
ANNEX A

STATEMENT OF WORK - ONTARIO

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1. PURPOSE

Health Canada (HC) has a requirement for a Contractor(s) to provide temporary nursing services needed to supplement its workforce in delivering primary and public health nursing services.

2. OBJECTIVE

The objective of the Contract is to ensure that HC obtains the required number of qualified Contract Nurses needed to supplement their existing workforce in delivering primary and public health nursing services to remote, isolated and semi-isolated First Nations (FN) communities in Ontario (ON) (see Appendices B & H to Annex A). In addition, situations may arise where the services provided by the Contractor will be required as part of a surge capacity response in providing nursing services to support "regional" (federal, provincial, territorial and Indigenous) health authorities in urgent and critical situations, of a temporary nature.

3. BACKGROUND INFORMATION

HC currently funds or delivers primary care services, accessible on a twenty-four hour a day, seven days a week (24/7) basis in over 79 health facilities serving 111,000 FN clients in remote, semi-isolated and isolated FN communities, where access to provincial services is limited or non-existent. As of June, 2017, this care is provided by approximately 222 full time equivalent positions and delivered by approximately 309 nursing personnel.

Primary care is considered a mandatory or "essential" service under HC's program mandate, as it has a direct impact on the health and safety of individuals and the population. In these communities, nurses working out of nursing stations or other health facilities are often the only health services providers. Nurses work in pairs or small groups, often with little to no support from other health care professionals, providing services to respond to urgent community health care needs and medical emergencies whenever they arise (such as accidents, heart attacks, strokes, child birth, etc.).

HC employs Registered Nurses and Nurse Practitioners to provide the health services in 21 FN communities in Manitoba (MB), 25 FN communities in ON, 2 FN communities in Quebec (QC), 4 FN communities in Alberta (AB), plus 2 hospitals in MB. HC currently has contracts with nursing agencies to provide Contract Nurses on a temporary basis to backfill for vacant positions, vacation and sick leave. The role of the Contractor is to provide temporary and well-defined nursing services.

In terms of the specific requirement, the Contractor, through their Contract Nurses, are required to provide temporary nursing services needed to supplement HC's workforce in delivering primary and public health nursing services.

4. GLOSSARY OF TERMINOLOGY

- a) **Call-back:** means when the Contract Nurse is required to return to the Nursing Station or Health Centre (with Treatment) and perform patient care when the Contract Nurse was previously assigned to Stand-by, or in the event additional Contract Nurses are required beyond those that were assigned to Stand-by. (see Appendix L to Annex A for Call-back Form)
- b) **Call-back Time:** means one continuous period of time commencing with the start time of the initial Call-back and ending either three hours later, or at the time of the conclusion of any subsequent Call-back that was initiated prior to the end of the 3 hour period, whichever is later. Any subsequent Call-back(s) initiated within a Call-Back Time will have the effect of extending the end of the Call-Back Time and does not constitute a separate Call-Back Time.

- c) **Community Health Services or Nursing Services:** means a scope of practice which includes community health and/or treatment services using a holistic approach. It also includes health promotion (health education and community development strategies), illness and injury prevention and restoration of health in the FN community.
- d) **Contract Nurse (CN):** means the resource (either a Registered Nurse or Nurse Practitioner) provided by the Contractor to deliver temporary nursing services.
- e) **Contract Nurse Training Program (CNTP)** (see Appendix J to Annex A): means a Contractor developed, maintained, and delivered program that ensures Contract Nurses develop, maintain and enhance their knowledge, skill set and abilities, and, in addition, acquire the necessary practical experience to meet Health Canada's requirement for this Contract. See Section 6 – Deliverables and Section 7 – Contractor Responsibilities for additional information.
- f) **eHealth Infostructure:** means Health information technologies and point of care testing tools utilized at various locations which may include, but not be limited to, Telehealth, Electronic Medical Records, eChart and Panorama.
- g) **Health Centre (with Treatment):** means a healthcare facility within which primary care and public health services are delivered on a 24 hours, 5 days a week basis. Dormitories are not considered part of a Health Centre with Treatment.
- h) **Isolated Community:** means a Community with scheduled flights, good telephone services, and no year-round road access.
- i) **Location of Work:** means the locations of First Nations health care facilities in the ON Region can be found in Appendix H to Annex A. Also, see Appendix B to Annex A for the Map of the Region.
- j) **Nurse In Charge (NIC):** means the HC resource, or delegate(s) in situations of surge capacity requirement, who is the Nurse in Charge and provides professional nursing guidance, supervision and assistance in the delivery of health programs, to support the community leaders and health care team in acquiring the knowledge and skills necessary in the delivery of community health and treatment programs. A Contract Nurse must not perform the duties of the NIC.
- k) **Nursing Station:** means a healthcare facility within which primary care and public health services are delivered on a 24 hours, 7 days a week basis. Dormitories are not considered part of a Nursing station.
- l) **Overtime:** means any Work required to be performed in excess of the Regular Working Hours. No overtime Work is to be performed under the Task Authorization unless authorized in advance and in writing (see Appendix F to Annex A - Overtime Authorization Form) by either the NIC, Technical Authority, TA Authority, or their delegate(s).
- m) **Peak Periods:** means the time frames during which the provision of Contract Nurses increase as a result of additional requirements. These time frames are defined as:

Region	Peak Period
Ontario	1. The time frame from the second Sunday in June up to and including the second Sunday in September.

	2. The time frame from the third Sunday in December up to and including the second Sunday in January.
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- n) **Pre-Placement Task Authorization (PPTA):** means a Task Authorization issued during the Start-Up Phase used to initiate the Pre-Placement Orientation. Please refer to Section 6 – Deliverables and Section 7 – Contractor Responsibilities for additional information.
- o) **Regional Manager, Nursing Supervisor:** means a HC resource who is responsible for providing professional nursing support, guidance and recommendations on policies and practices in the delivery of health programs.
- p) **Regular Working Hours:** means the HC nursing station hours of work between 06:00 AM to 11:00 PM Monday to Sunday (subject to change and can vary based on Location of Work).
- q) **Remote Community:** means a community with no scheduled flights, minimal telephone or radio services, and no road access.
- r) **Roster:** means a list of Contract Nurses available for deployment, who meet the requirements detailed at section 8 below, and have agreed to work for the Contractor for the purposes of this Contract.
- s) **Semi-Isolated Community:** means a community with scheduled flights, good telephone services, and road access year-round greater than 90 KM to a facility with full time physician services.
- t) **Stand-by:** means any period of time duly authorized by either the NIC, Technical Authority, TA Authority, or their delegate(s), during which the Contract Nurse is required, during off-duty hours, to be available at a known telecommunication number and be readily able to return for duty, without undue delay, if called and/or contacted.

The Contract Nurse may be required to participate in stand-by for up to 16 hours per day during the week, and up to 24 hours per day during weekends and statutory holidays. Contract Nurses must respond to calls during their period of Stand-by. In all nursing stations and health centres with treatment, there are typically 2 nurses on Stand-by.

HC nurses will be given preference over Contract Nurses in selection of hours and division of Stand-by responsibilities

- u) **Start-Up Phase:** means a three month period commencing on Contract Award date designed for engagement between HC, the Contracting Authority and Contractor(s), as well as orientation and information transfer to the Contractor. This phase will allow for feedback on the Contractor's proposed CNTP, APC Plan as well as clarifications on deliverables and responsibilities. Information and training materials specific to HC, and site orientation information, will also be shared with the Contractor. This phase is also in place to allow a timeframe for all Contract Nurses proposed (see Appendix C to Annex A) by the Contractor to obtain all requirements as outlined in the Statement of Work.
- See Section 6 – Deliverables and Section 7 – Contractor Responsibilities for additional information.
- v) **Statutory Holidays:** means New Year's Day, Good Friday, Easter Monday, Victoria Day, Canada Day, Civic Holiday (Ontario), Labour Day, Thanksgiving Day, Remembrance Day, Christmas Day and Boxing Day.

5. SCOPE OF WORK

The Contractor must provide the services of Contract Nurses (Registered Nurses and Nurse Practitioners) on an "as and when requested" basis throughout the period of the Contract.

