

## ANNEX “A”

### STATEMENT OF WORK

#### AMDT 001

#### Search and Rescue Technician Medical Training Program

#### 1. OBJECTIVE

- 1.1 Search and Rescue Technician (SAR Tech) medical programs must be specifically tailored to SAR Tech programs based on the paramedic training curriculum. The SAR Tech works under the authority of the 1 Canadian Air Division (1 CAD) Flight Surgeon. While much instruction relates directly with the National Occupational Competency Profiles (NOCPs) for Paramedic practitioners, time constraints of the training year will not allow for the full completion of all NOCP checklist elements. Instead, training is focused towards the 1 CAD Headquarters SAR Tech Pre Hospital Protocols and Procedures (B-GA-005-000/FP-D01) detailing actions of the SAR Tech during rescue missions and interventions to be taken.
- 1.2 SAR Tech medical programs must meet all prerequisites for the existing “Primary Care Paramedic (PCP) with Advanced Care Paramedic Skills” certification in accordance with the current 1 CAD Headquarters SAR Tech Pre Hospital Protocols and Procedures (B-GA-005-000/FP-D01), taking into consideration the developing changes occurring to the NOCPs for paramedic practitioners.
- 1.3 As and when requested, the Contractor must take the lead on all training and instruction with augmentation provided by the Canadian Forces School of Search and Rescue (CFSSAR). SAR Tech Instructors will augment and be utilized during practice simulations on the Restricted Team Member (RTM) course, the Restricted Team Leader (RTM) course, and Medical recertification courses. The Contractor must conduct all the testing on the RTM course.

#### 2. BACKGROUND

- 2.1 The Canadian Forces Search and Rescue Technicians (SAR Techs) are part of an elite group of Primary Care Paramedics (PCP) that provide on-scene medical aid and evacuation anywhere in Canada. They are the rescuers of last resort getting called out in some of the worst weather, to some of the most remote regions of Canada. There are approximately one hundred operational SAR Techs across Canada at five primary Search and Rescue Squadrons in Winnipeg, MB; Trenton, ON; Greenwood, NS; Comox, BC; and Gander, NL. As well, there are an additional thirty SAR Techs positioned at schools and in management.
- 2.2 Search and Rescue (SAR) operations may require parachuting, mountaineering, hiking, swimming and diving to reach the citizens in peril. Search and Rescue missions typically employ two SAR Techs with the apprentice serving as Team Member (TM) being directed by a journeyman SAR Tech known as the Team Leader (TL).

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- 2.3 Upon graduating from the eleven-month search and rescue course in Comox, British Columbia, SAR Techs need to be experts in each category, in addition to completing the necessary medical training.

### 3. ACRONYMS AND ABBREVIATIONS

<b>TERM</b>	<b>MEANING</b>
1 CAD	1 Canadian Air Division
1 CAD Surg	1 Canadian Air Division Surgeon
ACP	Advanced Care Paramedic
AED	Cardiac Arrest
CASSIM	Casualty Simulation
CFSSAR	Canadian Forces School of Search and Rescue
COPD	Chronic Obstructive Pulmonary Disorder
CV	Cardiovascular
DND	Department of National Defence
EMR	Emergency Medical Responder
HIV	Human Immunodeficiency Virus
IO	Intra-Osseous
LOC	Level of Consciousness
MED Recert	Medical Recertification
NOCPs	National Occupational Competency Profiles
NYD	Not yet diagnosed
OG	Orogastric
PCP	Primary Care Paramedic
PRB	Progress Review Board
RCAF	Royal Canadian Air Force
RTL	Restricted Team Leader
RTM	Restricted Team Member
SAR	Search and Rescue
SAR Techs	Search and Rescue Technicians
SOB	Shortness of Breath
TA	Technical Authority
TL	Team Leader
TM	Team Member
TXA	Tranexamic Acid

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#### **4. APPLICABLE DOCUMENTS**

