

Technical Specifications (In-Cash Procurement)

Technical Specification for Infirmery Service_2026

The present document defines the specifications for infirmery services on the ITER site. It describes the roles and responsibilities of medical personnel and contractor management, as well as the scope of activities, work locations, and the equipment required to ensure the effective delivery of infirmery services.

SERVICE

Table of Contents

1 PREAMBLE.....2

2 PURPOSE.....2

3 ACRONYMS & DEFINITIONS2

4 APPLICABLE DOCUMENTS & CODES AND STANDARDS.....3

 4.1 Applicable Documents.....3

 4.2 Applicable Codes and Standards.....3

5 SCOPE OF WORK.....4

 5.1 Responsibilities of the Nursing Staff – for both infirmaries.....4

 5.2 Responsibilities of the Contractor.....6

6 LOCATION FOR SCOPE OF WORK EXECUTION11

7 IO DOCUMENTS11

8 LIST OF DELIVERABLES AND DUE DATES12

9 QUALITY ASSURANCE REQUIREMENTS.....13

10 SAFETY REQUIREMENTS13

11 SPECIAL MANAGEMENT REQUIREMENTS14

 11.1 Responsibilities of the ITER Organization14

 11.2 Service Duration14

 11.3 Service Continuity14

 11.4 Occasional extension of working hours.....15

 11.5 Change in workforce numbers15

 11.6 Contract Duration.....15

 11.7 Language.....15

SERVICE

1 Preamble

This Technical Specification defines the requirements for the provision of infirmary services to be performed on the ITER site (37UASM) [Ref 17], in accordance with French legal obligations as per the French Labor Code, French Public Health Code, and ITER safety instructions.

This Technical Specification is to be read in combination with the General Management Specification for Service and Supply (GM3S) – [Ref 1] that constitutes a full part of the technical requirements.

In case of conflict, the content of the Technical Specification supersedes the content of [Ref 1].

2 Purpose

The present document defines the specifications for infirmary services on the ITER site. It describes the roles and responsibilities of medical personnel and contractor management, as well as the scope of activities, work locations, and the equipment required to ensure the effective delivery of infirmary services.

3 Acronyms & Definitions

Acronym	Description
AED	Automated External Defibrillators
CEFR	Common European Framework of Reference for Languages
CRO	Contract Responsible Officer: IO staff member responsible for the technical and administrative follow-up of a contract and for liaising with the Contractor.
CISSCT	Collège Interentreprises de Sécurité, de Santé et des Conditions de Travail / Intercompany Health and Safety Committee
ERT	Emergency Response Team
GM3S	General Management Specification for Service and Supply: ITER's baseline specification defining general requirements applicable to all service or supply contracts.
HSPC	Health and Safety Protection Coordinator
IDM	ITER Document Management
IO	ITER Organization: International nuclear fusion research and engineering organization responsible for building and operating the ITER facility.
PPE	Personal Protective Equipment
PRO	Procurement Responsible Officer
SAMU	Service d'Aide Médicale Urgente / Urgent Medical Support Service
SES	ITER Security and Safety Section
VSAV	Véhicule de Secours et d'Assistance aux Victimes / Rescue and Casualty Assistance Vehicle

For a complete list of ITER abbreviations see: [ITER Abbreviations \(2MU6W5\)](#).

SERVICE

4 Applicable Documents & Codes and standards

4.1 Applicable Documents

This is the responsibility of the Contractor to identify and request for any documents that would not have been transmitted by IO, including the below list of reference documents.

This Technical Specification takes precedence over the referenced documents. In case of conflicting information, this is the responsibility of the contractor to seek clarification from IO.

Upon notification of any revision of the applicable document transmitted officially to the contractor, the contractor shall advise within 4 weeks of any impact on the execution of the contract. Without any response after this period, no impact will be considered.

