians (P Med Techs): The practice of P Med Techs is the application and implementation of strict protocols that aim to prevent disease in individuals and populations. They administer and monitor immunization programs, the scope of practice does not include administration or prescribing of immunizations. They are covered by Reference G and not by this instruction.
- k. Search and Rescue Technicians (SAR Tech): The practice of SAR Techs is the accessing, extracting and evacuating of casualties, the performance of pre-hospital emergency procedures and the provision of on-site and in-route life-saving and life-sustaining medical care in accordance with established medical protocols.

List of Restricted Acts: Pharmaceuticals

Profession-specific Restricted Acts: Pharmaceuticals Including Delegated Restricted Acts

43. The authorized Restricted Acts: Pharmaceuticals is based on a combination of provincial legislation, existing CF policy and an analysis of CF needs and the knowledge and skills of the practitioners within each regulated health profession and/or health care-related occupations. If no specific inclusions or exclusions are stated then the personnel are authorized to perform all aspects of the Restricted Act: Pharmaceuticals with all pharmaceuticals. Details regarding profession-specific *Restricted Acts: Pharmaceuticals* Including *Delegated Restricted Acts* are contained in the tables indicated below:

[Table 1](#) – Dentists Independent Performance;

[Table 2](#) – Physicians Independent Performance;

[Table 3](#) – Med Techs (QL5 and above) OTC Certified;

[Table 4](#) – Med Techs (QL3, QL5 and above) Protocol and Supervised Performance;

[Table 5](#) – Registered Nurses OTC Certified;

[Table 6](#) – Registered Nurses Protocol and Supervised Performance;



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[Table 7](#) – Registered Nurses Intravenous Push Administration Certified;

[Table 8](#) – Licensed Nurse Practitioners;

[Table 9](#) – Licensed Nurse Practitioners Protocol and Supervised Performance;

[Table 10](#) – Licensed Nurse Practitioners Certified Intravenous Push Administration Certified;

[Table 11](#) – Pharmacists Independent and Protocol Management;

[Table 12](#) – Pharm Techs Supervised Performance;

[Table 13](#) – Physician Assistants PA prescribing certification, Protocol Management and Supervised Performance; and

[Table 14](#) – SAR Techs Protocol Management and Supervised Performance.

Approval Processes

Written Protocols Must be Approved by the Surgeon General

44. The Surgeon General, under recommendation of the CF P&T C, must approve all written protocols for Delegation according to Strict Protocol and patient management protocols including therapeutic guidelines for Delegation according to Collaborative Patient Management Agreements. The procedure for development and review of such protocols prior to submission to CF P&T C is not specified in this instruction.

Written Protocols for Delegation

45. All written protocols for Delegation related to Strict Protocol Management or Collaborative Patient Management Agreements, including therapeutic guidelines for the latter, that have been approved by the Surgeon General are contained in Annexes appended to this instruction. These protocols and therapeutic guidelines are an integral part of this instruction.

Contents of Kits/Scales of Issue

46. The Surgeon General, under recommendation of the CF P&T C, must approve the contents of the Kits/Scales of Issue. It is emphasized that individual health care professionals (e.g., physician, dentist, pharmacists, nurses (NP) are not authorized to expand or alter the list of pharmaceuticals contained within Kits/Scales of Issue.



Approval – Lists of Generic Equivalencies of Pharmaceuticals

47. The Surgeon General, under recommendation of the CF P&T C, must approve lists of generic equivalencies of pharmaceuticals. Only pharmacists during operational situations, or if unavailable, physicians are authorized to deviate from these lists by approving the use of unlicensed pharmaceuticals as an alternate source of supply for licensed pharmaceuticals.

Approval of Training Programs

48. The Canadian Forces Health Services Training Centre (CFHSTC) is responsible for approving the training programs related to the performance of Restricted Acts: Pharmaceuticals, and for ensuring that they are of acceptable quality and are current. When the content of such training programs relates specifically to knowledge and skills pertaining to the Restricted Acts: Pharmaceuticals, D Med Pol (Pharm Pol & Stds) should be consulted to ensure consistency with the policy framework, prior to final approval by CFHSTC.

Development of Certification and Recertification Programs

49. Certification and recertification programs for Restricted Acts: Pharmaceuticals must be approved by the Surgeon General. Programs are based on the health care professions scopes of practice and assessment of performance of restricted acts related to pharmaceuticals. Approved certification and recertification program for each relevant health profession are attached as annexes C through I to this instruction.

Changes to this Instruction

50. The Surgeon General, under recommendation from the CF P&T C, must approve changes to the policy described in this Instruction. Inquiries regarding the policy and suggestions for change must be addressed to the CF P&T C for consideration and review.

Assigning or Rescinding of the designation Certified-Pharmaceuticals

51. The authority to assign or rescind the designation “Certified – Pharmaceuticals” is held by the Office of the Surgeon General. It is emphasized that no healthcare professional (e.g., physician, dentist, pharmacist, nurse (NP) can expand another “Certified – Pharmaceuticals” health care provider's authorization to perform a Restricted Act: Pharmaceuticals as described in this instruction.

Concerns about Competence



52. If concerns about the competence of another health care professional arise, the Base/Wing Surgeon will consult with the Area Surgeon or the Formation Surgeon, to determine if prescribing privileges can be restricted. This matter must be referred to the Surgeon General and the Professional Advisor for investigation.

Quality Assurance

Quality Assurance Programs

53. A system will be implemented to regularly update and review the five principal policy areas articulated in this Instruction (summarized below) with primary focus on their efficacy:

- a. The over-riding principal governing the Restricted Act: Pharmaceuticals;
- b. Scope of Practice;
- c. The list of Restricted Acts: Pharmaceuticals;
- d. Profession-specific Restricted Acts: Pharmaceuticals; and
- e. The approval processes.

54. The quality assurance program will include review of the performance of the regulated health professions and health care-related occupations of their authorized Restricted Acts: Pharmaceuticals that extend beyond authorizations in civilian law/regulations.

Responsibility

Responsibility Table

55. The table below describes the responsibilities associated with this instruction.

The...	Is/are responsible for...
Surgeon General	<ul style="list-style-type: none"> • Approving certification process, and delegation framework based on the recommendation of CF P&T C; and • Approving or rescinding “Certified – pharmaceuticals.”
CF P&T C	<ul style="list-style-type: none"> • Reviewing delegation protocol certification process and making appropriate recommendations to the Surgeon General.



The...	Is/are responsible for...
Med Ops G4	<ul style="list-style-type: none"> • Med Ops Maintaining the list of authorized pharmaceuticals.
D Med Pol – Pharm Pol & Stds	<ul style="list-style-type: none"> • Maintaining the Benefit List; and • Managing this Instruction.
<p>Clinical practice leaders, or equivalent:</p> <ul style="list-style-type: none"> • Dentistry • Nursing • Pharmacy • Physicians • Med Tech • PA • SAR Tech • Ophthal Tech 	<ul style="list-style-type: none"> • Working with D Med Pol to ensure that: <ul style="list-style-type: none"> ○ All relevant pharmaceutical delegation protocol changes or new protocols are referred to the CF P&T C for approval; ○ Any changes or addition to the DGHS kits and/or scale of issue are referred to the CF P&T C; and ○ Changes to certification/credentialing requirements related to pharmaceutical delegation protocol changes or new protocols are referred to the CF P&T C for approval.
Base/Wing Surgeons	<ul style="list-style-type: none"> • Enforcing the policy articulated in this Instruction.

Profession-specific Restricted Acts: Pharmaceuticals Including Delegated Restricted Acts

Table 1 - Dentists Independent Performance

In fulfilling their scope of practice, dentists are authorized to independently perform the following Restricted Acts: Pharmaceuticals:

1. To prescribe Licensed Pharmaceuticals excluding Specialty Medical Kit Pharmaceuticals;
2. To receive verbal prescriptions for Licensed Pharmaceuticals excluding Specialty Medical Kit Pharmaceuticals;
3. To compound Licensed Pharmaceuticals excluding Specialty Medical Kit Pharmaceuticals;
4. To dispense Licensed Pharmaceuticals excluding Specialty Medical Kit Pharmaceuticals;



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5. To administer Licensed Pharmaceuticals including injection by the IM or IV route or into the orofacial complex and associated structures, applying topically to the orofacial complex and associated structures, by mouth and via inhalation, excluding the administration of Specialty Medical Kit Pharmaceuticals; and
6. To monitor patient therapy with Licensed Pharmaceuticals excluding Specialty Medical Kit Pharmaceuticals.

