



EOI # 1471-1823

**SPECIFICATIONS FOR
EXPRESSION OF INTEREST
SUPPLY OF BEAUTICIAN SERVICES FOR
CORNER BROOK LONG TERM CARE
WESTERN HEALTH**

CLOSING DATE: October 25th, 2018

CLOSING TIME: 2:00 PM (Newfoundland Time)



Invitation for an Expression of Interest for Beautician Services

1.0 General Provisions

This Expression of Interest is concerned with the provision of Beautician Services for a five (5) year period at Western Health facilities with Long Term Care services.

1.1 Primary Function: To provide professional hairdressing services to the resident populations of Corner Brook Long Term Care.

Western Health provides long term care services to residents who suffer from multiple, debilitating and chronic illnesses at level three (3) and level four (4) as defined by the government of Newfoundland and Labrador. However, it is our belief that self-esteem and self-worth are enhanced through attention to one's personal appearance and opportunities should be made available for professional hairdressing services. It is a goal of the long term care program to provide the highest possible standards in the provision of Beautician Services to the residents by a qualified beautician.

1.1.1 Western Health reserves the right to request additional Beautician Services at the same price for a period up to and including the duration of the contract (5 years). Other Health Boards within Newfoundland and Labrador may avail of this Expression of Interest as needed.

1.2 Vendor Response

1.2.1 Vendor's Expression of Interest must contain an Executive Summary which shall contain:

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

1.2.2. All prices quoted for good and services must be specified in Canadian dollars, FOB Western Health. All Expressions of Interest will be held to be valid for ninety (90) days following the closing date.

1.2.3 Expressions of Interest must be received in full on or before the exact closing time and date indicated. **EXPRESSIONS OF INTEREST RECEIVED AFTER THAT TIME WILL NOT BE CONSIDERED.**

1.2.4 All costs relating to the services and materials supplied by the Vendor in responding to this Invitation for Expressions of Interest must be borne by the Vendor.

1.3 Pricing

1.3.1 Bidders **must** complete and submit the Bid Sheet as set out at Schedule "A". Type or legibly print the information required on the Bid Sheet. All questions or areas on the Bid Sheet must be answered, even if it is only to indicate that the referenced item is not available; blank items will be assumed to be unavailable and may result in rejection of the Bid. Where yes/no questions are asked and the space is left blank by the Bidder, the assumption will be that the answer to the question is no.

1.3.2 Where the price summaries of the Bid Sheet do not fully explain the cost implications of an item, the Bidder shall email Paul Wight at paulwight@westernhealth.nl.ca to request clarification.

1.3.3 All prices should be stated in Canadian dollars. All prices should be extended and totaled. The extended price is derived by multiplying the unit price by the quantity of units required.

1.3.4 In the event of an error in calculation of the extended price, the unit price will be taken as correct and will govern in the Bid evaluation and contract administration.

1.3.5 Do not include any Provincial or Federal sales taxes in the price.

1.3.6 Shipping, cartage, loading, insurance and handling charges must be included in the total price. If these charges have not been stated specifically, it will be assumed that they have been included in the Bid price, i.e., FOB to the destination(s) listed in the Expression of Interest. Western Health will not assume responsibility for any goods or services until they have been delivered to the destination(s) specified in the Expression of Interest.

1.3.7 The Bid price(s) must be fixed for the duration of the contract period, five (5) years. Failure to fulfill a contract on the part of a vendor may result in that vendor being prevented the opportunity to re-bid that contract for a period of one (1) year.

1.3.8 Firm Pricing: Prices will be firm for the entire Contract term, five (5) years.

1.4 Release of Information

1.4.1 At Expression of Interest 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.

1.4.2 After Expression of 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 Expression of Interest

1.5.1 All communications with Western Health with respect to this invitation for Expression of Interest must be directed in writing to the attention of:

Mr. Paul Wight
Regional Director of Materials Management
Western Health
1 Brookfield Avenue
Corner Brook, Newfoundland
A2H 6J7
Tel: (709) 784-5386
Fax: (709) 634-2649
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 Expression of Interest. No changes by the Vendor will be permitted after the Expression of Interest closing date.

1.5.3 Faxed Expression of Interest responses will be accepted with the condition that the original Expression of Interest documents are received at Western Health's Materials Management Department no later than **Five** working days following the Expression of Interest closing date.