The services provided by the Contractor through its Contract Nurses are required on a 24 hours per day, seven days per week basis and will encompass, but not be limited to, direct patient care and consultation, the conduct of programs designed to promote health, and the provision of advice .

Throughout the period of the Contract, the Contractor must maintain a Roster of Contract Nurses that are prepared to take assignment in all the Locations of Work for that Region. In addition, the Contractor must have a Roster of Registered Nurses and Nurse Practitioners to meet the demands, on an as and when requested basis, as follows during peak and non-peak periods:

a) Non-Peak Periods:

Ontario – 30 Registered Nurses and 5 Nurse Practitioners

b) Peak Periods:

Ontario – 50 Registered Nurses and 10 Nurse Practitioners

Health Canada reserves the right to request provision of a Contract Nurse with a specific gender in cases where it is warranted to do so based on a specific clinical requirement.

During the Start-Up Phase the Contractor must provide a Contract Nurse, approved by Health Canada (HC), to attend a Pre-placement Orientation (PPO). The PPO will consist of two distinct segments totalling approximately 3 weeks in duration.

Segment 1:

The initial 10 working day segment of the program will consist of a combination of classroom theoretical training, as well as hands on practical components.

Segment 2:

Following completion of segment 1 the Contract Nurse will participate in an approximate 3 days on-site (First Nation (FN) community health centre) orientation and practicum placement.

The objective of the PPO includes, but is not limited to, the orientation of the Contract Nurse to the scope and nature of the Work to be performed at the Locations of Work, as well as the rewards and challenges of working in a remote, isolated or semi-isolated FN community. First Nations and Inuit Health Branch (FNIHB) Clinical Practice Guidelines for Nurses in Primary Care will be reviewed, in addition to other FNIHB programs (e.g. eHealth infostructure, Immunization, etc.).The agenda for the PPO will include, but not be limited to, the following subject matter:

- History taking and physical assessment
- Clinical Practice Guidelines for Nurses in Primary Care
- Drug formulary
- FN Nursing Station resources
- Subjective, Objective, Assessment, and Plan (SOAP) charting
- Case study
- Cardiovascular system
- Gastrointestinal / Genitourinary system(s)

-
- Fracture management
 - Well child clinic program
 - Immunization record
 - Basic ECG interpretation
 - Respiratory system
 - Medevac (Medical Evacuation) procedures
 - Critical incident stress management
 - Chronic diseases
 - Communicable diseases
 - Pharmacy services
 - Wound care

A formal agenda will be presented to the Contractor during the Start-Up Phase, prior to the PPO.

Health Canada only anticipates offering one PPO.

6. DELIVERABLES

The Contractor must deliver the following to the Technical Authority:

- a)** Throughout the Contract Period the Contractor must provide proof of renewed certifications, licensure, and insurance for Contract Nurses (see Section 8), as is required to provide nursing services, in accordance with the applicable provincial regulatory and professional body. Proof must be delivered to the Technical Authority prior to the expiration date of any certification, licensure, or insurance.
- b)** Within 15 working days following the completion of the PPO, the Contractor must deliver its revised CNTP for review and acceptance. The revised CNTP must incorporate feedback received from HC on its CNTP proposed in its bid. In addition, the revised CNTP should be reflective of the information and knowledge obtained during the PPO, specifically in regards to HC's requirements for nursing services. The technical authority will then have 10 working days to review the revised program and either approve the program or request that additional revisions be made.
- c)** The Contractor must submit updated versions of its CNTP on an annual basis to the Technical Authority, at a date to be determined during the Start-up Phase.
- d)** The Contractor must, within 30 calendar days of Contract Award, submit an Aboriginal Participation Component (APC) Plan to the APC Authority, for review and acceptance, describing how the Contractor will meet, or exceed, the minimum annual APC requirement as detailed in Annex F.

The Contractor's proposed APC Plan must include a breakdown of the Direct Benefits and the In-Direct Benefits that the Contractor proposes for delivery of the Work.

The Contractor's proposed APC Plan must also demonstrate how the Contractor intends to maximize the use of Aboriginal Business and Aboriginal Employment.

The APC Plan should also demonstrate any specialized training, career development, scholarships, and community outreach that the Contractor will employ to help local Indigenous communities meet their economic development needs.

7. CONTRACTOR RESPONSIBILITIES

- a) The Contractor must deliver the CNTP as proposed in its bid, subject to any revisions made in agreement with Health Canada in the Start-Up and annual review phases.
- b) The Contractor must provide the services of one primary coordinator and one backup coordinator, as named in article 18 of the Contract titled Specific Person(s). The role of the coordinator is to handle the administration of Nursing Services requests received from the Task Authorization Authorities (TAA), which involves timely delivery of Work and all communications concerning the Work.
- c) The Contractor must provide the Technical Authority with a 24 hour, 7 days a week emergency telephone number, SMS (text) number and email address. The Contractor's primary coordinator, backup coordinator, or their delegate will be responsible for responding to the emergency communications on a 24 hour and 7 days a week basis.
- d) The Contractor must provide a Contract Nurse to attend a Pre-Placement Orientation (PPO). The Contractor must leverage the knowledge gained by the Contract Nurse during PPO, and ensure that their CNTP is reflective of the knowledge gained. The Contractor must ensure that they implement appropriate knowledge management practices necessary to retain any information provided by HC to the Contract Nurse during the PPO.
- e) The Contractor must, without delay, advise the Nursing Station location of any arrival delay(s) of a Contract Nurse assigned by TA to that Nursing Station location.
- f) In the event of an investigation of nursing practice, or conduct, involving a Contractor's Contract Nurse, the Contractor must participate and aid in the investigative process including but not limited to, speaking with the Technical Authority and the FNIHB investigators, submitting written statements and appearing at any reviews. The cooperative participation of the Contractor and its Contract Nurses will be at no cost to Health Canada.
- g) The Contractor must deliver Work in accordance with its Retention and Recruitment Plan as proposed in their bid, and as revised with approval from the Technical Authority.
- h) **The Contractor must ensure that its Contract Nurses:**
 - i. Undergo and successfully complete the CNTP in advance of their first placement under this Contract.
 - ii. Are fit-tested for N-95 masks every two years, or sooner, if a change in physiognomy occurs that may affect efficacy of determined size to wear.
 - iii. Have the physical and mental capacity to perform the duties (as per Appendix I to Annex A) required for the delivery of temporary nursing services to HC.
 - iv. throughout the period of the Contract have the knowledge, training, experience and skill set to competently delivery Work as per the Scope of Practice of the applicable provincial regulatory and professional body and the First Nations and Inuit Health Clinical Practice Guidelines for Nurses in Primary Care -

<https://www.canada.ca/en/health-canada/services/first-nations-inuit-health/health-care-services/nursing/clinical-practice-guidelines-nurses-primary-care.html>

- v. Provide nursing services and health guidance to individuals, families and groups in the Location of Work. The Contract Nurse's Work is directed toward the prevention of disease and the promotion and maintenance of health. Contract Nurses may also be involved in the delivery of primary care and emergency services (potentially participating in medevacs and medical evacuations) of a mental health, medical, obstetrical or trauma related nature. Contract Nurses, based on operational requirements, may also be required to assist with administrative duties associated with the daily operations at the Location of Work.

See Appendix I to Annex A for the duties of the Registered Nurses and Nurse Practitioners required by Health Canada for this Contract.