Table 2 - Physicians: Independent Performance

In fulfilling their scope of practice, physicians are authorized to independently perform the following Restricted Acts: Pharmaceuticals:

1. To prescribe Pharmaceuticals;
2. To receive verbal prescriptions for Pharmaceuticals;
3. To supply pharmaceuticals;
4. To compound Pharmaceuticals;
5. To dispense Pharmaceuticals;
6. To administer Pharmaceuticals;
7. To monitor patient therapy with Pharmaceuticals; and
8. To supervise a CF pharmacy or pharmaceutical-distribution facility.

Table 3 - Med Techs (QL5 and above): OTC Certified

Delegated Restricted Acts

In fulfilling their scope of practice, Med Tech (QL5 and above) “Certified – Pharmaceuticals” are authorized to independently perform the following Restricted Acts: Pharmaceuticals:

1. Prescribe OTC Authorized Pharmaceuticals for the treatment of emergent or life threatening conditions in which a delay of therapy would be harmful limited to:
 - a. Acute myocardial infarction/acute coronary syndrome,
 - b. Anaphylactic reactions



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- c. Hypoglycaemic reactions.
2. Prescribe OTC Authorized Pharmaceuticals for treatment of patients presenting with minor, self-limiting medical conditions that can be:
 - a. Managed using symptomatic therapy, and;
 - b. Treated using a single course of drug therapy not to exceed 7 days duration.

Note 1: *Any patients whose presenting medical condition has failed to respond to treatment with an appropriate pharmaceutical, including self-medication must be referred to a Physician or Physician Assistant.*

Note 2: *Appropriate is defined as a pharmaceutical that is therapeutically correct, that was taken in a correct dose, correct dosage form, correct schedule and for sufficient time to have reasonably expected therapeutic effectiveness.*

3. Supply OTC Authorized Pharmaceuticals
4. Administer OTC Authorized Pharmaceuticals
5. Monitor patient therapy with OTC Pharmaceuticals, including making use of patient signs, symptoms and desires to:
 - a. Adjust the dose of an OTC Pharmaceutical within the first 7 days of treatment.
 - b. Change to a different OTC Pharmaceutical if a patient is experiencing side effects with the initial OTC Pharmaceutical selected and if it is within 7 days of start of treatment. Any patients whose presenting medical condition had failed to respond to treatment with an appropriate (as defined above) OTC Pharmaceutical must be referred to a Physician or Physician's Assistant.
 - c. Adjust the dose of the OTC pharmaceuticals or change to an alternate OTC pharmaceutical in cases where the patient has used the OTC Pharmaceutical in an in-appropriate manner (non-compliant with the dose/or schedule) or where there has been insufficient time to have reasonably expected therapeutic effectiveness.
 - d. Discontinue an OTC Pharmaceutical but excluding:
 - i. Ordering and accessing of laboratory analyses; and
 - ii. Any patients whose presenting medical condition has failed to respond to treatment with an appropriate pharmaceutical, including self-medication as in this case referral to a Physician or Physician Assistant is required.



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Appropriate is defined as a pharmaceutical that is therapeutically correct, that was taken in a correct dose, correct dosage form, correct schedule and for sufficient time to have reasonably expected therapeutic effectiveness.

6. Receive verbal prescriptions for Authorized Pharmaceuticals provided that the prescribing health care practitioners co-signs the written record of the verbal order within 24 hours
7. Supply Authorized Pharmaceuticals following receipt of a verbal or written prescription.
8. Supply a refill prescription where he/she receives a verbal order to refill an Authorized Pharmaceutical provided that the authorizing health care practitioner co-sign the written record of the verbal authorization to refill with 24 hours.

Table 4 - Med Tech (QL3, QL5 and above) : Protocol Management or Supervised Performance (refer para 20)

Delegated Restricted Acts

In fulfilling their scope of practice, Med Tech (QL3, QL5 and above) “Certified – Pharmaceuticals” are authorized to perform the following Delegated Restricted Acts: Pharmaceuticals according to Strict Protocol Management (refer Annex B) as approved by the Surgeon General under recommendation of the CF Pharmacy and Therapeutic Committee:

1. To prescribe Authorized Pharmaceuticals;
2. To administer Authorized Pharmaceuticals; and
3. To monitor patient therapy with Authorized Pharmaceuticals.

In fulfilling their scope of practice, Med Tech (QL3, QL5 and above) “Certified – Pharmaceuticals” are authorized to perform the following Delegated Restricted Acts: Pharmaceuticals under Supervised Performance:

1. To receive verbal prescriptions for Pharmaceuticals provided that the prescribing health care practitioner co-signs the written record of the verbal order within 24 hours;
2. To compound Pharmaceuticals under the direct supervision of a physician or pharmacist;
3. To supply Pharmaceuticals upon receipt of a written or verbal prescription under supervision of a physician or pharmacist. Supply against a refill prescription is not permitted;



4. To administer Pharmaceuticals under supervision of a physician or dentist (or PA for Authorized Pharmaceuticals) except anesthetic gases and except for by epidural, intrathecal, intra-arterial, intra-articular, intracardiac or rapid intravenous administration (e.g.: IV push); and
5. To monitor patient therapy with Pharmaceuticals under supervision of a physician or dentist (for the latter Specialty Kit Pharmaceuticals are excluded) including the accessing of laboratory analyses, and making use of such analysis, drug histories, patient signs, symptoms and desires but excluding the ordering of laboratory analyses and the initiating, changing, adjusting dose or discontinuing Pharmaceuticals except upon receipt of a verbal or written prescription.

Table 5 - Registered Nurses: OTC Certification and Independent Performance

Independent and Delegated Restricted Acts

In fulfilling their scope of practice, RNs “Certified – Pharmaceuticals” are authorized to independently perform the following Restricted Acts: Pharmaceuticals:

1. To prescribe OTC Authorized Pharmaceuticals for the treatment of emergent or life threatening conditions in which a delay of therapy would be harmful limited to:
 - a. Acute myocardial infarction/acute coronary syndrome,
 - b. Anaphylactic reactions,
 - c. Hypoglycemic episodes.
2. Prescribe OTC Authorized Pharmaceuticals for treatment of patients presenting with minor, self-limiting medical conditions that can be:
 - a. Managed using symptomatic therapy;
 - b. Treated using a single course of drug therapy not to exceed 7 days duration.

Note 1: *Any patients whose presenting medical condition has failed to respond to treatment with an appropriate pharmaceutical, including self-medication must be referred to a Physician, Nurse Practitioner, or Physician Assistant.*

Note 2: *Appropriate is defined as a pharmaceutical that is therapeutically correct, that was taken in a correct dose, correct dosage form, correct schedule and for sufficient time to have reasonably expected therapeutic effectiveness.*



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3. To supply OTC Authorized Pharmaceuticals;
4. To administer OTC Authorized Pharmaceuticals;
5. Monitor patient therapy with OTC Pharmaceuticals, including making use of patient signs, symptoms and desires to:
 - a. Adjust the dose of an OTC Pharmaceutical within the first 7 days of treatment.
 - b. Change to a different OTC Pharmaceutical if a patient is experiencing side effects with the initial OTC Pharmaceutical selected and if it is within 7 days of start of treatment. Any patients whose presenting medical condition had failed to respond to treatment with an appropriate (as defined above) OTC Pharmaceutical must be referred to a Physician, Nurse Practitioner, or Physician's Assistant.

(See Notes 1 and 2 above)
 - c. Adjust the dose of the OTC pharmaceuticals or change to an alternate OTC pharmaceutical in cases where the patient has used the OTC Pharmaceutical in an in-appropriate manner (non-compliant with the dose/or schedule) or where there has been insufficient time to have reasonably expected therapeutic effectiveness.
 - d. Discontinue an OTC Pharmaceutical but excluding ordering and accessing of laboratory analyses.

