



RETURN BIDS TO:

RETOURNER LES SOUMISSIONS À:

Public Works and Government Services Canada
Canada Place/Place du Canada
10th Floor/10e étage
9700 Jasper Ave/9700 ave Jasper
Edmonton
Alberta
T5J 4C3
Bid Fax: (780) 497-3510

REQUEST FOR PROPOSAL DEMANDE DE PROPOSITION

Proposal To: Public Works and Government Services Canada

We hereby offer to sell to Her Majesty the Queen 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 therefor.

Proposition aux: Travaux Publics et Services Gouvernementaux Canada

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

Comments - Commentaires

Vendor/Firm Name and Address

Raison sociale et adresse du
fournisseur/de l'entrepreneur

Issuing Office - Bureau de distribution

Public Works and Government Services Canada
Canada Place/Place du Canada
10th Floor/10e étage
9700 Jasper Ave/9700 ave Jasper
Edmonton
Alberta
T5J 4C3

Title - Sujet Services de concierge	
Solicitation No. - N° de l'invitation W684E-19ES01/A	Date 2019-12-23
Client Reference No. - N° de référence du client W684E-19ES01	
GETS Reference No. - N° de référence de SEAG PW-\$EDM-206-11767	
File No. - N° de dossier EDM-9-42130 (206)	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2020-02-05	Time Zone Fuseau horaire Mountain Standard Time MST
F.O.B. - F.A.B. Plant-Usine: <input type="checkbox"/> Destination: <input checked="" type="checkbox"/> Other-Autre: <input type="checkbox"/>	
Address Enquiries to: - Adresser toutes questions à: Brent Peters	Buyer Id - Id de l'acheteur edm206
Telephone No. - N° de téléphone (780) 235-8279 ()	FAX No. - N° de FAX (780) 497-3510
Destination - of Goods, Services, and Construction: Destination - des biens, services et construction: Real Property Operations Edmonton Edmonton Garrison PO Box 10500, Station Forces EDMONTON Alberta T5J4J5 Canada	

Instructions: See Herein

Instructions: Voir aux présentes

Delivery Required - Livraison exigée See Herein	Delivery Offered - Livraison proposée
Vendor/Firm Name and Address Raison sociale et adresse du fournisseur/de l'entrepreneur	
Telephone No. - N° de téléphone Facsimile No. - N° de télécopieur	
Name and title of person authorized to sign on behalf of Vendor/Firm (type or print) Nom et titre de la personne autorisée à signer au nom du fournisseur/ de l'entrepreneur (taper ou écrire en caractères d'imprimerie)	
Signature	Date

REQUEST FOR PROPOSAL (RFP)
JANITORIAL SERVICES FOR EDMONTON GARRISON HEALTH SERVICES CENTRE
DEPARTMENT OF NATIONAL DEFENCE, EDMONTON, ALBERTA

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PART 1 - GENERAL INFORMATION

1.1 Introduction

The bid solicitation is divided into seven parts plus attachments and annexes, as follows:

- | | |
|--------|---|
| Part 1 | General Information: provides a general description of the requirement; |
| Part 2 | Bidder Instructions: provides the instructions, clauses and conditions applicable to the bid solicitation; |
| Part 3 | Bid Preparation Instructions: provides Bidders with instructions on how to prepare their bid; |
| Part 4 | Evaluation Procedures and Basis of Selection: indicates how the evaluation will be conducted, the evaluation criteria which must be addressed in the bid, and the basis of selection; |
| Part 5 | Certifications and Additional Information: includes the certifications and additional information to be provided; |
| Part 6 | Security, Financial and Insurance Requirements: includes specific requirements that must be addressed by Bidders; and |
| Part 7 | Resulting Contract Clauses: includes the clauses and conditions that will apply to any resulting contract |

The Annexes include the Statement of Work, Basis of Payment, the Insurance Requirements, the Security Requirements Checklist, the DND 626 Task Authorization Form, the Task Authorization Usage Report, the Evaluation Criteria, and Electronic Payment Instruments.