Government/ Departmental Policies

- 4.1 SAR TECH Pre Hospital Protocols and Procedures (B-GA-005-000/FP-D01)
- 4.2 Emergency Medical Responder (EMR)
- 4.3 Primary Care Paramedic (PCP)
- 4.4 Advanced Care Paramedic (ACP)

#### **5. SCOPE**

- 5.1 The Contractor must provide the following types of training on an “as and when requested” basis and perform associated program support:

- 5.1.1 **Restricted Team Member (RTM) - (Provide Medical Care At The Primary Care Paramedic Level)**

The Contractor must create SAR Tech specific training to instruct new SAR Tech TMs with no previous medical training including any required course pre-study and administration using NOCPs for the PCP program, and in line with 1 Canadian Air Division Headquarters SAR Tech Pre Hospital Protocols and Procedures (B-GA-005-000/FP-D01).

- 5.1.2 **Restricted Team Leader (RTL) –(Provide Medical Care At The Primary Care Paramedic Level With Advanced Skills)**

Using NOCPs for both the PCP and ACP and in line with 1 Canadian Air Division Headquarters SAR Tech Pre Hospital Protocols and Procedures (B-GA-005-000/FP-D01), the Contractor must create SAR Tech specific training to instruct SAR Tech members upgrading them from team members (TM) to team leaders (TL), including any required course pre-study and administration.

- 5.1.3 **Medical Recertification (Med Recert)**

Every two (2) years, each operational SAR Tech must attend training at the Canadian Forces School of Search and Rescue (CFSSAR) Comox for medical recertification. Directed by the 1 Canadian Air Division Surgeon, this training provides an opportunity to review updated medical procedures and protocols, instruct on new medical techniques and instruments and review areas of concern, re-affirming medical competencies. Led by the Department of National Defence (DND); the Contractor must augment the training by providing medical expertise as it pertains to the SAR Tech Pre-Hospital Protocols and Procedures during simulations, medical modules and testing.

- 5.1.4 **Program Support**

When requested, the Contractor must provide program support including the provision of a CFSSAR Staff Training Day.

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## 6. TASKS

When requested, the Contractor must deliver the curriculum for all training requirements detailed below. The Contractor is accountable to the Technical Authority (TA) and must provide all course training documentation, lesson plans, student assessment and evaluation, and remediation training when required.

### 6.1 Restricted Team Member (RTM) - (Provide Medical Care At The Primary Care Paramedic Level)

**6.1.1 Standard:** In accordance with 1 Canadian Air Division SAR Tech pre-hospital protocols and procedures, SAR Techs provide medical care by;

1. Performing patient assessment model,
2. Recognizing cardiac injuries,
3. Treating cardiac injuries,
4. Recognizing respiratory injuries,
5. Treating respiratory injuries,
6. Recognizing trauma injuries,
7. Treating trauma injuries,
8. Recognizing medical injuries,
9. Treating medical injuries,
10. Recognizing environmental injuries,
11. Treating environmental injuries,
12. Initiating drug therapy,
13. Maintaining drug therapy,
14. Performing triage in multiple casualty situations,
15. Extricating casualties from wreckage by:
  - a. Stabilizing casualties,
  - b. Utilizing specialized tools,
  - c. Utilizing immobilization and support equipment, and
  - d. Using extrication equipment and techniques.
16. Evacuating personnel by loading and unloading patients from the evacuation platform
17. Initiating patient medical documentation, and
18. Maintaining medical equipment to include:
  - a. Inspecting, and
  - b. Packing.

**6.1.2 Duration:** The duration of various elements of this Restricted Team Member medical phase must be as follows:

- 1) **Paramedic Pre-Study:** When requested, typically during the first two weeks of August, the Contractor must deliver a 10-training day pre-study program. The pre-study must include Anatomy and Physiology along with in-person Contractor-led question and answer session culminating in a threshold knowledge test. Test results must be provided to the TA.