(See Notes 1 and 2 above)
6. To receive verbal prescriptions for Benefit Pharmaceuticals provided that the prescribing health care practitioner co-signs the written record of the verbal order within 24 hours;
7. To supply 24 hours worth of Benefit Pharmaceuticals upon receipt of a verbal prescription in situations outside of in-garrison; and
8. To provide basic counselling regarding Authorized Pharmaceuticals to patients in operational settings.

Table 6 - Registered Nurses: Protocol Management or Supervised Performance (refer para 20)

Delegated Restricted Acts

In fulfilling their scope of practice, RNs – “Certified Pharmaceuticals” are authorized to perform the following Delegated Restricted Acts: Pharmaceuticals according to Strict Protocol



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Management (refer Annex B) as approved by the Surgeon General under recommendation of the CF pharmacy and therapeutic committee:

1. To prescribe Authorized Pharmaceuticals;
2. To administer Authorized Pharmaceuticals; and
3. To monitor patient therapy with Authorized Pharmaceuticals.

In fulfilling their scope of practice, RNs “Certified Pharmaceuticals” are authorized to perform the following Delegated Restricted Acts: Pharmaceuticals under Supervised Performance:

1. To receive verbal prescriptions for Pharmaceuticals provided that the prescribing health care practitioner co-signs the written record of the verbal order within 24 hours;
2. To compound Pharmaceuticals under the direct supervision of a physician or pharmacist;
3. To supply Pharmaceuticals upon receipt of a written or verbal prescription under supervision of a physician, dentist (except for Specialty Kit Pharmaceuticals) or pharmacist;
4. To administer Pharmaceuticals under supervision of a physician or dentist or nurse practitioner (except for Specialty Kit Pharmaceuticals) except anesthetic gases and except for by epidural, intrathecal, intra-arterial, intra-articular, intracardiac, rapid intravenous administration (e.g.: IV push) or central administration (see following section for exceptions); and
5. To monitor patient therapy with Pharmaceuticals under supervision of a physician or dentist or nurse practitioner (except for Specialty Kit Pharmaceuticals) including the accessing of laboratory analyses and obtaining of drug histories, and making use of such analysis, histories, patient signs, symptoms and desires but excluding the ordering of laboratory analyses and the initiating, changing, adjusting of dose or discontinuing of Pharmaceuticals except upon receipt of a verbal or written prescription.

Table 7 - Registered Nurses : IV Push Certified

Delegated Restricted Acts

RNs who are “Certified – Pharmaceuticals” and certified, by a process acceptable to the Surgeon General, in intravenous administration of Licensed Pharmaceuticals are authorized to perform the following Delegated Restricted Acts: Pharmaceuticals under Supervised Performance:



1. To administer Licensed Pharmaceuticals by rapid intravenous administration (e.g.: IV push) or central administration following a specific order for an individual patient by a physician.

Table 8 - Licensed Nurse Practitioners: Independent Performance

In fulfilling their scope of practice, NPs “Certified – Pharmaceuticals” and who are registered on a provincial NP practice register as outlined in CFHS Policy 3120-02 are authorized to independently perform the following Restricted Acts: Pharmaceuticals:

1. To prescribe Licensed Pharmaceuticals as per provincial scope of practice as outlined in CFHS Policy 3120-02 and according to the CF Drug Benefit List;
2. To dispense Licensed Pharmaceuticals as per provincial scope of practice as outlined in CFHS Policy 3120-02 and according to the CF Drug Benefit List;
3. To administer Licensed Pharmaceuticals as per provincial scope of practice as outlined in CFHS Policy 3120-02 and according to the CF Drug Benefit List;
4. To monitor patient therapy with Licensed Pharmaceuticals as per provincial scope of practice as outlined in CFHS Policy 3120-02 and according to the CF Drug Benefit List including ordering laboratory analyses approved according to CFHS Policy 3120-02.
5. To receive verbal prescriptions for Benefit Pharmaceuticals provided that the prescribing health care practitioner co-signs the written record of the verbal order within 24 hours;
6. To supply 24 hours worth of Benefit Pharmaceuticals and/or upon receipt of a verbal prescription in situations outside of in-garrison; and
7. To provide basic counselling regarding Authorized Pharmaceuticals to patients in operational settings.

Table 9 - Licensed Nurse Practitioners: Protocol Management or Supervised Performance (refer para 20)

Delegated Restricted Acts

In fulfilling their scope of practice, NPs “Certified – Pharmaceuticals” are authorized to perform the following Delegated Restricted Acts: Pharmaceuticals according to Strict Protocol Management as approved by the Surgeon General under recommendation of the CF pharmacy and therapeutic committee:



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1. To prescribe Authorized Pharmaceuticals;
2. To administer Authorized Pharmaceuticals; and
3. To monitor patient therapy with Authorized Pharmaceuticals.

In fulfilling their scope of practice, NPs “Certified – Pharmaceuticals” are authorized to perform the following Delegated Restricted Acts: Pharmaceuticals under Supervised Performance:

1. To receive verbal prescriptions for Pharmaceuticals provided that the prescribing health care practitioner co-signs the written record of the verbal order within 24 hours;
2. To compound Pharmaceuticals under the direct supervision of a physician or pharmacist;
3. To supply Pharmaceuticals upon receipt of a written or verbal prescription under supervision of a physician, dentist (except for Specialty Kit Pharmaceuticals) or pharmacist;
4. To administer Pharmaceuticals under supervision of a physician or dentist (except for Specialty Kit Pharmaceuticals) except anaesthetic gases and except for by epidural, intrathecal, intra- arterial, intra-articular, intracardiac, rapid intravenous administration (e.g.: IV push) or central administration (see following section for exceptions); and
5. To monitor patient therapy with Pharmaceuticals under supervision of a physician or dentist (except for Specialty Kit Pharmaceuticals) including the accessing of laboratory analyses and obtaining of drug histories, and making use of such analysis, patient signs, symptoms and desires.

Table 10 - Licensed Nurse Practitioners: IV Push Certification

Delegated Restricted Acts

NPs who are “Certified – Pharmaceuticals” and certified, by a process acceptable to the Surgeon General, in intravenous administration of Licensed Pharmaceuticals are authorized to perform the following Delegated Restricted Acts: Pharmaceuticals under Supervised Performance:

1. To administer Licensed Pharmaceuticals by rapid intravenous administration (e.g.: IV push) or central administration following a specific order for an individual patient by a physician.

Table 11 - Pharmacists: Independent Performance and Protocol Management

Independent and Delegated Restricted Acts



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In fulfilling their scope of practice, pharmacists are authorized to independently perform the following Restricted Acts: Pharmaceuticals:

Note: *Pharmacist prescribing is in accordance with CF H Svcs Gp Instruction 4200-17 Standards of Practice: Prescribing of Licensed Pharmaceuticals by Pharmacists.*

1. To prescribe Schedule 2 and 3 Licensed Pharmaceuticals.
2. To prescribe Benefit Pharmaceuticals to initiate a prescription for a condition listed in the *Schedule of Conditions Approved by the Surgeon General for Pharmacist Prescribing* (Appendix 1 of Annex E to this instruction).
3. To prescribe a limited supply of a previously prescribed Licensed Pharmaceutical in an emergency when there is an immediate or urgent requirement for drug therapy and it is not reasonably possible for the patient to see their primary care provider or another health care provider within a time frame that does not place them at risk.
4. To prescribe Licensed Pharmaceuticals to adapt an existing current prescription (i.e. is not over one year from the date prescribed and has not been dispensed or has refills remaining) to optimize therapy by modifying or altering the dose, dosage form, dosage regimen, route or duration.
5. To prescribe Licensed Pharmaceuticals to substitute a prescribed drug with a different chemical entity within the same therapeutic class that has or is expected to have an equivalent therapeutic effect.
6. To prescribe Licensed Pharmaceuticals to renew a prescription for continuity of care.
7. To receive verbal prescriptions for Pharmaceuticals.
8. To compound Pharmaceuticals
9. To dispense Pharmaceuticals prescribed by:
 - a. CF Healthcare providers in accordance with this instruction; or
 - b. Recognized prescribers certified to prescribe in accordance with their provincial licensing authority.
10. To monitor patient's use of Pharmaceuticals including the ordering and accessing of laboratory analyses, obtaining of drug histories, and making use of such analysis, patient signs, symptoms and desires including initiating, changing, adjusting of dose or discontinuing of Licensed Pharmaceuticals in accordance with scope of practice.