- vi. Comply with the schedule established for the nursing station, which may be 8 hour or 12 hour shifts over a 24 hours per day, seven days per week basis.
- vii. Perform Work as per the Scope of Practice of the applicable provincial regulatory and professional body and the First Nations and Inuit Health Clinical Practice Guidelines for Nurses in Primary Care –

<https://www.canada.ca/en/health-canada/services/first-nations-inuit-health/health-care-services/nursing/clinical-practice-guidelines-nurses-primary-care.html>

- viii. Create, collect, receive, manage, access, use, retain and dispose of personal information only for the purposes relating to their duties under this Contract, and do so in accordance with the terms and conditions of the Contract and in accordance with the Privacy Act and TBS privacy and security policies and directives.
- ix. In the event of an investigation of nursing practice or conduct, participate in the investigative process (as directed by the Technical Authority) including but not limited to, speaking with the Technical Authority and the FNIHB investigators, submitting written statements, and appearing at reviews.
- x. Have the willingness and ability to travel in small aircraft, off road vehicles, snowmobiles, and other similar modes of transportation, including small watercraft, in varied weather conditions, to communities in Remote, Semi-Isolated and Isolated areas.
- xi. Use "communication devices" (e.g. mobile phones, text pagers and other wireless devices) in an appropriate manner at all times while performing Work.
- xii. Do not perform the duties of the NIC, nor act as Health Canada's delegate.
- xiii. Perform additional Contract Nurse responsibilities including, but not limited to:
- Review the required Immunization schedules in advance of arriving on site of the Location of Work as per the TA;
 - When authorized by the Technical Authority, or their delegate, operate a Government of Canada owned vehicle to conduct Work, which may include travel to and from the Location of Work (as specified in the TA); and,

- Participate in Nursing Station programs (e.g. immunization, pre-natal, well-baby) as directed by the NIC. The participation of the Contract Nurse could involve planning, implementing, administering and carrying out activities related to these programs.

8. REQUIREMENTS OF CONTRACT NURSES

a) Requirements at Task Authorization stage

All Contract Nurses must meet the following education, registration, licensure and insurance requirements corresponding to the regions where the nursing services are to be provided:

Registered Nurses	Registration / Licensing	Insurance	Education
Ontario Region	Valid registration with the College of Nurses of Ontario as a Registered Nurse, with no restrictions.	Malpractice insurance (refer to Annex D) through Registered Nurses' Association of Ontario or Canadian Nurses Protective Society.	Bachelor's degree in nursing.

Nurse Practitioners	Registration / Licensing	Insurance	Education
Ontario Region	Valid registration with the College of Nurses of Ontario as a Nurse Practitioner, with no restrictions.	Malpractice insurance (refer to Annex D) through Registered Nurses' Association of Ontario, Nurse Practitioners Association of Ontario or Canadian Nurses Protective Society.	Approved Ontario university NP program - Primary Care.

b) Certification Requirements at Task Authorization stage.

At time of Task Authorization, to be eligible for placement in FN communities, all proposed Contract Nurses (Registered Nurses and Nurse Practitioners) must have valid certification (or an equivalent approved by the Technical Authority) in the following¹:

- Cardio Pulmonary Resuscitation (CPR) /Basic Life Support (BLS) for healthcare providers;
- International Trauma Life Support (ITLS) / Trauma Nurse Core Course (TNCC) / Advanced Trauma Life Support (ATLS) / Prehospital Trauma Life Support (PHTLS / Quebec only);
- Pediatric Advanced Life Support (PALS) / Emergency Nursing Pediatric Course (ENPC);
- Workplace Hazardous Materials Information System (WHMIS);
- Immunization (see below for specific Region Requirements);

- AB, MB & ON - Immunization Competencies Education Modules - developed by the Canadian Pediatric Society in association with the Public Health Agency of Canada and Health Canada or equivalency in Quebec.
- Controlled Substances
 - University of Ottawa Distance Education Portal - FNIHB Nursing Education Module on Controlled Substances in First Nations Health Facilities (Note: applicable to RNs only).
- Transportation of Dangerous Goods (TDG);
- Advanced Cardiovascular Life Support (ACLS); and
- Privacy Basics and Privacy Impact Assessments – online course (publichealth.gc.ca/training)

¹ During the Start-Up Phase exceptions to the Contract Nurse required certifications may be accepted, subject to operational requirements, at the discretion and approval of the Technical Authority,

Nurses who do not have the valid certifications above must not be placed on the Contractors roster.

c) Language Requirements

- All contract nurses working in the ON Region must be fluent in English.

d) Work Experience

Each Contract Nurse must meet one of the following criteria:

- 1 year, defined as 1,500 regular working hours of experience, in the past five years, working in Remote, Isolated and/or Semi-isolated communities;

Or

- 2 years, defined as 3,000 regular working hours of experience, over the past five years performing nursing services in primary care and advanced clinical assessments. This experience may be within the emergency, intensive care unit or within community settings such as health care centres (e.g. urgent care centre, quick care centre).

e) Driver's License

All Contract Nurses must hold a valid Driver's License. For Ontario Region, the requirement is a Class "G".

9. LOCATION OF WORK

In most situations the Location of Work will be a Nursing Station or Health Centre (with Treatment) in the FN community; however, nursing services, based on operational requirements, may occur within other areas within the community.

While the location of the requirement will be identified at the time of the initial Task Authorization, HC or their delegate(s) reserves the right to change the location of the delivery of services at any point prior to or during the Task Authorization due to operational requirements. In such circumstances, the Technical Authority or their delegates will endeavor to provide the Contractor with as much notice as possible of the change of Location of Work. Should a Contract Nurse refuse to change location, the Contract Nurse will be sent back to Designated Transportation Hub and the Contractor must provide a replacement of personnel in accordance with article 2.1.1 of the Contract.

10. CONTRACT NURSE PERFORMANCE AND CONDUCT OF WORK

Concerns may be identified at a number of junctures, and as such the process to resolve issues is situation dependent. In the event that concerns are identified while the Contract Nurse is onsite, it will be expected that the Regional Manager, Nurse In Charge or the Nursing Supervisor, or their delegate, will address the concerns directly with the Contract Nurse with notification to Technical Authorities following the event. Concerns, which are identified by Health Canada or its delegates following the departure of the Contract Nurse (ex. chart audit, practice issue, conduct issue, etc.) from the community will also be addressed directly to the Contractor by the Technical Authority or their delegate.

The Technical Authority or their delegate will advise the Contractor of any professional practice or conduct issues identified with the Contract Nurses delivering services, and provide a completed Contract Nurse – Performance and Conduct of Work Report (see Appendix D to Annex A) which outlines the details regarding the practice or conduct issue. It is the responsibility of the Contractor to immediately respond to and address the concerns, including reporting to Regulatory Authorities as appropriate.

Should the severity of the issue(s) require the removal of the Contract Nurse, the Technical Authority or their delegate will immediately notify the Contractor. In the event the incident occurs outside of regular business hours, the Regional Manager, Nurse In Charge or Nursing Supervisor will be delegated the authority to contact the Contractor directly. The Contractor's replacement responsibilities will apply in such situations. The removed Contract Nurse will not be accepted under any future Task Authorizations until the issue is corrected to the satisfaction of HC.

In order for the Contract Nurse to be accepted under future Task Authorizations, the Contractor must demonstrate in a written communication to the Technical Authority, and the Contracting Authority that sufficient corrective and/or remedial actions have taken place. Written notification will be provided by HC to the Contractor on whether the actions were deemed sufficient and if the nurse can be used under future Task Authorizations.

Health Canada reserves the right to not accept the Contract Nurse for future placements should the corrective actions be deemed insufficient. In addition, Health Canada reserves the right to refuse a proposed Contract Nurse, and/or demand a replacement (at no additional cost to Health Canada) prior to, and after, authorization of a TA, based on any documented record of poor service or unacceptable conduct, including under this or any prior Contract, under previous employment with HC, or due to FN community requests or Band Council Resolutions.

11. USE OF GOVERNMENT PROPERTY

Government Property must be used by the Contract Nurse solely for the purpose of the Task Authorization and will remain the property of Canada. The Contract Nurse must take reasonable and proper care of all Government Property while the same is in, on, or about the premises of HC or otherwise in its possession or subject to its control. The Contractor will be responsible for any loss or damage resulting from the failure of the Contract Nurse to do so except for ordinary wear and tear.

Smoking is not permitted in nursing stations or residences supplied under the Contract.

Pets are not permitted in nursing stations or residences supplied under the Contract.

The Contractor must ensure that Contract Nurses keep living quarters clean and orderly, both inside and outside the building. The Contractor must notify HC of any existing damage to accommodations and/or any missing assets upon a Contract Nurse's arrival and report any damage incurred throughout the Contract Nurse's stay.