- 2) **Classroom Training:** Scheduled no later than 90 days in advance, the Contractor's Resource must provide a fifty-five (55) day classroom training session dedicated to the paramedic program.
- 3) **Theoretical and Practical Testing:** The Contractor must complete testing of all teaching points covered in the curriculum.
- 4) **Practicum:** The students must receive twenty-two (22) calendar days of practical training and a minimum of 15 shifts consisting of a minimum of 10 shifts with active paramedics in an ambulance environment, and 5 shifts in an emergency room environment. Any change to the allocation of shifts must be approved by the TA.

**6.1.3 Staffing Levels:** The minimum CFSSAR / Contractor's resource(s) staffing levels during each phase must be as per below, based on the number of students as detailed;

<b>Pre-Study and Classroom Training</b>			
# Students	<=10 to 12	13 to 16	17 to 20
CFSSAR Staff	1	1	1
Contractor's Resource	1	1	1
<b>Practical Testing/Theoretical Testing</b>			
# Students	<=10 to 12	13 to 16	17 to 20
CFSSAR Staff	0	0	0
Contractor's Resources	3	4	5
<b>Practicum</b>			
# Students	<=10 to 12	13 to 16	17 to 20
CFSSAR Staff	1	2	2
Contractor's Resources	2	2	3

**6.1.4 Location:**

The pre-study and classroom training phases take place at 19 Wing Comox's CFSSAR located in Lazo, British Columbia. On-Car, Emergency Room, and Operating Room practicums must take place in a high-volume patent location in a larger centre (affording volume and complexity of calls) such as Vancouver, Victoria and Winnipeg, etc. Student travel, and room and board costs are not the responsibility of the Contractor. The Contractor's Resource attendance is required at CFSSAR during the pre-study, classroom and practical/theoretical testing phases of the RTM course, and not during out-of-region practicum phases.

**6.2 Restricted Team Leader (RTL)** – (Provide Medical Care at the Primary Care Paramedic Level with Advanced Skills).

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**6.2.1 Standard:** In accordance with 1 Canadian Air Div SAR Tech pre-hospital protocols and procedures, SAR Techs provide medical care by;

1. Performing patient assessment model,
2. Recognizing cardiac injuries,
3. Treating cardiac injuries
4. Recognizing respiratory injuries,
5. Treating respiratory injuries,
6. Recognizing trauma injuries,
7. Treating trauma injuries,
8. Recognizing medical injuries,
9. Treating medical injuries,
10. Recognizing environmental injuries,
11. Treating environmental injuries,
12. Initiating drug therapy,
13. Maintaining drug therapy,
14. Performing triage in multiple casualty situations,
15. Extricating casualties from wreckage by:
  - a. Stabilizing casualties,
  - b. Utilizing specialized rescue tools,
  - c. Utilizing immobilization and support equipment, and
  - d. Utilizing extrication equipment and techniques.
16. Evacuating personnel by loading and unloading patients from the evacuating platform,
17. Completing patient medical documentation, and
18. Supervising and maintenance of medical equipment.

**6.2.2 Duration:** The duration of the various elements of the Restricted Team Leader medical phase must be as follows:

- 1) **Classroom Training:** When requested, typically starting on the fourth week of April (or other date suitable to the TA), the Contractor must provide a curriculum covering the above topics over a period of fifteen (15) training days. The curriculum must be provided in a classroom setting.
- 2) **Practical Testing / Theoretical Testing:** At the completion of the classroom training, the Contractor must administer theoretical and practical testing to the students.
- 3) **Practicum:** The students must receive ten (10) calendar days of practical training and a minimum of 7 shifts consisting of a minimum of 4 shifts with active paramedics in an ambulance environment, 2 shifts in an emergency room environment (including 1 shift with an ER Physician), and 1 shifts in an operating room environment. Any change to the allocation of shifts must be approved by the TA.

