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**RETOURNER LES SOUMISSIONS À :**  
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**REQUEST FOR PROPOSAL**  
**DEMANDE DE PROPOSITION**

**Proposal to: Correctional Service Canada – Proposition à: Service Correctionnel du Canada**

We hereby offer to sell to His Majesty the King in right of Canada, in accordance with the terms and conditions set out herein, referred to herein or attached hereto, the goods, services, and construction listed herein and on any attached sheets at the price(s) set out thereof.

Nous offrons par la présente de vendre à Sa Majesté le Roi du chef du Canada, aux conditions énoncées ou incluses par référence dans la présente et aux appendices ci-jointes, les biens, services et construction énumérés ici sur toute feuille ci-annexée, au(x) prix indiqué(s).

**Comments — Commentaires :**

“THIS DOCUMENT DOES NOT CONTAIN A SECURITY REQUIREMENT” «LE PRÉSENT DOCUMENT NE COMPORTE AUCUNE EXIGENCE RELATIVE À LA SÉCURITÉ. »

**Vendor/Firm Name and Address —**  
**Raison sociale et adresse du fournisseur/de l'entrepreneur :**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone # — N° de Téléphone : \_\_\_\_\_

Fax # — No de télécopieur : \_\_\_\_\_

Email / Courriel : \_\_\_\_\_

GST # or SIN or Business # — N° de TPS  
 ou NAS ou N° d'entreprise : \_\_\_\_\_

<b>Title — Sujet:</b> Medical Director Diagnostic Imaging	
<b>Solicitation No. — N° de l'invitation</b> 21401-28-4699178	<b>Date:</b> May 23, 2024
<b>Client Reference No. — N° de Référence du Client</b>	
<b>GETS Reference No. — N° de Référence de SEAG</b>	
<b>Solicitation Closes — L'invitation prend fin</b> at / à : 14 :00hrs EST on / le : Friday, June 7, 2024	
<b>F.O.B. — F.A.B.</b> Plant – Usine: _____ Destination: _____ Other- Autre: _____	
<b>Address Enquiries to — Soumettre toutes questions à:</b>  Danielle Murdoch – danielle.murdoch@csc-scc.gc.ca	
<b>Telephone No. – N° de téléphone:</b>  343-422-4831	<b>Fax No. – N° de télécopieur:</b>
<b>Destination of Goods, Services and Construction:</b> Destination des biens, services et construction:  Ontario Region	
<b>Instructions: See Herein</b> Instructions : Voir aux présentes	
<b>Delivery Required — Livraison exigée : See herein</b>	<b>Delivery Offered – Livraison proposée : Voir aux présentes</b>
<b>Name and title of person authorized to sign on behalf of Vendor/Firm</b> Nom et titre du signataire autorisé du fournisseur/de l'entrepreneur	
<b>Name / Nom</b>	<b>Title / Titre</b>
<b>Signature</b>	<b>Date</b>
(Sign and return cover page with bid proposal / Signer et retourner la page de couverture avec la proposition)	



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## **PART 1 - GENERAL INFORMATION**

### **1. Security Requirements**

1.1 Before award of a contract, the following conditions must be met:

- (a) the Bidder must hold a valid organization security clearance as indicated in Part 6 - Resulting Contract Clauses;

1.2 Before access to sensitive information is provided to the bidder, the following conditions must be met:

- (a) the Bidder's proposed individuals requiring access to sensitive information, assets or sensitive work sites must meet the security requirement as indicated in Part 6 - Resulting Contract Clauses;
- (b) the Bidder's security capabilities must be met as indicated in Part 6 – Resulting Contract Clauses.

1.3 For additional information on security requirements, Bidders should refer to the Contract Security Program (CSP) of Public Works and Government Services Canada website.

### **2. Statement of Work**

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

### **3. Revision of Departmental Name**

As this bid solicitation is issued by Correctional Service Canada (CSC), any reference to Public Works and Government Services Canada (PWGSC) or its Minister contained in full text or by reference in any term, condition or clause of this document, or any resulting contract, must be interpreted as a reference to CSC or its Minister.

### **4. Debriefings**

Bidders may request a debriefing on the results of the bid solicitation process. Bidders should make the request to the Contracting Authority within 15 working days of receipt of the results of the bid solicitation process. The debriefing may be in writing, by telephone or in person.



## **PART 2 - BIDDER INSTRUCTIONS**

### **1. Standard Instructions, Clauses and Conditions**

All instructions, clauses and conditions identified in the bid solicitation by number, date and title are set out in the [Standard Acquisition Clauses and Conditions Manual](#) issued by Public Works and Government Services Canada.

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

The [2003](#) (2023-06-08) Standard Instructions - Goods or Services - Competitive Requirements, are incorporated by reference into and form part of the bid solicitation.

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

Delete: sixty (60) days

Insert: one hundred and twenty (120) days

### **2. Submission of Bids**

Bidders must submit their bid only to Correctional Service of Canada (CSC) by the date, time and at the bid submission email address indicated on page 1 of the bid solicitation.

#### **Section 06 Late bids of 2003 Standard Instructions - Goods or Services - Competitive Requirements, is amended as follows:**

**Delete: Section 06 in its entirety.**

**Insert: 06 Late bids:**

For bids submitted by email, Canada will delete bids delivered after the stipulated solicitation closing date and time. Canada will keep records documenting receipt of late bids by email.

#### **Section 07 Delayed bids of 2003 Standard Instructions - Goods or Services - Competitive Requirements, is amended as follows:**

**Delete: Section 07 in its entirety.**

**Insert: 07 Delayed bids:**

Canada will not accept any delayed bids.

#### **Section 08 Transmission by facsimile or by E-Post Connect of 2003, Standard Instructions - Goods or Services - Competitive Requirements, is amended as follows:**

**Delete: Section 08 in its entirety.**

**Insert: 08 Transmission by email**

- a. Unless specified otherwise in the solicitation, Bidders must submit their bid to the CSC bid submission email address indicated on page 1 of the bid solicitation document. This email address is the only acceptable email address for Bidders to submit their bid in response to this bid solicitation.
- b. Bidders may transmit their bid at any time prior to the solicitation closing date and time.
- c. Bidders should include the bid solicitation number in the subject field of their email.



- d. Canada will not be responsible for any failure attributable to the transmission or receipt of the bid by email including, but not limited to, the following:
  - i. Receipt of a garbled, corrupted or incomplete bid;
  - ii. Availability or condition of the email service;
  - iii. Incompatibility between the sending and receiving equipment;
  - iv. Delay in transmission or receipt of the bid;
  - v. Failure of the Bidder to properly identify the bid;
  - vi. Illegibility of the bid;
  - vii. Security of bid data;
  - viii. Failure of the Bidder to send the bid to the correct email address;
  - ix. Connectivity issues; or
  - x. Email attachments that are blocked or not received even though the Bidder's email has been successfully delivered.
- e. CSC will send an acknowledgement of receipt of the Bidder's email by email from the email address provided for the submission of bids. This acknowledgement will confirm only the receipt of the Bidder's email and will not confirm if all of the Bidder's email attachments have been received, may be opened nor if their contents are readable. CSC will not respond to follow-up emails from Bidders requesting confirmation of attachments.
- f. Bidders must ensure they are using the correct email address for bid submission and should not rely on the accuracy of copying and pasting the email address from the solicitation document cover page.
- g. A bid transmitted by a Bidder to the CSC submission email address constitutes the Bidder's formal bid, and must be submitted in accordance with section 05 of 2003, Standard Instructions – Goods or Services – Competitive Requirements.
- h. Bidders are to note that CSC's email system has a limit of 10 MB per single email message. CSC's email system will reject emails with the following attachments: batch files, executable files, and image files in the following formats: JPEG, GIF, TIFF. Canada will not accept encrypted emails or emails that include attachments with passwords.

**Section 09 Customs clearance of 2003, Standard Instructions - Goods or Services - Competitive Requirements, is deleted in its entirety.**

CSC recommends that bidders submit their response to the requirements of this solicitation in typewritten format.

Bidders must ensure that any handwritten information included in their bid is clearly legible in order to allow CSC to complete the bid evaluation. CSC reserves the right, at its sole and entire discretion, to disregard any handwritten information which it determines to be illegible when assessing whether bids comply with all of the requirements of the bid solicitation including, if applicable, any and all evaluation criteria.

**3. Former Public Servants**

Contracts awarded to former public servants (FPS) in receipt of a pension or of a lump sum payment must bear the closest public scrutiny, and reflect fairness in the spending of public funds. In order to comply with Treasury Board policies and directives on contracts awarded to FPSs, bidders must provide the information required below before contract award. If the answer to the questions and, as applicable the information required have not been received by the time the evaluation of bids is completed, Canada will inform the Bidder of a time frame within which to provide the information. Failure to comply with Canada's request and meet the requirement within the prescribed time frame will render the bid non-responsive.



### **Definitions**

For the purposes of this clause, "former public servant" is any former member of a department as defined in the [Financial Administration Act](#), R.S., 1985, c. F-11, a former member of the Canadian Armed Forces or a former member of the Royal Canadian Mounted Police. A former public servant may be:

- a. an individual;
- b. an individual who has incorporated;
- c. a partnership made of former public servants; or
- d. a sole proprietorship or entity where the affected individual has a controlling or major interest in the entity.

"lump sum payment period" means the period measured in weeks of salary, for which payment has been made to facilitate the transition to retirement or to other employment as a result of the implementation of various programs to reduce the size of the Public Service. The lump sum payment period does not include the period of severance pay, which is measured in a like manner.

"pension" means a pension or annual allowance paid under the [Public Service Superannuation Act](#) (PSSA), R.S., 1985, c. P-36, and any increases paid pursuant to the [Supplementary Retirement Benefits Act](#), R.S., 1985, c. S-24 as it affects the PSSA. It does not include pensions payable pursuant to the [Canadian Forces Superannuation Act](#), R.S., 1985, c. C-17, the [Defence Services Pension Continuation Act](#), 1970, c. D-3, the [Royal Canadian Mounted Police Pension Continuation Act](#), 1970, c. R-10, and the [Royal Canadian Mounted Police Superannuation Act](#), R.S., 1985, c. R-11, the [Members of Parliament Retiring Allowances Act](#), R.S. 1985, c. M-5, and that portion of pension payable to the [Canada Pension Plan Act](#), R.S., 1985, c. C-8.

### **Former Public Servant in Receipt of a Pension**

As per the above definitions, is the Bidder a FPS in receipt of a pension? **Yes ( ) No ( )**

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

- a. name of former public servant;
- b. date of termination of employment or retirement from the Public Service.

By providing this information, Bidders agree that the successful Bidder's status, with respect to being a former public servant in receipt of a pension, will be reported on departmental websites as part of the published proactive disclosure reports in accordance with [Contracting Policy Notice: 2019-01](#) and the [Guidelines on the Proactive Disclosure of Contracts](#).

### **Work Force Adjustment Directive**

Is the Bidder a FPS who received a lump sum payment pursuant to the terms of the Work Force Adjustment Directive? **Yes ( ) No ( )**

If so, the Bidder must provide the following information:

- a. name of former public servant;
- b. conditions of the lump sum payment incentive;



- c. date of termination of employment;
- d. amount of lump sum payment;
- e. rate of pay on which lump sum payment is based;
- f. period of lump sum payment including start date, end date and number of weeks;
- g. number and amount (professional fees) of other contracts subject to the restrictions of a work force adjustment program.

#### 4. Enquiries – Bid Solicitation

All enquiries must be submitted in writing to the Contracting Authority no later than five (5) business days before the bid closing date. Enquiries received after that time may not be answered.

Bidders should reference as accurately as possible the numbered item of the bid solicitation to which the enquiry relates. Care should be taken by bidders to explain each question in sufficient detail in order to enable Canada to provide an accurate answer. Technical enquiries that are of a proprietary nature must be clearly marked "proprietary" at each relevant item. Items identified as "proprietary" will be treated as such except where Canada determines that the enquiry is not of a proprietary nature. Canada may edit the question(s) or may request that the Bidder do so, so that the proprietary nature of the question(s) is eliminated, and the enquiry can be answered to all Bidders. Enquiries not submitted in a form that can be distributed to all Bidders may not be answered by Canada.

#### 5. Applicable Laws

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

Bidders may, at their discretion, substitute the applicable laws of a Canadian province or territory of their choice without affecting the validity of their bid, by deleting the name of the Canadian province or territory specified and inserting the name of the Canadian province or territory of their choice. If no change is made, it acknowledges that the applicable laws specified are acceptable to the bidders.

#### 6. Bid Challenge and Recourse Mechanisms

- (a) Several mechanisms are available to potential suppliers to challenge aspects of the procurement process up to and including contract award.
- (b) Canada encourages suppliers to first bring their concerns to the attention of the Contracting Authority. Canada's [Buy and Sell](#) website, under the heading "[Bid Challenge and Recourse Mechanisms](#)" contains information on potential complaint bodies such as:
  - Office of the Procurement Ombudsman (OPO)
  - Canadian International Trade Tribunal (CITT)
- (c) Suppliers should note that there are **strict deadlines** for filing complaints, and the time periods vary depending on the complaint body in question. Suppliers should therefore act quickly when they want to challenge any aspect of the procurement process.





## **PART 3 - BID PREPARATION INSTRUCTIONS**

### **1. Bid Preparation Instructions**

CSC requests that bidders provide their bid in separate sections as follows:

Section I:      Technical Bid: **one (1) electronic copy in PDF format**

Section II:     Financial Bid: **one (1) electronic copy in PDF format**

Section III:    Certifications: **one (1) electronic copy in PDF format**

Prices should appear in the financial bid only. No prices should be indicated in any other section of the bid.

**Bidders should submit their technical bid and financial bid in two (2) separate documents.**

In order to assist Canada in meeting the objectives of the [Policy on Green Procurement](#) when feasible bidders should:

- 1) Include all environmental certification(s) relevant to your organization (such as ISO 14001, Leadership in Energy and Environmental Design (LEED), Carbon Disclosure Project, etc.).
- 2) Include all third party environmental certification(s) or Environmental Product Declaration(s) (EPD) specific to your product/service (such as Canadian Standards Association (CSA Group), Underwriters Laboratories (ULSolutions); Forest Stewardship Council (FSC), ENERGYSTAR, etc.).

### **2. Section I: Technical Bid**

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

### **3. Section II: Financial Bid**

Bidders must submit their financial bid in accordance with the Basis of Payment detailed in Annex B - Proposed Basis of Payment. The total amount of Applicable Taxes must be shown separately.

See Annex B – Proposed Basis of Payment for the Pricing Schedule format.

#### **3.1 Exchange Rate Fluctuation**

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

### **4. Section III: Certifications**

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



## **PART 4 - EVALUATION PROCEDURES AND BASIS OF SELECTION**

### **1. Evaluation Procedures**

- (a) Bids will be assessed in accordance with the entire requirement of the bid solicitation including the technical and financial evaluation criteria.
- (b) An evaluation team composed of representatives of CSC will evaluate the bids.

#### **1.1 Technical Evaluation**

##### **1.1.1 Mandatory Technical Criteria**

Proposals will be evaluated to determine if they meet all mandatory requirements outlined in **Annex D – Evaluation Criteria**. Proposals not meeting all mandatory criteria will be declared non-responsive and will be given no further consideration.

#### **1.2 Financial Evaluation**

SACC Manual Clause A0220T (2014-06-26), Evaluation of Price - Bid

Proposals containing a financial bid other than the one requested at **Article 3. Section II: Financial Bid** of **PART 3 – BID PREPARATION INSTRUCTIONS** will be declared non-compliant.

### **2. Basis of Selection**

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

### **3. Insurance Requirements**

The Bidder must provide a letter from an insurance broker or an insurance company licensed to operate in Canada stating that the Bidder, if awarded a contract as a result of the bid solicitation, can be insured in accordance with the Insurance Requirements specified in article 11 of PART 6 – RESULTING CONTRACT CLAUSES.

If the information is not provided in the bid, the Contracting Authority will so inform the Bidder and provide the Bidder with a time frame within which to meet the requirement. Failure to comply with the request of the Contracting Authority and meet the requirement within that time period will render the bid non-responsive.



## **PART 5 - CERTIFICATIONS AND ADDITIONAL INFORMATION**

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

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

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

### **1. Certifications Precedent to Contract Award and Additional Information**

The certifications and additional information listed below should be submitted with the bid, but may be submitted afterwards. If any of these required certifications or additional information is not completed and submitted as requested, the Contracting Authority will inform the Bidder of a time frame within which to provide the information. Failure to provide the certifications or the additional information listed below within the time frame provided will render the bid non-responsive.