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11. To supervise a CF-pharmacy or pharmaceutical-distribution facility.

In fulfilling their scope of practice, pharmacists Certified – Collaborative Patient Management Agreements (CPMA) are authorized to perform the following Delegated Restricted Acts: Pharmaceuticals under Collaborative Patient Management Agreements as approved by the Surgeon General under recommendation of the CF P&T C:

1. To prescribe Benefit Pharmaceuticals.
2. To monitor patient's use of Benefit Pharmaceuticals including the ordering and accessing of laboratory analyses, obtaining of drug histories, and making use of such analysis, patient signs, symptoms and desires and including initiating, changing, adjusting of dose or discontinuing of Benefit Pharmaceuticals.

In fulfilling their scope of practice, Pharmacists are authorized to prescribe under the authority of a Collective Prescription Protocol as determined by the preventive care requirements for a defined group of CF members:

1. To prescribe Pharmaceuticals within the Collective Prescription Protocol.
2. To monitor patient's use of Pharmaceuticals including the ordering and accessing of laboratory analyses, obtaining of drug histories, and making use of such analysis, patient signs, symptoms and desires and including initiating, changing, adjusting of dose or discontinuing of Pharmaceuticals.

Table 12 - Pharm Techs: Supervised Performance

Delegated Restricted Acts

In fulfilling their scope of practice, certified Pharm Techs are authorized to perform the following Delegated Restricted Acts: Pharmaceuticals under Supervision:

1. To compound Pharmaceuticals under the supervision of a pharmacist or physician; and
2. To supply Pharmaceuticals under the supervision of a pharmacist or physician.

Table 13 - Physician Assistants: PA prescribing certification, Protocol Management and Supervised Performance

Delegated Restricted Acts

In fulfilling their scope of practice, PAs “Certified – Pharmaceuticals” are authorized to independently perform the following Restricted Acts: Pharmaceuticals:



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1. To prescribe initial treatment with Authorized Pharmaceuticals, including Authorized OTC:
 - a. for emergent and critical conditions for which a delay in treatment could be harmful;
 - b. for minor, self-limiting medical conditions that can be managed using symptomatic therapy;
 - c. for uncomplicated medical conditions that can be treated using a single course of curative drug therapy not to exceed 30 days duration; but excluding where practical or possible patients whose medical conditions have failed to respond to a course of Schedule 1 or 2 Pharmaceutical therapy prescribed by either themselves or another authorized prescriber.)
2. To prescribe antimalarials listed as Authorized Pharmaceuticals, for the prevention of malaria, in addition to initial treatment of malaria, according to the recommended dosing regimens;
3. To dispense Authorized Pharmaceuticals;
4. To administer Authorized Pharmaceuticals except for by epidural, intrathecal, intra-arterial, intra-articular, intracardiac, or central administration;
5. To monitor patient's use of Authorized Pharmaceuticals including the ordering and accessing of laboratory analyses, and adjusting of doses and discontinuing of Authorized Pharmaceuticals, but limiting the initiating (i.e. prescribing) of Authorized Pharmaceuticals as per bullet 1 above.

In fulfilling their scope of practice, PAs “Certified – Pharmaceuticals” are authorized to perform the following Delegated Restricted Acts: Pharmaceuticals according to Strict Protocol Management approved by the Surgeon General under recommendation of the CF pharmacy and therapeutics committee:

1. To prescribe Authorized Pharmaceuticals without the exclusions stated above;
2. To administer Authorized Pharmaceuticals without the exclusions stated above;
3. To monitor patient therapy with Authorized Pharmaceuticals without the exclusions stated above.

In fulfilling their scope of practice, PA “Certified – Pharmaceuticals” are authorized to perform the following Delegated Restricted Acts: Pharmaceuticals under Supervised Performance:



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1. To receive verbal prescriptions for Pharmaceuticals provided that the prescribing health care practitioner co-signs the written record of the verbal order within 24 hours. Where this is not feasible or practical the reason must be clearly documented.
2. To compound Pharmaceuticals under the supervision of a physician or pharmacist;
3. To supply Pharmaceuticals upon receipt of a written or verbal prescription under the supervision of a physician or pharmacist;
4. To administer Pharmaceuticals under supervision of a physician or dentist;
5. To monitor patient therapy with Pharmaceuticals under supervision of a physician or dentist, including the ordering and accessing of laboratory analyses, and adjusting of doses (as defined by the prescriber) and discontinuing of Pharmaceuticals excluding initiating, changing, adjusting of dose or discontinuing of Pharmaceuticals except upon receipt of a verbal or written prescription.

Table 14 - SAR Techs: Protocol Management and Supervised Performance (refer para 19)

Delegated Restricted Acts

In fulfilling their scope of practice, SAR Tech are authorized to perform the following Delegated Restricted Acts: Pharmaceuticals under Strict Protocol Management approved by the Surgeon General under recommendation of the CF pharmacy and therapeutics committee:

1. To prescribe Authorized Pharmaceuticals;
2. To administer Authorized Pharmaceuticals; and
3. To monitor patient therapy with Authorized Pharmaceuticals.

In fulfilling their scope of practice, SAR Techs are authorized to perform the following Delegated Restricted Acts: Pharmaceuticals under Supervised Performance:

1. To receive verbal prescriptions for Pharmaceuticals provided the authorized prescriber signs the written record of the verbal order within 24 hours.
2. To administer Pharmaceuticals under supervision of a physician or a PA for Authorized Pharmaceuticals PA; and



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3. To monitor patient therapy with Pharmaceuticals under supervision of a physician or PA for Authorized Pharmaceuticals, excluding initiating, changing, adjusting of dose or discontinuing of Pharmaceuticals except upon receipt of a verbal or written prescription.

References

1. See Annex K

Annexes

Note: *Annexes currently in development. They will be posted as they become available.*

1. [Annex A \(PDF, 357 Kb\)](#) - Authorized Pharmaceuticals
2. [Annex B](#) - Medical Technician (Med Tech) Certification and Recertification Programs and Protocols
3. [Annex C](#) - Nurses (RN) Certification and Recertification Programs
4. [Annex D](#) - Certification and Re-certification Programs for Nurse Practitioner (NP)
5. [Annex E](#) - Pharmacist Certification and Recertification Programs
 - o [Appendix 1](#) - Schedule of Conditions Approved by the Surgeon General for Pharmacist Prescribing
6. [Annex F \(PDF, 102 Kb\)](#) - Physician Assistant (PA) Certification and Recertification Programs
 - o Appendix 1 - Interim Guidance on Implications for Unsatisfactory Progress Toward Recertification
7. [Annex G](#) - Search and Rescue Technicians (SAR Tech) Medical Certification / Re-Certification Process
8. Annex H - Certification and Re-certification Programs for Physicians Assistants
9. Annex I - Certification and Re-certification Programs for Search and Rescue Technicians
10. Annex J - Certification and Re-certification Programs for Dentists
11. [Annex K](#) - References/Bibliography

Annex B to CF H Svcs Gp Instruction 4200-59

Medical Technician (Med Tech) Certification and Recertification Programs and Protocols

Section 1

Over-the-counter (OTC) Certification



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Certification – Successful completion of the Canadian Forces Health Services Training Center Qualification Level 5 (QL5) Med Tech course and associated examinations on or after Session 0016 dated December 2006 for English and Session 0017 dated January 2007 for French are considered to be equivalent to initial certification.

Med Techs that successfully complete the initial certification process are delegated the privilege to perform the independent scope of practice in accordance with Canadian Forces Health Services Group (CF HS Gp) Instruction 4200-59, by the Surgeon General.

