



**SPECIFICATIONS FOR  
TENDER # 0171-1319  
LEASED SPACE IN THE COMMUNITY OF PASADENA  
FOR  
WESTERN HEALTH**

**CLOSING DATE: 18 April 2013**

**CLOSING TIME: 11:00 AM (Newfoundland Time)**



## **Invitation to Tender for Lease of Space for the Purpose of Operating a Public Health Clinic in the Community of Pasadena**

### **1.0 General Provisions**

#### **1.1 Intent**

This invitation to Tender is intended to obtain Leased Space in the Community of Pasadena for the purpose of operating a Public Health Clinic. The term of this lease will be 10 years with an option to extend the term for an additional 3 years.

#### **1.2 Client Background**

Western Health was established in 2005 and is responsible for the delivery of Health and Community Services in the Western Region.

#### **1.3 Vendor Response**

1.3.1 Vendor's tender must contain an Executive Summary which shall contain:

- a. A brief description of the product being quoted.
- b. The name, title and address of the Vendor's representative responsible for the preparation of the Tender.

1.3.2 All prices quoted for goods and services must be specified in Canadian dollars. All Tenders will be held to be valid for ninety (90) days following the Tender closing date.

1.3.3 Tenders must be received in full on or before the exact closing time and date indicated. **TENDERS RECEIVED AFTER THAT TIME WILL NOT BE CONSIDERED.**

1.3.4 All costs relating to the work and materials supplied by the Vendor in responding to this Invitation to Tender must be borne by the Vendor.

## **1.4 Release of Information**

### **1.4.1 While Tender is Open:**

The names of individuals or companies who have picked up the tender documents will be released for construction tenders only.

Individual Authorities may determine that this information will not be released in situations where it is not in the best interest of the Authority to do so.

Upon request, this information may be released to designate(s) of the Newfoundland and Labrador Construction Association (NLCA) only. The designate(s) will be agreed upon by the Authorities and the NLCA.

This information will be released upon request from the NLCA designate(s) at a maximum once per week.

No information will be released in the seven calendar days preceding tender opening.

### **1.4.2 At Tender Opening:**

1. The names of the bidders, and overall bid price(s) will be read out.
2. Where the overall bid price(s) cannot be readily determined, no pricing will be released.

### **1.4.3 After Tender Opening:**

1. No further information will be released until after the contract is awarded.
2. After award, only the name and bid price of the successful bidder will be made available.
3. Information will be made available for a 90 day period only.
4. Successful Awards will be posted on Web Site.

## **1.5 Communication During Tendering**

- 1.5.1 All communications with Western Health with respect to this invitation to Tender must be directed in writing to the attention of:

Mr. Paul Wight  
Regional Purchasing Manager  
Western Health  
P.O. Box 2005  
Corner Brook, Newfoundland  
A2H 6J7  
Tel: (709) 637-5511  
Fax: (709) 637-5030  
Email: paulwight@westernhealth.nl.ca

- 1.5.2 Western Health may, during the assessment period, request meetings with the Vendors to clarify points in the Tender. No changes by the Vendor will be permitted after the Tender closing date.
- 1.5.3 Faxed Tender responses will be accepted with the condition that the original Tender documents are received at Western Health's Materiels Management Department no later than **Five** working days following the Tender closing date.
- 1.5.4 All bids must be sent in a sealed envelope clearly marked with Tender Name and Number to:  
Materiels Management Department, Western Health, Western Memorial Regional Hospital, Lower Level, P.O. Box 2005, Corner Brook, NL A2H 6J7.
- 1.5.5 Bids submitted by electronic transmission (e-mail) will not be accepted.
- 1.5.6 Companies submitting fax Tenders are doing so at their own risk and the fax Tender must be at the public opening as specified in the Tender information. This Authority will not be responsible for in-house courier services if companies submit quotations by fax machine. The time stated on the fax Tender will become null and void since it is the responsibility of the company placing the Tender to have their Tender at the public opening, therefore, this Authority will not be responsible for any damages or liabilities.
- 1.5.7 In order to contribute to waste reduction and promote environmental protection, the Western Health will endeavour to acquire goods and services that support these principles, therefore, product(s) quoted should include:
- maximum level of post-consumer waste and/or recyclable content
  - minimal packaging
  - minimal environmental hazards