Excluding exceptional circumstances, Contract Nurses will have private bedrooms and bathroom facilities. Common areas will be shared with other nursing staff.

12. USE OF GOVERNMENT TELECOMMUNICATIONS

Use of Government of Canada telecommunications for personal use is not permitted.

13. NON-COMPETE

Prior to assigning any current, or former, Health Canada employee for Work under the Contract, the Contractor must wait a period of 90 calendar days (from the current or former employee's last day of work with Health Canada). In addition, Health Canada will wait a period of 90 calendar days (from the current or former Contract Nurse's last day of work with the Contractor) prior to assigning any current, or former, Contractor's Contract Nurse to perform nursing duties, consistent with the scope of work of the Contract, at any Location(s) of Work (as per Appendix H to Annex A).

Appendix A to Annex A

Designated Transportation Hubs for Contract Nurses

In exceptional circumstances, and on a case by case basis, the TAA will consider, for approval, alternative Designated Transportation Hubs where cost savings can be demonstrated by the Contractor to the satisfaction of Canada.

Region	Designated Transportation Hubs
Ontario Region	<ul style="list-style-type: none">• Ottawa, Ontario• Toronto, Ontario• Thunder Bay, Ontario• Timmins, Ontario (Only for those communities in the Moose Factory Zone)• Montreal, Quebec• Winnipeg, Manitoba

Appendix B to Annex A - Ontario

Hudson Bay

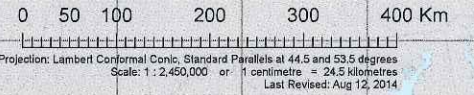
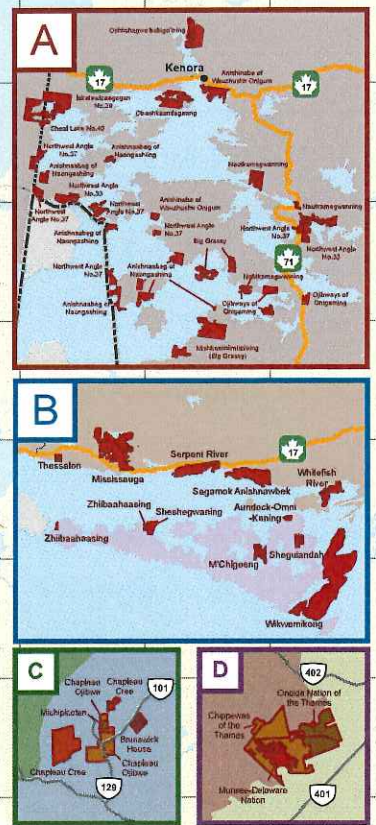
Adhesion to Treaty 6, 1908

Adhesion to Treaty 9, 1929

First Nations - Grid Coordinates - Reserves or Settlements

- Aamijwaning - MB - Sarnia 45
- Alderwell - L10 - Alderwell First Nation, Sugar Island 37A
- Algonquins of Piipowaganan - F11 - Piipowaganan
- Anishnabeg of Anishnabeek - GB - Lake Nipigon Reserve
- Anishnabe of Waushushuk Onigum - Inset A - Agency 30, Kenora 38B
- Anishnabe of Neogangshing - Inset A - Agency 30, Big Island 31D, E, F, Big Island Mainland 33, Lake of the Woods 31B, C, G, H
- Neogangshing 31A, Saug-A-Gaw-Shing 1, Shoal Lake 31J
- Arindan - GS - Arindan Indian Settlement
- Aitkamskeng Anishnabek - JB - Whitefish Lake 6
- Aitawapiskat - D6, D7 - Aitawapiskat 91, 91A
- Aumdesickominkanin Cree - Inset B - Sucker Creek 23
- Batchewana - JS - Goulais Bay 15A, Ojibway 15E, Renkin Bay of Quinik Mohawk - MB - Globe Farm 40B, Six Nations 40
- Beaufort Omongada - MB - Globe Farm 40B, Six Nations 40
- Bearskin Lake - C2 - Bearskin Lake
- Beausoleil - H9 - Chippewa Island, Christian Island 30, 30A
- Binihewasik Zaaging Anishnabek - GA - Rocky Bay 1
- Binjway Sasig Anishnabek - D4, GS - Sand Point First Nation
- Brunswick House - Inset C - Duck Lake 75B, Mountbatten 76A
- Callwell - MB, NB - Subject to settlement signed by Canada March 2, 2011
- Cat Lake - E3 - Cat Lake 63C
- Chapleau Cree - Inset C - Chapleau 75, Chapleau Cree Fox Lake
- Chapleau Ojibwe - Inset C - Chapleau 81A, 74, 74A
- Chippewas of Georgina Island - K9, L9, L10 - Chippewa Island, Chippewas of Georgina Island First Nation, Chippewas of Georgina Island First Nation 33A
- Chippewas of Kettle and Stony Point - MB - Kettle Point 44
- Chippewas of Nawash - H8, K9 - Cape Croker Hunting Ground 60B, Nawash Hunting 27, Saugan and Cape Croker Fishing Islands 1
- Chippewas of Rama - K9, K10 - Chippewa Island, Indian River, Mjiganing First Nation 32
- Chippewas of the Thames - Inset D - Chippewas of the Thames First Nation 42
- Constance Lake - F6, F7, G7 - Constance Lake 62, English River 66
- Couchiching - H2 - Agency 1, Couchiching 18A
- Curve Lake - K10 - Curve Lake 35A, Curve Lake First Nation 35, Waters in the Trent Waters 36A
- Deer Lake - D2 - Deer Lake
- Delaware - M9 - Globe Farm 40B, Six Nations 40
- Dokis - JS - Dokis 8
- Eabameloong - E8 - Fort Hope 64
- Eagle Lake - O2 - Eagle Lake 27
- Flying Post - H8 - Flying Post 73
- Fort Albany - E9 - Fort Albany 67
- Fort Severn - B6 - Fort Severn Indian Settlement, Fort Severn 89
- Fort William - M4 - Fort William 52
- Garden River (Kegonsagette) - J7 - Garden River 14
- Ginoogaming - G6 - Ginoogaming First Nation
- Grassy Narrows (Asubesshooewegong) - F4 - English River 21
- Henvey Inlet - JB - French River 13, Henvey Inlet 2
- Hawatha - K10, L10 - Hawatha, Islands in the Trent Waters 36A
- Kashtewazaagan No.38 - Inset A - Agency 30, Shoal Lake 34B2, 35A, 36A
- Kiashtie Zaaging Anishnabek (Dull Bay) - G4 - Gull River 55
- Kasabonika Lake - D4 - Kasabonika Lake
- Kashechewan - E8 - Fort Albany 67
- Keewiwin - D2 - Keewiwin-Wee-My-Win Indian Settlement
- Kingfisher - D4 - Kingfisher 2A, 3A, Kingfisher Lake 1
- Kiichenuhmykoosib Ininiwag - C4, D4 - Kiichenuhmykoosib Aiki 84
- Kondakia Seneca - H9 - Globe Farm 40B, Six Nations 40
- Lac Des Milles Lacs - H3 - Lac Des Milles Lake 22A1, Seine River 22A2
- Lac La Croix - H2 - Negusgon Lake 25D
- Lac Seul - F2, G2 - Lac Seul 28
- Long Lake No.68 - GB - Long Lake 59
- Lower Cayuga - H9 - Globe Farm 40B, Six Nations 40
- Lower Mohawk - H9 - Globe Farm 40B, Six Nations 40
- Matachewan - JS - Matachewan 1
- Marten Falls - H5 - Marten Falls 65
- Matachewan - H9 - Matachewan 72
- Mattagan - B - Mattagan 71
- McDowell Lake - E7 - McDowell Lake Settlement
- M'Chigeng - Inset B - M'Chigeng 22
- Michipicoten - H7, H8, I7 - Michipicoten 61, Gros Cap 49, Gros Cap Indian Village 49A, Missanable 62
- Mishkeepung - F4, F4 - Ononabagh 63A, B
- Mishkosimizing (Big Grassy) - Inset A - Agency 30, Assabaska, Big Grassy River 35C, Lake of the Woods 35J, Neogangshing 38A, Obiching 38F