1.2 Summary

1.2.1 A contract for the supply of all labour, materials, equipment, tools, supervision, and transportation required to provide janitorial and related services for Health Services facilities operated by the Department of National Defence (DND) at the Edmonton Garrison including 1 Dental Unit Detachment Edmonton and 1 Field Ambulance Edmonton as per schedule, and on an "as and when requested" basis.

The period of the Contract is for three (3) years from date of Contract. 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.

1.2.2 There are security requirements associated with this requirement. For additional information, consult Part 6 - Security, Financial and Other Requirements, and Part 7 - Resulting Contract Clauses. For more information on personnel and organization security screening or security clauses, Bidders should refer to the [Contract Security Program](http://www.tpsgc-pwgsc.gc.ca/esc-src/introduction-eng.html) of Public Works and Government Services Canada (<http://www.tpsgc-pwgsc.gc.ca/esc-src/introduction-eng.html>) website.

1.2.3 This bid solicitation allows bidders to use the epost Connect service provided by Canada Post Corporation to transmit their bid electronically. Bidders must refer to Part 2 entitled Bidder Instructions, and Part 3 entitled Bid Preparation Instructions, of the bid solicitation, for further information.

1.3 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

2.1 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](https://buyandsell.gc.ca/policy-and-guidelines/standard-acquisition-clauses-and-conditions-manual) (<https://buyandsell.gc.ca/policy-and-guidelines/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](#) (2019-03-04) 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: 60 days
Insert: 120 days

2.2 Submission of Bids

Bids must be submitted only to Public Works and Government Services Canada (PWGSC) Bid Receiving Unit specified below, by the date and time indicated on page 1 of the RFP.

Note: For bidders choosing to submit using epost Connect for bids closing at the Bid Receiving Unit, the email address is:

ROReceptionSoumissions.WRBidReceiving@pwgsc.gc.ca

Note: Bids will not be accepted if emailed directly to this email address. This email address is to be used to open an epost Connect conversation, as detailed in Standard Instructions [2003](#), or to send bids through an epost Connect message if the bidder is using its own licensing agreement for epost Connect.

2.3 Former Public Servant - Competitive Bid

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 FPS, 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 FPS 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: 2012-2 and the Guidelines on the Proactive Disclosure of Contracts.

A contract awarded to a FPS who has been retired for less than one year and who is in receipt of a pension as defined above is subject to the fee abatement formula, as required by Treasury Board Policy.

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.

For all contracts awarded during the lump sum payment period, the total amount of fees that may be paid to a FPS who received a lump sum payment is \$5,000, including Applicable Taxes.

2.4 Enquiries - Bid Solicitation

All enquiries must be submitted in writing to the Contracting Authority no later than 10 calendar 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.

2.5 Applicable Laws

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

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.

2.6 Improvement of Requirement During Solicitation Period

Should bidders consider that the specifications or Statement of Work contained in the bid solicitation could be improved technically or technologically, bidders are invited to make suggestions, in writing, to the Contracting Authority named in the bid solicitation. Bidders must clearly outline the suggested improvement as well as the reason for the suggestion. Suggestions that do not restrict the level of competition nor favour a particular bidder will be given consideration provided they are submitted to the Contracting Authority at least ten (10) days before the bid closing date. Canada will have the right to accept or reject any or all suggestions.

2.7 Mandatory Site Visit

It is mandatory that the Bidder or a representative of the Bidder visit the work site. Once arrangements have been made for the site visit, the details will be published via a future solicitation amendment.

PART 3 - BID PREPARATION INSTRUCTIONS

3.1. Bid Preparation Instructions

If the Bidder chooses to submit its bid electronically, Canada requests that the Bidder submits its bid in accordance with section 08 of the 2003 standard instructions. The epost Connect service has the capacity to receive multiple documents, up to 1GB per single message posted and a limit of 20GB per conversation.