- maximum energy efficiency
- potential for recycling
- disposal costs
- must not reduce the quality of the product required or affect the intended use of the product
- must not significantly impact the acquisition cost

## 1.6 Tender Acceptance

- 1.6.1 Any acquisitions resultant from this invitation to Tender shall be subject to the Public Tendering Act.
- 1.6.2 The Tenders shall be opened in the Private Dining Room at The Western Memorial Regional Hospital on the scheduled date and time.
- 1.6.3 Any Tender may be accepted in whole or in part. The lowest Tender may not necessarily be accepted and Western Health reserves the right to cancel the Tender call. Western Health shall not be held responsible or liable for the payment of any costs that are incurred by the bidder in preparing a Tender in response to this invitation to Tender.

## 2.0 Specifications

Proposals shall include costing for both the **General Specification** requirements and **Specific Space** requirements as listed below, including any and all renovations to make the proposed space acceptable for the delivery of programs and services.

### **General Specifications:**

- 2.1 All costs related to Heating, Air Conditioning and Electricity shall be included in the monthly rate.
- 2.2 Janitorial services as specified in the attached Environmental Services Task Sheet (Appendix "B") shall be included in the monthly rate. All hand soaps used shall be a non-scent/low scent product that contains emollients and is dispensed in a container that is non-refillable. All cleaning solutions for floors and surface areas shall be no-scent/low scent, disinfecting, Accelerated Hydrogen Peroxide (AHP) product.
- 2.3 The vendor shall provide 5 parking spaces or the parking requirements in accordance with any Community of Pasadena guidelines, whichever is greater.

- 2.4 The tendered space must be wheelchair accessible.
- 2.5 Air conditioning shall be provided in all tendered space.
- 2.6 Snow clearing shall be the responsibility of the landlord. This shall include all doorways, ramps, roads, pathways, and parking areas. Sand and salt must be provided as required.
- 2.7 All lawn maintenance, grass cutting etc. shall be the responsibility of the landlord.
- 2.8 Awarding of the tender shall be subject to the acceptance by Western Health of a suitable floor plan to be submitted by the landlord. All renovation costs required to create the proposed design shall be the responsibility of the landlord. A sample plan is attached in Appendix "D". This sample is not to be considered as the final plan. The final plan will be developed and agreed to by the Vendor and Western Health. Final award of this tender will be dependant on agreement of the final floor plan.
- 2.9 All space design shall meet all accessibility codes. Should the proposed space be in a multilevel facility, access to the upper levels via an elevator is required. Stair assist units will not be acceptable.
- 2.10 All space shall have the required washrooms, including public, staff, and any required barrier free washrooms, as per the requirements of OH & S Regulations and the requirements of the National Building Code. Notwithstanding these requirements there shall be a minimum number of three washrooms as outlined in the Specific Space Requirements. All costs associated with the provision of these washrooms shall be included in the quotation.
- 2.11 Western Health requires that all leased space, including buildings and grounds, be designated as smoke free.
- 2.13 The term of this lease shall be ten years with an option to renew for an additional three years.

**Specific Space Requirements:**

- 2.14 The following chart indicates the specific space requirements .The chart includes a sub-total listing of all spaces required for the operation of all programs and services and uses a gross up factor of 1.5 to account for any space required for washrooms as indicated or otherwise required by code, corridors, mechanical/electrical/data rooms and any other gross up space that is required in excess of the space listed.

Description	Unit Size (SQ)	Proposed No. of Spaces	Total (SQ)
Single User Open Workspaces	60	2	120
Administrative Support, Fax Printer/Supplies/Mail Slots & Confidential Waste , Reception	160	1	160
Photocopier Room	50	1	50
Med Surge Storage Room	60	1	60
Clinic Space (Note 2)	120	1	120
General Storage Room	80	1	80
File Storage Room	100	1	100
Secure Waiting Room (Note 1)	100	1	100
Barrier Free Washroom( Public)	60	1	60
Client Washroom	30	1	30
Barrier Free Washroom (Staff)	60	2	120
<b>Sub Total</b>			<b>1000</b>
<b>Gross Up Factor 1.5</b>			
<b>Total</b>			<b>1500</b>

**Note 1:** A secured waiting room refers to a waiting room that is secure from all other areas of the Public Health Clinic. The door connecting the waiting room to the other areas of the space shall be locked with an electric locking mechanism with a release button located at the reception desk.