#### **1.1 Integrity Provisions – Declaration of Convicted Offenses**

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

#### **1.2 Integrity Provisions – Required documentation**



- (a) **List of names:** all Bidders, regardless of their status under the Ineligibility and Suspension Policy, must submit the following information:
  - i. Bidders that are corporate entities, including those bidding as joint ventures, must provide a complete list of the names of all current directors or, for a privately owned corporation, the names of the owners of the corporation;
  - ii. Bidders bidding as sole proprietors, including sole proprietors bidding as joint ventures, must provide a complete list of the names of all owners; or
  - iii. Bidders that are a partnership do not need to provide a list of names.

List of Names:


OR

- The Bidder is a partnership

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

**1.3 Federal Contractors Program for Employment Equity - Bid Certification**

By submitting a bid, the Bidder certifies that the Bidder, and any of the Bidder's members if the Bidder is a Joint Venture, is not named on the Federal Contractors Program (FCP) for employment equity "FCP Limited Eligibility to Bid" list available at the bottom of the page of the [Employment and Social Development Canada \(ESDC\) – Labour's website](#).

Canada will have the right to declare a bid non-responsive if the Bidder, or any member of the Bidder if the Bidder is a Joint Venture, appears on the "FCP Limited Eligibility to Bid" list at the time of contract award.

**1.4 Status and Availability of Resources**

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

**1.5 Language Requirements - English**

By submitting a bid, the Bidder certifies that, should it be awarded a contract as result of the bid solicitation, every individual proposed in its bid will be fluent in English. The individual(s) proposed must be able to communicate orally and in writing in English without any assistance and with minimal errors.

**1.6 Education and Experience**

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

**1.7 Certification:**

By submitting a bid, the Bidder certifies that the information submitted by the Bidder in response to the above requirements is accurate and complete.



## **PART 6 - RESULTING CONTRACT CLAUSES**

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

### **1. Security Requirement**

There is no security requirement applicable to this Contract.

### **2. Statement of Work**

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

### **3. Standard Clauses and Conditions**

All clauses and conditions identified in the Contract by number, date and title are set out in the [Standard Acquisition Clauses and Conditions Manual](#) issued by Public Works and Government Services Canada.

As this Contract is issued by Correctional Service Canada (CSC), any reference to Public Works and Government Services Canada (PWGSC) or its Minister contained in full text or by reference in any term, condition or clause of this document must be interpreted as a reference to CSC or its Minister.

#### **3.1 General Conditions**

2010B (2022-12-01), General Conditions - Professional Services (Medium Complexity), apply to and form part of the Contract.

Subsection 5. Audit of the General Conditions is deleted in its entirety and replaced with the following:

##### **5. Audit**

The Contractor must maintain such records, and Canada and its authorized representatives will have the right to examine such records, at all times during the term of this Contract and for a period of seven years after it receives the final payment under the Contract, or until the settlement of all outstanding claims and disputes, whichever is later. Should an examination reveal any overpayments by Canada, these will be claimed by Canada and immediately repaid by the Contractor.

#### **3.2 Supplemental General Conditions**

4008 (2008-12-12), Personal Information, apply to and form part of the Contract.

#### **3.3 Replacement of Specific Individuals**

- 3.3.1 If specific individuals are identified in the Contract to perform the Work, the Contractor must provide the services of those individuals unless the Contractor is unable to do so for reasons beyond its control.
- 3.3.2 If the Contractor is unable to provide the services of any specific individual identified in the Contract, it must provide a replacement with similar qualifications and experience. The replacement must meet the criteria used in the selection of the Contractor and be acceptable to Canada. The Contractor must, as soon as possible, give notice to the Contracting Authority of the reason for replacing the individual and provide:



- a. The name, qualifications and experience of the proposed replacement; and
- b. Proof that the proposed replacement has the required security clearance granted by Canada, if applicable.

3.3.3 The Contractor must not, in any event, allow performance of the Work by unauthorized replacement persons. The Contracting Authority may order that a replacement stop performing the Work. In such a case, the Contractor must immediately comply with the order and secure a further replacement in accordance with subsection 2. The fact that the Contracting Authority does not order that a replacement stop performing the work does not release the Contractor from its responsibility to meet the requirements of the Contract.

#### **4. Term of Contract**

##### **4.1 Period of the Contract**

The period of the Contract is from July 1, 2024 to June 30, 2027 inclusive.

##### **4.2 Option to Extend the Contract**

4.2.1 The Contractor grants to Canada the irrevocable option to extend the term of the Contract by up to two (2) additional one year periods under the same conditions. The Contractor agrees that, during the extended period of the Contract, it will be paid in accordance with the applicable provisions as set out in the Basis of Payment.

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

##### **4.2.3 Option to Extend – Transition Period**

The Contractor acknowledges that the nature of the services provided under the Contract requires continuity and that a transition period may be required at the end of the Contract. The Contractor agrees that Canada may, at its discretion, extend the Contract by a period of 60 days under the same conditions to ensure the required transition. The Contractor agrees that, during the extended period of the Contract, it will be paid in accordance with the applicable provisions of the Basis of Payment.

The Contracting Authority will advise the Contractor of the extension by sending a written notice to the Contractor before the contract expiry date. The extension will be evidenced, for administrative purposes only, through a contract amendment.

#### **5. Authorities**

##### **5.1 Contracting Authority**

The Contracting Authority for the Contract is:

Name: Danielle Murdoch  
Title: Regional Contract Administrator  
Correctional Service Canada  
Branch/Directorate: Ontario Region  
Telephone: 343-422-4831  
Facsimile: 613-536-4831  
E-mail address: danielle.murdoch@csc-scc.gc.ca



The Contracting Authority is responsible for the management of the Contract and any changes to the Contract must be authorized in writing by the Contracting Authority. The Contractor must not perform work in excess of or outside the scope of the Contract based on verbal or written requests or instructions from anybody other than the Contracting Authority.

## 5.2 Project Authority

The Project Authority for the Contract is:

Name:

Title:

Correctional Service Canada

Branch/Directorate:

Telephone:

Facsimile:

E-mail address:

The Project Authority is the representative of the department or agency for whom the Work is being carried out under the Contract and is responsible for all matters concerning the technical content of the Work under the Contract. Technical matters may be discussed with the Project Authority, however the Project Authority has no authority to authorize changes to the scope of the Work. Changes to the scope of the Work can only be made through a contract amendment issued by the Contracting Authority.

## 5.3 Contractor's Representative

The Authorized Contractor's Representative is:

Name:

Title:

Company:

Address:

Telephone:

Facsimile:

E-mail address:

## 6. Payment

### 6.1 Basis of Payment

### 6.2 Limitation of Expenditure

6.2.1 Canada's total liability to the Contractor under the Contract must not exceed \$\_\_\_\_\_. Customs duties are excluded and Applicable Taxes are extra.

6.2.2 No increase in the total liability of Canada or in the price of the Work resulting from any design changes, modifications or interpretations of the Work, will be authorized or paid to the Contractor unless these design changes, modifications or interpretations have been approved, in writing, by the Contracting Authority before their incorporation into the Work. The Contractor must not perform any work or provide any service that would result in Canada's total liability being exceeded before obtaining the written approval of the Contracting Authority. The Contractor must notify the Contracting Authority in writing as to the adequacy of this sum:

- a. when it is 75% committed, or
- b. four months before the contract expiry date, or



- c. as soon as the Contractor considers that the contract funds provided are inadequate for the completion of the Work,

whichever comes first.

- 6.2.3 If the notification is for inadequate contract funds, the Contractor must provide to the Contracting Authority a written estimate for the additional funds required. Provision of such information by the Contractor does not increase Canada's liability.

### **6.3 SACC Manual Clauses**

SACC Manual clause A9117C ((2007-11-30), T1204 - Direct Request by Customer Department  
SACC Manual clause C0710C (2007-11-30), Time and Contract Price Verification

#### **6.3.1 Audit**

SACC Manual clause C1004C Auditing

Canada reserves the right to recover amounts and make adjustments to amounts payable to the Contractor where an examination of the Contractor's records has identified amounts allocated to the Contract that are not in accordance with the Contract terms.

Where the results of an examination indicate that an overpayment by Canada has occurred, such overpayment is due and payable on the date indicated in the notice of overpayment.

#### **6.3.2 Discretionary Audit**

SACC Manual clause C0705C (2010-01-11), Discretionary Audit

### **6.4 Travel and Living Expenses**

There are no travel and living expenses associated with the Contract.

### **6.5 Electronic Payment of Invoices – Contract**

The Contractor accepts to be paid using the following Electronic Payment Instrument(s):

- (a) MasterCard Acquisition Card;
- (b) Direct Deposit (Domestic and International).

## **7. Invoicing Instructions**

Invoices must contain the hours of work, and the major topic/theme of the work. Invoices must be sent monthly to the Project Authority.

## **8. Certifications and Additional Information**

### **8.1 Compliance**

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

## **9. Applicable Laws**





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

## 10. Priority of Documents

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

- (a) the Articles of Agreement;
- (b) the Supplemental General Conditions 4008 (2008-12-12), Personal Information; and 4013 (2022-06-20) – Compliance with On-Site Measures, Standing Orders, Policies, and Rules;
- (c) the General Conditions 2010B (2022-12-01), General Conditions - Professional Services (Medium Complexity);
- (d) Annex A, Statement of Work;
- (e) Annex B, Basis of Payment;
- (f) the Contractor's bid dated \_\_\_\_\_

## 11. Insurance

The Contractor is responsible for deciding if insurance coverage is necessary to fulfill its obligation under the Contract and to ensure compliance with any applicable law. Any insurance acquired or maintained by the Contractor is at its own expense and for its own benefit and protection. It does not release the Contractor from or reduce its liability under the Contract.

## 12. Liability

The Contractor is liable for any damage caused by the Contractor, its employees, subcontractors, or agents to Canada or any third party. Canada is liable for any damage caused by Canada, its employees or agents to the Contractor or any third party. The Parties agree that no limitation of liability or indemnity provision applies to the Contract unless it is specifically incorporated in full text in the Articles of Agreement. Damage includes any injury to persons (including injury resulting in death) or loss of or damage to property (including real property) caused as a result of or during the performance of the Contract.

## 13. Ownership Control

Where the Contractor will have access to any and all personal and confidential information belonging to Canada, CSC staff or inmates for the performance of the work, the following will apply:

- 13.1 The Contractor warrants that it is not under ownership control of any non-resident entity (i.e. Individual, partnership, joint venture, corporation, limited liability company, parent company, affiliate or other).
- 13.2 The Contractor must advise the Minister of any change in ownership control for the duration of the contract.
- 13.3 The Contractor acknowledges that the Minister has relied on this warranty in entering into this Contract and that, in the event of breach of such warranty, or in the event that the Contractor's ownership control becomes under a non-resident entity, the Minister will have the right to treat this Contract as being in default and terminate the contract accordingly.
- 13.4 For the purposes of this clause, a non-resident entity is any individual, partnership, joint venture, corporation, limited liability company, parent company, affiliate or other residing outside of Canada.



#### **14. Closure of Government Facilities**

- 14.1 Contractor personnel are employees of the Contractor and are paid by the Contractor on the basis of services rendered. Where the Contractor or the Contractor's employees are providing services on government premises pursuant to this Contract and the said premises become non accessible due to evacuation or closure of government facilities, and consequently no Work is being performed as a result of the closure, Canada will not be liable for payment to the Contractor for the period of closure.
- 14.2 Contractors working at CSC sites should be aware that they may be faced with delay or refusal of entry to certain areas at certain times even if prior arrangements for access may have been made. Contractors are advised to call in advance of travel to ensure that planned access is still available.

#### **15. Tuberculosis Testing**

- 15.1 It is a condition of this contract that the Contractor or any employees of the Contractor who require entry into a Correctional Service of Canada Institution to fulfill the conditions of the contract may, at the sole discretion of the Warden, be required to provide proof of and results of a recent tuberculin test for the purpose of determining their TB infection status.
- 15.2 Failure to provide proof of and results of a tuberculin test may result in the termination of the contract.
- 15.3 All costs related to such testing will be at the sole expense of the Contractor.

#### **16. Compliance with CSC Policies**

- 16.1 The Contractor agrees that its officers, servants, agents and subcontractors will comply with all regulations and policies in force at the site where the work covered by this contract is to be performed.
- 16.2 Unless otherwise provided in the contract, the Contractor must obtain all permits and hold all certificates and licenses required for the performance of the Work.
- 16.3 Details on existing CSC policies can be found on the [CSC website](#) or any other CSC web page designated for such purpose.

#### **17. Health and Labour Conditions**

- 17.1 In this section, "Public Entity" means the municipal, provincial or federal government body authorized to enforce any laws concerning health and labour applicable to the performance of the Work or any part thereof.
- 17.2 The Contractor must comply with all laws concerning health and labour conditions applicable to the performance of the Work or part thereof and must also require compliance of same by all its subcontractors when applicable.
- 17.3 The Contractor upon any request for information or inspection dealing with the Work by an authorized representative of a Public Entity must forthwith notify the Project Authority or His Majesty.
- 17.4 Evidence of compliance with laws applicable to the performance of the Work or part thereof by either the Contractor or its subcontractor must be furnished by the Contractor to the Project Authority or His Majesty at such time as the Project Authority or His Majesty may reasonably request."



## 18. Identification Protocol Responsibilities

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

18.1 During the performance of any Work at a Government of Canada site, the Contractor and each Contractor Representative must be clearly identified as such at all times;

18.2 During attendance at any meeting, the Contractor or Contractor Representatives must identify themselves as such to all meeting participants;

18.3 If the Contractor or a Contractor Representative requires the use of the Government of Canada's e-mail system in the performance of the Work, then the individual must clearly identify themselves as the Contractor or an agent or subcontractor of the Contractor in all electronic mail in the signature block as well as under the e-mail account Properties. This identification protocol must also be used in all other correspondence, communication, and documentation; and

18.4 If Canada determines that the Contractor is not complying with any of the obligations stated in this article, Canada will advise the Contractor and request that the Contractor implement, without delay, appropriate corrective measures to eliminate recurrence of the problem.

## 19. Dispute Resolution Services

The Parties agree to make every reasonable effort, in good faith, to settle amicably all disputes or claims relating to the Contract, through negotiations between the Parties' representatives authorized to settle. If the Parties do not reach a settlement within 25 working days after the dispute was initially raised to the other party in writing, either Party may contact the Office of the Procurement Ombudsman (OPO) to request dispute resolution/mediation services. OPO may be contacted by e-mail at [the Office of the Procurement Ombudsman email address](#), by telephone at 1-866-734-5169, or by web at [the Office of the Procurement Ombudsman website](#). For more information on OPO's services, please see the [Procurement Ombudsman Regulations](#) or visit [the Office of the Procurement Ombudsman website](#).

## 20. Contract Administration

The Office of the Procurement Ombudsman (OPO) was established by the Government of Canada to provide an impartial, independent venue for Canadian bidders to raise complaints regarding the administration of certain federal contracts, regardless of dollar value. If you have concerns regarding the administration of a federal contract, you may contact OPO by e-mail at [the Office of the Procurement Ombudsman email address](#), by telephone at 1-866-734-5169, or by web [the Office of the Procurement Ombudsman website](#). For more information on OPO's services, please see the [Procurement Ombudsman Regulations](#) or visit [the Office of the Procurement Ombudsman website](#).

## 21. Proactive Disclosure of Contracts with Former Public Servants

By providing information on its status, with respect to being a former public servant in receipt of a *Public Service Superannuation Act* (PSSA) pension, the Contractor has agreed that this information will be reported on departmental websites as part of the published proactive disclosure reports, in accordance with [Contracting Policy Notice: 2019-01](#) of the Treasury Board Secretariat of Canada.

## 22. Information Guide for Contractors



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



## ANNEX A – Statement of Work

The Correctional Service Canada (CSC) has a requirement to engage the services of a Medical Director, Diagnostic Imaging to review, oversee and offer support to imaging staff in relation to patient care within the Ontario Region.

The work will involve the following:

### 1.1 Background:

CSC has a legal obligation, under Section 86 of the Corrections and Conditional Release Act (CCRA) to provide every inmate with essential health care and reasonable access to non-essential health care that will contribute to the inmate's rehabilitation and successful reintegration into the community, in accordance with professionally accepted standards.