Ref	Title	IDM Doc ID /link	Version
1	General Management Specification for Service and Supply (GM3S)	82MXQK	1.4
2	Guideline for ITER first aiders	CSAAFMM	1.0
3	Iodine pills - supply instructions	E9NLXU	2.2
4	Map of Defibrillator Locations on ITER Site	A4JTQJ	1.4
5	Command Post & on-call: chain of alert	8AJYUM	3.1
6	Ergonomics procedure	TK2KJY	3.2
7	General emergency procedure	T24NPG	3.5
8	Emergency alert procedure	7LB8NY	4.8
9	Emergency Response Plan (ERP)	DPR9LM	
10	JIRA HSR Tool - INCIDENT user's manual	YUJT67	2.0
11	Internal Regulations	27WDZW	3.1
12	Contractor Safety Management Procedure	Q2GBJF	2.0
13	PGC	T6V4RP	6.2
14	Nurse-ERT Vehicle Coordination Instruction	F6PQ5W	1.1
15	OHS events follow-up procedure	2CTZTP	2.5
16	ITER Site Life-Saving Rules and ITER Life-Saving Rules confluence page	YSU3VK	2.1
17	ITER Site Plan	37UASM	8
18	ITER Site access Procedure	S3893D	3.3
19	Safety Hour workshop confluence page	Confluence link	
20	Working Instruction for the Use of Electric Car Chargers on the ITER Site by contractors and visitors	BBMEKM	1.0

SERVICE

4.2 Applicable Codes and Standards

This is the responsibility of the contractor to procure the relevant Codes and Standards applicable to that scope of work.

Ref	Title	Doc Ref.	Version
CS1	Employers are obliged to implement all necessary measures to safeguard employees' safety and their physical and mental health.	L.4121-1	
CS2	The number and allocation of occupational health nurses within the company.	Articles R.4623-32 à R.4623-34	
CS3	Qualification requirements for occupational health nurses.	Décret n°2022-1664	
CS4	First Aid in Workplaces - Requires employers to provide adequate first aid resources at the workplace.	R4224-14	
CS5	First Aid Materials and Equipment - Requires workplaces to be equipped with appropriate first aid tools, including AEDs.	Décret n° 2018-1186	19 décembre 2018
CS6	French Public Health Code - Rules and Regulations on Nurses' Professional Conduct.	Articles R4311-1 to D4311-15-1, and notably article R4311-14	
CS7	Good practices in the management of automated external defibrillators (AEDs) and their maintenance.	Note d'information n°DGS/PP3/2025/121	3 octobre 2025

5 Scope of Work

The infirmary service aims to ensure continuous, high-quality first aid and occupational health support for all on-site personnel, contractors, and visitors during the infirmary's working hours (see section 11.2), and to contribute to the overall emergency preparedness and health awareness within the ITER premises. The scope of the services covered by this technical specification encompasses several aspects of infirmary services as follows:

- First-aid and infirmary care implemented by qualified nurses present on site under the control of a referring doctor to be provided by the Contractor for the whole ITER site.
- Supply of medical equipment and consumables required for the operation of the infirmaries.
- Trainings and awareness on Occupational Health matters.
- Other infirmary services upon request.

5.1 Responsibilities of the Nursing Staff – for both infirmaries

5.1.1 Emergency Medical Response

- Provide infirmary care and first aid in the event of accidents or injuries occurring on site, in collaboration with the Emergency Response Team (ERT).

SERVICE

- Ensure intervention within less than five minutes upon notification of an incident.
- Support and assist external rescue teams (e.g., SAMU, Fire Brigade) once they arrive on site.

5.1.2 Consultation and Treatment

- Provide consultation and treatment for individuals seeking medical help in the infirmary.
- Manage minor injuries, illnesses, or psychological issues in accordance with established medical protocols and under the oversight of the occupational doctor.
- Maintain medical confidentiality in all interactions.

5.1.3 Reporting and Record Keeping

- After every treatment of any kind: the case shall be systematically recorded in the medical report system. Submit JIRA reports according to JIRA HSR Tool - INCIDENT user's manual (YUJT67) [Ref 10] for work-related incident following medical report, and in line with the ITER OHS Events Follow-up Procedure [Ref 15], using the incident definition specified therein.
- Provide periodic statistical reports (weekly, monthly, and yearly) ensuring accuracy and completeness of data. Statistics will be validated by the IO SES and HSPC and shared with the Occupational Doctor for inclusion in the annual medical report.