**Note 2:** The hand wash sink located in the Clinic Space shall be in accordance with the new CSA Z 8000 standard that requires all hand wash sinks to be a minimum depth of 225 mm and an inside dimension of 350 X 250 mm. This wall mounted sink shall be mounted at least 865 mm from the floor.

2.15 A Certificate of Conduct is required from the RCMP / RNC indicating the person or persons is in good standing for those who will be involved in doing any work associated with this leased space. A list of names & a Certificate of Conduct must be provided for **ALL PERSONS** doing any work.

#### 2.16 **Western Health Standard Privacy Clause**

Please review the Western Health Standard Privacy Clause.

As a potential vendor/contractor for Western Health, I am aware that I am collectively bound and obligated to adhere to the provisions of the Newfoundland and Labrador Personal Health Information Act; the Access

to Information and Protection of Privacy Act and all other relevant provincial and federal legislation and regulations. I am further aware that all personal/ personal health/ and business information obtained through affiliation with Western Health is confidential and must be secure from unauthorized access, use, modification, disclosure and/or disposal in any manner, at any time, in accordance with Western Health's policies and procedures regarding same. Further, I recognize I am collectively accountable under the legislation and bound by an Oath/Affirmation of Confidentiality to maintain the privacy and security of all information obtained through affiliation with Western Health.

- 2.17 The successful vendor shall provide cleaning services as listed in the Environmental Services Task Sheet in Appendix "B". As well, the vendor shall ensure that all cleaning staff complete and sign the Task Sheet confirming that all tasks required under this tender were completed at the required times. (Appendix "B")
- 2.18 All cleaning equipment including mops, scrubbers, buckets and vacuums are to be supplied by the contractor. Western Health will only supply cleaning products, floor refinishing products, paper products and trash bags. All disinfectants, hand cleaners, and floor cleaners will be provided by Western Health in accordance with Infection Control & CSA Standards / Guidelines.
- 2.19 The handling & storage of all Biomedical Waste must be done in accordance with CSA Standards as outlined in the Western Health Biomedical Waste Policy # 3-02-60. The section pertaining to the Collection/Color Coding and Intermediate Storage Area of Biomedical Waste is attached as Appendix "C".
- 2.20 All staff providing cleaning services as part of this tender are required to attend a one day in-service that will be provided at no cost by Western Health. Vendors will be responsible for all travel, accommodations and meals that may be associated with attending this in-service. The in-service will be provided by Western Health's Infection Control Department, in conjunction with the Environmental Services department, and will provide information on the proper cleaning methods required within this tender. As an alternative to the in-service, vendor staff can complete an Environmental Services E-learning module on-line by arranging same through the Western Health Employee Development department.

### **3.0 Presentation**

#### **3.1 Presentation**

A presentation of the Tender and / or a demonstration of the product / system shall be provided, if requested, at the Vendor's expense.



**4.0 Financial Considerations**

4.1 All applicable taxes shall be indicated in the Tender.

**4.2 Terms of Payment**

Payment will be made monthly upon submission of an invoice.

**5.0 Vendor Confirmation** (please sign)

I confirm that our Tender meets or exceeds the specifications detailed in this invitation to Tender. I also confirm that all specifications are included in the quoted price. Any items that are optional are noted accordingly.