The Health Services vision is to provide quality integrated person-centred care. The mission of Health Services is to provide offenders with efficient and effective health care that: is patient/family/support-centered; Encourages individual responsibility and patient self-management; Promotes healthy reintegration at discharge; and contributes to safe communities. During the period of incarceration, offenders are provided with a range of coordinated health services that are accessible, affordable, and appropriate to the correctional environment.

While delivering health services, diagnostic reports get sent to various managers; however, the roll up of diagnostic services as a whole is not centralized nor clear with the sites. Managers at the site level are not well versed in diagnostic imaging thus it is difficult to lead and guide in an area they are not familiar with. Sites rely heavily on X-ray technicians as their only subject matter expert in this area. CSC requires access to a diagnostic imaging medical specialist for consultation to ensure all relevant priorities are considered in decision-making processes. The Medical Director, Diagnostic Imaging will fulfill essential functions that consist of developing and updating the policy, protocols, and procedures in accordance with practice specific expectations and standards. Moreover, the Medical Director, Diagnostic will ensure adequate implementation of these processes is achieved according to predefined standards.

### 1.2 Objectives:

The contractor will assist CSC staff by providing guidance, advice, and clinical oversight of diagnostic service to continually improve the quality of the services provided and safeguard high standards of care through an environment that promotes clinical excellence.

The Medical Director, Diagnostic Imaging will support the Ontario Region in meeting expectations set out by Accreditation Canada specific to Diagnostic Imaging. The below Accreditation standards must be met for the Region to uphold their "Accredited" status.

- 1.3 - The team meets at least annually to review information collected from clients and medical professionals to identify strengths and areas for improvement in service needs and make changes accordingly.
- 1.5 – The organization sets clear lines of accountability for diagnostic imaging services delivered across the organization.
- 2.4 - The team identifies the resources needed to deliver efficient and timely diagnostic imaging services.
- 3.3 - The team has a management structure in place with clear reporting relationships and lines of accountability.
- 3.6 - The team's medical director and physicians are imaging specialists credentialed by the appropriate professional college or association.
- 6.2 - Diagnostic imaging providers have an up-to-date manual for operating diagnostic imaging equipment that includes manufacturer's instructions and applicable safety regulations.



- 6.5 - Diagnostic imaging providers have a Policy and Procedure Manual that includes detailed procedures for positioning the client for diagnostic imaging examinations that is signed by the medical director or designate.
- 6.6 - The team orients new diagnostic imaging providers to the Policy and Procedure Manual.
- 17.5 - The team collects, analyzes, and interprets data on the appropriateness of examinations, the accuracy of the interpretations, and the incidence of complications and patient safety incidents.
- 17.6 - The team reviews its diagnostic reference levels at least annually as part of its quality improvement program.
- 17.7 - The team uses results of the utilization management review to educate referring medical professionals and diagnostic imaging providers on the appropriate use of diagnostic imaging services.

### 1.3 Tasks:

The contractor must:

- a) Review current diagnostic imaging recommendations for patients/staff as it applies to relevant CSC directives, including but not limited to:
  - i. Medical
  - ii. Behavioural
  - iii. Environmental
  - iv. Care team
  - v. Law
  - vi. Policy
  
- b) Participate in the development and maintenance of diagnostic imaging policies and procedures for effective quality control and quality assurance processes, which can include, but is not limited to:
  - i. Reviewing pertinent background legislature or policies and applicable safety regulations.
  - ii. Reviewing manufacturer's instructions.
  - iii. Reviewing and providing feedback on draft diagnostic imaging policies and procedures.
  - iv. Assisting in communication of diagnostic imaging policies and procedures to staff and senior management.
  
- c) Conduct a review and approval of the Policy and Procedure manual on an annual basis.
  
- d) Conduct a review of the Diagnostic reference levels as part of its quality improvement program at least annually.
  
- e) Support staff resilience by providing advice and guidance on the handling of patients with complex medical issues.
  
- f) Facilitate case conferences/consultations as the subject matter expert for diagnostic imaging. This includes analysis and interpretation of diagnostic imaging data, appropriateness of examinations, and accuracy of interpretations when needed.
  
- g) Assist management in evaluating the need for new equipment and supplies; preparing supportive documents to justify recommendations; assisting with equipment selection and procurement.
  
- h) Participate in consultation regarding resource allocation reviews due to competing demands and wait list management.



- i) Attendance at annual meeting to review diagnostic imaging information collected to identify strengths and areas for improvement.
- j) Participate in Quality Improvement Initiatives pertaining to Diagnostic Imaging on an Ad Hoc basis.

#### **1.4 Deliverables**

The contractor must:

- a) Up to 8 hours a month for staff and management consultation
- b) Attend Diagnostic Imaging Review Committee Meetings once every three months (1 hour in duration)
- c) Produce reports for the project authority:
  - o Yearly summary report identifying information collected from medical professionals to identify strengths and areas for improvement in service needs and make changes accordingly.
- d) Facilitate a minimum of one (1) staff education session on diagnostic imaging per year, billed at the regular hourly rate.
- e) Provide one initial in-person visit to the Institutions in the Kingston Ontario to see diagnostic imaging equipment and suite. Up to 16 hours for this visit.

#### **1.5 Location of work:**

The contractor must perform the work at the contractor's place of business and communicate with community and institutional sites within the Ontario Region via email, telephone and/or video conferencing.

Video conferencing is the preferred method of service. Situations may arise, including, but not limited to: technical difficulties, security concerns at the site. If a situation or need arises to move away from video conferencing, the project authority will work with the contractor to make alternative arrangements for telephone.

The Contractor must provide an initial in person visit to the Kingston Ontario area Institutions to review the equipment and diagnostic imaging suites which will help understanding of the deliverables.

#### **1.6 Travel**

Travel to the Kingston Area on initial award of the contract. Hourly rate for up to 16 hours based on the time spent at the sites.

#### **1.7 Language of Work:**

The Contractor must perform all work in English.

#### **1.8 Invoicing:**

Invoices must contain the hours of work, and the major topic/theme of the work. Invoices must be sent monthly to the Project Authority.



## ANNEX B – Proposed Basis of Payment

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

### 1.0 Contract Period (From July 1, 2024 to June 30, 2027)

For the provision of services as described in Annex A – Statement of Work, the Contractor will be paid the all-inclusive firm hourly rate below in the performance of this Contract, Applicable Taxes extra.

Resource Name	ESTIMATED TOTAL LEVEL OF EFFORT (hours per year)	ALL-INCLUSIVE HOURLY RATE FOR SERVICE PROVISION	Total per year (in CAD)
	A. Total hours – Staff and management consultation: 96 hrs		
	B. Total hours – Diagnostic Imaging Review Committee meetings: 4 hrs		
	C. Total hours – Staff education sessions: 1 hr		
	D. Total hours – Produce reports identifying strengths and areas for improvements and participation in quality improvement initiatives: 20 hrs		
	E. Initial travel to Kingston once per contract – 16 hours		
<b>TOTAL</b>			

### 2.0 Options to Extend the Contract Period:

Subject to the exercise of an option to extend the Contract period in accordance with Article 4. Term of Contract, 4.2 Options to Extend Contract, the all-inclusive hourly rates for the contract period detailed in this Annex will be subject to upward adjustment to reflect the overall annual increase in the Consumer Price Index (CPI) for Health and personal care for Canada for the previous calendar year as established by Statistics Canada. The Contracting Authority will determine these rates at the time the option is exercised using the following formula:

Adjusted rate = all-inclusive hourly rate + (all-inclusive hourly rate x % CPI increase for previous calendar year for Health and personal care)

The Contractor shall be paid the resulting adjusted firm all inclusive hourly rates, Applicable Taxes extra, to complete all Work and services required to be performed in relation to the Contract extension.

### 3.0 Applicable Taxes

3.1 All prices and amounts of money in the contract are exclusive of Applicable Taxes unless otherwise indicated. The Applicable Taxes, are extra to the price herein and will be paid by Canada.





3.2 The estimated Applicable Taxes of \$\_\_\_\_\_ are included in the total estimated cost shown on page 1 of this Contract. The estimated Applicable Taxes will be incorporated into all invoices and progress claims and shown as a separate item on invoices and progress claims. All items that are zero-rated, exempt, or to which taxes do not apply, are to be identified as such on all invoices. The Contractor agrees to remit to Canada Revenue Agency (CRA) any amounts of Applicable Taxes paid or due.

#### **4.0 Electronic Payment of Invoices - Bid**

Canada requests that Bidders complete option 1 or 2 below:

4.1  Electronic Payment Instruments will be accepted for payment of invoices.

The following Electronic Payment Instrument(s) are accepted:

- MasterCard Acquisition Card;
- Direct Deposit (Domestic and International).

4.2  Electronic Payment Instruments will not be accepted for payment of invoices.

The Bidder is not obligated to accept payment by Electronic Payment Instruments.

Acceptance of Electronic Payment Instruments will not be considered as an evaluation criterion.



## Annex C – Evaluation Criteria

### 1.0 Technical Evaluation:

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

- Mandatory Technical Criteria

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

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

### 1.6 Response Format

- I. In order to facilitate evaluation of proposals, it is recommended that bidders' proposals address the mandatory criteria in the order in which they appear in the Evaluation Criteria and using the numbering outlined.
- II. Bidders are also advised that the month(s) of experience listed for a project or experience whose timeframe overlaps that of another referenced project or experience will only be counted once. For example: Project 1 timeframe is July 2001 to December 2001; Project 2 timeframe is October 2001 to January 2002; the total months of experience for these two project references is seven (7) months.
- III. For any requirements that specify a particular time period (e.g., 2 years) of work experience, CSC will disregard any information about experience if the technical bid does not include the required month and year for the start date and end date of the experience claimed.
- IV. CSC will also only evaluate the duration that the resource actually worked on a project or projects (from the start date to end date), instead of the overall start and end date of a project or a combination of projects in which a resource has participated.

### MANDATORY TECHNICAL CRITERIA – 4699178

#### 1) The Radiologist (Proposed Personnel):



No.	Mandatory Technical Criteria	Bidder Response Description (include location in bid)	Met/Not Met
M1	The proposed personnel who will be providing the guidance, advice, and clinical oversight of diagnostic services must be a qualified radiologist with the Colleges of Physicians and Surgeons of Ontario (CPSO) with no restrictions to practice, and in good standings with the governing association.	Bidders must provide proof of educational qualifications and an up-to-date and in good standings registration with the governing association.	
M2	The proposed personnel must possess <b>two (2) years' experience in providing guidance and education, in the last five (5) years, in delivering radiology diagnostic services.</b>	<b>The Bidder shall include, as a minimum, for each project submitted:</b> 1. project title and description 2. the name of the client details about work performed by the contractor 3. a contact person of reference that can verify the work	
M3	The proposed personnel must possess <b>two (2) years of experience within the last five (5) years in analyzing diagnostic imaging legislation, policies, and appropriate safety standards.</b>	<b>The Bidder shall include, as a minimum, for each project submitted:</b> 1. project title and description 2. the name of the client details about work performed by the contractor 3. a contact person of reference that can verify the work	



**CORRECTIONAL SERVICE CANADA**

CHANGING LIVES. PROTECTING CANADIANS.

**SERVICE CORRECTIONNEL CANADA**

TRANSFORMONS DES VIES. PROTÉGEONS LES CANADIENS.



## National Essential Health Care Framework Cadre national des services de santé essentiels

Revised September 2, 2020 – Révisé le 2 septembre 2020

Reviewed and approved by NMAC September 24, 2020 - Revue et approuvé par le CMCN le 24 septembre 2020

Reviewed and approved by HSET October 8, 2020 -

Revue et approuvé par l'EDSS le 8 octobre 2020





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## 1. Background / Contexte

Correctional Service Canada (CSC) is mandated, under the Corrections and Conditional Release Act (CCRA), to "provide every inmate with essential health care; and reasonable access to non essential health care"

When health care is provided to inmates, the Service shall

(a) support the professional autonomy and the clinical independence of registered health care professionals and their freedom to exercise, without undue influence, their professional judgment in the care and treatment of inmates;

(b) support those registered health care professionals in their promotion, in accordance with their respective professional code of ethics, of patient-centered care and patient advocacy; and

(c) promote decision-making that is based on the appropriate medical care, dental care and mental health care criteria

The Commissioner's Directives 800 Health Services and its associated guidelines are the key references on essential health care.

Health care services must respect gender, cultural, religious and linguistic differences.

In order to support inmates in taking responsibility for proactively safeguarding their health, CSC provides:

- information and education on health promotion and disease prevention
- direct health care services

En vertu de la *Loi sur le système correctionnel et la mise en liberté sous condition* (LSCMLC), le Service correctionnel du Canada (SCC) est tenu de « fournir aux détenus les soins de santé essentiels et un accès raisonnable aux soins non essentiels ».

Lorsque des soins de santé doivent être dispensés à des détenus, le Service :

a) soutient l'autonomie professionnelle et l'indépendance clinique des professionnels de la santé agréés ainsi que la liberté qu'ils possèdent d'exercer, sans influence inopportune, un jugement professionnel dans le cadre du traitement des détenus;

b) soutient ces professionnels de la santé agréés dans la promotion, selon leur code de déontologie, des soins axés sur le patient et de la défense des droits des patients;

c) favorise la prise de décisions fondée sur les critères appropriés en matière de soins médicaux, dentaires ou de santé mentale.

La Directive du commissaire 800 – Services de santé et les lignes directrices connexes constituent les principaux documents de référence sur les soins de santé essentiels.

Les Services de santé doivent respecter les différences liées au sexe, à la culture, à la religion et à la langue.

Pour aider les détenus à assumer leurs responsabilités afin qu'ils prennent des mesures proactives pour protéger leur santé, le SCC fournit:

- des renseignements sur la promotion de la santé et la prévention des maladies;
- des soins de santé directs.





Within CSC Institutions, health care is provided in Primary Care Health Centres (PCHC), Intermediate Mental Health Care Units, Regional Continuing Care Centres (RCCC), and Regional Treatment / Psychiatric Centres and other health care units as designated by the Commissioner.

Au sein des établissements du SCC, les soins de santé sont offerts dans des centres de soins de santé primaires (CSSP), des unités de soins intermédiaires de santé mentale, des centres régionaux de continuité de soins (CRCS), des centres psychiatriques/de traitement régionaux et d'autres unités de soins de santé désignées par le commissaire.

Inmates may have to go to the community for emergency health care, specialized health care, hospitalizations, and other essential health care that cannot be accommodated within CSC.

Il se peut que les détenus aient à se rendre dans la collectivité pour recevoir des soins d'urgence, des soins spécialisés ou d'autres soins de santé essentiels ou pour être hospitalisés lorsque ces soins ne peuvent être offerts dans un établissement du SCC.

Health care means medical care, dental care and mental health care, provided by registered health care professionals or by persons acting under the supervision of registered health care professionals.

On entend par soins de santé les soins médicaux, dentaires et de santé mentale fournis par des professionnels de la santé agréés ou par des personnes agissant sous la supervision de professionnels de la santé agréés.

The purpose of this Framework and the National Formulary is to promote consistency in the provision of health care across CSC.

Le présent Cadre et le Formulaire national ont pour but de favoriser l'uniformité dans la prestation des soins de santé à l'échelle du SCC.

## 2. Health Services Executive Team (HSET) and National Medical Advisory Committee (NMAC) / L'équipe de direction des Services de santé (EDSS) et Comité médical consultatif national (CMCN)

The Health Services Executive Team (HSET), based on the advice of the National Medical Advisory Committee, approves the essential health care framework, provides ongoing oversight of the delivery of health care, and ensures accountability, consistency, cost effectiveness, and best practices specific to the needs of CSC's population.

L'Équipe de direction des Services de santé (EDSS), selon les conseils du Comité médical consultatif national (CMCN), approuve le cadre relatif aux soins de santé essentiels, assure la surveillance continue de la prestation des soins de santé et veille à la responsabilisation, l'uniformité, la rentabilité et l'établissement de pratiques exemplaires propres aux besoins de la population du SCC.





The essential health care guidance document is reviewed by the NMAC and approved by HSET annually.

Le document d'orientation sur les soins de santé essentiels est examiné par le CMCN et approuvé annuellement par l'EDSS.

### 3. Access to essential Health Services / Accès aux services de santé essentiels

**Self-referral:** Inmates may initiate access by submitting, in confidence, a request for health care services, indicating the reason for the request. The requests are reviewed, prioritized according to urgency.