5.1.4 Participation in Drills and Exercises

- Regularly prepare and participate in emergency response drills organized by the IO Security and Safety Section. This includes maintaining readiness to respond to a range of emergency scenarios such as fire, evacuation, medical emergencies, chemical spills, and other site-specific incidents.
- During drills and exercises, nurses are expected to actively perform their assigned medical response roles, apply established medical protocols, and coordinate with other emergency response teams as required. Drills should be treated as realistic operational scenarios to ensure effective response under emergency conditions.
- Nurses shall observe, identify, and report any issues, gaps, or inefficiencies identified during drills and exercises, including those related to medical procedures, communication, equipment, or coordination. They shall contribute to post-exercise debriefings and support the implementation of corrective actions where applicable.

5.1.5 Training and Awareness Activities

- Organize training and awareness sessions (e.g. safety hour) under the supervision of IO's Security and Safety Section. Topics may include:
 - Cardiac arrest and AED use
 - Ergonomics and workplace health
 - Prevention of alcohol and drug misuse
 - Psychological first aid, etc.
- Upon request of the CRO, perform presentations at various seminars (e.g. CISSCT, Safety events) to promote and raise awareness of health and safety culture.

5.1.6 First Aid Kits

SERVICE

In coordination with the IO Security and Safety Section, the contractor shall procure, distribute, and maintain first aid kits across the ITER site. The annual quantity of First Aid Kits to be procured shall be provided by IO, based on the number of newly trained first aiders and the applicable maintenance and replacement plan. The contractor shall assist in maintaining accurate records in the First Aid Kits Tracking Register, and support to replace the expired, damaged, or used items within first aid kits in accordance with manufacturer recommendations and applicable safety requirements.

5.1.7 Medical Waste Management

Ensure the safe disposal of medical waste in compliance with applicable health and environmental regulations.

5.1.8 Support to Special Events

Provide on-site medical coverage and support during special ITER events such as:

- VIP or high-level visits - may offer health accompaniment services or remain on nearby standby to respond promptly to any medical needs.
- Open Doors Day / family events - familiarizes in advance with the event locations and maintains a high level of readiness throughout the day.
- ITER Safety Day - actively participate by managing health-related booths and activities, contributing to the promotion of occupational health awareness among visitors.

5.1.9 Support on vaccination campaign

Nurses are responsible for receiving colleagues who come to the infirmary for vaccination. The vaccines are purchased and properly stored by the recipients themselves. The nursing team verifies each individual's vaccine eligibility, administers the vaccines safely, monitors for immediate reactions, provides post-vaccination guidance, and ensures hygiene, confidentiality, and accurate documentation.

5.1.10 Iodine pills storage management and distribution support

Support IO SES in the storage and preparation of iodine pills. The nurse team shall be responsible for preparing the packaging of iodine pills in accordance with the Iodine pills - supply instructions (E9NLXU) [Ref 3].

In the event that iodine pills need to be distributed during an emergency, the on-duty nurses shall ensure proper coordination within their designated areas and collaborate with other team members to deliver the pills efficiently and in a timely manner.

The on-duty nurses shall also ensure that all corresponding recording and tracking documents are prepared in advance, maintain accurate records of distribution, and submit such records to Crisis management team via Command Post.

5.1.11 Nurse-ERT Vehicle Coordination – only applicable to on-duty nurses in B06 infirmary, and when the ERT and VSAV are present at B06.

According to Nurse-ERT Vehicle Coordination Instruction (F6PQ5W) [Ref 14], upon receiving a Command Post call for casualty rescue outside the platform, to ensure the nurse, medical equipment, and ERT reach the victim together without delay, the nurse should confirm readiness and joins the ERT, using the same ERT vehicle to reach the incident location.

SERVICE

5.2 Responsibilities of the Contractor

5.2.1 Personnel and Organization

To ensure the continuous and professional delivery of medical and first aid services on the ITER site, the contractor shall establish and maintain a competent and well-structured organization:

5.2.1.1 Personnel Management and Coordination

- The Contractor shall nominate a Responsible Officer to manage the contract and serve as the primary interface with the ITER Organization (IO) Responsible Officer in charge of the contract.
- The Contractor shall always ensure continuity of service, including during staff absences or replacements.
- A Coordinator (referring nurse or equivalent) shall be designated to oversee the daily management of the infirmary, ensure smooth operations, and maintain regular liaison with the IO Security and Safety Section.