- Missanable Cree - H7 - Missanable Transfer Lands
- Mississauga - Inset B - Mississauga River
- Mississaugas of Scugog Island - K10, L10 - Islands in the Trent Waters 36A, Mississaugas of Scugog Island
- Mississaugas of the New Credit - Inset A - New Credit 40A
- Mitsanigaming (Stankomking) - H2 - Agency 1, Rainy Lake 18C
- Mohawks of Akwesasne - K15 - Akwesasne 59
- Mohawks of the Bay of Quinte - L11 - Tyendinaga Mohawk Territory
- Moose Deer Point - F8, F9 - Factory Island 1, Moose Factory 68
- Mosowan of the Thames - H1, K9 - Mosowan 47
- Munsee-Delaware Nation - Inset D - Munsee-Delaware Nation 1
- Muskral Dam Lake - D3 - Muskral Dam Lake
- Naisicahewerin - H4, K9 - Agency 1, Rainy Lake 17A, B
- Naisicahewerin - Inset A - Agency 30, Sabaskong Bay 32C, Madishish Bay 22A, Yaw-Ojib 22B
- Neskantaga - E5 - Neskantaga, Summer Beaver Settlement
- Nibnamik - D4 - Summer Beaver Settlement
- Nipigon (Nipigonkang) (Nickicoosencang) - H2 - Agency 1, Rainy Lake 26A, B, C
- Nipissing - JB - Nipissing 10
- North Caribou Lake - D3 - Wagamow Lake 87
- North Spirit Lake - O2 - North Spirit Lake
- Northwest Angle No.33 - Inset A - Agency 30, Northwest Angle 31B, Whitefish Bay 34A
- Northwest Angle No.37 - Inset A - Agency 30, Big Island 37, Lake of the Woods 34, 37, 37B, Northwest Angle 34C and 37B, Shoal Lake 34B1, 37A, Whitefish Bay 34A
- Obashkaandaagaang - Inset A - Agency 30, Rat Portage 36A
- Ochishagwe-Isagishing - Inset A - Agency 30, The Dalles 30C
- Ojibway Nation of Sauguen - F3 - Ojibway Nation of Sauguen
- Ojibways of Onigaming - Inset A - Agency 30, Assabaska, Sabaskong Bay 35C, D, E, H
- Ojibways of the Pic River - H5 - Pic River 50
- Onida - M9 - Globe Farm 40B, Six Nations 40
- Onida Nation of the Thames - Inset D - Onida 41
- Onondaga Clear Sky - M9 - Globe Farm 40B, Six Nations 40
- Pays Plat - H2 - Pays Plat 61
- Pic Mobert - H6 - Pic Mobert North, South
- Pilargium - H2 - Pilargium 14
- Poplar Hill - E1 - Poplar Hill
- Rainy River - H1 - Long Sault 12, Manitou Rapids 11
- Red Rock - H4 - Lake Helen 32A, Red Rock 63
- Sachigo Lake - C2, C3 - Sachigo Lake 1, 2, 3
- Sagamok Anishnabek - Inset B - Sagamok
- Sandy Lake - D2 - Sandy Lake 85
- Sauguen - K9, L8 - Chief's Point 28, Sauguen and Cape Croker Fishing Islands 1, Sauguen 29, Sauguen Hunting Grounds 60A
- Seine River - H2 - Seine River 23A, B, Sturgeon Falls 23
- Serpent River - Inset B - Serpent River 7
- Shawana - JB, K9 - Naisicahewerin 17A, Shawana 17, 17B
- Shegandah - Inset B - Shegandah 24
- Sheshagwaning - Inset B - Sheshagwaning 2
- Shoal Lake No.40 - Inset A - Agency 30, Shoal Lake 34B2, 340
- Six Nations of the Grand River - M9 - Globe Farm 40B, Six Nations 40
- Slate Falls Nation - F3 - Slate Falls Indian Settlement
- Taywa Tagamou Nation - G8, H8 - New Post 89, 89A
- Temagami - I9 - Bear Island 1
- The Salmon - Inset B - The Salmon 12
- Tuscarora - H9 - Globe Farm 40B, Six Nations 40
- Upper Cayuga - H9 - Globe Farm 40B, Six Nations 40
- Upper Mohawk - H9 - Globe Farm 40B, Six Nations 40
- Wabesawagan - Inset B - Wabesawagan 21
- Wabegoon Lake - F3 - Wabegoon Lake 27
- Wahnapitae - JS - Wahnapitae 11
- Wahna Mohawk - K9 - Indian River, Wahna Mohawk Territory
- Walker Mohawk - H9 - Globe Farm 40B, Six Nations 40
- Walpole Island (Bkejwanong) - M9 - Walpole Island 46
- Wasaukeg - C4, D4 - Wasaukeg 1, 2
- Wasaukeg - K9 - Parry Island First Nation
- Wawakapevwin - D4 - Wawakapevwin
- Webeque - D6 - Webeque, Webequon Indian Settlement
- Weenusk - C6, B8 - Weenusk 30, Peawanuk Indian Settlement
- Whitefish River - H9 - Whitefish River 4
- Whitesand - F4 - Armstrong Settlement, Whitesand
- Wikwemikong - Inset B - Point Grandine 3, Wikwemikong Unceded
- Wunnumiung - D4 - Wunnumiung 1, 2
- Zhizbaahaasing - Inset B - Zhizbaahaasing 19, 19A



Appendix C to Annex A - Ontario

Template – Proposed Contract Nurse for Contractor’s Roster

When proposing a new Registered Nurse or Nurse Practitioner for consideration for your roster, please complete the following table and provide the documents outlined below. In addition, please update Appendix G – Agency Nurse Monthly Tracking of Licensure and Certifications template.

Name of Contractor:	Date Proposed:
Name of Contract Nurse:	_____

Please provide the following documents: (Please check off which documents have been provided)

Choose one of the following ... The Proposed Contract Nurse is a ___ Registered Nurse or ___ Nurse Practitioner	
Documentation Required	Expiry Date
1. Resume (Yes/No)	
2. Copy of Degree/Diploma (Yes/No)	
3. Copy of Valid License (with no restrictions) for each jurisdiction the nurse will be practicing	
Ontario	CNO
Manitoba	CRNM
Québec	OIIQ
Alberta	CARNA
4. Proof Malpractice Insurance	
5. Copy of Driver’s License	
6. Copy of CPR Certificate/Basic Life Support certification for Healthcare Providers	
7. Copy of Advanced Cardiac Life Support (ACLS) Certificate	
8. Copy of ITLS Certificate / TNCC / ATLS / PHTLS (Quebec only)	
9. Copy of PALS / ENPC Certificate	
10. Proof of successful completion of University of Ottawa’s Controlled Drugs and Substances Course	
11. Proof of successful completion of the EPIC Canadian Paediatric Society/PHAC Immunization Competencies Modules or an equivalent approved by the Technical Authority	
12. Proof of successful completion of the basic online training on the Quebec Immunization Protocol (PIQ) recommended by the OIIQ and offered by Laval University - Protocole d'immunisation du Québec (PIQ).	
13. Completion of Contract Nurse Training Program (CNTP)	
14. Security Clearance – Enhanced Reliability Status	
15. Privacy Basics & Privacy Impact Assessments – PHAC Online Course	
16. Copy of WHMIS Certificate	

17. Copy of TDG Certificate	
18. Language English /French	
19. Work Experience (Must be reflected on the Resume) <ul style="list-style-type: none"> • one (1) year, defined as 1,500 regular working hours of experience, in the past five years, working in remote, isolated and/or semi-isolated communities Or • two (2) years, defined as 3,000 regular working hours of experience, over the past five years performing nursing activities and services in primary care and advanced clinical assessments. This experience maybe within the emergency, intensive care unit or within community settings such as health care centres (e.g. urgent care centre, quick care centre) . 	Number of Years