The bid must be gathered per section and separated as follows:

- Section I: Technical Bid
- Section II: Financial Bid
- Section III: Certifications
- Section IV: Additional Information (if applicable)

If the Bidder chooses to submit its bid in hard copies, Canada requests that the Bidder submits its bid in separately bound sections as follows:

- Section I: Technical Bid (1 hard copy)
- Section II: Financial Bid (1 hard copy)
- Section III: Certifications (1 hard copy)
- Section IV: Additional Information (1 hard copy if applicable)

If there is a discrepancy between the wording of the soft copy on electronic media (if applicable) and the hard copy, the wording of the hard copy will have priority over the wording of the soft copy.

If the Bidder is simultaneously providing copies of its bid using multiple acceptable delivery methods, and if there is a discrepancy between the wording of any of these copies and the electronic copy provided through epost Connect service, the wording of the electronic copy provided through epost Connect service will have priority over the wording of the other copies.

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

Canada requests that bidders follow the format instructions described below in the preparation of hard copy of their bid:

- (a) use 8.5 x 11 inch (216 mm x 279 mm) paper;
- (b) use a numbering system that corresponds to the bid solicitation.

In April 2006, Canada issued a policy directing federal departments and agencies to take the necessary steps to incorporate environmental considerations into the procurement process [Policy on Green Procurement](https://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=32573) (<https://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=32573>). To assist Canada in reaching its objectives, bidders should:

- 1) use 8.5 x 11 inch (216 mm x 279 mm) paper containing fibre certified as originating from a sustainably-managed forest and containing minimum 30% recycled content; and
- 2) use an environmentally-preferable format including black and white printing instead of colour printing, printing double sided/duplex, using staples or clips instead of cerlox, duotangs or binders.

Section I: Technical Bid

In their technical bid, Bidders should demonstrate their understanding of the requirements contained in the bid solicitation and explain how they will meet these requirements. Bidders should demonstrate their capability in a thorough, concise and clear manner for carrying out the work.

The technical bid should address clearly and in sufficient depth the points that are subject to the evaluation criteria against which the bid will be evaluated. Simply repeating the statement contained in the bid solicitation is not sufficient. In order to facilitate the evaluation of the bid, Canada requests that Bidders address and present topics in the order of the evaluation criteria under the same headings. To

avoid duplication, Bidders may refer to different sections of their bids by identifying the specific paragraph and page number where the subject topic has already been addressed.

Section II: Financial Bid

Bidders must submit their financial offer in accordance with the Annex B, Basis of Payment.

3.1.1 Electronic Payment of Invoices - Bid

If you are willing to accept payment of invoices by Electronic Payment Instruments, complete Annex H Electronic Payment Instruments, to identify which ones are accepted.

If Annex H Electronic Payment Instruments is not completed, it will be considered as if Electronic Payment Instruments are not being accepted for payment of invoices.

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

3.1.2 Exchange Rate Fluctuation

C3011T (2013-11-06), Exchange Rate Fluctuation

Section III: Certifications

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

PART 4 - EVALUATION PROCEDURES AND BASIS OF SELECTION

4.1 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 Canada will evaluate the bids.

4.1.1 Technical Evaluation

Mandatory and point rated technical evaluation criteria are included in Annex G.

4.1.2 Financial Evaluation

- (a) Proposed prices must be submitted in accordance with the Basis of Payment, Annex "B"
- (b) For each of the five years shown in Annex "B", Section A, Scheduled Work, the Firm Monthly Rates (A) will be multiplied by the Months (C) to obtain the Extended Rates for each item.
- (c) For each of the five years shown in Annex "B", Section B, Unscheduled Work, the Firm Unit Prices (A) will be multiplied by the Estimated Usages (B) to obtain the extended rates for each item.
- (d) Results of the calculations in (b) and (c) above will be added together to obtain the total evaluated price.