**6.2.3 Staffing Levels:** The minimum CFSSAR / Contractor staffing levels during each phase must be as per below, based on the number of students as detailed;

<b>Classroom Training</b>			
<u># Students</u>	<u>&lt;=10 to 12</u>	<u>13 to 16</u>	<u>17 to 20</u>
CFSSAR Staff	1	1	1
Contractor's Resource	1	1	1
<b>Practical Testing / Theoretical Testing</b>			
<u># Students</u>	<u>&lt;=10 to 12</u>	<u>13 to 16</u>	<u>17 to 20</u>
CFSSAR Staff	0	0	0
Contractor's Resource	3	4	5
<b>Practicum</b>			
<u># Students</u>	<u>&lt;=10 to 12</u>	<u>13 to 16</u>	<u>17 to 20</u>
CFSSAR Staff	1	2	2
Contractor's Resource	2	2	3

**6.2.4 Location:** The RTL medical phase (classroom training) takes place at 19 Wing Comox's CFSSAR located in Lazo, BC. On-Car, Emergency Room and Operating Room practicums must take place high-volume patient locations in a larger centre (affording volume and complexity of calls) such as Vancouver, Victoria, Winnipeg, etc. Student travel, and room and board costs are not the responsibility of the Contractor. Contractor's resource attendance is only required at CFSSAR during the classroom and practical testing / knowledge testing phases of the RTL course, and not during the out-of-region practicum phase.

**6.2.5**

### **6.3 Medical Recertification (MED RECERT)**

**6.3.1** A medical re-certification program provides an opportunity to upgrade the skills and ensure the competency of Operational SAR Techs. As technology changes and new protocols and procedures are introduced, the Contractor must ensure Operational SAR Techs receive adequate training to remain current. Instruction on the updates to the program must be delivered face-to-face with practical evaluations designed to assess the Operational SAR Techs decision making, critical thinking and problem solving.

**6.3.2** Instruction must ensure the following topics are reviewed and evaluated;

1. Cardiovascular (CV) Protocols:
  - a) Chest pain,
  - b) Cardiac Arrest (AED),
  - c) Post-Arrest Stabilization,
  - d) Discontinue Resuscitation,
  - e) Do Not Resuscitate, and

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- f) Stroke.
2. Respiratory Protocols:
    - a) Shortness of Breath (SOB) with history of asthma and/or Chronic Obstructive Pulmonary Disorder (COPD),
    - b) Anaphylaxis / Anaphylactic Shock – Adult and Child, and
    - c) Tension / Symptomatic Pneumothorax.
  3. Trauma Protocols:
    - a) Hemorrhagic Shock,
    - b) Tranexamic Acid (TXA),
    - c) Burns,
    - d) Fluid Replacement Requirements for Burn Victims, and
    - e) Pain.
  4. Medical Protocols:
    - a) Altered Level of Consciousness (LOC) – not yet diagnosed (NYD),
    - b) Hypoglycemic Emergency,
    - c) Narcotic Overdose – Adult (Suspected),
    - d) Seizure,
    - e) Antibiotic,
    - f) Agitated Patient, and
    - g) Human Immunodeficiency Virus (HIV) Post Exposure Prophylaxis.
  5. Environmental Protocols
    - a) Hypothermia,
    - b) Hyperthermia,
    - c) High Altitude Illness,
    - d) Decompression Illness, and
    - e) Motion Sickness.
  6. Standard Medical Procedures:
    - a) Patient Assessment Model,
    - b) Advanced Airway Insertion,
    - c) Urinary Catheterization,
    - d) EZ-Intra – Osseous (IO),
    - e) EZ-IO Needle Sets Size,
    - f) EZ-IO Insertion Sites,
    - g) Chest Decompression (Needle Thoracotomy),
    - h) Tourniquet Removal,
    - i) Orogastic (OG) Tube Insertion, and
    - j) Notification and Hospital Report.