**Aiguillage effectué à la demande d'un détenu :** Les détenus peuvent présenter, à titre confidentiel, une demande de services de santé en précisant le motif de leur demande. Les demandes sont examinées et classées en ordre de priorité en fonction de leur niveau d'urgence.

**Staff referral:** Staff may make a referral on behalf of an inmate.

**Aiguillage effectué à la demande d'un membre du personnel :** Un membre du personnel peut effectuer un aiguillage au nom d'un détenu.

**Walk-in:** Some Primary Care Health Centres (PCHC) have "drop in hours" where inmates can be seen by showing up at the Centre.

**Sans rendez-vous :** Certains centres de soins de santé primaires (CSSP) ont des « cliniques sans rendez-vous » durant lesquelles les détenus peuvent être vus par un médecin lorsqu'ils se présentent.

**Visits with Physicians/Specialists (including Psychiatrists)** and other health care professionals are pre-booked according to need.

Les visites avec des médecins ou des spécialistes (y compris des psychiatres) et d'autres professionnels de la santé sont réservées à l'avance en fonction des besoins.

When inmates are referred to community medical/psychiatric services, they are subject to the same waiting periods as community members.

Lorsque des détenus sont aiguillés vers des services médicaux/psychiatriques dans la collectivité, ils sont assujettis au même délai d'attente que les membres de la collectivité.

The use of private clinics for the provision of essential health care is not permitted in CSC.

Au SCC, il est interdit d'avoir recours à des cliniques privées en vue de la prestation de soins de santé essentiels.

Accessing community services may be impacted by the operational requirements of the institution.

Les exigences opérationnelles de l'établissement peuvent avoir une incidence sur l'accès aux services dans la collectivité.



**Provincial/Territorial Identification Card**

As part of the discharge/release planning, the Institutional Parole Officer is responsible for assisting the offender in obtaining Provincial/Territorial Identification such as Birth Certificate, Health Insurance, Disability Benefits, Social Insurance Number etc. in the province of release.

**Community Correctional Centres (CCC)**

Offenders in CCC's are entitled to receive provincial Health Insurance and Disability Benefits consistent with the criteria applicable to others residing in the Province/Territory. However, in the interest of public safety where there are gaps, or delays, in provincial health services coverage, CSC will provide, on an interim basis, essential health care to offenders residing in CCCs.

Health care for offenders in Community Residential Facilities (CRF) is the responsibility of provinces and territories.

In exceptional circumstances, where there is a documented public safety interest, with the approval of the Regional Director Health Services (RDHS), CSC will provide, on an interim basis, essential health care to address delays in provincial/territorial health care coverage.

**Cartes d'identité provinciales/territoriales**

Dans le cadre du processus de planification de la continuité des soins/de la mise en liberté, l'agent de libération conditionnelle en établissement est responsable d'aider le délinquant à obtenir des cartes d'identité provinciales/territoriales, notamment un certificat de naissance, une assurance maladie, des prestations d'invalidité, un numéro d'assurance sociale, etc., dans la province de libération.

**Centres correctionnels communautaires (CCC)**

Les délinquants dans les CCC ont le droit de recevoir des prestations d'assurance-maladie et d'invalidité conformément aux critères applicables aux autres résidents de la province ou du territoire. Cependant, pour assurer la sécurité publique, lorsqu'il existe des lacunes ou des retards liés à la couverture provinciale des services de santé, le SCC fournira, à titre provisoire, des soins de santé essentiels aux délinquants qui résident dans les CCC.

Les soins de santé des délinquants dans les établissements résidentiels communautaires (ERC) sont la responsabilité des provinces et des territoires.

Dans des circonstances exceptionnelles où il est consigné qu'il faut assurer la sécurité publique, sous réserve de l'approbation du directeur régional, Services de santé (DRSS), le SCC fournira, à titre provisoire, des soins de santé essentiels pour combler les retards dans la couverture provinciale/territoriale des soins de santé.



**Reducing/Removing barriers to Provincial Health Insurance and Disability Benefits**

The RDHS is responsible for communicating with provincial and territorial partners to assist in reducing/removing barriers to offenders obtaining full entitlement to provincial/territorial Health Insurance and Disability Benefits.

**Réduction/élimination des obstacles aux prestations provinciales d'assurance-maladie et d'invalidité**

Le DRSS est responsable de communiquer avec les partenaires provinciaux et territoriaux afin d'aider à réduire/éliminer les obstacles qui empêchent les délinquants d'obtenir toutes les prestations provinciales/territoriales d'assurance-maladie et d'invalidité auxquelles ils ont droit.

**4. Reasonable access to non essential health care / Accès raisonnable aux services non essentiels**

Non-essential health care will be at the inmate's complete expense including consultation fees, and at the discretion of the Institutional Head, any associated escort costs. Health Services will assist with the coordination of arrangements for inmate requested services<sup>1</sup>. Inmate access to non-essential health care will be in accordance with:

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

Le détenu devra assumer tous les frais associés aux soins de santé non essentiels, y compris les frais de consultation, et, à la discrétion du directeur de l'établissement, tous les coûts associés aux escortes connexes. Les Services de santé contribueront à la coordination des dispositions requises pour les services demandés par le détenu<sup>2</sup>. L'accès du détenu aux soins de santé non essentiels sera accordé conformément au :

[Protocole : Demandes de services de santé non essentiels : Payés par le détenu](#)

**5. Guiding considerations for decisions about essential and non-essential health care / Principes directeurs relatifs aux décisions sur les services essentiels et non essentiels**

The following guiding principles were considered in the development of the list (and exclusions) of funded health care and are in accordance with relevant legislation, CSC Policy.

Les principes directeurs suivants ont été pris en compte dans l'élaboration de la liste (et les exclusions) des services de santé financés et sont conformes aux lois et aux politiques pertinentes du SCC.

<sup>1</sup> Form 532 (Inmate Request to Encumber/Disburse Funds) is completed by the inmate with the assistance of health services staff

<sup>2</sup> Form 532 (Inmate Request to Encumber/Disburse Funds) is completed by the inmate with the assistance of health services staff



CORRECTIONAL SERVICE CANADA

SERVICE CORRECTIONNEL CANADA

Health outcomes are a shared responsibility between service providers and inmates.

Inmates are expected to assume responsibility for safeguarding their health.

In meeting its mandate to provide essential health care, CSC should not normally exceed the level of health care available through provincially public-funded health and social services programs.

In developing the essential health care framework, CSC considers the nature and level of health care coverage provided by provincial/territorial publicly funded health care systems.

Incarceration presents an important public health opportunity to promote and protect the health of a population with a high comorbidity of diseases at high risk of contracting and spreading infectious diseases.

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

Les prestataires de soins et les détenus sont conjointement responsables des résultats dans le domaine de la santé.

Les détenus devraient assumer la responsabilité de la protection de leur santé.

Normalement, dans l'exécution de son mandat relatif à la prestation de services essentiels, le SCC ne doit pas dépasser le niveau des services de santé disponibles dans les réseaux de santé publics et de services sociaux provinciaux.

Dans le cadre de l'élaboration du cadre des soins de santé essentiels, le SCC tient compte de la nature et du niveau de la couverture des soins de santé fournie par les réseaux de santé publics provinciaux/territoriaux.

Sur le plan de la santé publique, l'incarcération est une occasion de favoriser et de protéger la santé d'une population ayant un taux de comorbidité élevé, ainsi qu'un risque élevé de contracter et de propager des maladies infectieuses.

Ces principes reconnaissent qu'il appartient aux professionnels de la santé de décider des services à dispenser aux détenus, en fonction de l'évaluation clinique effectuée, et conformément aux normes professionnelles acceptées.



## 6. Approval Process / Processus d'approbation

In order to assist with making a determination about essential health care and non-essential health care and achieve consistency across regions, refer to:

[Appendix A – List of Health Services, Medical Equipment and Supplies](#)

[Appendix B – CSC's Dental Service Standards](#)

[Appendix C – Criteria for Diagnostic Investigation](#)

[Appendix D – Mental Health Services](#)

Afin d'aider à prendre une décision concernant les soins de santé essentiels et les soins de santé non essentiels et assurer l'uniformité à l'échelle des régions, consultez :

[Annexe A – Liste des services de santé, du matériel et des fournitures médicaux](#)

[Annexe B – Normes des services dentaires du SCC](#)

[Annexe C – Critères relatifs à l'évaluation diagnostique](#)

[Annexe D – Services de santé mentale](#)



**Appendix A. List of Health Care, Medical Equipment and Supplies /  
Liste des services de santé, équipement et matériel médical**

*(some items that Health Services does not provide may be provided by other departments)*

The approved list identifies items/services according to "approved", "not approved", and "by special authorization".

Items/services listed as "approved" can be implemented routinely at the institutional level.

Items/services listed as "by special authorization" require regional approval by the Manager, Clinical Services; and,

The determination about the health care requirements for a particular inmate relies on the judgement of the healthcare professionals, based on clinical assessment guided by professionally accepted standards of practice. The requested special authorization must be recommended by the Institutional Physician/Nurse Practitioner or Dentist along with the medical justification for the request.

Gender Dysphoria specialized services require endorsement by a health care professional in gender identity, as well as approval by the surgeon to perform certain surgical interventions (e.g., gender-affirming surgery).

*(certains articles que les Services de santé ne fournissent pas peuvent être fournis par d'autres services)*

La liste approuvée précise les articles/services classés selon les catégories « approuvé », « non approuvé » et « sur autorisation spéciale ».

Les articles/services « approuvés » peuvent être mis en œuvre régulièrement à l'échelle de l'établissement.

Les articles/services « sur autorisation spéciale » exigent l'approbation régionale du gestionnaire, Services cliniques; et,

Il appartient aux professionnels de la santé de décider des besoins en soins de santé d'un détenu particulier, en fonction de l'évaluation clinique effectuée, et conformément aux normes professionnelles acceptées. L'autorisation spéciale demandée doit être recommandée par le médecin/l'infirmier praticien ou le dentiste en établissement, lequel doit fournir une justification médicale de la demande.

Les services spécialisés en dysphorie sexuelle doivent être approuvés par un professionnel de la santé dans le domaine de l'identité de genre, ainsi que par le chirurgien en vue de la réalisation de certaines interventions chirurgicales (p. ex. opération d'affirmation du genre).

Legend / Légende	
Y / O	Approved / Approuvé
N	No / Non
SA / AS	Approved by Special Authorization / Approuvé par suite d'une autorisation spéciale



<b>A. Assistive Devices and Mobility Aids / Aides à la mobilité et accessoires fonctionnels</b>			
1.	Pillows	N	Oreillers
2.	Mattresses	N	Matelas
3.	Wheelchairs		Fauteuils roulants
3-a	Electric	SA / AS	Électrique
3-b	Manual	Y / O	Manuel
4.	Motorized scooters	SA / AS	Scooters motorisés
5.	Walkers	Y / O	Déambulateurs
6.	Canes	Y / O	Cannes
7.	Crutches	Y / O	Béquilles
8.	Fibreglass casts	N	Plâtres en fibre de verre
9.	Back brace	Y / O	Corset lombaire
10.	Knee braces	Y / O	Attelles de genou
11.	Ankle braces	Y / O	Attelles de cheville
12.	Elbow supports	Y / O	Protège-coude
13.	Wrist supports	Y / O	Protège-poignet
14.	Tensor bandages	Y / O	Bandages de contention
15.	Heating pads	N	Coussins chauffants
16.	Hot water bottles	N	Bouillottes



17.	Support stockings	Y / O	Bas de contention
18.	Stump stockings	Y / O	Bonnets couvre-moignon
19.	Slings		Attelles
19-a	bandage type	Y / O	de type bandage
19-b	orthopedic type	Y / O	de type orthopédique
20.	Shoes	N	Souliers
21.	Corn pads	N	Coussinets pour les cors
<b>B.</b>	<b>Foot Care / Soins des pieds</b>		
1.	<p>Provided by nurses trained in foot care with the following criteria:</p> <ul style="list-style-type: none"> <li>• Diabetes</li> </ul>	Y/O	<p>Fournis par les membres du personnel infirmier formés pour effectuer des soins des pieds dans les cas suivants :</p> <ul style="list-style-type: none"> <li>• Diabète</li> </ul>
2.	<p>Provided by a podiatrist or other specialist with the following criteria:</p> <ul style="list-style-type: none"> <li>• Complex care required (e.g. nail removal, surgical intervention)</li> </ul>	Y/O	<p>Fournis par un podiatre ou un autre spécialiste dans les cas suivants :</p> <ul style="list-style-type: none"> <li>• Soins complexes requis (p. ex. extraction d'un ongle, intervention chirurgicale)</li> </ul>
<b>C.</b>	<b>Orthotics / Orthèses</b>		
1.	<p>Orthotics i.e. custom shoe inserts, over the counter orthotics</p>	N	<p>Orthèses c.-à-d: semelles faites sur mesure, orthèses qu'on peut obtenir sans ordonnance</p>





D.	Viscosupplementation	N	Viscosupplémentation
E.	Artificial limbs and specialty braces / Les membres artificiels et le appareils orthopédiques spéciaux		
1.	<p>Artificial limbs and specialty braces</p> <ul style="list-style-type: none"> <li>Must be recommended by a specialist and approved by the Institutional Physician. Does not require approval by the Manager Clinical Services. The Chief Health Services can implement the order.</li> </ul>	Y / O	<p>Les membres artificiels et les appareils orthopédiques spéciaux</p> <ul style="list-style-type: none"> <li>Doivent avoir été recommandés par un spécialiste et approuvés par le médecin de l'établissement. L'autorisation du gestionnaire des Services cliniques n'est pas nécessaire. Le chef des Services de santé peut faire la commande.</li> </ul>
F.	Diabetic supplies / Fournitures pour diabétiques		
1.	<p>Insulin pump and supplies</p> <ul style="list-style-type: none"> <li>only in type I diabetics, when admitted to CSC with longstanding insulin pump use and is determined by the Institutional Physician as essential</li> </ul>	SA/AS	<p>Pompe à insuline et fournitures</p> <ul style="list-style-type: none"> <li>seulement s'il s'agit d'un diabète de type 1, si le détenu utilise déjà une pompe depuis longtemps à son admission au SCC et si le médecin de l'établissement juge la pompe essentielle</li> </ul>
G.	Cryotherapy / Cryothérapie		
1.	Liquid Nitrogen	Y/O	Azote liquide
2.	Commercially prepared cryotherapy	Y/O	Produits de cryothérapie préparés commercialement
H.	Hearing and Speech Impaired / Audition et troubles de la parole		
1.	Hearing aids (and how often)	Y / O (5 yrs / ans)	Appareils auditifs (à quelle fréquence)
2.	Hearing aid batteries	Y / O	Piles pour les appareils auditifs
3.	Repairs to hearing aids	Y / O	Réparations des appareils auditifs



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



J.		Sinuplasty / Sinuplastie	
1.	Chronic sinusitis :		Sinusite chronique :
1-a	<ul style="list-style-type: none"> <li>Sinuplasty and osteomeatal complex surgical procedures for chronic sinusitis of fungal origin or in the presence of polyps.</li> </ul>	Y / O	<ul style="list-style-type: none"> <li>Sinuplastie et traitement chirurgical du complexe ostéoméatal si la sinusite chronique est d'origine fongique ou si des polypes sont présents.</li> </ul>
1-b	<ul style="list-style-type: none"> <li>The surgical treatment of chronic sinusitis in the absence of fungal infection or polyps</li> </ul>	SA / AS	<ul style="list-style-type: none"> <li>Traitement chirurgical de la sinusite chronique en l'absence d'une infection fongique ou de polypes.</li> </ul>
2.	Nasal obstruction :		Obstruction nasale :
2-a	<ul style="list-style-type: none"> <li>Chronic complete unilateral or bilateral nasal obstruction cases unsuccessfully treated by medical means</li> </ul>	Y / O	<ul style="list-style-type: none"> <li>Cas chroniques d'obstruction nasale complète d'une ou de deux narines où la gestion médicale n'a eu aucun succès</li> </ul>
2-b	<ul style="list-style-type: none"> <li>Partial or intermittent nasal obstruction may be covered depending on the potential for worsening of the condition, e.g., an evolutionary polyp or neoplasm.</li> </ul>	SA / AS	<ul style="list-style-type: none"> <li>Les cas d'obstruction nasale partielle ou intermittente peuvent être couverts s'il y a une possibilité que la condition se détériore (exemple, tumeur ou polype en phase évolutive).</li> </ul>
3.	Septum perforation :		Perforation de la cloison nasale :
3-a	<ul style="list-style-type: none"> <li>Correction of an asymptomatic nasal septum perforation</li> </ul>	N	<ul style="list-style-type: none"> <li>Correction d'une perforation asymptomatique de la cloison nasale</li> </ul>
3-b	<ul style="list-style-type: none"> <li>Symptomatic nasal septum perforation (pain, bleeding, nose discharge) provided that the causative agent has been addressed (cocaine use, underlying disease)</li> </ul>	Y / O	<ul style="list-style-type: none"> <li>Correction d'une perforation symptomatique de la cloison nasale (douleur, saignement, rhinorrhée), si l'agent causal a été réglé (consommation de cocaïne, maladie sous-jacente)</li> </ul>
4.	Nose deviation and cosmetic procedures:		Déviation du nez et chirurgie esthétique :