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

4.2 Basis of Selection

4.2.1 Basis of Selection - Highest Combined Rating of Technical Merit and Price

1. To be declared responsive, a bid must:

- (a) comply with all the requirements of the bid solicitation; and
 - (b) meet all mandatory criteria; and
 - (c) obtain the required minimum of 80 percent of the points per section for the technical evaluation criteria for each of the four (4) categories subject to point rating subject to point rating:
 - (i) minimum of 103.2 points for category Organization and Management (Total points = 129);
 - (ii) minimum of 80 points for category Health & Safety (Total points = 100);
 - (iii) minimum of 80 points for category Quality Assurance (Total points = 100);
 - (iv) minimum of 40 points minimum for category Supervisor(s) Expertise & Experience (Total points = 50).
2. Bids not meeting (a) or (b) or (c) will be declared non-responsive.
 3. The selection will be based on the highest responsive combined rating of technical merit and price. The ratio will be 80% for the technical merit and 20% for the price.
 4. To establish the technical merit score, the overall technical score for each responsive bid will be determined as follows: total number of points obtained / maximum number of points available multiplied by the ratio of 80%.
 5. To establish the pricing score, each responsive bid will be prorated against the lowest evaluated price and the ratio of 20%.
 6. For each responsive bid, the technical merit score and the pricing score will be added to determine its combined rating.
 7. Neither the responsive bid obtaining the highest technical score nor the one with the lowest evaluated price will necessarily be accepted. The responsive bid with the highest combined rating of technical merit and price will be recommended for award of a contract.

The table below illustrates an example where all three bids are responsive and the selection of the contractor is determined by a 80/20 ratio of technical merit and price, respectively. The total available points equals 135 and the lowest evaluated price is \$45,000.00.

Basis of Selection - Highest Combined Rating Technical Merit (80%) and Price (20%)				
		Bidder 1	Bidder 2	Bidder 3
Overall Technical Score		115/135	89/135	92/135
Evaluated Bid Price		\$55,000.00	\$50,000.00	\$45,000.00
Calculations	Technical Merit Score	$115/135 \times 80 = 68.15$	$89/135 \times 80 = 52.74$	$92/135 \times 80 = 54.52$
	Pricing Score	$45/55 \times 20 = 16.36$	$45/50 \times 20 = 18.00$	$45/45 \times 20 = 20.00$
Combined Rating		84.51	70.74	74.52
Overall Rating		1st	3rd	2nd

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 Bidder's certifications. Failure to comply and to cooperate with any request or requirement imposed by the Contracting Authority will render the bid non-responsive or constitute a default under the Contract.

5.1 Certifications Required with the Bid

Bidders must submit the following duly completed certifications as part of their bid.

5.1.1 Integrity Provisions - Declaration of Convicted Offences

In accordance with the Integrity Provisions of the Standard Instructions, all bidders must provide with their offer, **if applicable**, the declaration form available on the Forms for the Integrity Regime website (<http://www.tpsgc-pwgsc.gc.ca/ci-if/declaration-eng.html>), to be given further consideration in the procurement process.

5.2 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 specified will render the bid non-responsive.

5.2.1 Integrity Provisions – Required Documentation

In accordance with the section titled Information to be provided when bidding, contracting or entering into a real procurement agreement of the Ineligibility and Suspension Policy (<http://www.tpsgc-pwgsc.gc.ca/ci-if/politique-policy-eng.html>), the Bidder must provide the required documentation, as applicable, to be given further consideration in the procurement process.

5.2.2 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 (<https://www.canada.ca/en/employment-social-development/programs/employment-equity/federal-contractor-program.html#>).

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.

5.2.3 Additional Certifications Precedent to Contract Award

5.2.3.1 Status and Availability of Resources

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

5.2.3.2 Education and Experience

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

PART 6 - SECURITY, FINANCIAL AND INSURANCE REQUIREMENTS

6.1 Security Requirements

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 7 - Resulting Contract Clauses;
 - (b) the Bidder's proposed individuals requiring access to classified or protected information, assets or sensitive work sites must meet the security requirements as indicated in Part 7 - Resulting Contract Clauses;
 - (c) the Bidder must provide the name of all individuals who will require access to classified or protected information, assets or sensitive work sites;
2. Bidders are reminded to obtain the required security clearance promptly. Any delay in the award of a contract to allow the successful Bidder to obtain the required clearance will be at the entire discretion of the Contracting Authority.
3. For additional information on security requirements, Bidders should refer to the [Contract Security Program](http://www.tpsgc-pwgsc.gc.ca/esc-src/introduction-eng.html) of Public Works and Government Services Canada (<http://www.tpsgc-pwgsc.gc.ca/esc-src/introduction-eng.html>) website.