- 1.5.4 All Expressions of Interest must be sent in a sealed envelope clearly marked with Expression of Interest Name and Number to:

Materials Management Department
Western Health
Western Memorial Regional Hospital
1 Brookfield Avenue
Corner Brook, NL
A2H 6J7

- 1.5.5 Expressions of Interest submitted by electronic transmission (e-mail) will not be accepted.

- 1.5.6 Individuals submitting fax Expressions of Interest are doing so at their own risk and the fax document must be at the public opening as specified in the Expression of Interest 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 Expression of Interest will become null and void since it is the responsibility of the company placing the Expression of Interest to have their Expression of Interest at the public opening, therefore, this Authority will not be responsible for any damages or liabilities.

1.5.7 **Waste Reduction**

In order to contribute to waste reduction and promote environmental protection, Western Health will endeavor 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

1.5.8 **Smoke Free**

Western Health has a Smoke Free Environment Policy which prohibits the use of all tobacco products on properties owned or leased by Western Health including grounds, parking lots (vehicles parked therein) and all buildings. This policy applies to all persons using the facilities. All

vendors and contractors of Western Health are expected to abide by this policy as well.

1.5.9 Scent Free

Western Health has a Scent Free Policy in place which applies to all users of Western Health facilities. All vendors and contractors are expected to abide by this policy as well.

1.5.10 Administratively, the Western Health Authority will not be involved in ordering, servicing, warranty and payment; the resident/family member would deal directly with the service provider.

1.6 Expression of Interest Acceptance

1.6.1 Any acquisitions resultant from this invitation for Expression of Interest shall be subject to the Public Tendering Act.

1.6.2 The Expressions of Interest shall be opened in the Private Dining Room at the Western Memorial Regional Hospital on the scheduled date and time.

1.6.3 Any Expressions of Interest may be accepted in whole or in part. The lowest Expression of Interest may not necessarily be accepted and Western Health reserves the right to cancel the Expression of Interest call. Western Health shall not be held responsible or liable for the payment of any costs that are incurred by the bidder in preparing an Expression of Interest in response to this invitation for Expression of Interest.

1.7 Warranty

1.7.1 The Vendor shall warrant that the product supplied to Western Health shall equal the published specifications.

1.7.2 Vendor shall indicate the individual who will be providing the service and the nearest service location.

2.0 Qualifications and Specifications:

1. Diploma in Hair Stylist Program and hold a current certificate of qualifications.
2. Must have a minimum of two (2) years of experience.
3. Must have experience in working with the elderly.
4. The beautician will come in to the Long Term Care Facility/Unit as requested (ie. 1-2 x month, and for special occasions).
5. Vendors must provide and maintain liability insurance of \$1,000,000.00 (one million dollars) during the duration of the contract. Must submit copy of insurance with your bid.
6. Vendors must provide proof that they are registered and in good standing with the Worker's Compensation Commission.
7. The beautician will bring all of her/his own supplies and products including scissors, clippers, hairspray, rollers, curling iron, hair dryer, etc. In addition, must provide and launder own towels.
8. All perms, colors, hairspray must be unscented. **BEAUTICIAN MUST AGREE TO PROVIDE THESE PRODUCTS.**
9. Fee schedule will be determined prior to hiring.
10. Western Health Policies 17-01-40, 17-01-45, 17-03-30 and 2-03-10 must be reviewed and followed by the beautician.
11. Must be willing to transport residents to and from the designated Salon area.
12. Must use their own office supplies and have photocopying completed at their own cost or pay an annual rate of \$100.00 to avail of site photocopier.
13. Must be willing to meet with site designate on an annual basis and on an as needed basis to discuss performance and any related concern.

3.0 Presentation / Training / Service

3.1 Presentation

A presentation of the Expression of Interest 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 Expression of Interest.

4.2 Schedule A: Bid Sheet.

5.0 Vendor Confirmation (please sign)

I confirm that our Expression of Interest meets or exceeds the specifications detailed in this invitation for Expression of Interest. 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 _____

Expression of Interest Price \$ _____ Tax Extra Yes _____ No _____

SCHEDULE "A"
BID SHEET

Bidders **must** complete and submit the Bid Sheet. Type or legibly print the information required on the Bid Sheet. All questions or areas on the Bid Sheet must be answered, even if it is only to indicate that the referenced item is not available; blank items will be assumed to be unavailable and may result in rejection of the Bid. Where yes/no questions are asked and the space is left blank by the Bidder the assumption will be that the answer to the question is no.