- 6.3.3** The Contractor's Resource must provide each student in advance with preparatory study materials. The Contractor's Resource must administer an initial threshold knowledge and skills assessment upon arrival.
- 6.3.4 Duration:** The duration of the Medical Recertification course is five (5) training days.
- 6.3.5 Staffing Levels:** The minimum CFSSAR / Contractor staffing levels during this phase must be as per below, based on the number of students as detailed;

<b>Classroom Training</b>			
<u># Students</u>	<u>&lt;=10 to 12</u>	<u>13 to 16</u>	<u>17 to 20</u>
CFSSAR Staff	1	1	1
Contractor's Resource	1	1	1
<b>Theoretical Testing / Practical Testing</b>			
<u># Students</u>	<u>&lt;=10 to 12</u>	<u>13 to 16</u>	<u>17 to 20</u>
CFSSAR Staff	2	3	4
Contractor's Resource	1	1	1
<b>Practicum</b>			
<u># Students</u>	<u>&lt;=10 to 12</u>	<u>13 to 16</u>	<u>17 to 20</u>
CFSSAR Staff	2	2	3
Contractor's Resource	1	2	2

- 6.3.6 Location:** Classroom and Theoretical / Practical Testing evaluations must take place at the Canadian Forces School of Search and Rescue (CFSSAR) located in Lazo, BC.
- 6.3.7 Testing:** As this is a recertification event vice a PCP instruction, military CFSSAR staff must be responsible for student assessment with Contractor subject matter expert augmentation. The Contractor must administer one (1) written test and one (1) day of practical / theoretical testing to all participants.

**6.4 CFSSAR Staff Training Day:**

- 6.7.6** Before the commencement of the RTM classroom training phase, the Contractor must facilitate one day of training with CFSSAR military instructors at CFSSAR (Lazo, BC) to review schedules, training elements, evaluation and remediation methods. As well, the Contractor must facilitate and review the dynamics of the simulation and protocol structure. This training serves as an opportunity to discuss lessons learned from previous training sessions.

**6.5 Retention of Records**

The Contractor must retain copies of all training and assessment records for the duration of the contract including any extensions. These records must be retained in the Contractor's format which is acceptable to the TA.

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## **6.6 Evaluation and Remediation**

- 6.6.1.1** The Contractor must provide an Evaluation and Remediation plan outlining how student evaluations and remediation will be administered. The requirement for re-insertion training can be precipitated by factors such as academic difficulties, discipline issues, and short absences due to personal problems or illness.
- 6.6.2** The Contractor must develop the formal performance checks (tests) and must provide to CFSSAR and the 1 CAD Surgeon (1 CAD Surg.) details of the formal performance check that are administered to the students upon completion of training.
- 6.6.3** The pass mark for all written and practical examinations is seventy-five percent (75%).
- 6.6.4** The Contractor must provide a written report on the results of each student evaluations (passes and failures) to the TA upon course completion no later than seven (7) calendar days after the end of the course. The Contractor must provide results of specific student evaluations to the TA, upon request.
- 6.6.5** A student who fails to meet the required standards, as identified before each training module by CFSSAR Staff in conjunction with Contractor Staff as required, is to be immediately removed from the program and the CFSSAR Standards Warrant Officer is to be notified as soon as possible unless the instructors reasonably believe that a short period of remedial training could result in the qualification of a competent and clinically and medically safe SAR Tech. Such training must be no more than seven (7) days and satisfy the training requirements. The Contractor must be prepared to provide up to forty (40) hours of additional instruction for candidates (regardless of number) who require supplementary training in order to meet the required performance, and training standard. Such training must be completed without affecting the subsequent scheduled SAR Tech training.
- 6.6.6** During the conduct of the course, if the Contractor determines that a portion of the training cannot be completed, the Contractor must notify and obtain authority from CFSSAR Standards Warrant Officer to modify the course content and course reports must be annotated accordingly. The Contractor is required to notify the TA and the CAF Medical Director of these changes to insure that it can be demonstrated to the satisfaction of the Surgeon General of the RCAF that adequate medical standards are being maintained.

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**6.6.7** The report at the end of the SAR Tech programs must include the following information:

- a) A list of the students who did not complete their course;
- b) A list of the students who completed their course; and
- c) The final course schedule for the completed program, as it occurred, including any revisions made during the delivery of the completed program.