Recertification – As of 30 Aug 2012, Med Techs (QL5A and above) will no longer be required to write the OTC-Recertification exam to perform the OTC independent scope of practice. Clinical quality assurance in this regard will be maintained, as for other clinical practices, through oversight measures established by the Senior Medical Authority (SMA) as per Ref B. The oversight process verifies that the Med Tech has maintained the skills, knowledge and judgment to perform the restricted acts, as defined in CF HS Gp Instruction 4200-59, in a safe and appropriate manner, for the medications in Annex A, Table 2.

Med Techs that demonstrate continued clinical competency through the SMA quality assurance oversight measures are delegated the privilege to perform the independent scope of practice IN ACCORDANCE WITH CF HS Gp Instruction 4200-59, by the Surgeon General.

Implications for Suspension of OTC Privileges from Previous Examination Failure

Med Techs who have had their OTC or practice privileges suspended “due to an unsuccessful recertification examination attempt”, must undergo the following prior to having their independent OTC prescribing privileges reinstated:

1. Med Techs who have been in clinical practice within the past year will have Ref C completed by the Base/Wing Surgeon.
2. Med Techs who have not been in clinical practice within the past year but are up to date for Maintenance of Clinical Readiness Program (MCRP), will have Ref C completed by the Base/Wing Surgeon. Base/Wing Surgeons are to complete Ref C, only after discussion with the supervisor of the Med Tech and oversight measures are in place as per Ref B.
3. Med Techs who have not been in a clinical practice within the past year and are not up to date for MCRP will be managed on a case by case basis. The Base/Wing Surgeon is to contact the Med Tech National Practice Leader for further direction.

Implications for Unsatisfactory Maintenance of Clinical Competency



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Med Techs who have been identified through oversight measures as having failed to maintain clinical competency, will be managed on a case by case basis. The Base/Wing Surgeon is to contact the Med Tech National Practice Leader for further direction.

OPI: Medical Branch Chief Warrant Officer

The Director of Medical Policy (D Med Pol) will request the OPI to review the certification information annually and up-date as required. This will ensure that the information is current, and does not conflict with other CF policies.

References

1. CF H Svcs Gp Ottawa Surg Gen 01/07 301530Z Aug 12
2. [TOR CF H Svcs Centres](#)
3. OTC Certification Letter

Section 2

Strict Protocol Management

Medical Technician Certification in Primary Care Paramedic

Certification - Med Techs who have successfully completed a course as a Primary Care Paramedic (PCP) that is recognized by the Canadian Medical Association and approved by the Surgeon General, are considered to be equivalent to initial certification. They may perform the tasks defined in the CF Pre-hospital Protocols and Procedures authorized by the Surgeon General to the level of the certification held.

Recertification - Med Techs who maintain a current Provincial or Territorial PCP certification/license and complete the required Maintenance of Clinical Skills Program (MCSP) and Continuing Medical Education (CME) requirements as outlined in the MCSP Manual approved by the Surgeon General are considered recertified. They may perform the tasks defined in the CF Pre-hospital Protocols and Procedures authorized by the Surgeon General to the level of the certification held.

Medical Technician CF Certification in Advanced Emergent Care.

(Certification and recertification requirements are under development)

Implications for Unsatisfactory Progress in Certification



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CF H Svcs Gp Instruction 3100-03 Performance Review Procedure is under development by D H Svcs Pers section. The Medical Branch, Chief Warrant Officer, will supply interim guidance as required.

The Medical Branch, Chief Warrant Officer at the request of the Surgeon General will identify the Med Techs required to challenge the OTC certification examination.

Medical Technician Pre-hospital Protocols and Procedures

The Surgeon General has approved the 1 Canadian Air Division, Search and Rescue Technician, Pre Hospital Protocols and Procedures as the CF Pre Hospital Protocols and Procedures. The High Altitude Protocol and its associated medications have not been included in the Med Techs Scope of Practice. It will only to be taught to Med Techs as a mission specific requirement.

Primary Care Paramedic (PCP) and Advanced Emergent Care (AEC)

Med Tech Pre-hospital Protocols and Procedures SAR Manual at:
<http://winnipeg.mil.ca/cms/en/Comds-Advisors/Div-Surg.aspx>

OPI: Medical Branch Chief Warrant Officer

D Med Pol will request the OPI to review the certification information annually, and up-date as required. This will ensure that the information is current, and does not conflict with other CF policies.

Annex C to CF H Svcs Gp Instruction 4200-59

Nurses (RN) Certification and Recertification Programs

Section 1

Over-the-counter (OTC) Certification

1. Certification – Each university faculty of Nursing determines the content of Nursing courses related to OTC medications, and for this reason the content may differ across Canada. As of 30 Aug 2012, there is no longer any requirement for initial OTC certification of Nursing Officers, as OTC administration is included within the scope of practice under their provincial regulatory bodies (with the exception of New Brunswick).
2. Recertification – As of 30 Aug 2012, there is no longer any requirement for OTC re-certification.



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3. Nurses that successfully completed the OTC certification process and still hold a current OTC certificate are delegated the privilege to perform the independent scope of practice as defined in CF H Svcs Gp Instruction 4200-59, by the Surgeon General.

OPI: MOSID, Nursing Adviser

4. The Directorate of Medical Policy (D Med Pol) will request the OPI to review the certification information annually and up-date as required. This will ensure that the information is current, and does not conflict with other CF policies.

References

1. CF H Svcs Gp Instruction 4200-59
2. CF H Svcs Gp Ottawa Surg Gen 01/07 301530Z Aug 12

Section 2

IV Push certification
Certification
Recertification
IV Push Protocols

OPI: MOC, Nursing Advisor

Annex D to CF H Svcs Gp Instruction 4200-59

Nurse Practitioner Certification and Recertification Programs

Section 1

1. **Certification** – Military and civilian NPs will successfully complete the certification process required for licensure on the NP practice register of a province or territory in Canada
2. **Recertification** – All NPs within the CF must maintain licensure and certification as an NP as directed by their provincial nurses association/college requirements.
3. **CF H Svcs Gp Instruction 4200-59: Restricted Acts: Pharmaceuticals Scope of Independent Practice** - All NPs who have successfully completed the provincial certification requirements for a provincial NP licensure are deemed competent to perform all Restricted Acts as defined in the scope of independent practice statement as they pertain to Benefit Pharmaceuticals and Pharmaceuticals. Certification to prescribe is also



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IAW the provincial scope of practice as outlined in CFHS Policy 3120-02 and IAW the CF Drug Benefit list.

OPI: MOSID, Nursing Adviser

4. The Directorate of Medical Policy (D Med Pol) will request the OPI to review the certification information annually and up-date as required. This will ensure that the information is current, and does not conflict with other CF policies.

References

- [Canadian Nurses Association](#), Canadian Nurse Practitioner Core Competency Framework, May 2010.
- Provincial/Territorial Scopes of NP Practice
 - College and Association of Registered Nurses of Alberta, Nurse Practitioner (NP) Competencies, January 2011.
 - College and Association of Registered Nurses of Alberta, Scope of Practice for Nurse Practitioners (NPs) September, 2011.
 - College and Association of Registered Nurses of Alberta, Prescribing and Distributing Guidelines for Nurse Practitioners. March 2004.
 - Registered Nurses Association of British Columbia, Scope of Practice for Nurse Practitioners, July 26, 2012.
 - Registered Nurses Association of British Columbia, A Regulatory Framework for Nurse Practitioners, February 2005.
 - The Registered Nurses Act, Manitoba, March 2005.
 - College of Registered Nurses of Manitoba, Standards of Practice for Registered Nurses on the Extended Practice Register, May 2009.
 - College of Registered Nurses of Manitoba, Competencies for Nurse Practitioners in Manitoba, September 2011.
 - Nurses Association of New Brunswick, Core Competencies, June 2010.
 - Nurses Association of New Brunswick, Nurse Practitioner Schedules for Ordering, June 2010.
 - Nurses Association of New Brunswick, Nurse Standards of Practice for Primary Health Care Nurse Practitioners, June 2010.
 - Ordre des infirmières et infirmiers du Québec, Règlements sur les activités professionnelles pouvant être exercées par des classes de personnes autres que des médecins, January 1, 2013.
 - Newfoundland and Labrador Regulation 68/05, Nurse Practitioner Regulation under the Registered Nurses Act, July 2009.
 - Association of Registered Nurses of Newfoundland and Labrador, Framework for NP Practice, April 2008.
 - Association of Registered Nurses of Newfoundland and Labrador, Competencies for Nurse Practitioner-Primary Health Care, August 1998.