Please quote prices on the following:

| <u>Item #</u> | <u>Description</u> | <u>Unit Price (excluding H.S.T.)</u> |
|---------------|----------------------|--|
| 1. | Perm | _____ |
| 2. | Color | _____ |
| 3. | Color/Cut/Style | _____ |
| 4. | Cut | _____ |
| 5. | Shampoo/Cut/Blow Dry | _____ |
| 6. | Shampoo/Blow Dry | _____ |
| 7. | Set | _____ |
| 8. | Cut/Set | _____ |
| 9. | Set/Style | _____ |
| 10. | Clipper Cut | _____ |
| | TOTAL PRICE: | _____ |

SCHEDULE “B”
Privacy/Confidentiality Oath or Affirmation for Contractors/Vendors

This Privacy/Confidentiality Oath or Affirmation (the “Oath or Affirmation”) encompasses confidential, private, personal and personal health information (the “Information”) concerning patients, clients, residents, staff and the business of Western Health. As a contractor/vendor to Western Health, _____, its agents, employees or representatives (collectively, the “Company”) may be granted access to such information. This access will be gained through appropriate authorization and shall be used only for the purpose for which the access was granted. The Company recognizes that in the provision of goods or services or generally acting during the course of its contract with Western Health (the “Contract”), the Company may also inadvertently gain access to information. All information must be protected to ensure maintenance of full confidentiality and privacy.

As a contractor/vendor, I _____, (name) an officer or director of the Company hereby swear [or affirm] on behalf of the Company:

- (a) to have read in its entirety and understand Western Health’s policy on Privacy and Confidentiality, including responsibilities regarding the protection of Information obtained during and after the Contract with Western Health.
- (b) to not at any time divulge to any person(s) within or outside Western Health, any information except as may be required in the course of the duties and responsibilities associated with the Contract, and then, any disclosure of information will only be the minimal amount required in the particular situation. Further, to acknowledge and agree that any information obtained during the life of the Contract shall not be divulged upon completion of the Contract.
- (c) to communicate Western Health’s Privacy/Confidentiality requirements to the Company’s employees, contractors, subcontractors or any other party that the Company may engage to assist in any part of the completion of the Contract and to bind them to comply with the terms of Western Health’s Privacy/Confidentiality Policy.
- (d) to immediately notify Western Health if the Company becomes aware of a breach or possible breach of confidentiality, whether the awareness of the breach is by an officer, director, employee, agent, representative, contractor or subcontractor or any other party that the Company may engage to assist in any part of the completion of the Contract.
- (e) at the expiration of the Contract, to provide documentation of the secure and safe destruction of any information acquired through the Contract, if destruction is required by Western Health.

(f) to comply with all obligations imposed under any applicable privacy laws, which may include the Personal Health Information Act SNL 2008 c.P-7.01 (PHIA) and the Access to Information and Protection of Privacy Act (ATIPPA) as such apply to the collection, use, disclosure, storage, retention and transfer of information.

(g) in particular, the Company is aware of its obligation:

(i) to comply with the requirements of applicable legislation, which may include the PHIA (<http://assembly.nl.ca/Legislation/sr/statutes/p07-01.htm>), to protect the confidentiality of personal health information about individuals and the privacy of the individuals who are the subject of that information;

(ii) to protect the confidentiality of the information that is in the Company's custody or control and the privacy of any individual who is the subject of that information;

(iii) to provide for the secure storage, retention and disposal of personal health information to minimize the risk of unauthorized access to or disclosure of the personal health information of individuals.

SWORN TO [or AFFIRMED] at the _____ of _____, in the Province/State of _____ this _____ day of _____, _____.

Before me:

Notary Public or Commissioner
of Oaths

Person Swearing/Affirming

Print Name: _____
Title: _____

(who shall affix his/her seal)

EXPRESSION OF INTEREST CHECKLIST

EXPRESSION OF INTEREST #1471-1823

DID YOU INCLUDE

- | | | |
|---|------------------------------|-----------------------------|
| HAS EXPRESSION OF INTEREST SUBMISSION BEEN SIGNED | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| COPY OF REQUIRED EXPRESSION OF INTEREST 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 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| COPY OF PROOF OF INSURANCE | 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"/> |
| COPY OF PROOF OF DIPLOMA IN HAIR STYLIST PROGRAM | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| SCHEDULE "A": BID SHEET | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| SCHEDULE "B": PRIVACY/CONFIDENTIALITY OATH | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

NOTE: EXPRESSION OF INTEREST RESPONSES MAY BE REJECTED IF YOU ANSWER "NO" TO ANY OF THE ABOVE QUESTIONS.