**6.6.8** The Contractor must contact the CFSSAR Chief Instructor within one (1) working day when it has been identified that a student is experiencing academic difficulties or disciplinary issues. Generally, a student must be allowed to continue training until a Progress Review Board (PRB) is conducted by the Commandant of CFSSAR, and a decision is rendered. If a student fails to meet objectives at any point throughout a unit of study or course of the program, the Contractor must provide the Training Warrant Officer with a written evaluation within five (5) working days. Drawing upon exam results, and Contractor and military instructor testimony, the Commandant determines whether the student can continue with training.

**6.6.9** The Contractor must provide remediation, on an as required basis, to students who are experiencing difficulties during classroom training, practical skills training, or on-car and emergency training placements of the program. The Contractor must notify the Training and Standards Warrant Officer of the student's remediation plan in writing.

## **6.7 Training Forecast**

Anticipated annual training requirements are;

<u>Course</u>	<u>Number of Courses</u>
Restricted Team Member (RTM)	1 per year
Restricted Team Leader (RTL)	1 per year
Medical Recertification (Med ReCert)	3 or 4 per year

## **7 CONTRACTOR PROGRAM SUPPORT**

**7.1** The Contractor must have a designated resource to serve as Contractor representative and program lead. This resource serves as a liaison between the Contractor and CFSSAR and coordinator of Contractor staff, resources and training,

**7.2** A Contractor's Resource must provide the application of casualty simulation (CASSIM) moulage during the following RTM, RTL and Med Recert. periods;

1. Emergency simulation testing,
2. Emergency simulation re-testing, and
3. All unstable trauma simulations (practice and testing).

**7.3** At a minimum the Contractor must have the following staff available for the training:

1. Chief Instructor

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2. Physician Instructor
  3. Paramedic Instructor
  4. Nurse Preceptor

**7.4** The Contractor must on an as a when requested basis, depending on the complexity of a particular program, supplement staff as necessary with;

1. Physicians,
2. Paramedics,
3. Nurses,
4. Consultants, and
5. Subject Matters Experts.

## **8 TEACHING METHODS**

**8.1** The Contractor must use teaching methodologies during all training that employ active rather than passive methods of learning. The following teaching methodologies must be the primary methods utilized during training;

- a) Simulation,
- b) Role-playing,
- c) Demonstration,
- d) Drill and practice,
- e) Hands-on (experimental);
- f) Case study, and
- g) Projects.

**8.2** In all cases, theory and practical instruction must be focused on protocols and procedures outlined in the 1 CAD Headquarters SAR TECH Pre Hospital Protocols and Procedures (B-GA-005-000/FP-D01) and not rely on regional or provincial methods familiar to the instructor.

## **9 DELIVERABLES**

In consideration of the assigned tasks, the Contractor must deliver the following;

### **9.1 Textbooks and Guides:**

**9.1.1** For RTM, RTL, and Medical Recertification the Contractor must provide chronological pre-study guides for permanent retention in hard copy form to be distributed as follows: one (1) for each student, three (3) to CFSSAR, one (1) to the Project Authority and one (1) to the 1 CAD Div Surg.

**9.1.2** For the RTM course, the Contractor must provide a student skills manual for permanent retention in hard copy form to be distributed as follows: one (1) to each student, three (3)

to CFSSAR, one (1) to the Project Authority and one (1) to the 1 CAD Div Surg.

- 9.1.3** Textbooks, not including guides and textbooks referred to in Section 4. Applicable Documents relating to medical training, must be provided by the Contractor for loan (loan cards to be administered by CFSSAR) or for permanent retention in hardcopy or electronic format as long as the medium permits student access from any location without the necessity of a wireless connection.
- 9.1.4** An Instructor guide for RTM and RTL medical training that contains all required objectives and teaching points in hardcopy to be distributed as follows: three (3) to CFSSAR, one (1) to the Project Authority and one (1) to the 1 CAD Div Surg.
- 9.1.5** All pre-study texts must be forwarded to the student no less than sixty (60) days before course commencement. Study packages must include theoretical and practical requirements of each training phase. This consists of the obligation to prepare students for their practicums with didactic and hands-on training to permit students to function at a high skill level.