<p>The Contract Nurse, by signing here, provides their consent to copies of all the documents referenced above being forwarded to the Technical Authority (of Health Canada) for verification of educational, certification and training requirements.</p>	<p>Contract Nurse’s signature:</p> <hr/> <p>Date: (year/month/day)</p> <hr/>
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Appendix D to Annex A - Ontario

Contract Nurse Performance and Conduct of Work Report

Section 1. Process Description:

- 1) The Nurse In Charge (NIC) identifies the performance and / or conduct issue(s) and discusses them with their respective nurse manager, zone nursing officer, or nurse educator in order to determine if the performance and / or conduct warrants immediate relief of duties or can be addressed by the NIC.
- 2) The NIC, Nurse Manager, Zone Nursing Officer, or Nurse Educator investigates and completes the Contract Nurse Performance and Conduct of Work Report attached. Please ensure the synopsis is written in plain language and doesn't require interpretation by the Technical Authority. Opportunities for improvement can be outlined in additional comments. If the issue is not regarding professional practice or patient safety, please include whether or not the Contract Nurse is able to continue to work in the current community (as per TA assignment) or is able to work in other communities (as per the Contract).
- 3) Competencies that have been marked with an "X" reflect the area(s) of concern. Any competencies that have been marked with an "X" must be clearly explained in *Section 4 - Synopsis and Additional Comments*. If the incident(s) is not a reflection of the competencies, skills or conduct identified in Section 3, a description of the issue(s) must be clearly explained in Section 4. Reports that do not contain substantiation in Section 4 will be considered incomplete.
- 4) A copy of the completed report will be sent to the Technical Authority. The Technical Authority will advise the Contractor of any professional performance or conduct issues identified with the Contract Nurse(s) delivering services, and provide a completed Contract Nurse Performance and Conduct of Work Report which outlines the details regarding the performance or conduct issue(s). . Reports that are incomplete will be returned to the sender for completion.

Section 2. Reporting Information:

Name of Contract Nurse:	Date that incident(s) occurred:
Contractor:	
FN Community where incident(s) occurred:	
Incident(s) witnessed / reported by (name): Date: Signature:	
Name of Nurse Manager / Zone Nursing Officer / Nurse Educator: Date: Signature:	

Section 3. Competencies / Skills / Conduct:

Skill Statement for Role and Scope	Indicate with an (X) the area(s) of concern:
1. Perform nursing services as per the Health Canada FNIHB Clinical Practice Guidelines for Nurses in Primary Care	

Skill Statement for Health Promotion & Illness/Injury Prevention	Indicate with an (X) the area(s) of concern:
1. Apply principles of teaching and learning in the implementation of community based education (e.g., individuals, groups and aggregates).	
2. Identify client health promotion / prevention needs.	
3. Participate in health promotion / prevention programs (e.g., school health, prenatal care, men / women health, and injury prevention).	
4. Participate in communicable disease programs, including community-based education regarding communicable disease control and immunization programs.	

Skill Statement for Health Assessment	Indicate with an (X) the area(s) of concern:
1. Perform health and screening assessments, including relevant health history and physical examinations according to clients' condition and stage of development.	
2. Analyse the findings from health assessments and recognize the deviations / variation from normal findings.	
3. Synthesize data from multiple sources to establish a differential and working diagnosis.	
4. Identify common health problems / conditions including urgent / emergent problems / conditions, communicable diseases, affecting clients across the lifespan	
5. Communicate verbally and in writing, concise and precise history and physical assessment findings on clients across the lifespan.	
6. Consult with other health care providers regarding assessments in an appropriate and timely manner.	

7. Determine the need for appropriate diagnostic tests.	
8. Discuss health assessment findings with clients.	
9. Recognize a psycho-social emergency.	
10. Recognize the impact of community disasters.	

Skill Statement for Interventions: (Within the context of the Scope of Practice in each Jurisdiction and Health Canada / FNIHB Clinical Practice Guidelines for Nurses in Primary Care)	Indicate with an (X) the area(s) of concern:
1. Initiate, manage and evaluate care of common / urgent / emergent problems / conditions affecting clients across the lifespan.	
2. Communicate verbally and in writing, clinical interventions on clients.	
3. Initiate over the counter and prescription drugs and therapeutics based on assessment data and use of drug formulary.	
4. Apply knowledge of pharmacology when prescribing drugs and dispense in accordance with National Nurses Drug Classification System and meet legal requirements for documentation of prescriptive therapy.	
5. Assist and support clients in designing, following and assessing effectiveness of recommended therapeutic regimes.	
6. Operate emergency equipment.	
7. Initiate and maintain intravenous fluid therapy according to the needs of the client.	
8. Apply principles of wound management including suturing.	
9. Manage psycho-social emergencies.	
10. Implement general principles of medical evacuation and manage as required.	
11. Utilize safety precautions (e.g., client, equipment, and self).	
12. Perform venipuncture according to standards of practice.	
13. Perform specimen collection appropriate to treatment settings (e.g. STD swabs, pap smears, gastric washings for TB, and microscopy for wet mount / clue cells).	
14. Interpret diagnostic laboratory results and respond appropriately.	
15. Apply the knowledge and principles of radiology in order to safely perform x-rays of chest/limbs (Where applicable.)	

16. Provide basic interpretation of chest and limb films and respond appropriately (Where applicable.)	
17. Apply knowledge in order to accurately perform, interpret, and respond appropriately to basic ECG's.	

Skill Statement for Cultural Competency	Indicate with an (X) the area(s) of concern:
1. Demonstrate respect of Indigenous culture and Indigenous peoples.	

Use of Communication Devices	Indicate with an (X) the area(s) of concern:
1. Contract Nurses must use "communication devices" (e.g. mobile phones, text pagers and other wireless devices) in an appropriate manner at all times while performing Work.	

Use of Government Property	Indicate with an (X) the area(s) of concern:
1. Smoking is not permitted in nursing stations or residences supplied under the TA	
2. Pets are not permitted in nursing stations or residences supplied under the TA	
3. The Contractor will be responsible to keep the living quarters clean and orderly, both inside and outside the building	

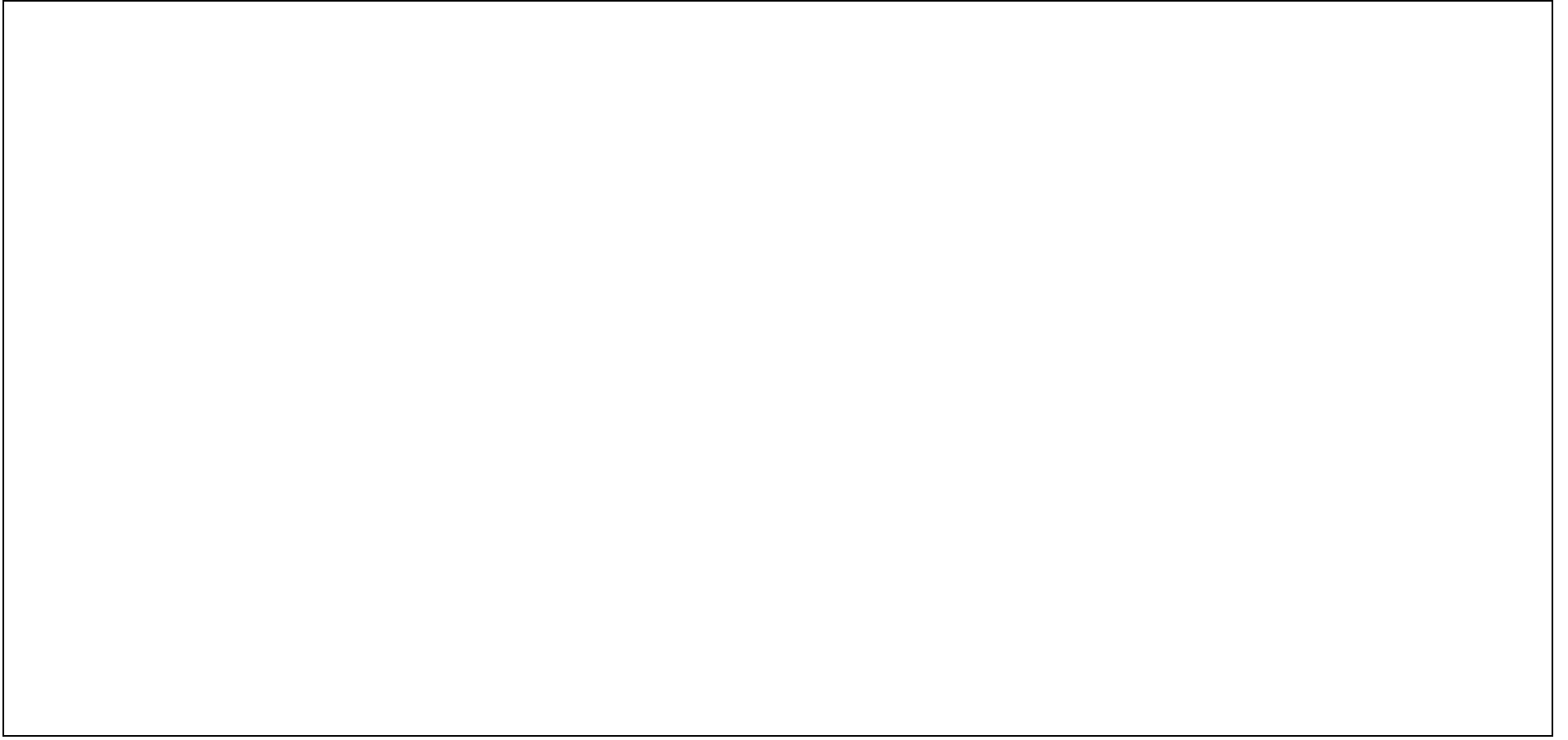
****** The nature and / or severity of the issue(s) raised in this report warrant that this Contract Nurse be removed from the community and / or HC approved Contract Nurse Roster. ******