4-a	<ul style="list-style-type: none"> <li>Surgical procedures solely for esthetic reasons including external nasal deviation (acquired or congenital)</li> </ul>	N	<ul style="list-style-type: none"> <li>Traitement chirurgical uniquement pour des raisons esthétiques, y compris pour une déviation externe du nez (acquise ou congénitale)</li> </ul>
4-b	<ul style="list-style-type: none"> <li>Conditions for which there is significant psychological distress for the patient, e.g. following removal of a nasal cutaneous malignant tumour</li> </ul>	SA / AS	<ul style="list-style-type: none"> <li>Conditions lors desquelles le patient souffre d'une détresse psychologique importante, p. ex. après s'être fait retirer une tumeur cutanée maligne au nez.</li> </ul>
K.	Gynecomastia / Gynécomastie		
1.	<p><b>Acute Gynecomastia*</b> (less than six months)</p> <ul style="list-style-type: none"> <li>Not treated surgically</li> <li>Acute cases with no identifiable cause may be treated with a trial of tamoxifen</li> </ul>	N	<p><b>Gynécomastie aiguë*</b> (moins de six mois)</p> <ul style="list-style-type: none"> <li>Aucun traitement chirurgical.</li> <li>S'il s'agit d'un cas aigu de cause inconnue, on peut faire l'essai de tamoxifène.</li> </ul>
2.	<p><b>Chronic Gynecomastia*</b> (greater than one-two years)</p> <ul style="list-style-type: none"> <li>There is significant pain refractory to analgesic medication;</li> <li>There is significant psychological distress refractory to medical and psychiatric therapy; and,</li> <li>Medical management has been unsuccessful</li> </ul>	SA / AS	<p><b>Gynécomastie chronique*</b> (plus d'un an ou deux)</p> <ul style="list-style-type: none"> <li>Douleur intense réfractaire aux analgésiques.</li> <li>Détresse psychologique importante réfractaire aux traitements médicaux et psychiatriques; et</li> <li>La gestion médicale n'a eu aucun succès</li> </ul>
	<p>*As a result of the higher incidence of breast cancer, screening for breast cancer and appropriate interventions will be undertaken in all cases of gynecomastia.</p> <p><b>Surgical treatment for gynecomastia for esthetic reasons is not an essential health service and is not funded by CSC.</b></p>		<p>*Compte tenu de l'incidence élevée du cancer du sein, tous les cas de gynécomastie feront l'objet d'un dépistage de cancer du sein et d'interventions appropriées.</p> <p><b>Le traitement chirurgical d'une gynécomastie pour des raisons esthétiques n'est pas considéré comme un service essentiel et n'est pas payé par le SCC.</b></p>



Gender Dysphoria / Dysphorie sexuelle			
1.	Vaginectomy	SA/AS	Vaginectomie
2.	Hysterectomy/ bilateral salpingo-oophorectomy	SA/AS	Hystérectomie / salpingo-oophorectomie bilatérale
3.	Mastectomy (with construction)	SA/AS	Mastectomie (avec construction)
4.	Phalloplasty	SA/AS	Phalloplastie
5.	Metoidioplasty / Clitoral Release	SA/AS	Métoidioplastie / Dégagement du clitoris
6.	Scrotoplasty / Testicular Implants	SA/AS	Scrotoplastie / Implants testiculaires
7.	Penectomy	SA/AS	Pénectomie
8.	Orchidectomy	SA/AS	Orchidectomie
9.	Vaginoplasty (including clitoroplasty and labiaplasty)	SA/AS	Vaginoplastie (y compris la clitoroplastie et la labiaplastie)
10.	<p>Breast Augmentation</p> <ul style="list-style-type: none"> <li>If following 12 months of continuous hormone replacement therapy there is evidence of one of the following, as determined by the physician and/or surgical team: <ul style="list-style-type: none"> <li>breast aplasia (i.e. no breast development); or</li> <li>significant asymmetric growth</li> </ul> </li> </ul> <p>Breast augmentation for esthetic reasons is not an essential health services and is not funded by CSC.</p>	SA/AS	<p>Augmentation mammaire</p> <ul style="list-style-type: none"> <li>Si, à la suite d'un traitement hormonal substitutif continu de 12 mois, il existe des preuves de l'une des conditions suivantes, selon ce qui a été établi par le médecin et/ou l'équipe chirurgicale : <ul style="list-style-type: none"> <li>aplasie mammaire (c.-à-d. aucun développement du sein);</li> <li>croissance asymétrique importante</li> </ul> </li> </ul> <p>Une augmentation mammaire pour des raisons esthétiques ne constitue pas un service de santé essentiel et n'est pas financé par le SCC.</p>
11.	Tracheal shaving	N	Chondrolaryngoplastie
12.	Facial feminization	N	Féminisation du visage



M. Cosmetic and Esthetic Services / Services de soins cosmétiques et esthétiques			
1.	Reconstructive surgery	SA / AS	Reconstruction chirurgicale
2.	Cosmetic surgery	N	Chirurgie esthétique
3.	Lipoma Removal  Not an essential health service unless there is pain, bleeding or infection.	SA/AS	Ablation de lipomes  Elle n'est pas un service de santé essentiel sauf en cas de douleur, saignement ou infection.
4.	Tattoo removal	N	Détatouage
5.	Laser hair removal	N	Épilation au laser
6.	Esthetics	N	Esthétique
7.	Wigs  *While this is a non-essential service not funded by CSC, Health Services will make efforts to identify a community agency which may provide assistance to inmate*	N	Perruques  *Bien qu'il s'agisse d'un service non essentiel qui n'est pas financé par le SCC, les Services de santé tenteront de trouver, dans la collectivité, un organisme qui pourra aider le détenu*



N. Physiotherapy / Physiothérapie			
<p>In order to achieve clinical improvement, inmates are expected to participate in the physiotherapy treatment plan by doing the exercises, stretches, etc. that are recommended by the physiotherapist between sessions.</p> <p>Physiotherapy sessions may be discontinued by the physiotherapist, in consultation with the primary care physician/nurse practitioner, if the patient is not actively participating in their treatment plan. Discontinuation will occur in the context of documented attempts to engage the patient in participating in treatment.</p>		<p>Pour assurer l'amélioration clinique, on s'attend à ce que les détenus participent au plan de traitement en physiothérapie en faisant les exercices, les étirements, etc. qui sont recommandés par le physiothérapeute indépendamment entre les séances.</p> <p>Les séances de physiothérapie peuvent être interrompues par le physiothérapeute, en consultation avec le médecin traitant/infirmier praticien, si le patient ne participe pas activement à son plan de traitement. L'arrêt du traitement se fera dans le contexte de tentatives documentées pour inciter le patient à participer au traitement.</p>	
1.	<p><b>Chronic Conditions :</b></p> <ul style="list-style-type: none"> <li>A maximum of 2 sessions per week for 8 weeks, then reassess.</li> <li>If there is clinical improvement, an additional 8 weeks may be provided.</li> <li>If there is no clinical improvement after the initial 8 weeks, discontinue.</li> </ul>	Y/O	<p><b>Conditions chroniques</b></p> <ul style="list-style-type: none"> <li>Nombre maximal de deux séances par semaine pendant huit semaines, puis réévaluation.</li> <li>S'il y a une amélioration clinique, huit semaines supplémentaires peuvent être accordées.</li> <li>S'il n'y a aucune amélioration clinique après les huit semaines initiales, mettre fin au traitement.</li> </ul>
2.	<p><b>Acute Conditions :</b></p> <ul style="list-style-type: none"> <li>A maximum of 10 sessions, then reassess.</li> <li>If there is clinical improvement, but the condition has not fully resolved, an additional 10 sessions may be provided.</li> </ul>		Y/O
O. Other Health Services / Autres services de santé			
1.	Chiropractic services	N	Services chiropratiques



2.	Registered massage therapy	N	Massothérapie autorisée
3.	Naturopath consultation	N	Consultation en naturopathie
4.	Acupuncture	N	Acuponcture
5.	Physical exam and form completion for Class 1 operator's license	N	Examen physique et formulaire à remplir pour les détenteurs de permis de classe 1
6.	Speech Therapy		Orthophonie
	Swallowing Studies only with the following criteria: <ul style="list-style-type: none"> <li>In the acute phase</li> <li>In cases with a positive prognosis</li> </ul>	SA/AS	Tests de déglutition, seulement dans les cas suivants : <ul style="list-style-type: none"> <li>En phase aiguë</li> <li>Si le pronostic est favorable</li> </ul>
P.	<b>Urinary Supplies / Fournitures relatives à l'appareil urinaire</b>		
1.	Colostomy equipment	Y / O	Équipement de colostomie
2.	Catheterization supplies	Y / O	Matériel de cathétérisme
3.	Incontinence supplies	Y / O	Produits pour incontinence
Q.	<b>Vision Care / Soins de la vue</b>		
1.	<ul style="list-style-type: none"> <li>Refraction (2yrs)</li> <li>Frames and lenses (2 yrs)*</li> </ul> <p>*New frames and lenses will only be provided if there is a change in vision that requires a new prescription</p>	Y / O	<ul style="list-style-type: none"> <li>Examen de la vue (2 ans)*</li> <li>Montures et verres (2 ans)*</li> </ul> <p>* De nouvelles montures et de nouveaux verres ne seront fournis que s'il y a un changement de la vision qui exige une nouvelle ordonnance.</p>
2.	Foldable intraocular lenses indicated in cataract surgery	Y / O	Lentilles intraoculaires pliables indiquées dans les cas de chirurgie de la cataracte
3.	Laser eye surgery	N	Chirurgie des yeux au laser





CORRECTIONAL SERVICE CANADA

SERVICE CORRECTIONNEL CANADA

4.	Contact lenses and solution	N	Lentilles de contact et solution
5.	Ocular Prosthesis	Y / O* (5 yrs / ans)	Prothèse oculaire
R.	<b>Occupational Health and Safety / Santé et sécurité au travail</b>		
5.	Safety glasses	N	Lunettes de sécurité
6.	Gloves	N	Gants
7.	Earplugs	N	Protection auditive
S.	<b>Allergies and Food Sensitivity Treatment / Traitement des allergies et de la sensibilité alimentaire</b>		
1.	Allergy testing (other than for food allergies)	Y / O	Tests d'allergies (autres que les allergies alimentaires)
2.	Food allergy testing *As per the <a href="#">Food Allergy Testing Protocol (GL 880-2)</a>	*Y / O	Tests d'allergies alimentaires *Selon le <a href="#">Protocole relatif aux tests d'allergies alimentaires (Lignes directrices 880-2)</a>
3.	Lactose Intolerance *As per <a href="#">Lactose Intolerance Management Protocol (GL 880-2)</a>	*Y / O	Intolérance au lactose *Selon le protocole de <a href="#">Gestion de l'intolérance au lactose (Lignes directrices 880-2)</a>
4.	EpiPen®	Y / O	EpiPen®



T. Reproductive / Reproducteur			
1.	Copper Intra-uterine Device (IUD)	Y/O	Dispositif intra-utérin (DIU) en cuivre
2.	Tubal Ligation	Y/O	Ligature des trompes
U. Prostate Specific Antigen (PSA) / Test de dépistage de l'antigène prostatique spécifique (APS)			
	Targeted screening when clinically indicated	Y / O	Dépistage ciblé lorsque cela est indiqué sur le plan clinique
V. Breast Pumps / Pompes tire-lait			
1.	Machine (rented or purchased – property of CSC) <a href="#">Health Canada Recommendations</a>	*Y / O (2 yrs / ans)	L'appareil (loué ou acheté – propriété du SCC) <a href="#">Recommandations de Santé Canada</a>
2.	Tubing and equipment "belongs to inmate"	*Y / O (2 yrs / ans)	Les tubes et les pièces appartiennent à la détenue
	*2 yrs – then reassess		*2 ans – puis réévaluer
W. Nutritional Supplements / Suppléments alimentaires			
1.	Artificial sweeteners (provided to inmates with diabetes by Food Services)	N	Édulcorants artificiels (fourni aux détenus avec un diabète par les Services alimentaires)
2.	<a href="#">Nutritional Supplement drinks</a>	N	<a href="#">Boissons – suppléments alimentaires</a>
3.	Weight loss aids	N	Produits favorisant la perte de poids
4.	Protein supplements	N	Suppléments protéiques
5.	Herbal and naturopathic medicine	N	Herbes médicinales et les produits naturopathiques
6.	Organic food	N	Produits biologiques



7.	Vitamin/mineral supplements and digestive aid products. See Formulary for exceptions.	N	Vitamines/suppléments minéraux et aides digestifs. Consultez le formulaire pour les exceptions.
X.	<b>Personal Hygiene Items / Articles d'hygiène personnelle</b>		
1.	Soap	N	Savon
2.	Toothpaste	N	Dentifrice
3.	Deodorant	N	Déodorant
4.	Cologne/perfume	N	Eau de Cologne/parfum
5.	Hand/body lotion	N	Lotion pour les mains ou le corps
6.	Shampoo (non-prescription)	N	Shampooing (sans ordonnance)
7.	Dandruff Shampoo	N	Shampooing antipelliculaire
8.	Acne treatment (other than prescription)	N	Traitement contre l'acné (autre que sous ordonnance)
Y.	<b>Clothing and Linen / Vêtements et linge de maison</b>		
1.	Clothing	N	Vêtements
2.	Mattress covers	N	Couvre-matelas
3.	Towels	N	Serviettes
4.	Sheets, blankets and pillow cases	N	Draps, couvertures et taies d'oreiller
5.	Laundry detergent	N	Détergent à lessive



## Appendix B. Dental Service Standards / Annexe B. Normes de services dentaires

CSC's Dental Service Standards were reviewed and revised in 2012/2013 fiscal year in collaboration with a National Dental Working Group which was comprised of 5 CSC Institutional Dentists and Regional and National Health Services professionals and senior managers. A scan of provincial and federal dental plans was conducted and the information was utilized to help inform the working group during the revision.

Les normes de services dentaires au SCC ont été révisées en 2012-2013 avec la collaboration d'un groupe de travail national composé de cinq dentistes travaillant dans des établissements ainsi que de professionnels des Services de santé et de hauts dirigeants des administrations régionales et nationale. Les régimes de soins dentaires du gouvernement fédéral et des provinces ont été examinés et ont guidé les membres du groupe de travail durant leur révision.

Essential dental care focuses on relieving pain and infection, managing disease and providing education on preventative oral hygiene. Essential dental care will be guided by the following key features<sup>3</sup>:

Les soins dentaires essentiels misent sur le soulagement de la douleur et de l'infection, le traitement de maladies et la sensibilisation à une bonne hygiène buccale (prévention). Les soins jugés essentiels satisfont aux critères suivants :

- 1) It provides relief from pain and infection
- 2) It maintains or restores function, in particular, the ability to chew food
- 3) It relies on active participation and individual responsibility of the patient/inmate to:
  - a) practice good oral hygiene
  - b) attend scheduled appointments
- 4) It provides management of acute and chronic oral disease
- 5) It provides information and education on oral health hygiene and the prevention of oral disease

- 1) ils soulagent la douleur et l'infection;
- 2) ils préservent ou rétablissent une fonction, en particulier celle de mâcher;
- 3) ils dépendent de la participation active du patient ou du détenu, qui doit :
  - a) avoir de bonnes habitudes d'hygiène buccale;
  - b) se présenter aux rendez-vous prévus;
- 4) ils traitent une maladie buccale aiguë et chronique;
- 5) ils sensibilisent au maintien d'une bonne hygiène buccale et à la prévention des maladies connexes.