5.2.1.2 Staffing and Qualifications

- The Contractor shall provide the IO with the necessary personnel to perform all services described in this specification, clearly indicating the number of assigned staff members, their roles, and qualifications.
- The Contractor shall ensure that all nursing staff hold valid and recognized state diplomas in accordance with French and EU regulations and possess adequate experience in occupational health and emergency response. Minimum assigned staff qualifications: French State qualified nurse with minimum 5 years of experience and in emergency services will be a plus.
- The organization of the service (organization chart), the staff profiles (including Occupational Health Nurses), and a detailed staffing plan shall be submitted to the IO for acceptance prior to the commencement of the contract.
- Any subsequent modification—such as changes in personnel, staffing levels, or organization—shall be promptly communicated to the IO, and a revised staffing plan shall be submitted for approval.

5.2.1.3 Training and Competence

- The Contractor shall ensure that all personnel are competent in first aid, emergency response, and occupational health procedures, and are familiar with the specific hazards and risks associated with the ITER site.
- At the beginning of the contract, all staff shall undertake the necessary safety and environmental training required by ITER.
- The hours spent in training are to be fully borne by the Contractor.
- The Contractor shall maintain up-to-date training records and ensure that all staff receive regular refresher courses and specific additional training reflecting the evolving risks, procedures, and operational context of the ITER site. These trainings remain at the charge of the contractor.

SERVICE

5.2.2 Infirmary Premises and Equipment

5.2.2.1 Medical supplies

The Contractor is responsible for all supplies and consumables necessary for carrying out the services in buildings B06 and B05. The following list of medical equipment and consumables has been established to cover infirmary needs (treatment room and rest room) according to the number of workers on the Site, a minimum:

- A work surface with a stainless-steel sink.
- A medicine cabinet with storage compartments, poison safe and retractable writing shelf; lockable sliding doors.
- A set of storage cabinets; multiple shelves and drawers for storing medical consumables.
- A 40 l stainless steel waste bin with liner.
- A large capacity refrigerator (domestic type) with freezer compartment and icemaker.
- An emergency hydraulic trolley-bed with adjustable height, centralized braking, side safety rails, integrated serum stand, backrest; approximate dimensions: L=2m x W=0.9m.
- A medical examination stool on casters.
- A footrest.
- A stainless-steel round table on casters with drawers
- A stainless-steel hand dolly with adjustable height.
- A wall manometer.
- A wall mounted ENT set.
- Medical scales.
- A 12-channel ECG with interpretation.
- Three pairs of crutches.
- Two folding wheelchairs (one large, one medium).
- Two 4-hook serum stands on casters.
- A manual insufflator complete with set of masks of different sizes.
- A complete intubation set.
- A Peak Flow.
- A mucus aspirator.
- Multi-parameter automatic and semi-automatic cardiac defibrillator (ECG, PNI, SaO₂, TEMP, RR) monitors with printer and battery charger.
- A blood glucose monitor.
- A HemoCue.
- A fully equipped emergency backpack.
- A cardiac massage board.
- A Scoop Stretcher.
- An immobilizing mattress with pump.
- Immobilization equipment: set of limb splints; cervical collars; triangular bandage.
- A rechargeable torch.
- A dressing trolley.

SERVICE

- An intensive care bed with adjustable height, removable headboard and footboard, centralized braking, side safety rails, anti-bedsore mattresses, serum stand, bracket and lifting handle.
- Two over-bed tables.
- A wardrobe with two compartments.
- Two bedside tables.
- A 20l pedal bin with liner.
- A wall mounted folding writing shelf.
- A hospital bed lighting unit installed above each bed comprising: patient lighting and examination lighting.
- Medical oxygen system: Unit comprising an oxygen gas relief system supplying two large capacity oxygen cylinders (50L at 200 bar) with automatic switch device and alarm system.
- Mobile oxygen supplies: Several portable oxygen cylinders fitted with a dual outlet pressure regulator, i.e. high pressure for the ventilator and low pressure for direct inhalation. The number of cylinders required will constitute an oxygen capacity equivalent to the double capacity required to supply a patient at a rate of 10 litres of oxygen per minute during transport from the place the medical team takes care of him/her on the site to the first-aid centre on the site.
- Shower trolley.
- Laundry basket.