Yes ___ No ___

Section 4. Synopsis and Additional Comments:

Any competencies that have been marked with an “X” **must** be clearly explained (below), otherwise this Report will be considered incomplete:

Completed by (name): _____ Date: _____ Signature: _____



Appendix E to Annex A - TIME SHEET

INSTRUCTIONS

Health Canada NIC to send copy of Signed Record to:

Nurse Relief Coordination Unit

Fax Number: 613-952-4622

E-Mail: AgencyNurseServices_Servicedinfirmieresdagens@hc-sc.gc.ca

Original Signed Record to be kept by the Contractor.

Contractor: _____

Contract Nurse: _____

Community Location: _____

TA #: _____ PO# _____

Day	Date	Regular Hours			Standby Hours			1st / 2nd / 3rd	Authorized Overtime Hours			Additional Info
		Start	End	Total	Start	End	Total		Start	End	Total	
Sun												
Mon												
Tues												
Wed												
Thurs												
Fri												
Sat												
		Total Hours			Total Hours				Total Hours			

Travel Time while in Transit (Medivac, Change of Location)			
Day	Start	End	Comments

Summary of Hours:	
Regular Hrs	
Standby Hrs	
Authorized OT Hrs	
Call Back Hrs (Form attached)	
Travel Time While in Transit	
Total hours	

NIC Name (Print): _____

NIC Signature: _____

Appendix F to Annex A - Ontario

**OVERTIME AUTHORIZATION FORM
HEALTH CANADA
FIRST NATIONS AND INUIT HEALTH BRANCH**

NAME OF THE CONTRACTOR:

NAME OF CONTRACT NURSE:

REGION:

SERVICE DATES:

PO NUMBER:

COMMUNITY LOCATION:

TA NUMBER:

REASONS FOR EXTRA DUTY:

APPROXIMATE HOURS REQUESTED:

DATE:

COMMENTS:

NIC APPROVAL:

(PRINT NAME/SIGNATURE)

This form is to be utilized to approve all Overtime for Contract Nurses, other than when they are "Called-Back" or when assigned to be on "Stand-by".

INSTRUCTIONS:

NIC to send a copy of the signed Overtime Authorization to the Nurse Relief Coordination Unit at Fax 613-952-4622 or send pdf via email to agencynurseservices_servicedinfirmieresdagens@hc-sc.gc.ca.

Nurses are to attach the signed copy of this form to time sheets.

Original signed record to be kept by the contractor.

Appendix H to Annex A

Locations of Work - First Nations Communities

Ontario Region

- Bearskin Nursing Station
- Cat Lake Margaret Grey Nursing Station
- Deer lake Jeannette Oscar Lindokken Nursing Station
- Fort Hope Nursing Station
- Fort Severn Nursing Station
- Grassy Narrows Health Center with Treatment
- Gull Bay Health Center with Treatment
- Kasabonika Nursing Station
- Kashechewan Nursing Station
- Keewaywin Nursing Station
- Kitchenuhmaykoosib Inninuwug Big Trout Lake Nursing Station
- Lansdowne House Nursing Station
- Marten Falls Ogoki Post Health Center with Treatment
- Mishkeegogamang New Osnaburgh Nursing Station
- Muskrat Dam Nursing Station
- North Spirit Lake Nursing Station
- Pikangikum Nursing Station
- Poplar Hill Nursing Station
- Round Lake Sena Memorial Nursing Station
- Sachigo Lake Nursing Station
- Sandy Lake Nursing Station
- Summer Beaver Nursing Station
- Wabaseemoong Whitedog Health Center with Treatment
- Webequie Nursing Station
- Weenusk Peawanuck Nursing Station

Appendix I to Annex A – Ontario

Contract Nurse Duties

Registered Nurse:

Registered Nurse duties may include, but are not limited to the following:

- Assessing the patients physical, emotional and mental health
- Performing basic exams and take vital signs, blood pressure, draw blood samples
- Carrying out treatment plans for patients which include giving medications, coordinating treatments, bandaging wounds and giving injections
- Operating and monitoring technical equipment
- Assisting with medical procedures or minor surgery
- Educating patients and informing them of different treatment options
- Assessing the needs of individuals, families and/or communities
- Instructing individuals, families and other groups on topics such as health education, disease prevention and childbirth, and developing health improvement programs
- Preparing rooms, and ensuring that stock of supplies is maintained
- Emergency labor and delivery
- Providing prenatal and postpartum care
- Performing physical examinations, making tentative diagnoses, and treating patients preparing to medivac
- Conducting specified laboratory tests
- Prescribing or recommending drugs, medical devices or other forms of treatment, such as physical therapy, inhalation therapy, or related therapeutic procedures
- Directing and coordinating infection control programs, advising and consulting with specified personnel about necessary precautions
- Performing administrative functions
- Maintaining accurate, detailed reports and records
- Monitoring, recording and reporting symptoms and changes in patients' conditions
- Recording patients' medical information and vital signs
- Modifying patient treatment plans as indicated by patients' responses and conditions
- Consulting and coordinating with health care team members to assess, plan, implement and evaluate patient care plans
- Ordering, interpreting, and evaluating diagnostic tests to identify and assess patient's condition

***** Please refer to the following provincial nursing Colleges / Ordre for the specific Standards, Guidelines and Scope of Practices that apply to the region *****

- Ordre des infirmières et infirmiers du Québec (OIIQ)
- College of Nurses of Ontario (CNO)
- College of Registered Nurses of Manitoba (CRNM)
- College and Association of Registered Nurses of Alberta (CARNA) / Alberta Health Professions Act

Nurse Practitioner:

Nurse Practitioner duties may include, but are not limited to the following:

- Interviewing patients to get a medical history
- Conducting physical examinations
- Diagnosing injuries, illnesses, and disorders
- Prescribing certain medications to treat chronic or acute illness
- Teaching patients about illness prevention and a healthy lifestyle
- Communicating with other health care providers to achieve total health for patients
- Performing annual physicals
- Performing patient counselling (e.g., mental health, family planning, medication compliance)
- Promoting health (e.g., smoking cessation)
- Immunizing against disease, screening for diseases
- Treating for short-term acute illnesses (e.g., infections, minor injuries)
- Monitoring patients with stable chronic illnesses (e.g., diabetes)
- Referring patients to social services
- Counselling patients (e.g., understanding illness progression, treatments)
- Promoting health (e.g., infection control)
- Treating for acute / critical / urgent illness
- Demonstrating/Teaching Procedures (e.g., de-fibrillation)
- Monitoring patients with chronic conditions (e.g., diabetes)
- Referrals to other health and social services (e.g. social work, dieticians, pharmacists, home care facilities)
- Prescribing medications, and administers physical exams and preventive care
- Obtaining medical histories, provides immunizations, and manages chronic diseases such as diabetes and heart disease

***** Please refer to the following provincial nursing Colleges / Ordre for the specific Standards, Guidelines and Scope of Practices that apply to the province *****

- Ordre des infirmières et infirmiers du Québec (OIIQ)
- College of Nurses of Ontario (CNO)
- College of Registered Nurses of Manitoba (CRNM)
- College and Association of Registered Nurses of Alberta (CARNA) / Alberta Health Professions Act

Appendix J to Annex A – Ontario

Contract Nurse Training Program (CNTP)

The Contractor's CNTP must include Theory, Practicum and Assessment (of Theory and Practicum) modules.