Signed \_\_\_\_\_

Title \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

**Tender Price \$** \_\_\_\_\_ **Tax Extra** Yes \_\_\_\_\_ No \_\_\_\_\_

## TENDER CHECKLIST

TENDER #0171-1319

DID YOU INCLUDE

HAS TENDER SUBMISSION BEEN SIGNED	Yes <input type="checkbox"/>	No <input type="checkbox"/>
COPY OF REQUIRED TENDER DOCUMENTS	Yes <input type="checkbox"/>	No <input type="checkbox"/>
COPY OF BROCHURES (IF REQUESTED)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
COPY OF WCB LETTER OF GOOD STANDING (IF REQUIRED)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
COPY OF PROOF OF INSURANCE (IF REQUIRED)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
AMOUNT OF TAX NOTED ON REQUEST FOR QUOTATION FORM	Yes <input type="checkbox"/>	No <input type="checkbox"/>
OPTIONAL PRICING FOR TRAINING INCLUDED	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**NOTE: TENDER RESPONSES MAY BE REJECTED IF YOU ANSWER “NO” TO ANY OF THE ABOVE QUESTIONS.**

## APPENDIX “A”



### OATH / AFFIRMATION OF CONFIDENTIALITY

#### CONTRACTORS / VENDORS

This *Oath / Affirmation of Confidentiality* includes personal / personal health information of the client, employee, as well as business information of Western Health. As a contractor/vendor engaged by Western Health, our organization has a legal and ethical obligation to ensure that information to which you may have access is kept private, secure and confidential. It is understood that access will be granted only through appropriate authorization and must be used only for the purpose for which the access was granted. During the provision of service/contract, you may also inadvertently gain access to information. All information must be protected to ensure confidentiality and privacy.

I, \_\_\_\_\_, of \_\_\_\_\_ solemnly  
(Print name) (City / Town, Province of residence)

#### Swear / affirm the following:

1. I have reviewed and will adhere to Western Health's *Confidentiality* policy (#2-03-10), including responsibilities regarding confidential information obtained during the course of services provided to Western Health. Western Health's privacy and confidentiality policies are accessible on the Western Health website at [www.westernhealth.nl.ca](http://www.westernhealth.nl.ca).
2. I understand that it is my duty to adhere to the provisions of the Newfoundland and Labrador *Personal Health Information Act (PHIA)*, the *Access to Information and Protection of Privacy Act (ATIPPA)* and other relevant laws and regulations. I understand my role and obligations with respect to same.
3. I understand that all personal / personal health / business information, to which I have access is confidential, and is not to be disclosed to anyone within or outside Western Health who is not authorized to know the information, in any manner, at anytime, as in accordance with Western Health's policies and procedures regarding same.
4. I will not access or use personal / personal health / business information, except as it is necessary to provide service and / or if I am authorized to do so by Western Health.
5. I will not allow any unauthorized individual to access personal / personal health / business information.

6. I will provide education and communication with respect to Western Health's privacy and confidentiality requirements to my employees, contractors, subcontractors or any other affiliated individual who I may engage to assist in any part of the provision of service and / or completion of the contract with Western Health and to bind them to comply with the terms of Western Health's *Confidentiality* policy.
7. I understand that it is the my responsibility as well as my employees, contractors, subcontractors or any other affiliated individual's responsibility to secure information to which we have access in accordance with the policies and procedures of Western Health governing the security of information.
8. I understand that I am to immediately notify Western Health if I become aware of a privacy breach or potential privacy breach, whether it involves myself, my employees, contractors, subcontractors or any other affiliated individual who I may engage to assist me in any part of the provision of service or fulfillment of the contract with Western Health.
9. I understand that any inadvertent or willful breach of any provision of Western Health's policies regarding access, use, disclosure, modification, retention, storage or disposal of confidential information by myself, my employees, contractors, subcontractors or any other affiliated individual may result in termination of my engagement/contract with Western Health.
10. I will indemnify Western Health in respect of any loss, liability or expense which arises directly or indirectly from a breach of any of my obligations; those of my employees, contractors, subcontractors or any other affiliated individuals, under this *Oath / Affirmation of Confidentiality*.
11. I understand that this *Oath / Affirmation of Confidentiality* survives the termination of engagement/contract with Western Health and that I, my employees, contractors, subcontractors and any other affiliated individuals may be fined and / or face civil penalties for any willful breach of the provisions of this *Oath / Affirmation of Confidentiality* or relevant legislation even after the term of this engagement/contract with Western Health has ended.
12. Prior to the termination of the contract, I agree to provide documentation of the secure and safe destruction of any information acquired through the engagement/contract, if destruction is required by Western Health.
13. I understand that if I, my employees, contractors, subcontractors or any other affiliated individual has questions or concerns respecting access, use, disclosure or security of confidential information, I am responsible for addressing those questions or concerns with Western Health.
14. I accept that I, my employees, contractors, subcontractors or any other affiliated individual have an obligation (i) to protect the confidentiality of the information for which I have a purposeful or incidental access to and the privacy of any individual who is the subject of that information; (ii) to comply with the requirements of all applicable Acts and regulations, to protect the confidentiality of personal / personal health information that may be accessed, used or disclosed in a jurisdiction inside or outside the province of Newfoundland and Labrador, and the privacy of the individuals who are the subject of the information; (iii) to provide for the secure storage, retention, disposal and integrity of all confidential information to minimize the risk of unauthorized access, modification or disclosure of the information; and (iv) to comply with the policies and procedures of Western Health relating to the management of confidential information and as is authorized by the terms of the engagement/contract with Western Health.