## **9.2 Schedules:**

- 9.2.1** The Contractor must deliver a detailed electronic schedule document within two (2) weeks of the Contract Award, and before 31<sup>st</sup> March of each subsequent Contract year to the TA. The document must include input and approval from CFSSAR's Chief Instructor and Training Warrant Officer. The Contractor must reconfirm the schedule 30 days prior to each medical phase.
- 9.2.2** No later than ninety (90) days before the commencement of a training event, the Contractor must provide the TA with a detailed training schedule incorporating adequate time for training remediation. Scheduling is a collaborative effort between the Contractor and the end client. Any conflicts will be resolved by the Technical Authority and Project Authority. The Contractor has the ultimate accountability for the final electronic product.
- 9.2.3** CFSSAR reserves the right to review and approve all SAR Tech training materials and remediation plans before the commencement of and / or during the period of training throughout the contract.

## **9.3 Practicum:**

For all practicums, the Contractor must provide the following:

### **9.3.1** Preceptor minimum standards:

**9.3.1.1** Must be a certified member, in good standing, of their applicable Canadian provincial association. (Example: Medical Association; Nursing Association; Paramedic Association; or other provincial or federal professional organization.)

**9.3.1.2** A Registered Nurse qualified with triage training in the adult ER,

**9.3.1.3** A minimum of one-year emergency room experience,

- 9.3.2 Preceptors able to provide teaching, supervision and feedback for the student consistently,
- 9.3.3 Preceptors dedicated to the student's education during practicum periods and not providing preceptor services as a secondary duty to their regular duty shift.
- 9.3.4 **Practicum shifts must be no less than eight (8) hours and no more than twelve (12) hours.**
- 9.3.5 During the hospital practicum, the preceptor to student ratio must be no more than 1:4.
- 9.3.6 During the ambulance practicum, the preceptor (paramedic) to student ratio must be 1:1.
- 9.3.7 Each practicum shift must include at least one (1) half hour session dedicated to debriefing and teaching points.
- 9.3.8 Where a significant portion of the teaching occurred without the preceptor being present (i.e. airway training in the operating room where the anesthesiologist would provide instruction), the debriefing must be performed by the supervising preceptor participating or present during the instruction.
- 9.3.9 If the Contractor must recommend remedial training for an individual or a unit, the Contractor must provide their recommendation to the TA in conjunction with the CFSSAR Representative within 6 hours, who takes the appropriate steps for remediation.
- 9.3.10 **A list of all on-ambulance and emergency training prerequisites within 45 days of contract award, and within 15 days of any change to the provincial requirements. DND will be responsible for prerequisite requirements for each SAR Tech scheduled for the practicum training and provide proof of prerequisite completion to the Contractor when requested.**

#### **9.4 Reports and Certificates:**

Reports must be as follows;

- 9.4.1 The Contractor must provide each student with a student transcript, and certificate and/or diploma upon successful completion of the program. The Contractor must also forward a copy of the student transcript and certificate and/or diploma to the CFSSAR Training Warrant Officer within five (5) calendar days of course completion.
- 9.4.2 Transcripts must be provided to all students. Partial transcripts must be given to students for units of study or courses they complete regardless of the reason for them leaving training before completion of the program. At a minimum, the transcripts must include the following;
  - a) Issue date,
  - b) First and last name of the student,
  - c) Student ID number,
  - d) Program name,
  - e) Program courses and associated grades,
  - f) Name of the educational institution, and
  - g) Means of authenticating that the document is an original through an official embossed seal, official stamp, watermark, or similar.
- 9.4.3 Certificates and/or diplomas must be provided to all successful students. At a minimum,

the certificate and/or diploma must include the following;

1. Issue date,
2. Rank, First and last name of the student,
3. Name of the educational institution,
4. Program name,
5. Original signatures of staff who are authorized to confer the certificate or diploma,
6. A written description that identifies that the student has met all requirements to receive the certificate and/or diploma,
7. Means of authenticating that the document is an original through an official embossed seal, official stamp, watermark or similar, and
8. Measure at least 8.5 x 11 inches.