<sup>3</sup> Some aspects were taken from the "Report on Essential Dental Care" by the Committee on Clinical and Scientific Affairs, Canadian Dental Association, October 2012 / Certains aspects sont tirés du Rapport sur les soins dentaires essentiels préparé par le Comité des affaires cliniques et scientifiques, Association dentaire canadienne, octobre 2012



Appendix B CSC's Dental Service Standards / Annexe B. Normes de services dentaires du SCC			
A.	Emergency Services / Services d'urgence		
1.	Tooth and root extractions	Y / O	Extraction de dents et de racines
2.	Opening of the pulp chamber once (1) per tooth/per lifetime	Y / O	Ouverture de la chambre pulpaire une fois par dent à vie
3.	Drainage of an abscess	Y / O	Drainage d'un abcès
4.	Hemorrhage control	Y / O	Maîtrise d'une hémorragie
5.	Repair of a laceration	Y / O	Réparation d'une lacération
6.	Immobilization of tooth/teeth loosened by trauma	Y / O	Immobilisation d'une dent branlante suite à un traumatisme
B.	Anaesthesia / Anesthésie		
1.	Local anaesthesia only	Y / O	Anesthésie locale seulement
C.	Preventive Services / Les services préventifs		
	<p>Services C 1 is <u>not</u> an essential health service.</p> <p>Preventive services will be authorized ONLY following an assessment and diagnosis of dental disease where these services are a necessary component to managing the condition.</p>		<p>Les services C 1 <u>ne</u> constituent <u>pas</u> des services de santé essentiels.</p> <p>Les services préventifs seront autorisés SEULEMENT à la suite d'une évaluation et d'un diagnostic de maladie dentaire, lorsque ces services sont essentiels à la gestion de la condition.</p>
1.	<p>Dental scaling in combination with root planing to a maximum of 8 units @ 15 minutes per unit in any 12 month period* This allows 30 minutes of cleaning/dental hygiene every three months.</p>	SA / AS	<p>Détartrage dentaire, combine à un surfaçage radiculaire d'un maximum de 8 unités @ 15 minutes par unité au cours d'une période de 12 mois donnée* Cela donne 30 minutes de nettoyage/d'hygiène dentaire tous les trois mois.</p>



<i>Appendix B CSC's Dental Service Standards / Annexe B. Normes de services dentaires du SCC</i>				
2.	Hygiene Procedure Teaching	Y/O	Enseignement des mesures d'hygiène	
3.	Fluoride Treatments	N	Traitements au fluorure	
	<p>* Eligibility for additional units of scaling and root planning in any 12 month period based on several factors including, but not limited to:</p> <ul style="list-style-type: none"> <li>• The severity of periodontal disease based on current (within the last 12 months) clinical notes, diagnosis and prognosis, complete periodontal charting, and radiographs;</li> <li>• Comprehensive treatment plan addressing all client oral health needs;</li> <li>• The date of the last visit for periodontal and preventive services;</li> <li>• The regularity and compliance of periodontal maintenance; and</li> <li>• Medical condition related to periodontal diseases including any prescribed medication.</li> </ul>		<p>* L'admissibilité à des unités additionnelles de détartrage et de surfaçage radiculaire par période de 12 mois repose sur plusieurs facteurs, notamment :</p> <ul style="list-style-type: none"> <li>• La gravité de la maladie parodontale fondée sur les éléments suivants (12 derniers mois) : notes cliniques, diagnostic et pronostic, charte parodontale complète et radiographies;</li> <li>• Le plan de traitement complet répondant à tous les besoins en matière de santé buccodentaire du bénéficiaire;</li> <li>• La date de la dernière consultation pour des services parodontaux ou des services de prévention;</li> <li>• La régularité et le respect de la maintenance parodontale;</li> <li>• La présence d'un problème de santé associé à des maladies parodontales, y compris la prise de tout médicament d'ordonnance.</li> </ul>	
D.	<b>Examinations / Examens</b>			
1.	Emergency/specific oral examination and treatment planning as required	Y/O	Examen bucco-dentaire d'urgence ou particulier et planification de traitement au besoin.	
2.	Screening for oral cancer using light based techniques	N	Dépistage du cancer buccal à l'aide de techniques utilisant la lumière	



Appendix B CSC's Dental Service Standards / Annexe B. Normes de services dentaires du SCC			
E.	Radiographs / Radiographies		
1.	Bitewings, occlusal, and periapical radiographs (as required)	Y / O	Radiographies interproximales, occlusales et périapicales (au besoin)
2.	Complete radiographic series (as required)	Y / O	Série complète de radiographies (au besoin)
F.	Restorative Services / Services de restauration		
1.	Crowns, fixed bridges, implants, prefabricated crowns, and aesthetic services (e.g., veneers) are not covered	N	Les couronnes, les ponts fixes, les implants, les couronnes préfabriquées et les services esthétiques (p. ex., facettes) sont exclus
2.	Minor clinical processed repairs may be covered when recommended by the dentist.  e.g. Minor repairs to porcelain crowns and/or re-cementing	Y / O	Les réparations mineures faites en laboratoire ou en clinique peuvent être incluses si elles sont recommandées par le dentiste.  (p. ex: réparations mineures à les plombages en céramique et re-cimenter
3.	Dental caries/pain control with the use of sedative dressing and/or pulp caps	Y / O	Traitement de caries/douleur à l'aide d'un pansement sédatif et/ou d'une coiffe pulpaire
4.	Amalgam /Composite restorations for the posterior/anterior teeth **	Y / O	Restaurations en amalgame/composite des dents postérieures/antérieures **
5.	Prefabricated post/pin in restorations only when inadequate coronal tooth structure is remaining to retain a direct restoration	Y / O	Utilisation d'un tenon dentinaire et/ou d'un pivot préfabriqué uniquement lorsque la structure coronale restante de la dent est insuffisante pour servir de base à une restauration directe
	** Final choice of restoration material is based on dentist judgement		**Le choix final des biomatériaux de restauration est à la discrétion du dentiste



Appendix B CSC's Dental Service Standards / Annexe B. Normes de services dentaires du SCC			
G.	Endodontic Services / Services d'endodontie		
1.	<p>Root canal treatment:</p> <p>ALL the following criteria must be met for RCT:</p> <ul style="list-style-type: none"> <li>• <b>ONLY</b> Anterior 12 teeth are eligible for RCT (#13, 12, 11, 21, 22, 23, 33, 32, 31, 41, 42, 43)</li> <li>• Adequate periodontal support, based on alveolar bone levels (crown to root ratio of at least 1:1) visible on radiographs with absence of furcation involvement;</li> <li>• Absence of active periodontal disease;</li> <li>• Adequate remaining non-diseased tooth structure to ensure that biologic width can be maintained during restoration;</li> <li>• A mesio-distal width equivalent to that of the natural tooth with no loss of space due to caries or crowding; and</li> <li>• A tooth that does not require any additional dental treatment such as crown lengthening, root re-sectioning or orthodontic treatment.</li> </ul>	Y / O	<p>Traitement de canal :</p> <p>Pour qu'un TC soit autorisé, il faut respecter TOUS les critères suivants :</p> <ul style="list-style-type: none"> <li>• <b>SEULES</b> les 12 dents antérieures sont admissibles pour un TC (n<sup>os</sup> 13, 12, 11, 21, 22, 23, 33, 32, 31, 41, 42 et 43)</li> <li>• Support parodontal adéquat, comme en attestent les niveaux d'os alvéolaire (rapport couronne-racine d'au moins 1 :1) visibles sur les radiographies soumisees et absence d'atteinte de furcation;</li> <li>• Absence de maladie parodontale active;</li> <li>• Structure dentaire restante saine capable d'assurer le maintien de la largeur biologique pendant la restauration;</li> <li>• Largeur mésiodistale équivalente à la largeur de la dent naturelle, sans perte d'espace en raison de caries ou de chevauchements;</li> <li>• Dent ne nécessitant aucun autre traitement dentaire, comme une élongation coronaire, une amputation de racine ou un traitement orthodontique.</li> </ul>
H.	Periodontal Services / Services parodontaux		
1.	<p>Management of acute periodontal infections</p>	Y / O	<p>Prise en charge d'infections parodontales aiguës</p>





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

<b>I. Prosthodontic Services / Service de dentisterie prosthodontique</b>			
1.	Supplemental prosthesis-Sports mouth guards	N	Prothèses amovibles (protège-dents de sport)
2.	Supplemental prosthesis-Lab processed night guards	N	Prothèses amovibles (gouttière de protection nocturne traitée en laboratoire)
3.	<p>Acrylic partials for teeth numbered 16 to 26 and 36 to 46 inclusive once every 5 years and with the following criteria:</p> <p><b>General Criteria:</b></p> <ul style="list-style-type: none"> <li>• All basic treatment must be completed including:               <ul style="list-style-type: none"> <li>a) control of caries and of periodontal and periapical disease for all teeth; and</li> <li>b) restoration of major structural defects in the abutment teeth;</li> </ul> </li> <li>• The space to be replaced is greater than or equal to the corresponding natural teeth;</li> <li>• All abutment teeth must have:               <ul style="list-style-type: none"> <li>a) adequate periodontal support, based on alveolar bone levels (crown to root ratio of at least 1:1) visible on submitted radiographs; and</li> <li>b) absence of active periodontal disease; and</li> </ul> </li> </ul>	Y / O (5 yrs / ans)	<p>Prothèses dentaires partielles en acrylique pour les dents 16 à 26 et 36 à 46 inclusivement tous les 5 ans, conformément aux critères suivants :</p> <p><b>Critères généraux :</b></p> <ul style="list-style-type: none"> <li>• Tous les traitements de base suivants doivent avoir été exécutés :               <ul style="list-style-type: none"> <li>a) contrôle des caries et des maladies parodontales et périapicales pour l'ensemble des dents; et</li> <li>b) restauration des défauts de structure majeurs dans les dents piliers;</li> </ul> </li> <li>• L'espace à remplacer est plus grand ou égal à l'espace correspondant à la dent naturelle;</li> <li>• Toutes les dents piliers doivent respecter les critères suivants :               <ul style="list-style-type: none"> <li>a) support parodontal adéquat, comme en attestent les niveaux d'os alvéolaire (rapport couronne-racine d'au moins 1:1) visibles sur les radiographies soumises; et</li> <li>b) absence de maladie parodontale active; et</li> </ul> </li> </ul>



<i>Appendix B CSC's Dental Service Standards / Annexe B. Normes de services dentaires du SCC</i>			
Cont'd #3	<ul style="list-style-type: none"> <li>If there is an existing partial denture, it must be at least five (5) years old.</li> </ul> <p><b>Specific Criteria:</b></p> <ul style="list-style-type: none"> <li>There must be one or more missing teeth in the anterior sextant;</li> <li>or</li> <li>There must be two or more missing posterior teeth in a quadrant excluding second and third molars.</li> </ul> <p>*Acrylic partials may be upgraded to cast partials at the inmate's expense.</p>		<ul style="list-style-type: none"> <li>S'il y a déjà une prothèse dentaire partielle, celle-ci doit avoir au moins cinq (5) ans.</li> </ul> <p><b>Critères particuliers</b></p> <ul style="list-style-type: none"> <li>Il doit y avoir au moins une dent manquante dans le sextant antérieur;</li> <li>Ou</li> <li>Il doit y avoir deux ou plusieurs dents postérieures manquantes dans un quadrant, à l'exception des deuxièmes et troisièmes molaires.</li> </ul> <p>*Les prothèses en acryliques peuvent être remplacées par des prothèses en métal aux frais du détenu.</p>
4.	Complete dentures are covered once in any five (5) year period per arch if existing dentures cannot be repaired.	Y / O (5 yrs / ans)	Les prothèses complètes sont couvertes une fois aux cinq (5) ans par arcade si les prothèses existantes ne peuvent pas être réparées.
5.	Repairs and adjustments of removable complete and partial prosthesis as required (e.g., following surgery)	Y / O	Réparations et ajustements de prothèses complètes et partielles amovibles, au besoin (p. ex., à la suite d'une chirurgie)
6.	Re-lining of removable complete and partial prosthesis, as required	Y / O (5 yrs / ans)	Regamissage des prothèses complètes et partielles amovibles au besoin
7.	Addition of a structure to the prosthesis (as required)	Y / O	Ajout de structure à la prothèse (au besoin)
8.	Minor repairs or re-cementation of fixed bridges	Y / O	Réparations mineures ou re cimentation de ponts fixes (au besoin)



Appendix B CSC's Dental Service Standards / Annexe B. Normes de services dentaires du SCC			
J.	Surgical Services / Services chirurgicaux		
1.	Non surgical and surgical tooth and root extraction (erupted teeth and symptomatic impaction)	Y / O	Extraction non chirurgicale et chirurgicale de dents et de racines (dents sorties et inclusion symptomatique)
2.	Alveoloplasty and gingivoplasty in conjunction with dental extractions, fabrication of prosthesis and/or periodontal disease	Y / O	Alvéoloplastie et gingivoplastie en conjonction avec des extractions dentaires, la fabrication d'une prothèse et/ou la présence d'une maladie parodontale
3.	Oral pathology biopsy	Y / O	Biopsie pour le dépistage des pathologies bucco-dentaires
4.	Drainage of an abscess	Y / O	Drainage d'un abcès
5.	Repair of a laceration	Y / O	Réparation d'une lacération
6.	Treatment of osteomyelitis	Y / O	Traitement de l'ostéomyélite
7.	Gingival Grafts, EXCEPT  gingival grafts on teeth that show chronic periodontal disease or to improve esthetics*	Y/O	Greffons gingivaux*  *Le SCC ne paye pas les greffons gingivaux pour les dents présentant une maladie parodontale chronique ni les greffons réalisés à des fins esthétiques*
8.	Extraction of asymptomatic impacted or un-erupted teeth, especially third molars	N	L'extraction de dents antérieures et postérieures incluses ou pas entièrement sorties asymptomatiques, spécialement les troisièmes molaires
9.	Dental Implants or any associated procedures	N	Implants dentaires ou toute autre procédure associée
10.	Ridge Augmentation	N	Augmentation de crête
11.	Cosmetic or elective services	N	Services cosmétiques ou services non urgents électifs



<i>Appendix B CSC's Dental Service Standards / Annexe B. Normes de services dentaires du SCC</i>			
K.	<b>Sedation and General Anaesthesia Policy / Politique concernant la sédation et l'anesthésie générale</b>		
1.	<p><b>Deep Sedation and General Anaesthesia Criteria:</b></p> <ul style="list-style-type: none"> <li>Once in any twelve (12) month period</li> <li>To limit the associated risks with repeat deep sedation and general anaesthesia, dental providers should ensure that whenever possible, all dental services performed under general anaesthesia and deep sedation are completed in one session</li> </ul>	Y / O	<p><b>Critères pour la sédation profonde et l'anesthésie générale</b></p> <ul style="list-style-type: none"> <li>Une fois par période de douze (12) mois;</li> <li>Afin de limiter les risques associés à l'anesthésie générale et à la sédation profonde administrée de façon répétée, les fournisseurs de soins dentaires doivent, dans la mesure du possible, faire en sorte que tous les soins dentaires fournis sous anesthésie générale et sédation profonde soient complétés en une seule séance</li> </ul>
	<ul style="list-style-type: none"> <li>Deep sedation and general anaesthesia is not covered for the management of dental anxiety</li> <li>Deep sedation and general anaesthesia may be considered for the management of a documented dental phobia (A letter from a physician, psychiatrist or psychologist must be submitted with the predetermination request)</li> </ul>	Y / O	<ul style="list-style-type: none"> <li>La sédation profonde et l'anesthésie générale utilisées pour calmer l'anxiété liée aux soins dentaires ne sont pas couvertes</li> <li>La sédation profonde et l'anesthésie générale peuvent être envisagées en cas de phobie confirmée des soins dentaires (la demande de prédétermination doit être accompagnée d'une lettre d'un médecin, d'un psychiatre ou d'un psychologue)</li> </ul>