The most current FNIHB Clinical Practice Guidelines (<https://www.canada.ca/en/health-canada/services/first-nations-inuit-health/health-care-services/nursing/clinical-practice-guidelines-nurses-primary-care.html>) must to be incorporated into the following components and sub-sections (A, B, C, D, E, F and G) of the Contractor's CNTP.

A) General

- Specificities on scope of practice and nurses' role
 - Pharmacological intervention considerations
 - ECG's (electrocardiograms)
 - Communication to other health care providers using SBAR (Situation, Background, Assessment, Recommendation) (Telehealth etc.)
 - SOAP (Subjective, Objective, Assessment, and Plan) charting
 - Demonstration of critical thinking
 - Documentation
 - Consent to medical treatment
 - Privacy and access issues/confidentiality

B) Management and Assessment of Adult Clients

- Central Nervous system
- Ophthalmology/Eyes
- Otorhinolaryngology (ORL)/ Ears, nose, throat and mouth
- Cardiovascular system
- Respiratory system
- Gastrointestinal System
- Genito-urinary system (men and women)
- Hematology, metabolism and Endocrinology
- Dermatology /Skin
- Mental health (including management and assessment of a suicidal client)
- Musculoskeletal system
- Women's health and gynaecology
- Obstetrics
- Communicable diseases

C) Management and Assessment of Pediatric Clients

- Pediatric health Assessment
- Pediatric procedures
- Pediatric prevention and health maintenance
- Fluid management

- Child maltreatment
- Dysfunctional problems of childhood
- Nutrition
- Central Nervous system
- Ophthalmology/Eyes
- Otorhinolaryngology (ORL)/Ears, nose throat and mouth
- Cardiovascular system
- Respiratory system
- Mental health (including management and assessment of a suicidal client)
- Gastrointestinal system
- Genito-urinary system (men and women)
- Endocrinology/hematology, metabolism and immunology
- Dermatology /skin
- Musculoskeletal system
- Communicable diseases

D) Management and Assessment of Obstetrical, Gynecological and Newborn Clients

- Ophthalmology
- Otorhinolaryngology (ORL)/ Ears, nose, throat and mouth
- Genito-urinary system.
- Endocrinology
- Prenatal care
- Obstetrical and delivery emergencies
- Sexual assault kit (sexual assault)

E) General Emergencies and Major Trauma

1. Responding to general emergencies and major trauma (ABC's, primary and secondary survey, resuscitation)
2. General emergency situations
 - a. Anaphylaxis
 - b. Shock
 - c. Coma (not yet diagnosed)
 - d. Overdoses, poisonings and toxidromes
 - e. Hypothermia
3. Major trauma situations
 - a. Head trauma
 - b. Cervical spine and spinal cord trauma
 - c. Flail chest
 - d. Pelvic fracture
4. Medevacs / Medical Evacuation

F) The knowledge and skills of performing and interpreting Laboratory tests, and ECG

G) The Competencies associated with public health/population health practice

The Contractor's CNTP must also include Theory, Practicum and Assessment (of Theory and Practicum) modules for the following component and sub-sections (H).

H) Indigenous Cultural Competency and Safety

Nursing services, performed under this Contract, will be delivered to Indigenous Peoples within FN communities. Component "H" of the Contractor's CNTP must clearly describe its pedagogical approach, including the theoretical component and, in addition, provide the methods as to how its Contract Nurses (CN's) are evaluated theoretically and in a practicum setting, in order to ensure that its CN's meet the Indigenous cultural and safety competencies of Respect, Communication, and Knowledge of Indigenous history and culture.

1. Respect
2. Knowledge of Indigenous history and culture
3. Communication

Component "I" of the Contractor's CNTP must clearly define how the Contractor, through its Continuous Education and Professional Development, ensures that its Contract Nurses not only maintain, but, in addition, continue to refine the competencies needed to fulfill the requirements of Health Canada for this Contract.

I) Continuous education and professional development

APPENDIX K TO ANNEX A

Invoice Template

Vendor Name
 Vendor Address
 Vendor Phone Number
 GST#: _____

Invoice Number: _____
 Invoice Date: YYYY-MM-DD
 Final Invoice: Yes / No

Invoice Addressed to:
 Health Canada, PWGSC, Hubs Insert email addresses
 Contracting Authority: NAME and ADDRESS

TA #: _____
 TA Amend. #: _____
 PO #: _____
 Nurse's Name: _____
 Service Location: _____

*Original hard copy of invoice is kept by the Contractor.

Service Start Date: YYYY-MM-DD

Service End Date: YYYY-MM-DD

Description of Services	Time Sheet Attached	Number of Hours/Quantity	Unit Rate	Total
Regular/Standby Hours (GL 54506)				\$ -
Overtime/Call Back Hours (GL 54506)				\$ -
Statutory Hours - on Stand By (GL 54506)				\$ -
Statutory Hours - on Call Back (GL 54506)				\$ -
Travel Time Flat Fee (GL 54506) (\$0, \$150 or \$300 as applicable)			\$ 150.00	\$ -
Travel Time While in Transit(GL 54506)				\$ -
Cancellation Fee (GL5406)				\$ -
Total Service Cost				\$ -

Travel and Allowable Accommodation and Miscellaneous Costs:	Receipt /Voucher Attached	Amount	Total
Air (GL 52510)			\$ -
Taxi (GL 52514)			\$ -
Personal Motor Vehicle (GL 52513)			\$ -
Others costs (please specify as per Treasury Board of Canada Secretariat's Travel Directive and the approved TA)			\$ -
Total Travel Cost			\$ -

Urgent Task Authorization (TA) Fee	\$ -
Emergency Service Request (ESR) Fee	\$ -
Performance Incentive Framework	\$ -
Applicable taxes on travel and accommodation	\$ -
Applicable taxes service fees	\$ -
Total Taxes	\$ -
INVOICE TOTAL AMOUNT	\$ -

All supporting documents are provided with this invoice, including Time Sheets, invoices, receipts and vouchers for all direct expenses, travel and accommodations.

APPENDIX L TO ANNEX A - ONTARIO

INSTRUCTIONS

HC NIC to send copy of signed Record to: **Nurse Relief Coordination Unit**

Fax Number: 613-952-4622 **E-Mail:** AgencyNurseServices_Servicedinfirmieresdagens@hc-sc.gc.ca

Original Signed Record to be kept by the Contractor.

TA#: _____ PO#: _____
Contractor: _____

RECORD OF CALL BACK

Contract Nurse: _____ **Community:** _____

Complete ONE Record of Call Back PER Week (Sunday to Saturday)

Day	Date	Time	Reason for Call Back	Total Hours	NIC Name (Print)	NIC Initials
		In:				
		Out:				
		In:				
		Out:				
		In:				
		Out:				
		In:				
		Out:				
		In:				
		Out:				
		In:				
		Out:				
Total Hours						

Week Ending: _____

NIC Name: _____

Signature: _____