## **10 LIMITATIONS AND CONSTRAINTS**

**10.1** All documents and processes, developed or updated by the Contractor's Resource, must be staffed for the review, approval and signature (where required) of the TA.

**10.2** Decisions concerning revision or definition of policy, budgets, as well as contractual obligations and requirements, are excluded from the Contractor services. The Contractor's Resource shall limit themselves to provide comments and recommendations only to the TA on these issues.

**10.3** All correspondence, either initiated by the Contractor's Resource or by any section of DND, must be submitted to the TA. Correspondence is defined as records of conversation or decisions as well as any written correspondence in any format.

**10.4** The Contractor must ensure that their Resource does not use either Government of Canada or DND designations, logos or insignia on any business cards, cubicle / office signs or written / electronic correspondence that in any manner lead others to perceive the Contractor's Resource is an employee of Canada.

## **11. DND SUPPORT TO CONTRACTOR**

**11.1** To aid the Contractor in the provision of the required services, the following information, materials, and assistance will be provided if available and deemed appropriate by the TA

- a. All available data and documents such as legacy documents and various databases deemed necessary by the TA for the provision of services under this SOW;
- b. Consultation with the TA and other Crown specialists as may be arranged by the TA;
- c. Temporary on-site work area(s), as available and deemed necessary by the TA, in order to access large amounts of technical data, and/or classified databases;
- d. Other information, data and assistance available and requested by the Contractor subject to concurrence by the TA

- 11.2** The following items will be purchased and supplied by the Department of National Defence and are not to be factored into the Contractor's bid,
- a.** All medical training aides, less texts and pre-study documents identified,
  - b.** All medical /supplies consumables,
  - c.** Classroom with all supporting computer and audio-Visio equipment for presentations,
  - d.** 1 Canadian Air Division Headquarters SAR TECH Pre Hospital Protocols and Procedures (B-GA-005-000/FP-D01),
  - e.** Casualty Simulation (CASSIM) supplies,
  - f.** Vehicle and Firefighter services for vehicle extrication studies, and
  - g.** Office space for contracted instructors less any computer and printer requirements.

## **12. LOCATION AND SCHEDULE**

- 12.1** RTM, RTL and Medical Rectification training will be conducted within the Canadian Forces School of Search and Rescue (CFSSAR) located at 19 Wing Comox, BC.
- 12.2** The Contractor must provide the training according to the following schedule:
- a. RTM** - 0900hrs to 1700s with one (1) one-hour lunch break resulting in a seven-hour (7) hour work day,
  - b. RTL** - 0800hrs to 1600s with one (1) one-hour lunch break resulting in a seven-hour (7) hour work day, and
  - c. Med Recert** - 0800hrs to 1600s with one (1) one-hour lunch break resulting in a seven-hour (7) hour work day.
- 12.3** Training days are Monday to Friday, with federal statutory holidays deemed as non-training days.

## **13. LANGUAGE OF WORK**

- 13.1** To satisfy aviation requirements, the primary language of instruction and exit examination for SAR Tech RTM, RTL courses and Medical Recertification is English.
- 13.2** Though knowledge exams are administered in English, it is preferred, but not mandatory, that these exams offer a side by side English/French translation to ensure the student has a full understanding of the question asked.

## **14. TRAVEL AND LIVING**

- 14.1** There are no travel requirements related to this contract.

## **15. MEETINGS**

- 15.1** A meeting will be held at either CFSSAR or in a virtual environment within two (2) weeks of contract award. During this meeting, the TA will provide background documentation,



and provide the security brief to the Contractor.

- 15.2** Progress meetings must occur during the contract period, during an agreed upon time by the TA and the Contractor. These meetings will be to discuss and demonstrate progress of the work. These meetings will be held virtually or at DND facilities.