<b>Appendix B CSC's Dental Service Standards / Annexe B. Normes de services dentaires du SCC</b>			
2.	<p><b>Moderate Sedation:</b></p> <p>Applies to:</p> <ul style="list-style-type: none"> <li>• Parenteral sedation</li> <li>• Combined technique of inhalation plus intravenous and/or intramuscular injection; and,</li> <li>• Nitrous oxide combined with oral sedative drugs</li> </ul> <p><b>Moderate Sedation Criteria:</b></p> <ul style="list-style-type: none"> <li>• Once in any twelve (12) month period</li> <li>• Minimal sedation must have been considered prior to considering use of moderate sedation.</li> <li>• Moderate sedation is not covered for the management of dental anxiety</li> <li>• Moderate sedation may be considered for the management of a documented dental phobia (A letter from a physician, psychiatrist or psychologist must be submitted with the predetermination request)</li> </ul>	Y / O	<p><b>Sédation modérée</b></p> <p>S'applique à ce qui suit :</p> <ul style="list-style-type: none"> <li>• Sédation administrée par voie parentérale;</li> <li>• Technique combinée d'inhalation et d'injection intraveineuse et/ou intramusculaire;</li> <li>• Oxyde d'azote associé à des sédatifs oraux.</li> </ul> <p><b>Critères pour la sédation modérée</b></p> <ul style="list-style-type: none"> <li>• Une fois par période de douze (12) mois;</li> <li>• Il faut avoir envisagé la sédation minimale avant de recourir à la sédation modérée.</li> <li>• La sédation modérée utilisée pour calmer l'anxiété liée aux soins dentaires n'est pas couverte.</li> <li>• La sédation modérée peut être envisagée en cas de phobie confirmée des soins dentaires (la demande de prédétermination doit être accompagnée d'une lettre d'un médecin, d'un psychiatre ou d'un psychologue).</li> </ul>



<b>Appendix B CSC's Dental Service Standards / Annexe B. Normes de services dentaires du SCC</b>			
3.	<p><b>Minimal Sedation:</b></p> <p>Applies to:</p> <ul style="list-style-type: none"> <li>• Oral sedation*,</li> <li>• Nitrous oxide; and,</li> <li>• Nitrous oxide with oral sedation (single sedative drug)</li> </ul> <p>*Oral sedation may be covered for the management of dental anxiety</p>	<b>Y/O</b>	<p><b>Sédation minimale</b></p> <p>S'applique à ce qui suit :</p> <ul style="list-style-type: none"> <li>• Sédation orale*;</li> <li>• Oxyde d'azote;</li> <li>• Oxyde d'azote avec sédation orale (un seul sédatif).</li> </ul> <p>*La sédation orale utilisée pour calmer l'anxiété liée aux soins dentaires peut être couverte</p>
L.	<b>Exceptions / Exceptions</b>		
1.	<p>An exception to the standard services may be requested where the dentist believes it is warranted:</p> <ul style="list-style-type: none"> <li>• The dentist must provide clear written rationale for any required exception</li> <li>• The decision and rationale must be entered on the patient's chart</li> </ul>	<b>SA / AS</b>	<p>Une exception par rapport aux services réguliers peut être requise si elles sont jugées nécessaires par le dentiste :</p> <ul style="list-style-type: none"> <li>• Le dentiste doit fournir une justification écrite pour toute exception requise</li> <li>• La décision et la justification doivent être documentées au dossier du patient</li> </ul>
M.	<b>Records / Dossiers</b>		
1.	<p>Delivery of dental services and of dental record maintenance, including radiographs must be in compliance with professional and provincial licensing authorities standards</p>		<p>La prestation des services dentaires, incluant les radiographies et la tenue des dossiers dentaires, doivent être conformes aux normes de pratique des autorités professionnelles et provinciales</p>



<b>Appendix B CSC's Dental Service Standards / Annexe B. Normes de services dentaires du SCC</b>			
2.	Records should show the detailed treatment recommendations directly related to the type of examination and treatment provided		Les dossiers devraient indiquer les traitements recommandés en détail selon le type d'examen et les traitements fournis
3.	Records may be used for further reference by CSC		Le SCC peut utiliser les dossiers à des fins de consultation ultérieure
4.	Records are confidential		Les dossiers sont confidentiels
<b>N.</b>	<b>Review / Révision</b>		
	<i>GENERAL NOTE: All aspects of CSC dental services are subject to prioritization of requests and care delivery due to the requirement to meet the overall inmate population health needs. Final determination of treatment rendered is by the dentist and health care staff and would not necessarily be by chronological order of request but by priority of care order</i>		<i>REMARQUE GÉNÉRALE : Tous les aspects des services dentaires du SCC sont assujettis à la priorité des demandes et des soins, qui est déterminée en fonction des besoins de santé de la population carcérale générale. La décision finale du traitement rendu sera déterminée par le dentiste et les professionnels de la santé et ne serait pas nécessairement basée sur l'ordre chronologique de la demande, mais bien sur l'ordre des soins prioritaires.</i>



**Appendix C. Criteria for Diagnostic Investigation / Annexe C. Critères de test diagnostique**

1.	The diagnostic test should be clinically indicated for the assessment and/or management of a disease state.		Le test diagnostique doit être indiqué d'un point de vue clinique pour l'évaluation ou la gestion d'un état pathologique.
2.	The use of a specific diagnostic test should be consistent with generally accepted clinical guidelines for the assessment and/or management of the disease state.		L'utilisation d'un test diagnostique particulier doit être conforme aux directives cliniques généralement acceptées pour l'évaluation et la gestion de l'état pathologique.
3.	The diagnostic test should provide the information required for assessment and/or management of a disease state and should generally be the least invasive and most readily available test.		Le test diagnostique doit fournir les renseignements nécessaires pour l'évaluation ou la gestion d'un état pathologique et doit généralement être le test le moins invasif et le plus facilement accessible.
4.	The following issues should be considered when ordering diagnostic tests:		Les questions suivantes doivent être prises en considération lorsque l'on commande des tests diagnostiques :
a.	The diagnostic test should contribute to the essential medical management of an inmate's health while incarcerated.		Le test diagnostique doit contribuer à la gestion médicale essentielle de la santé d'un détenu pendant son incarcération.
b.	The inmate's proposed release date and the proposed community and or province of final destination.		La date de mise en liberté proposée pour le détenu et la collectivité ou la province proposée comme destination finale.
i.	The urgency for acquiring the information generated by a diagnostic test;		L'urgence d'obtenir les renseignements fournis par un test diagnostique;
ii.	Requests for urgent and semi-urgent testing should be processed regardless of the inmate's proposed release date or geographic destination;		Les demandes d'examen urgent et semi-urgent doivent être traitées sans tenir compte de la date de mise en liberté proposée du détenu ou de leur destination géographique;





iii.	Depending on the inmate's release date and final destination, elective testing could be obtained by the inmate after release. In this situation, the inmate should be provided with the appropriate advice and information concerning the diagnostic test required.		Selon la date de mise en liberté et la destination finale du détenu, celui-ci peut obtenir un test électif après la mise en liberté. Dans ce cas, on doit leur fournir les conseils et les renseignements appropriés au sujet du test diagnostique nécessaire.
c.	The availability of local resources.		La disponibilité des ressources locales.
i.	If, for example, an MRI is requested and access to MRI is not locally available but CT is and the information obtained through computerized tomography would provide appropriate diagnostic information then CT should be an acceptable alternative;		Si, par exemple, on demande un test d'imagerie par résonance magnétique et que l'on n'y a pas accès à l'échelle locale, mais que l'on a accès à une tomodensitométrie et que les renseignements obtenus au moyen de celle-ci fourniraient des renseignements permettant de poser un diagnostic approprié, la tomodensitométrie doit être une solution acceptable;
ii.	Similarly, if CT abdomen is indicated but not locally available and Ultrasound is, if the information provided is appropriate to answer the diagnostic question then ultrasound should be considered an acceptable alternative;		De même, si une tomodensitométrie de l'abdomen est indiquée, mais n'est pas disponible à l'échelle locale, et que l'échographie est disponible, et que les renseignements fournis sont appropriés et permettent de poser un diagnostic, on doit alors considérer que l'échographie est une solution acceptable;
iii.	Consultation with the local radiologists may in some cases result in more timely investigation by utilizing an alternative and appropriate investigative modality.		La consultation avec les radiologistes locaux peut, dans certains cas, mener à un examen plus rapide grâce à l'utilisation d'une modalité d'évaluation de rechange appropriée.



**Appendix D. Mental Health Services / Annexe D. Services de santé mentale**

I.	<p>The provision of mental health services should be consistent with the individual's level of need. Need is defined as an ability to benefit from an intervention and is distinguished from both "use" and "demand".</p> <p>The level of need is assessed taking into account available mental health assessment information, clinical judgement and is based on signs and symptoms indicative of a mental health disorder and level of functioning. Triage should be conducted in accordance with professionally accepted standards and relevant <a href="#">CSC Mental Health policy and guidelines</a>.</p>		<p>La prestation de services de santé mentale devrait répondre au niveau de besoin de l'individu. Un besoin est défini comme la capacité de bénéficier d'une intervention et se distingue de l'« utilisation » et de la « demande ». Le niveau de besoin est évalué en tenant compte de l'information disponible tirée des évaluations de santé mentale et du jugement clinique, et il est fondé sur les symptômes et les signes de troubles mentaux et le niveau de fonctionnement. Le triage des besoins en santé mentale doit être conforme aux normes de pratique professionnelles ainsi qu'aux <a href="#">lignes directrices sur les soins de santé mentale du SCC</a>.</p>
II.	<p><b>Essential Mental Health Care</b></p>		<p><b>Les services de santé mentale essentiels</b></p>
	<p>The following criteria are used to determine if a mental health service is essential:</p> <p>The inmate has significant mental health needs in the areas of emotion, cognition and/or behaviour indicative of a mental health disorder. These needs are, or are likely to,</p> <ul style="list-style-type: none"> <li>• Create significant impairment in the individual's functioning within his/her institution; and /or</li> <li>• Significantly impact the individual's successful reintegration into the community.</li> </ul>		<p>Les critères suivants servent à déterminer si un service de santé mentale est jugé essentiel:</p> <p>Le détenu a des besoins importants en santé mentale dans les domaines des émotions, des cognitions et/ou des comportements qui indiquent qu'il est atteint d'un trouble de santé mentale. Ces besoins sont ou sont probablement susceptibles :</p> <ul style="list-style-type: none"> <li>• de nuire considérablement au fonctionnement de l'individu au sein de son établissement; et/ou</li> <li>• d'avoir des répercussions importantes sur la réinsertion de l'individu en communauté.</li> </ul>

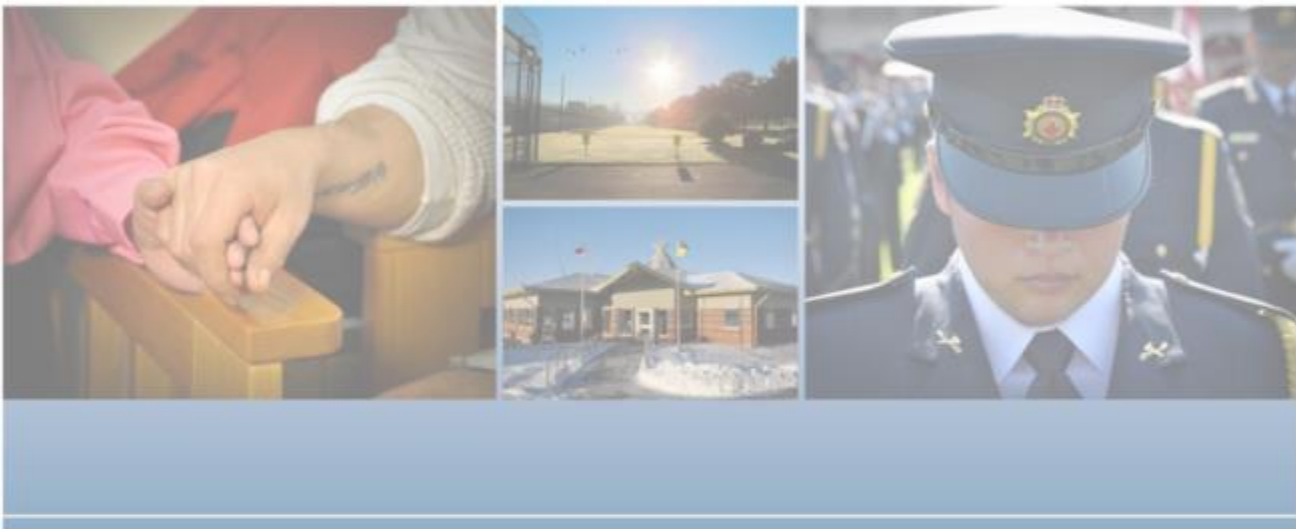


## ANNEX E – Medical Practitioner By-Laws



# CORRECTIONAL SERVICE CANADA

CHANGING LIVES. PROTECTING CANADIANS.



## Correctional Service Canada **MEDICAL PRACTITIONER BY-LAWS**

**Updated February 7, 2022**

Previous Version: June 2021



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## General

These Medical Practitioner By-Laws govern the Physicians, Dentists and Nurse Practitioners who provide Medical Care to Patients, and those Physicians and Dentists who also provide administrative leadership in relation to the organization and delivery of Health Services in Correctional Service Canada (CSC).

### Amendments

These Medical Practitioner By-Laws shall be reviewed by the National Medical Advisory Committee (NMAC) at least once every 3 years or sooner if required. Any proposed amendment to the By-Laws shall be forwarded to the Medical Practitioners for comment. NMAC having received comments and after due consideration, will recommend an amendment to the Assistant Commissioner, Health Services (ACHS). The ACHS, if in agreement, will approve the amendment.

### Confidentiality

Each Medical Practitioner shall respect and abide by CSC Directives, Policies, their respective College Policy and applicable Legislation or Regulatory requirement pertaining to confidentiality and privacy.

### CSC Health Services Vision, Mission and Values

#### Vision

Improved offender health that contributes to the safety of Canadians.

#### Mission

We provide offenders with effective, efficient health services that:

- Are patient/family/support-centered;
- Encourage individual responsibility;
- Promote healthy reintegration; and
- Contribute to safe communities

#### Values

CSC's Values Statement guides behaviour, decision making and discretionary judgement in the Service.

CSC Medical Practitioners are expected to demonstrate the following shared, reciprocal values in all their interactions with offenders, colleagues, partners, stakeholders and the public:

1. Respect,
2. Fairness,
3. Professionalism,
4. Inclusiveness, and
5. Accountability.



## National Medical Advisory Committee

### Terms of Reference

#### Preamble

The Correctional Service of Canada (CSC) has undertaken to establish a collaborative and constructive partnership with CSC Primary Care Physicians, Psychiatrists, Dentists and Nurse Practitioners for the advancement of quality health services in CSC. Through the Office of the Assistant Commissioner, Health Services (ACHS), a National Medical Advisory Committee (NMAC) ~~will be established.~~

#### Mandate

- 1) To provide advice and recommendations to the Assistant Commissioner, Health Services on all matters that pertain ~~to Physicians, Dentists and Nurse Practitioners who are or who would be Medical Practitioner Members of CSC, and to provide advice on the quality and organization of health services to inmates.~~

#### Membership

##### Composition:

- 2) The following persons shall be members of the NMAC with voting privileges:
  - a) The Chief Medical Officer of Health;
  - b) The National Senior Psychiatrist;
  - c) The National Dental Advisor;
  - d) The National Infectious Disease Medical Advisor
  - e) The National Opioid Agonist Treatment Medical Advisor
  - f) The National Professional Practice Lead
  - g) The Regional Physician Lead - Primary Care (5);
  - h) The Regional Physician Lead - Psychiatry (5);
  - i) A Nurse Practitioner Representative
  - j) The Director General, Health Policy and Programs;
  - k) The Director, Pharmacy and Health Technology
  - l) A Regional Director, Health Services Representative;
  - m) An Executive Director, Treatment Centre Representative; and
  - n) Professional Practice Lead

##### Assistant Commissioner, Health Services:

The Assistant Commissioner, Health Services may choose to attend any NMAC meeting at their discretion.

##### Appointment of Members:

- 3) The Chief Medical Officer of Health will Chair the NMAC;
- 4) The Regional Director, Health Services, Executive Director Treatment Centre Representatives will be appointed by the Assistant Commissioner, Health Services. Appointment to these positions will be for a 3-year term and ~~may be renewed~~ once at the discretion of the ACHS.
- 5) In the event that a Regional Director, Health Services, Executive Director, Treatment Centre or a Regional Manager, Clinical Services Representative is unable to complete their term, the





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Assistant Commissioner, Health Services will appoint an interim representative to complete the term.