15. I understand that this *Oath / Affirmation of Confidentiality* will be retained by Western Health as part of my contract/service file.

Sworn / Affirmed before me at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Commissioner for Oaths/Notary Public

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

Company Name \_\_\_\_\_

Contract Number (if applicable) \_\_\_\_\_

# APPENDIX "B"

## ENVIRONMENTAL SERVICES TASK SHEET

### Routine Daily Task Requirements

- Clean all floors, vacuum carpets and clean washrooms. Yes \_\_\_\_ No \_\_\_\_
- Collect and remove all trash & linen bags, sharp containers and paper supplies.  
(Empty sharp containers when at the fill mark) Yes \_\_\_\_ No \_\_\_\_
- Clean all frequently touched areas (door knobs, switch plates, registration wickets, etc.) Yes \_\_\_\_ No \_\_\_\_
- Clean Clinic Exam Room furniture and fixtures. (e.g. scales, exam table) Yes \_\_\_\_ No \_\_\_\_
- Clean Waiting Room furniture and children's play toys daily. Yes \_\_\_\_ No \_\_\_\_

### Routine Weekly Task Requirements

- Clean Private Offices and Work Spaces (include floors, general light dusting, and trash removal, exclude private desks and work stations). Yes \_\_\_\_ No \_\_\_\_

### Monthly Task Requirements

- Clean all cupboards, shelves and storage cabinets. Yes \_\_\_\_ No \_\_\_\_
- Clean all walls, windows inside and outside, doors and frames and light fixtures. Yes \_\_\_\_ No \_\_\_\_
- Clean all desks, furniture and equipment in offices. Clean all window sills, ledges, heaters and horizontal surfaces. Preventative Maintenance of all floors,  
(Waxing and recoating as required). Yes \_\_\_\_ No \_\_\_\_

### Spring/Fall Task Requirements

- Clean all cupboards, shelves and storage cabinets. Yes \_\_\_\_ No \_\_\_\_
- Clean all walls, windows inside and outside, doors and frames and light fixtures. Yes \_\_\_\_ No \_\_\_\_
- Annual Preventative Maintenance of all hard floors (strip and wax). Yes \_\_\_\_ No \_\_\_\_
- Annual Preventative Maintenance of carpets to include entrance mats and runners. Yes \_\_\_\_ No \_\_\_\_

### Additional Requirements

- Remove snow and apply sand/salt. Yes \_\_\_\_ No \_\_\_\_
- Spot wash all ceilings. Yes \_\_\_\_ No \_\_\_\_