- College of Registered Nurses of Nova Scotia, Nurse Practitioner Standard of Practice, 2012.
 - College of Registered Nurses of Nova Scotia, Nurse Practitioner Competency Framework, 2011.
 - College of Registered Nurses of Nova Scotia, Nurse Practitioners' Authorized Practices: Nova Scotia Schedule of Prescribing Pharmaceuticals, January 2012.
 - Registered Nurses Association North West Territories and Nunavut, Practice Guidelines for Primary Health Care Nurse Practitioners, August 2005.
 - Registered Nurses Association North West Territories and Nunavut, Practice and Prescriptive Guidelines for Nurse Practitioner, July 2011.
 - Registered Nurses Association North West Territories and Nunavut Entry Level Competencies for the Primary Health Care Nurse Practitioner, 2000.
 - College of Nurses of Ontario, Registered Nurses in the Extended Class, Practice Standard, 2011.
 - Saskatchewan Registered Nurses Association, Registered Nurse (Nurse Practitioner) RN (NP) Standards & Core Competencies, January 1, 2011.
 - Saskatchewan Registered Nurses Association, Clinical Expectations, October 2003.
 - Yukon Registered Nurses Association, Nurse Practitioners and Issues for the Yukon, August 2004.
- [CFHS Drug Benefit List](#)

Annex E to CF H Svcs Gp Instruction 4200-59

Pharmacist Performance of Restricted Acts: Pharmaceuticals

Context

This Annex states the requirements that pharmacists must fulfill for prescribing authority of licensed pharmaceuticals when both delegated under a Collaborative Practice Management Agreement (CPMA) or authorized for independent performance. For information on delegation and independent performance, refer to the definitions section of this instruction.

Section 1 - Pharmacist Certification and Recertification Programs for Performance of Delegated Restricted Acts

The information within this section provides the requirements for pharmacists to prescribe under delegation.

Certification

1. Certification will be in a speciality area as necessitated by military requirements. Course selection must be approved by the Pharmacy National Practice Leader and will be a



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certification course accredited by a recognized accreditation body (e.g. Canadian Council on Continuing Education in Pharmacy (CCCEP), American Society of Health-System Pharmacists (ASHP), American College of Clinical Pharmacists (ACCP) etc)

Recertification

2. **Pharmacists once certified, will complete the number of accredited continuing education units (CEU) required for recertification, in the prescribed time frame. Copies of the CEU accreditation will be forwarded to Pharmacy National Practice Leader.**

Pharmacist Protocols

3. The CF utilizes two types of protocol:
 - a. Collaborative Patient Management Agreements (CPMA) – delegation of prescribing authority for a defined patient.
 - b. Collective Prescription – delegation of dispensing authority for a discreet group of individuals.
4. In all cases where a CPMA or Collective Prescription is exercised, the local Senior Medical Authority or the delegating Physician will sign a letter delegating the prescribing or dispensing authority to the Pharmacist(s) and specifying the conditions of the delegation.

Types of Protocol

CPMA

5. CPMA's are utilized to effectively and rationally manage complex drug therapy resulting in improved patient outcomes, and efficient use of health care system resources. Evidence-based literature, clinical experience and patient values must support a multidisciplinary approach to patient management. The CPMA and the associated therapeutic guidelines are recommended by the Canadian Forces Pharmacy and Therapeutic Committee (CF P & T Cttee) and approved by the Surgeon General. The CPMA will define the specific responsibilities of the delegating health care practitioner, the pharmacist assuming the delegated authority and the patient to whom these responsibilities apply. Within the approved CPMA the pharmacist is permitted to assume the professional responsibility for performing patient assessments, ordering drug therapy (initiation, modification, or discontinuation), ordering of related laboratory tests as well as counseling and education of the patient. The *Therapeutic Guidelines* defining the general approach for management of such patient populations will be attached as an Annex to the CPMA.



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6. Documentation required when delegating prescribing authority under a CPMA:
 - a. Delegation of the prescribing authority;
 - b. Patient consent; and
 - c. Conditions of the delegation as defined by the approved protocol.

Collective Prescriptions

7. Collective Prescriptions are utilized where The Directorate of Forces Health Protection (D FHP) identifies public health interventions that are required to protect, or improve the health of a defined group of CF members (e.g. anti-malarial prophylaxis for mass deployment). Often, due to the nature of the risk identified by the D FHP, large numbers of patients will require to be screened in a short time period. A Collective Prescription is used to delegate dispensing authority for a defined group of individuals not a single patient. A pharmacist may, within the scope of his/her license, dispense a prescription by a licensed practitioner for the patient identified. Where a Collective Prescription authority is exercised in conjunction with FHP operational guidance, and approved patient screening tools, the pharmacist may dispense for a defined group of individuals, and does so within his/her licensed scope of practice. The screening tools identify any patient(s) that requires referral to a physician. The patient will receive sufficient information to provide consent for treatment and to optimize concordance with the selected therapy. The use of a Collective Prescription in support of a FHP recommendation is different from a CPMA where prescribing authority is delegated.
8. Documentation required when delegating dispensing authority under the Collective Prescription Protocol:
 - a. D FHP recommendation;
 - b. Delegation of dispensing authority;
 - c. Approved self-screening questionnaire;
 - d. Standard Operating Procedure for the Pharmacist; and
 - e. Patient information.

References

D Med Pol, Pharmacy Policy and Standards Documentation



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1. Collaborative Patient management Agreement – Dyslipidemia
2. Collective Prescription – Delegation Template and Anti-malarial Screening Tools
 - a. [Chloroquine Questionnaire \(PDF, 30 Kb\)](#)
 - b. [Doxycycline Questionnaire \(PDF, 30 Kb\)](#)
 - c. [Malarone Questionnaire \(PDF, 30 Kb\)](#)
 - d. [Mefloquine Questionnaire \(PDF, 40 Kb\)](#)
 - e. [Primaquine Questionnaire \(PDF, 40 Kb\)](#)

Section 2

Pharmacist Independent Prescribing

9. The Surgeon General is responsible for the approval of the scope of practice for pharmacists carrying out DND/CAF health care duties and for the policies which identify the requirements to perform restricted acts included in the pharmacist's scope that may not be authorized in the specific province in which the pharmacist is licensed.
10. The scope of practice for DND/CAF pharmacists, renewed in April 2013 and stated in Table 11 to *CF H Svcs Gp Instruction 4200-59 Restricted Acts: Pharmaceuticals*, includes independent prescribing of licensed pharmaceuticals to: initiate a prescription for a list of conditions (Appendix 1), renew a prescription, adapt a prescription, perform therapeutic substitution and prescribe in an emergency.
11. The scope of practice for DND/CAF pharmacists may differ from the province in which the pharmacist holds a license. In recognition of any differences, DND have confirmed a mutual understanding and acknowledgment with the Pharmacy Regulatory Authorities for all provinces and territories that pharmacists providing pharmacy services to CAF members and others entitled to care under the *Queens Regulations and Orders* may have authority to conduct activities within the scope of practice approved by the Surgeon General that is not included in the licensing college's scope of practice (Ref A).

Requirements for Pharmacists Prescribing Independently

12. Pharmacists who are CAF members or DND public servants licensed to practice in a province or territory of Canada, and when practicing pharmacy in DND/CAF, are entitled to practice the full scope of practice provided that the individual pharmacist has the knowledge, skills, competencies and experience to undertake any prescribing. Pharmacists who are contractors and subcontractors shall practice in accordance with their provincial license and practice the DND/CAF scope of practice where their license permits them to do so, and shall not undertake activities that are included in their provincial scope but are outside the scope of practice of DND/CAF.