The Contractor shall ensure that both infirmaries are properly equipped, maintained, and operated to guarantee safe and effective medical care. In particular, the Contractor shall:

- Maintain an up-to-date inventory of all medical supplies, equipment, and consumables used in both infirmaries.
- Ensure availability, functionality, and regulatory compliance of all medical devices, pharmaceuticals, and consumables in accordance with applicable medical standards.
- Install and maintain all required equipment in both infirmaries to ensure consistent operational capability across the site.
- Regularly review and adapt equipment to align with the evolving risks and operational conditions of the ITER site. Any modification or change in medical equipment or supply shall be made only upon mutual agreement and a written instruction to proceed from both parties.
- Monitor and replace any expired, damaged, or depleted medical items in a timely manner to maintain full readiness.
- Keep the infirmary premises clean, hygienic, and well organized, ensuring a safe and professional environment for the provision of medical care.

5.2.2.2 Mobile phones

The Contractor will provide their staff with mobile phones.

5.2.2.3 Means of transport and rounds on site

SERVICE

The Contractor is responsible for all necessary means of transportation of his staff on site. The vehicles used will clearly display the name of the company and equipped with mobile rotating beacon. For matters related to vehicle charging, refer to Contractor Operational Vehicles – Working Instruction for the Use of Electric Vehicle Chargers on the ITER Site by Contractors and Visitors [Ref20].

5.2.2.4 Personnel dress code

The Contractor shall provide his/her personnel with all necessary work clothes and all relevant PPE corresponding to the professional activity. The nurses on site shall be clearly identified as nurse and wear it permanently on site.

5.2.2.5 Alcotest

ITER has procured Dräger Alcotest through the Contractor. The Contractor shall provide:

- Annual Calibration Service: Proactively provide annual calibration and verification services for each device to ensure accurate and reliable measurements.
- End-of-Life Notification: Notify ITER when this device approaches the end of its recommended service life or sensor lifespan, recommending timely replacement to maintain operational readiness.

5.2.3 Emergency Protocols and Quick-Reaction Sheets

The contractor shall develop and maintain emergency response protocols and quick-reaction sheets for use by nursing staff in daily and emergency operations. These protocols shall cover, at minimum, the following scenarios:

- Electric shock
- Psychological distress / acute anxiety
- Food poisoning
- Major trauma
- Chemical exposure
- Burns
- Cardiac arrest
- Death or fatal accident
- Heat stroke or dehydration
- Allergic reaction or anaphylaxis
- Seizures
- Foreign body in eye or airway
- Radiological incident

All documents are considered deliverables, subject to IO approval and upload to the ITER Document Management (IDM) system as part of the site's emergency management documentation.

5.2.4 Medical Reporting and Confidentiality

The contractor shall:

SERVICE

- Provide and maintain a computerized medical reporting tool (hardware and software) that allows secure recording, storage, and statistical processing of infirmary activities, which can be customized according to ITER's specific requirements (e.g., personnel grouping) and for which requested modifications will be implemented within three weeks of ITER's request.
- Ensure that all medical information is handled in strict compliance with medical confidentiality and data protection laws.
- Any material breach of this confidentiality principle or of medical confidentiality, once established, will result in immediate termination of the contract, with all related costs borne by the Contractor.
- Generate weekly, monthly, and yearly statistics on infirmary visits, incidents, and treatments, and transmit them to the IO SES Section and the HSPC for validation.
- Based on the medical report, ensure that any work-related incident is properly reported in the JIRA system, in accordance with the ITER OHS Events Follow-up Procedure [Ref. 15], using the incident definition specified therein.
- Provide the necessary data and support for the preparation of the annual occupational medical report under the supervision of the Occupational Doctor.
- At the end of the contract, the data shall remain the property of IO.