### Roles and Responsibilities

The NMAC shall:

- 6) Having regard for the Vision, Mission and Core Values of CSC, make recommendations to the Assistant Commissioner, Health Services concerning:
  - a) The selection of members of the Medical Practitioners;
  - b) The quality, organization and delivery of medical and dental care;
  - c) The promotion of the health of inmates through the attainment of appropriate and safe health care;
  - d) Policies respecting or impacting the Medical Practitioners and/or Dental Practitioners;
  - e) Promote the benefits of research and advise the CSC Research Branch on topics that would enhance the healthcare provided to CSC patients.
  - f) Identify educational topics and opportunities that will enhance clinical care and strengthen Medical Practitioner leadership.
- 7) Advise the Assistant Commissioner, Health Services on any other matter referred to it by the Assistant Commissioner, Health Services.
- 8) The National Pharmacy and Therapeutics (NP&T) Committee shall provide reports and recommendations pertaining to CSC's National Drug Formulary to NMAC's review and to forward NMAC's recommendations to the ACHS.

### Meetings

Frequency:

- 9) The NMAC shall hold at least four (4) meetings in each fiscal year. At least two (2) of these meetings must be in person.
- 10) Meetings that are not held in person may be held by teleconference or videoconference.

Travel:

- 11) Pre-approval by CSC is required for all travel by NMAC members.

Location:

- 12) The in person meetings will normally be held in Ottawa, or in alternate locations that are most cost-effective.

Quorum:

- 13) The quorum of meetings of the NMAC is fifty percent plus one of both of the Medical Practitioners and Dental Practitioners, as well as the Administrative Leadership.

Decision Making Process:

- 14) Decisions made by NMAC will be by consensus; however, failing consensus, a simple majority vote will carry the decision, except for amendments to the Medical Practitioner By-Laws, which will require support of 14 members.



Records of Decisions:

- 15) The Chair will distribute Records of Decisions within 20 working days after each meeting for the review of the NMAC members.

Remuneration:

- 16) CSC assumes responsibility for paying travel and related expenses for members attending NMAC meetings and attending to committee business at the request of CSC, in accordance with the Treasury Board Secretariat and CSC contracting guidelines.
- 17) CSC also provides a per diem professional fee through a Contract / Memorandum of Understanding with each member. Members work within the "contract" parameters that specify meeting preparatory time and potential institutional visits.

## Roles and Responsibilities

### Chief Medical Officer of Health

The Chief Medical Officer of Health will be appointed by and accountable to the ACHS or their designate. The term of the appointment will be determined by the ACHS.

The Chief Medical Officer of Health Shall:

- Chair the National Medical Advisory Committee (NMAC);
- Develop and oversee the implementation/amendments of CSC's Medical Practitioner By-Laws
- Provide advice and recommendations on the organization, delivery, quality and safety of health services within CSC, with input from the NMAC;
- Review health issues related to inmate care as they arise and provide medical advice for CSC Health Services Senior Management;
- Provide advice on CSC Medical Directives and Guidelines;
- Advance the perspectives, advice and resource requirements of the Medical Practitioners within CSC;
- Promote and maintain a collaborative and constructive relationship between Medical Practitioners and CSC;
- Advise on the planning, recruitment, retention and roles of the Medical Practitioner workforce;
- Undertake an annual review with each Regional Physician Lead to support the fulfilment of the role and enhance their development;
- Provide advice on matters referred by the Assistant Commissioner Health Services or their representative;
- Provide advice and recommendations on matters of professional conduct of Medical Practitioners;
- Work with the Director of Pharmacy and Health Technology on matters pertaining to CSC's National Drug Formulary;
- Provide advice on medical professional issues, and act as liaison between CSC and various Medical Professional bodies across Canada when required to address professional practice issues and/or to seek advice on, for example, standards of practice and ethical standards.





### National Senior Psychiatrist

The National Senior Psychiatrist will be appointed by and accountable to the ACHS or their designate. The term of the appointment will be determined by the ACHS.

### Regional Physician Lead

The Regional Physician Lead is to provide oversight and leadership for their discipline specific medical practice within their region. The Regional Physician Lead will work in conjunction with the Regional & National Administrative Leadership and other members of the Healthcare Team to advance the healthcare of inmates.

**The Regional Physician Lead will be responsible for:**

- Reviewing qualifications and training of all proposed discipline specific physicians seeking to become Medical Practitioners;
- Advance the quality of medical care and treatment provided across their region by:
  - a) Facilitating Medical Practitioner involvement in quality of care reviews in collaboration with the Chief of Health Services, and Chief of Institutional Mental Health when requested by the Chief Medical Officer of Health;
  - b) Coordinating concerns and suggestions from Regional Institutional Medical Practitioner Members;
  - c) Engaging their specific Medical Practitioner Discipline Members within the region on the goals and priorities of CSC Health Services, and
  - d) Seeking the input of discipline specific Medical Practitioner Members on new and revised CSC policies and procedures, as part of the consultation process and provide this feedback to the National CSC Medical Advisory Committee.
- Coordinate discussions with their discipline specific Medical Practitioner Members within their region on a biannual basis;
- Meet with each discipline specific Medical Practitioner Member (in person or via teleconference/videoconference) on an annual basis, or more frequently when needed to resolve an urgent matter;
- Identify issues of regional concern that may have national relevance;
- Participate as member of the National Medical Advisory Committee;
- Participate as member of the National Pharmacy and Therapeutics Committee;
- Work collaboratively with the Chief Medical Officer of Health and National Senior Psychiatrist to establish national Medical Practitioner Member initiatives, as appropriate, in clinical care and education;
- The Director General, Health Policy and Programs, the Professional Practice Lead, the Chief Medical Officer of Health and the National Senior Psychiatrist will schedule a Teleconference/Videoconference twice a year with each of CSC's Regional Health Leadership Teams to discuss Institutional and Regional specific issues, as well as enable the role of the Regional Physician Leaders.

#### **Appointment:**

The Assistant Commissioner, Health Services will appoint the Regional Physician Lead for Primary Care and for Psychiatry after consultation with the Regional Director, Health Services, the Chief Medical Officer of Health/National Senior Psychiatrist and Director General, Health Policy and Programs.



The appointment will be for a 3-year term that may be renewed to a maximum of three terms given satisfactory annual reviews.

**Administrative Support:**

The Regional Physician Lead will be provided administrative support to enable efficient and effective functioning of the position. The respective Regional Director, Health Services or Executive Director, Treatment Centre will be responsible to ensure that the appropriate adjustments are made to the clinical duties to enable fulfillment of the position, whilst ensuring that there is no impact on the clinical care of the patients.

## Regional Medical Advisory Committee

### Terms of Reference

#### Preamble

Medical Practitioner Members in each CSC region require an opportunity to enhance the delivery of care through the establishment of a collaborative and constructive partnership with CSC. A Regional Medical Advisory Committee (RMAC) will be established through the office of the Assistant Commissioner, Health Services (ACHS) and the Regional Director, Health Services (RDHS).

#### Mandate

- 1) To provide advice and recommendations to the Regional Director, Health Services on all matters that pertain to Physicians, Dentists and Nurse Practitioners who are or who would be Medical Practitioner Members of a CSC Region, and to provide advice and feedback on the quality and organization of health services to inmates to the National Medical Advisory Committee (NMAC), through the Chair of the Regional Medical Advisory Committee.

#### Membership

Composition:

- 2) The following persons shall be members of the RMAC with voting privileges:
  - a) The Regional Physician Lead - Primary Care;
  - b) The Regional Physician Lead - Psychiatry;
  - c) A Primary Care Physician Representative;
  - d) A Psychiatrist Representative;
  - e) A Dentist Representative;
  - f) A Nurse Practitioner Representative;
  - g) Regional Director, Health Services;
  - h) Executive Director, Treatment Centre; and
  - i) Regional Manager, Clinical Services
  - j) Regional Manager, Mental Health
  - k) Ad hoc members at the discretion of the Chair

Appointment of Chair:

- 3) The Chair will rotate on a 3-year term basis between the Regional Physician Lead - Primary Care and the Regional Physician Lead – Psychiatry unless otherwise agreed upon in consultation with the Regional Director, Health Services.



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**Appointment of Members:**

- 4) The Representation for the Physician/Dentist/Nurse Practitioner will be selected by the members of their respective disciplines. The selection process will be supported by the respective Regional Physician Leader. Each representative would serve a 3-year term renewable for a further term if supported by his or her members and the Chair of the RMAC.

**Roles and Responsibilities**

The RMAC shall:

- 5) Having regard for the Vision, Mission and Core Values of CSC, make recommendations to the Regional Director, Health Services concerning:
  - a) The quality, organization and delivery of medical and dental care;
  - b) The promotion of the health of inmates through the attainment of appropriate and safe health care;
  - c) Policies respecting or impacting the Medical Practitioner Members; and
  - d) Identification and facilitation when possible on educational topics of regional interest.

**Meetings**

Frequency:

- 6) The RMAC shall hold at least two (2) meetings in each fiscal year.
- 7) Meetings may be held in person by teleconference or videoconference.

Travel:

- 8) Pre-approval by CSC is required for all travel by RMAC members.

Location:

- 9) An In-person meeting will normally be held at the most convenient and cost-effective location.

Quorum:

- 10) The quorum of meetings of the RMAC is fifty percent plus one.

Decision Making Process:

- 11) Decisions made by RMAC will be by consensus; however, failing consensus, a simple majority vote will carry the decision.

Records of Decisions:

- 12) The Chair will distribute Records of Decisions within 20 working days after each meeting for the review by the RMAC members.

Administrative Support:

- 13) The Regional Director Health Services and Executive Director Treatment Centre will ensure that there is sufficient administrative support to enable the efficient and effective functioning of the committee.

Remuneration:

- 14) CSC assumes responsibility for paying travel and related expenses for members attending RMAC meetings and attending to committee business at the request of CSC, in accordance with the Treasury Board Secretariat and CSC contracting guidelines.



- 15) CSC also provides a per diem professional fee through a Contract / Memorandum of Understanding with each member. Members work within the "contract" parameters that specify meeting preparatory time and potential institutional visits.

## Medical Practitioner

### Professional Qualifications and Liability Protection

Individual Medical Practitioners shall provide proof of and maintain:

- License from the appropriate Provincial Regulatory College;
- Certification when appropriate by:
  - The College of Family Physicians of Canada; or
  - Royal College of Physicians and Surgeons of Canada; or
  - Registered as a Nurse Practitioner in the Province they are licensed in
- Liability protection coverage appropriate for the Medical Practitioner's Discipline and acceptable to CSC.

### Medical Practitioner Categories

#### Active Medical Practitioner Category

Those Physicians, Dentists, Nurse Practitioners who provide care to CSC patients largely or wholly in CSC facility.

#### Consulting or Locum Category

Those Physicians, Dentists, Nurse Practitioners or other appropriately trained individuals who have specific skills or expertise that are required for good clinical care, which is usually provided in a community setting but may be required on an occasional basis within a CSC facility.

### Active Category

#### Duties

A member of the Medical Practitioner Member shall:

- a) Maintain a satisfactory standard of professional Medical, Dental or Nurse Practitioner knowledge and ability in the fields of their practice;
- b) Enter and complete patient records in accordance with professional and regulatory guidelines;
- c) Work and communicate with and relate to others in a cooperative, collegial and professional manner to ensure effective and efficient continuity of care for each patient;
- d) Support quality improvement projects and attainment of Accreditation by CSC;
- e) Participate in a Mortality Review when requested by the Regional Physician Lead;
- f) Participate in an Annual Review with their respective Regional Physician Lead;
- g) Fulfill continuing professional educational requirements of their respective academic college and their provincial regulatory college;
- h) Adhere to highest standard of ethical conduct and behaviour;
- i) Act in accordance with the organization's Vision, Mission and Values, the Medical Practitioner By-Laws, Policies and any applicable Provincial Law or Legislative Requirements;
- j) Attend meetings of the Regional Medical Practitioners, if clinical duties allow and





- k) Have up to date inoculations or tests as may be required by CSC or in Provincial Law or Legislative Requirements.

### Appointment and Re-Appointment

The following shall be considered in the appointment or reappointment of applicants to be a Medical Practitioner:

- CSC seek to appoint and re-appoint Medical Practitioners who wish to, or, have established a career in prison health;
- The applicant's training, expertise and potential to contribute to the Vision, Mission and Goals of CSC;
- A clinical focus or specialty interest that would enhance the health care of CSC's patient population;
- The applicant's ability to work in a challenging environment and to collaborate in a respectful and collegial manner with other Health Disciplines and Correctional Staff and Management;
- Initial appointment will be made considering the applicant's training, professional and academic qualifications, clinical expertise and ability to enable CSC to meet its Vision, Mission and Goals;
- Re-appointment will be made considering the Medical Practitioner Annual Review and their continued commitment to CSC's Vision, Mission and Goals;
- Have completed any training as required by CSC or in Provincial Law or Legislative Requirements at the time of appointment or re-appointment;
- The respective Regional Physician Lead - Primary Care or Regional Physician Lead - Psychiatry will provide input into appointments or re-appointments to the Assistant Commissioner, Health Services (ACHS); and
- The ACHS will approve all appointments and re-appointments to the Medical Practitioner Members.

### Annual Review (AR)

- Each Active Medical Practitioner Member will participate in an Annual Review with their respective Regional Physician Lead (RPL). Dentists and Nurse Practitioners will meet with the Regional Physician Lead – Primary Care.
- After the completion of the Annual Review, the Regional Physician Lead will provide feedback to the Medical Practitioner to support their continued professional development.
- The Annual Reviews will enable the Regional Physician Lead to provide feedback to the Regional Director, Health Services and the National Medical Advisory Committee on the ability and capacity of the Medical Practitioner Members to provide safe quality health care to CSC's patient population.

The following is a list of matters that will be covered as part of an annual review, which may be in person or by teleconference/videoconference:

- Feedback from the member on their contribution to the delivery of quality care;
- The member's performance and delivery of:



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- a) Clinical responsibilities
  - b) Monitoring of patients together with timely completion of clinical record documentation
  - c) On-call responsibilities, if applicable.
- Any quality of care or patient safety issues;
  - Appropriate and efficient use of CSC Health Services resources;
  - Support of and involvement in quality improvement and accreditation initiatives;
  - Educational programs/conferences given and attended;
  - Participation in any research study;
  - The ability to work in a cooperative, collegial and professional manner with other Medical Practitioner Members, Nurses, Correctional Staff and Administrative Management;
  - The ability to communicate with the patient and if appropriate the patient's family, as well as other members of the health care team;
  - Compliance with CSC's Policies, Guidelines, Directives;
  - Any health concern that may impact the member's ability to provide quality care;
  - The member's participation in continuing professional development;
  - Any considered or planned change in the member's level of service to CSC.

#### Human Resource Plan

- The NMAC will receive an annual update from the Regional Physician Leads on the capacity of the respective Medical Practitioner Members to meet the health care needs of CSC's patients.
- The NMAC will make recommendations to the ACHS on the planning, recruitment and retention of the Medical Practitioner workforce.

#### Professional Conduct

Individual Medical Practitioner Members shall meet the expectations for professional conduct and behaviour as defined in CSC's Code of Conduct and relevant Professional Code of Conduct, or Codes of Ethics. Conduct subject to a review includes but not limited to, acts, statements, professional or personal conduct, which:

- a) Exposes, or is reasonably likely to expose patients, or staff to harm or injury;
- b) Is or is reasonably likely to be detrimental to patient or staff safety in the delivery of quality care within CSC;
- c) Does, or is reasonably likely to constitute abuse;
- d) Results in imposition of sanctions by a College; or
- e) Is contrary to these By-Laws, CSC Directives, Policies and Procedures or relevant Provincial Law or Legislative Requirements.

#### Complaint against a Medical Practitioner Member

Any concern or complaint against a member of the Medical Practitioner Member respecting any matter set out above, or any other complaint shall be forwarded to the respective Regional Physician Lead and the site Chief of Health Services.



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The affected Medical Practitioner Member is entitled to procedural fairness including but not limited to:

- Being provided a copy of the complaint/concern;
- Being afforded confidentiality consistent with CSC's procedures, or to the extent permitted by law;
- The right to respond;
- The opportunity for consensual dispute resolution;
- Being provided a copy of any recommendation, and the reasons leading to them.

If the complaint/concern cannot be solved informally by the Chief of Health Services or through a consensual dispute resolution, then the Regional Director, Health Services and the Chief Medical Officer of Health or the National Senior Psychiatrist will be informed.

The process to be subsequently followed will be agreed by the Regional Physician Lead, the Chief Medical Officer of Health or National Senior Psychiatrist, the Regional Director, Health Services, and be consistent with natural justice and CSC practices. This process would recognize that the Regional Director Health Services or Executive Director Treatment Centre holds the accountability for a Medical Practitioner Member employment status whether the individual Medical Practitioner is an employee or under Contract to CSC.