13. Pharmacist prescribing must always be within the approved scope of practice and a collaborative environment. CF H Svcs Gp Instruction 4200-17 *Standards of Practice: Prescribing of Licensed Pharmaceuticals by Pharmacists* is the policy that establishes the practice requirements for pharmacist prescribing. Prescribing of licensed pharmaceuticals by pharmacists must be in compliance with this instruction.
14. Additional training or certification is not mandatory for performance of the renewed scope; however, every pharmacist must judge whether or not the specific circumstances of each prescribing instance are in accordance with their scope of practice and their knowledge, skills, competencies and experience. Pharmacists have a responsibility to continuously evaluate, maintain and enhance their professional competence.
15. Pharmacists who undertake prescribing within the renewed scope of practice assume responsibility and liability for the prescribing.

OPI

16. Pharmacy National Practice Leader - will review the information in this Annex annually and up-date as required. This will ensure that the information is current and does not conflict with other CAF policies.

Reference

1. SURG GEN 1150-1 (D Med Pol/ Pharm Pol & Stds) 24 MAR 14.

Appendix 1 to Annex E to CF H Svcs Gp Inst 4200-59

Schedule of Conditions Approved by the Surgeon General for Pharmacist Prescribing¹

A Pharmacist may undertake prescribing of a Benefit Pharmaceutical for the conditions listed as follows:

1. Allergic Rhinitis;
2. Antimalarial prophylaxis;
3. Contact allergic dermatitis;
4. Corns and Calluses;
5. Cough;
6. Dandruff;
7. Dysmenorrhea;
8. Dyspepsia;
9. Emergency Contraception;
10. Gastro-esophageal reflux disease;



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11. Hemorrhoids;
12. Herpes Simplex;
13. Mild acne;
14. Mild urticaria including insect bites and stings;
15. Minor joint pain;
16. Minor muscle pain;
17. Nasal Congestion;
18. Oral thrush;
19. Oral ulcers;
20. Simple Urinary Tract Infection;
21. Smoking Cessation;
22. Vaginal candidiasis; and
23. Warts (excluding facial and genital).

Note 1: *Prescribing for a condition listed in the Schedule is always in accordance with the CF H Svcs Gp Instruction 4200-17 Standards of Practice: Prescribing of Licensed Pharmaceuticals by Pharmacists.*

Annex G to CF H Svcs Gp Instruction 4200-59

Search and Rescue Technicians (SAR Tech) Medical Certification / Re-Certification Process

General

1. The medical training that SAR Techs receive and the medical protocols that they follow must be sufficiently robust to permit them to perform emergency and lifesaving procedures in the most austere and demanding environments that exist in Canada. The SAR patient generally needs to be rescued as well as medically stabilized and treated under challenging circumstances.

Medical Acts Delegation

2. Qualified SAR Techs are delegated to perform only those medical acts that are included in the SAR Tech Pre-Hospital Care Protocols manual (B-GA-005-000/FP-D01). The written protocols are approved by the Surgeon General based on recommendations by the CFPTC. Operationalizing these protocols may require clarification or explanation which is provided by the Aeromedical Programs Flight Surgeon (AMPFS) SAR Medical Director on behalf of the Surgeon General.



3. To be qualified to perform the delegated medical acts included in the Protocols handbook, SAR Techs must successfully complete the medical training programs detailed below and maintain their skills and proficiency to the satisfaction of the SAR Medical Director.

Certification and Proficiency

4. The SAR Medical Director is responsible for medical certification of SAR Techs. SAR Tech certification is based on successful performance in the training provided/coordinated by CF School of Search and Rescue (CFSSAR). SAR Tech medical proficiency is monitored by RCAF Transport & Rescue Standards and Evaluation Team (TRSET).
5. The AMPFS (or other designate) is the SAR Medical Director and is responsible for both the medical training and medical employment of all SAR Techs. The SAR Medical Director is also responsible for medical training performed at CFSSAR including QL5, QL6A and Recertification medical training and testing. The routine provision of medical training, testing, and maintenance of clinical skills is delegated to CFSSAR. Authority to perform other medical training may be provided as appropriate at the discretion of the SAR Medical Director. The authority for oversight and testing of medical competence and currency is delegated to the RCAF Transport & Rescue Standards and Evaluation Team (TRSET) and the Aeromedical Programs SAR Tech.
6. The OPIs for SAR Tech medical training include: the Training Warrant Officer at the CFSSAR; A3 SAR Tech at 1 Canadian Air Division Headquarters (1 CAD HQ); and, the Aeromedical Programs Flight Surgeon (AMPFS) in the Division Surgeon's Office at 1 CAD HQ.
7. The current approach to pre-hospital medical care emphasizes the importance of clinical judgment in the care of patients rather than solely the use of the protocols to perform "cookbook" medical care; however, the *Delegated Medical Acts: Pharmaceuticals* is based on the established protocols.

Initial Medical Training

8. SAR Techs receive their initial medical instruction as part of the QL5A training package. This is an intensive 15-week pre-hospital care program that includes didactic, in-hospital, and practicum portions. The CAF has contracted a civilian paramedical instruction institution to run portions of this program. Students who successfully complete the program receive a Primary Care Paramedic certification.

SAR Team Leader Training



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9. After working as a SAR team member for about two years a SAR Tech attends the SAR Team Leader QL6A course. The QL6A course, including the medical aspect, is overseen by CFSSAR. This course teaches advanced medical and trauma management procedures (e.g. advanced airway techniques and needle decompression of the chest and casualty extrication procedures).

Mandatory Unit-Level Training

10. In addition to the above, all SAR Techs participate in unit level training as follows:
 - a. an annual hospital practicum that typically includes two days in the Operating Room and two days in the Emergency Department and/or “on-car” in an emergency response setting;
 - b. completion of the Canadian Forces Air Command Manual (CFACM) – 0531 unit Medical Training Module;
 - c. in conjunction with other Unit members, completion of an annual unit medical proficiency check; and,
 - d. writing a closed book Transport and Rescue Standards and Evaluation Team (TRSET) exam annually.

Re-Certification

11. All SAR Techs must formally recertify their medical skills no less often than every two years. Recertification courses are conducted at CFSSAR over approximately one week. The training includes didactic teaching, academic testing, medical skills stations, review of all of the protocols in the SAR Tech Pre-hospital Care Protocols manual and individual performance assessments.

Implications of Unsatisfactory Proficiency

12. Case-by-case evaluation by the SAR Medical Director is required in any situation where the SAR Medical Director judges that a SAR Tech is not proficient, certified, or maintaining re-certification. This includes, but is not limited to, failure in training (CFSSAR or unit level), expiry of certification, or borderline performance and specific skills deficits.

OPI

13. The AMPFS in the Division Surgeon’s Office is the primary OPI for this annex with the Training Warrant Officer (CFSSAR), 1 CAD A3 SAR Tech and TRSET insuring RCAF documents are congruent with the medical requirements. D Med Pol will request OPI to



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review the medical certification and recertification information annually and up-date as required to confirm the information is current and does not conflict with other CF policies.

Annex G: Updated 09 Aug 2013 – Content provided by 1 Cdn Air Div HQ, AMP Flt Surg SAR and Trng

Annex K to CF H Svcs Gp Instruction 4200-59

References/Bibliography

- A. [Health Professions Act \(english only\)](#), Queen's Printer. Province of Alberta, 2002.
- B. British Columbia Pharmacists, Pharmacy Operations and Drug Scheduling Act. Chapter 363. Queen's Printer (1996).
- C. Bush, N.J., Watters, T. (2001). The emerging role of the oncology nurse practitioner: a collaborative model within the private practice setting. *Oncol Nurs Forum*, 28(9), 1425-31.
- D. [CF H Svcs Gp Instruction 4200-49](#), Pharmacy and Therapeutics Committee.
- E. Canadian Forces Physician Assistant Prescribing Exam. (2001).
- F. CF 261333Z: procurement and reporting requirements for Surgeon General products, particularly unlicensed drugs/biologics (July 1999).
- G. [CF H Svcs Gp Instruction 4410-19](#), Preventive Medicine Program and Personnel
- H. Churchill's Medical Dictionary
- I. College of Nurses of Ontario (1996). Delegation of Dispensing. (April 2003).
- J. College of Physicians and Surgeons of British Columbia. (1995). Delegation of a Medical Act. Policy manual D-1: June.
- K. College of Physicians and Surgeons of Nova Scotia. (1999). Guidelines for Shared Competencies and Delegated Medical Functions.
- L. College of Physicians and Surgeons of Ontario. Policy #1/99. The Delegation of Controlled Acts. September, 1999.
- M. Corban, P.J. (1998). Legal Opinion – Delegated Medical Act – Medication. Canadian Department of National Defence, Office of the Judge Advocate General.