5.2.5 Automated External Defibrillator (AED) Management

Responsible for the maintenance of the AED program on ITER site. The number of AEDs deployed on the ITER site may evolve in line with regulatory requirements and operational needs. The scope of responsibilities shall include, but not be limited to, the following:

- **AED Inventory Management**
The Contractor shall maintain an up-to-date AED inventory, including, for each device, identification details such as model, serial number, physical location, and software/firmware version where applicable.
- **Maintenance and Inspection Records**
The Contractor shall keep comprehensive maintenance records for each AED unit. Records shall indicate:
 - Date of maintenance or inspection,
 - Type of verification or check performed,
 - Name or identification of the person conducting the inspection, and
 - Details of any replacement of electrodes, batteries, cases, or other components.
- **Maintenance Labelling**
The Contractor shall ensure that the date of the next scheduled maintenance or inspection is clearly indicated on a label affixed to, or placed immediately adjacent to, each AED unit.
- **Maintenance Supervision Contact Information**
The Contractor shall display, near each AED unit, the contact details of the person responsible for AED maintenance supervision, to allow prompt communication in case of issues or incidents.
- **Replacement of Components**
The Contractor shall systematically identify and replace any damaged, worn, missing, or expired components, including but not limited to batteries, electrode pads, cases, and accessories, in accordance with manufacturer recommendations and applicable standards.

SERVICE

6 Location for Scope of Work Execution

The working location is on ITER site [Ref 17], which including:

- The office areas.
- The storage areas.
- The contractors' areas.
- The construction site.

There are 2 infirmaries on site:

- Offices infirmary: Two rooms in building B06 are available to the Contractor for use as an infirmary dedicated to first aid services for staff in the office areas and storage areas.
- Worksite infirmary: 67 m² at the ground floor of building B05 is served as the infirmary for the worksite.

A new Emergency Response Building (B70) is due to be built before the end of this contract. This building will be shared with the Emergency Response Team and the security guards. The date is subject to evolve and will be confirmed during the execution of this contract. The Contractor will relocate its personnel and equipment from B05 to this building when it becomes available. The Contractor will maintain the level of service provided for in these Technical Specifications during the relocation.

This building will have a garage in which can be parked their vehicles.

The Contractor will not be able to wash or refuel their vehicles on site.

7 IO Documents

No input is expected from IO.

8 List of deliverables and due dates

The Supplier shall provide IO with the documents and data required in the application of this technical specification, the GM3S [Ref 1] and any other requirement derived from the application of the contract.

A minimum, but not limited to, list of documents is available hereafter with associated due dates:

Document Title	Further Description	Expected date
Before the start of the appropriation period		
Staffing plan	Staffing plan clearly indicating the number of assigned staff members, their roles, and qualifications.	15 days prior to the commencement of the contract and on update.
Quality plan	The plan should detail the procedures, standards, and measures the Contractor will implement to ensure the quality of work and compliance with the contract requirements.	15 days prior to the commencement of the contract and on update.

SERVICE

Prevention plan and PPSPS	Templates with comprehensive risk assessment of the contractor's activities and clearly indicated the responsibilities of control measures.	15 days prior to the commencement of the contract
During and after the appropriation period		
Training and Competence record	Up-to-date training records and ensure that all staff receive regular refresher courses and specific additional training.	At contract signature and on update
Annual action plan	Annual action plan to define objectives related to awareness and other prevention operations in which the nurses could be involved as defined in paragraph 5.1.5.	On yearly basis following contract signature. Submit in Dec each year during the contract.
Monthly report	Monthly report: Consultations and interventions summary, main activities for this month and action plan for next month. And KPIs regarding: <ul style="list-style-type: none"> • Absence Rate, • Timely Reporting Rate, • Health Campaign Completion Rate. 	On monthly basis following contract signature
Weekly report	Weekly report with the operational statistics and nurse roster plan for next week.	On weekly basis following contract signature
Safety hour attendance sheets	Record of participants who attended each session, provided in Excel or compatible format	Within 5 days post-session
Health Emergency response protocols and quick-reaction sheets. These protocols shall cover, at minimum, the following scenarios: <ul style="list-style-type: none"> • Electric shock • Psychological distress / acute anxiety • Food poisoning • Major trauma • Chemical exposure • Burns • Cardiac arrest 	These documents designed to support timely, effective, and consistent responses to medical emergencies. These documents shall be presented in a combination of concise written instructions and clear flowcharts. Each protocol must clearly define the decision-making criteria at every step, including key assessment elements, triggering conditions, and corresponding response actions. The procedures shall be simple, logical, and easy to follow, with	By Dec 2027