**Name:** (Please sign) \_\_\_\_\_

**Date:** \_\_\_\_\_

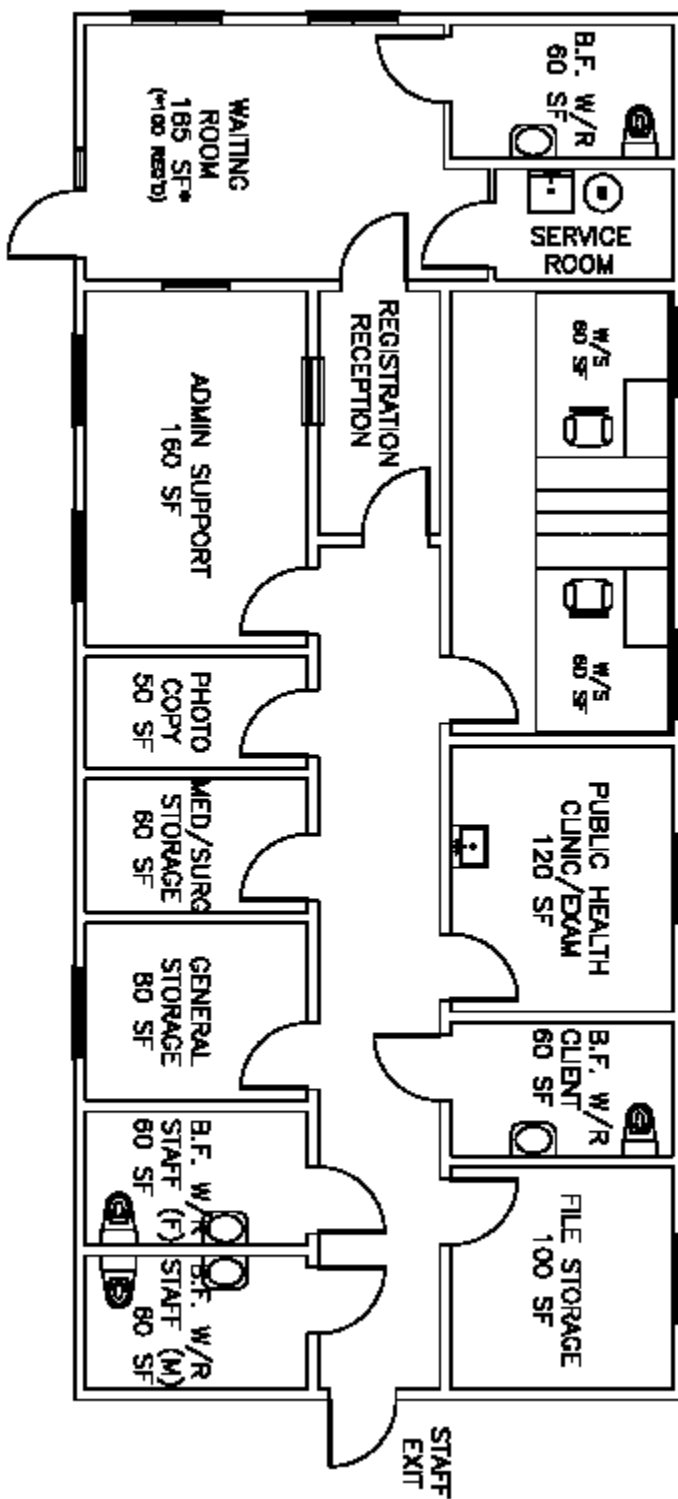
## APPENDIX "C"

### **Collection/Color Coding:**

Staff Handling Biomedical Waste Must:

1. Identify and contain biomedical waste at the point of use (Biomedical sharps – needles must not be recapped).
2. Place human anatomical waste in a rigid and leak resistant container that is color-coded red.
3. Place microbiology laboratory waste in a waste container that is color-coded yellow.
4. Place contaminated sharps and uncapped used needles in sharps containers that are conveniently accessible.
  - a) Fill Sharps containers to no more than three-quarters of their useable volume or to the fill line.
5. Contain liquid biomedical waste at the source of origin:
  - a) In sealed, single-use containers before being placed in a waste container that is color-coded yellow.
  - b) Where means of containment in items (a) is considered inappropriate, the disposal of such liquids into sanitary sewers must conform to Municipal bylaws and Provincial regulations and legislations.
6. **Cytotoxic Waste:** Cytotoxic waste and associated contaminated materials, eg. needles, syringes, tubing, etc. must be separated from general waste and discarded into designated cytotoxic waste containers. Then waste must be disposed with Biomedical Waste. (In the event of cytotoxic spill – contact the Environmental Services Department at your site.)
7. General nonanatomic biomedical waste and biomedical sharps must be placed in yellow containers with appropriate markings.

APPENDIX "D"



PASADENA CLINIC SAMPLE FLOOR PLAN