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N. Cunnington, J.P.W. and Norman, G.R. (2000). Certification and re-certification: are they the same? *Academic Medicine*, 75(6), 617-8.

O. CWO, MED BR CWO/ADJUC BR MED, CFMGMHQ/CGGMFC. April 2003.

P. Department of Employment. (1971). *Glossary of Training Terms*. 2nd Edition. London: HMSO.

Q. DMedPol 140848Z (June 99). Revised Delegated Medical Acts – Pharmaceuticals - Medical Assistants (Med A)/Physician Assistants (PA).

R. DMedPol 008 281607Z (July 98). Delegated Medical Acts - Pharmaceuticals - Nursing Officer. Modified as per 01 04 260921Z April 99.

S. DMedPol 281630Z (1998). Delegated Medical Acts - Pharmaceuticals - Pharm O (July 1998).

T. *Doctors: issues in the assessment of clinical competence*. Cambridge, UK: University Press.

U. Draft CF Maintenance of Clinical Skills Program Policy, personal communications, S. Morter, Cdr, CFMGMHQ Trg Mgmt (April, 2003).

V. Health Professions Council. (2002) *Safe Choices: A New Model for Regulating Health*

W. Herman, J., Ziel, S. (1999). Collaborative practice agreements for advanced practice nurses: what you should know. *AACN Clin Issue*, 10(3), 337-42.

X. Heitz, R.M., Van Dinter, M. (2000). Developing collaborative practice agreements. *J Pediatr Health Care*, 14(4):200-3.

Y. Heywood, L., Bonczi, A., Hager, P. *A Guide to Development of Competency Standards for Professions*. Research Paper No. 7. National Office of Overseas Skills Recognition. Canberra, Australia: Australian Government Publishing Service (1992).

Z. Hayes, M., Hutchings, J., Hayes, P. (2000) Reducing unintended pregnancy by increasing access to emergency contraceptive pills. *Matern Child Health J*, 4(3), 203-8.

AA. [Joint Commission on Allied Health Personnel in Ophthalmology \(english only\)](#)

BB. Manitoba Clinical Assistant's Regulation to the Medical Act. Regulation 183/99, December 23, 1999.

CC. MED TECH Recruiting Job Description, personal communications, M.R. Beauchamp,



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[DD. National Association of Pharmacy Regulatory Authorities, National Drug Scheduling Advisory Committee \(english only\)](#)

EE. Newble, D., Dawson, B., Dauphinee, D., Page, G., Macdonald, M., Swanson, D., Mulholland, H., Thomson, A. and Van der Vleuten, C. (1994). Guidelines for assessing clinical competence. *Teaching and Learning in Medicine*, 6(3), 213-20.

FF. Newble, D., Jolly, B., Wakeford, R. (1994). *The Certification and Recertification of Doctors: Issues in the assessment of clinical competence*. Cambridge, UK: University Press.

GG. Nursing Act Province of Ontario, 1991.

HH. Regulated Health Professions Act. Province of Ontario, 1991.

II. Pharmacy Act. Province of Quebec.

JJ. Pharmacist Managed Lipid Clinic. CF P&T. September, 2003.

KK. Pippa, D. (2002). *Pharmacists Administering Drugs By Injection*. Alberta College of Pharmacists.

LL. Policy 1601SG. CF Scope of Practice for Nurse Practitioners. May, 1998.

MM. Physician Assistant's Scope of Practice for Prescribing of Authorized Pharmaceuticals. 2001. CF.

NN. Professions. Ontario Ministry of Health:1987.

OO. Professions in British Columbia B.C. Shared Scope of Practice paper.

PP. Quebec National Assembly. Bill 90, An Act to amend the Professional Code and other legislative provisions as regards the health sector. Quebec Official Publisher: October, 2002.

QQ. Ontario Regulation 275/94 Nursing Act. Province of Ontario, 1991.

RR. Sandell, H. Legal Opinion – Designation of CF Personnel to Prescribe Pharmaceuticals. Department of Justice Canada, DND/CF Legal Advisor. June 2000.

SS. SAR Tech Pre-hospital Protocol Review Board. Justice Institute of British Columbia

TT. Schwartz, A.M. Striking a new balance: a blueprint for the Regulation of Ontario's Health.



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UU. Sommers, S.D., Chaiyakunapruk, N., Gardner, J.S., Winkler, J. (2001) The emergency contraception collaborative prescribing experience in Washington State. *J Am Pharm Assoc (Wash)*, 41(1):60-6.

VV. Practice Standard: [Nurse Practitioners \(english only\)](#). Nurse Practitioner Association of Ontario.

WW. SURGEN 005/01141344Z Jun 01. PA Prescribing Examination

XX. Vaillancourt, R., Trottier, M. (2001) Appendix 5: Guidelines for Pharmacist Adjustment of Drug Therapy. Outline of Pharmacist Managed Lipid Clinic.

YY. What is an Ophthalmic Technician, Association of Technical Personnel in Ophthalmology.

ZZ. Winslade, N. (2000). A Program to Recertify the Competence of Canadian Forces Physician Assistants to Prescribe Authorized Pharmaceuticals.

AAA. Winslade, N.E., Schuwirth, L. (2003). Report on the Development, Administration and Results of the 2001 Assessment of Medical Assistant's Knowledge of Authorized Pharmaceuticals.

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ANNEX B - INSURANCE REQUIREMENTS

1. Commercial General Liability Insurance

- A. 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.
- B. The Commercial General Liability policy must include the following:
- (i) 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 Public Works and Government Services Canada;
 - (ii) Bodily Injury and Property Damage to third parties arising out of the operations of the Contractor;
 - (iii) 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;
 - (iv) 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;
 - (v) 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;
 - (vi) 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;
 - (vii) Employees and, if applicable, Volunteers must be included as Additional Insured;
 - (viii) Employers' Liability (or confirmation that all employees are covered by Worker's compensation (WSIB) or similar program);
 - (ix) 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;
 - (x) Notice of Cancellation: The Insurer will endeavour to provide the Contracting Authority thirty (30) days written notice of policy cancellation; and
 - (xi) 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.



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2. Medical Malpractice Liability Insurance

- A. The Contractor must obtain Medical Malpractice Liability Insurance, and maintain it in force throughout the duration of the Contract, in an amount usual for a contract of this nature, but for not less than \$1,000,000 per loss and in the annual aggregate, inclusive of the defence costs.
- B. 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.
- C. 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.
- D. Notice of Cancellation: The Insurer will endeavour to provide the Contracting Authority thirty (30) days written notice of cancellation.



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ANNEX C - NON-DISCLOSURE AGREEMENT

Details to be inserted in the resulting contract

I, _____, recognize that in the course of my work as an employee or subcontractor of _____, I may be given access to information by or on behalf of Canada in connection with the Work, pursuant to Contract _____ between Her Majesty the Queen in right of Canada, represented by the Minister of National Defence and _____, including any information that is confidential or proprietary to third parties, and information conceived, developed or produced by the Contractor as part of the Work. For the purposes of this agreement, information includes but not limited to: any documents, instructions, guidelines, data, material, advice or any other information whether received orally, in printed form, recorded electronically, or otherwise and whether or not labeled as proprietary or sensitive, that is disclosed to a person or that a person becomes aware of during the performance of the Contract.

I agree that I will not reproduce, copy, use, divulge, release or disclose, in whole or in part, in whatever way or form any information described above to any person other than a person employed by Canada on a need to know basis. I undertake to safeguard the same and take all necessary and appropriate measures, including those set out in any written or oral instructions issued by Canada, to prevent the disclosure of or access to such information in contravention of this agreement.

I also acknowledge that any information provided to the Contractor by or on behalf of Canada must be used solely for the purpose of the Contract and must remain the property of Canada or a third party, as the case may be.

I agree that the obligation of this agreement will survive the completion of the Contract _____.

Signature

Date