SERVICE

<ul style="list-style-type: none"> • Death or fatal accident • Heat stroke or dehydration • Allergic reaction or anaphylaxis • Seizures • Foreign body in eye or airway • Radiological incident 	<p>critical steps and priorities clearly highlighted.</p> <p>The protocols and quick-reaction sheets shall be suitable for immediate operational use and shall also serve as training materials for new team members, ensuring a shared understanding of emergency response procedures and roles within the Nursing Team.</p>	
---	---	--

9 Quality Assurance requirements

The contractor conducting these activities should have an ITER approved QA Program or an ISO 9001 accredited quality system.

The general requirements are detailed in ITER document *ITER Procurement Quality Requirements* (ref. ITER_D_22MFG4). Prior to commencement of the contract, a *Quality Plan* (ref. ITER_D_22MFMW) must be submitted for IO approval giving evidence of the above and describing the organization for this contract, the skill of staff involved in the contract; any anticipated sub-contractors, and giving details of who will be the independent checker of the activities.

Deviations will follow the procedure detailed in IO MQP document *Deviations*, ref. ITER_D_2LZJHB

Non-Conformities will follow the procedure detailed in IO MQP document ref. ITER_D_22F53X

Documentation developed as the result of this contract shall be retained by the contractor for a minimum of 5 years and then may be discarded at the direction of the IO.

10 Safety requirements

All Contractor personnel shall be bound by and comply with ITER’s ethics, safety, and security rules and regulations while performing their duties on site.

The Contractor shall take all necessary measures to ensure that its employees demonstrate professional conduct, discretion, and medical confidentiality at all times.

No specific safety requirement related to PIC and/or PIA and/or PE/NPE components apply.

11 Special Management requirements

Requirement for [Ref 1] GM3S section 6 applies completed with the below specific requirements.

11.1 Responsibilities of the ITER Organization

IO shall nominate a Responsible Officer to manage this Contract.

SERVICE

IO shall provide access to the document management system and templates as well as necessary accesses to the Site.

IO shall organize monthly meetings on work performed and deliverables, with the following agenda:

- Report of the activity of the two infirmaries,
- Results of the various site visits,
- Examination of the technical or administrative problems related to the execution of the task,
- Proposed areas of progress.

A report will be drafted by the Contractor and will repeat all these items. It will have to be approved by ITER Organization and will be published no later than 7 days after the meeting.

IO shall provide:

- rooms for use as a first-aid centre, situated in buildings 06 and 05
- standards such as desks, chairs, cabinets.

11.1.1 Telephone – Fax/Internet

Telephone lines and Internet shall be provided in the buildings made available to the Contractor for all communication needs specific to the services to be provided.

11.1.2 Computer equipment

IO shall oversee supplying computer equipment and associated office software, and shall also ensure any maintenance operations.

11.2 Service Duration

Normal operating hours:

Office infirmary

Monday to Friday between 8:30 am and 5:30 pm, excluding ITER Site closure days. A phone permanence and necessity to be on site is also required during the one-hour lunch break to deal with emergencies.

Worksite infirmary

Monday to Friday between 6.00 am to 10.00 pm, Saturday and banking holidays, from 6.00 am to 08.00 pm. To be noted, inside the required schedule, a minimum of one nurse present is mandatory.

11.3 Service Continuity

The contractor shall put in place adequate organisation to implement Nurses services.

No matter what unexpected circumstances may arise (Contractor 'employee work disruption' ("arret de travail" in French), public transportation disruption, bad weather, etc.) The contractor shall ensure Nurse services without interruption and at the expected level required and appropriate staff skills.

11.4 Occasional extension of working hours

Depending on the general progress of the project and other events, the Contractor may be

SERVICE

required to perform the services listed in the preceding paragraph outside normal working hours. This change will be carried out only at the request of ITER Organization upon an order to proceed notified to the Contractor with 7 days' notice.

11.5 Change in workforce numbers

The number of nurses present on site will evolve to meet the legal requirements and according to the effective number of staff.

An increase or decrease of the number of nurses will be based on an instruction to proceed notified to the Contractor with 7 days' notice each time a legal threshold of the number of staff is reached.

11.6 Contract Duration

The contract's duration shall be three years plus two options of one year (3 years + 1 year + 1 year). It is planned to start in October 2026.

11.6.1 Transition Period

1. The Transition Period is established to ensure a smooth, coordinated, and uninterrupted transfer of infirmary services from the Outgoing Contractor ("Current Contractor") to the Incoming Contractor ("New Contractor"), safeguarding continuity, compliance, and operational efficiency.
2. The Transition Period shall commence 30 days prior to the Contract expiration or termination date.
3. During the Transition Period, the Outgoing Contractor shall:
 - Provide full cooperation and reasonable assistance to IO and the Incoming Contractor to facilitate a smooth transition of infirmary services.
 - Provide comprehensive and up-to-date records related to the provision of infirmary services, including but not limited to:
 - Medical report (including records of historical report within 5 years)
 - Medical equipment and supplies inventory (including expiry dates and maintenance status)
 - Transfer all relevant documentation, including those listed in Section 8, medical protocols and procedures, equipment specifications, maintenance and calibration records, inspection logs, regulatory compliance records, and any applicable reports.
 - Provide detailed records of service performance, activity statistics, historical workload data, and any recurring issues, incidents, or complaints reported during the Contract term.
 - Return, transfer, or dispose of any IO-owned assets, medical equipment, materials, or supplies used in the provision of infirmary services, as directed by IO (if applicable).

SERVICE

- Facilitate meetings with relevant medical, administrative, and operational personnel, where applicable, to support knowledge transfer and continuity of infirmary services.
 - Resolve all outstanding service-related issues, incidents, or disputes prior to the final handover date, or provide documented status updates for any matters still pending.
4. The Outgoing Contractor shall not interfere with the New Contractor's onboarding activities or service implementation during the Transition Period and shall avoid any actions that could negatively affect service continuity.
 5. Both Parties shall continue to comply with the confidentiality obligations outlined in the Contract, particularly regarding sensitive operational data disclosed during the transition process.
 6. At the conclusion of the Transition Period, the Outgoing Contractor shall submit a Final Transition Report summarizing:
 - Completed handover activities
 - Remaining unresolved issues (if any)
 - Final inventory reconciliation
 - Confirmation of data and document transfer
 7. All activities within the scope of this Technical Specification shall continue to apply for the duration of the Transition Period and shall remain in force until such time as a formal termination statement is issued by IO.

11.6.2 Appropriation period

The Appropriation Period follows the effective date of the Contract and allows the incoming Contractor to familiarize itself with the services and reach full operational performance. An appropriation period of 30 days after the transition period must be implemented by the Incoming Contractor to consider the Site and prepare the organization of the services.

During the Appropriation Period, the Incoming Contractor shall:

- Assume full responsibility for the delivery of infirmary services on the ITER site.
- Ensure continuity of medical care, first aid response, and emergency support at all times.
- Complete site-specific training, authorisations, and familiarisation of medical and support staff.
- Validate and, where necessary, adapt operational procedures in coordination with IO.
- Ensure that all personnel, equipment, and medical supplies required for service delivery are fully operational.

11.6.3 Completion and entry into Post-Appropriation Period

At the end of the Appropriation Period, and subject to confirmation by IO that the services are operating in a stable and compliant manner, the Incoming Contractor shall be deemed to have entered the Post-Appropriation Period.

SERVICE

11.7 Language

Since the IO official language is English and the site is located on French territory, the personnel mobilized by the Contractor must be proficient in English and French. In accordance with the Common European Framework of reference for languages (CEFR) a minimum level of C1 is requested for the English and a minimum level of C2 is requested for the French.

All documents sent to IO by the Contractor shall be written in English.