6.2 Financial Capability

SACC Manual Clause [A9033T](#) (2012-07-16), Financial Capability

6.3 Insurance - Proof of Availability Prior to Contract Award

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 Annex "C".

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 7 - RESULTING CONTRACT CLAUSES

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

7.1 Statement of Work

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

7.1.1 Task Authorization

A portion of the Work to be performed under the Contract will be on an "as and when requested basis" using a Task Authorization (TA). The Work described in the TA must be in accordance with the scope of the Contract.

7.1.1.1 Task Authorization Process

1. The Project Authority will provide the Contractor with a description of the task using DND 626, Task Authorization Form specified in Annex E.
2. The Task Authorization (TA) will contain the details of the activities to be performed, a description of the deliverables, and a schedule indicating completion dates for the major activities or submission dates for the deliverables. The TA will also include the applicable basis (bases) and methods of payment as specified in the Contract.
3. The Contractor must provide the Project Authority, within five (5) calendar days of its receipt, the proposed total estimated cost for performing the task and a breakdown of that cost, established in accordance with the Basis of Payment specified in the Contract.
4. The Contractor must not commence work until a TA authorized by the Project Authority has been received by the Contractor. The Contractor acknowledges that any work performed before a TA has been received will be done at the Contractor's own risk

7.1.1.2 Task Authorization Limit

The Project Authority may authorize individual task authorizations up to a limit of **\$ 50,000.00**. Applicable Taxes included, inclusive of any revisions. Any task authorization to be issued in excess of that limit must be authorized by the Contracting Authority before issuance.

7.1.1.3 Canada's Obligation - Portion of the Work - Task Authorizations

B9031C (2011-05-16), Canada's Obligation - Portion of the Work - Task Authorizations

7.1.1.4 Periodic Usage Reports - Contracts with Task Authorizations

The Contractor must compile and maintain records on its provision of services to the federal government under authorized Task Authorizations issued under the Contract.

The Contractor must provide this data in accordance with the reporting requirements detailed below and in Annex F. If some data is not available, the reason must be indicated. If services are not provided during a given period, the Contractor must still provide a "nil" report.

The data must be submitted on a quarterly basis to the Contracting Authority.

The quarterly periods are defined as follows:

- 1st quarter: April 1 to June 30;
- 2nd quarter: July 1 to September 30;
- 3rd quarter: October 1 to December 31; and
- 4th quarter: January 1 to March 31.

The data must be submitted to the Contracting Authority no later than fifteen (15) calendar days after the end of the reporting period.

Reporting Requirement- Details

A detailed and current record of all authorized tasks must be kept for each contract with a task authorization process. This record must contain:

For each authorized task:

- i. the authorized task number or task revision number(s);
- ii. a title or a brief description of each authorized task;

- iii. the total estimated cost specified in the authorized Task Authorization (TA) of each task, exclusive of Applicable Taxes;
- iv. the total amount, exclusive of Applicable Taxes, expended to date against each authorized task;
- v. the start and completion date for each authorized task; and
- vi. the active status of each authorized task, as applicable.

For all authorized tasks:

- i. the amount (exclusive of Applicable Taxes) specified in the contract (as last amended, as applicable) as Canada's total liability to the contractor for all authorized TAs; and
- ii. the total amount, exclusive of Applicable Taxes, expended to date against all authorized TAs

7.1.1.5 Task Authorization - Department of National Defence

The administration of the Task Authorization process will be carried out by the Project Authority. This process includes monitoring, controlling and reporting on expenditures of the contract with task authorizations to the Contracting Authority.

7.2 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.

7.2.1 General Conditions

2035 (2018-06-21) General Conditions - Higher Complexity - Services, apply to and form part of the Contract.

7.3 Security Requirements

7.3.1 The following security requirements (SRCL and related clauses provided by the Contract Security Program) apply and form part of the Contract:

1. The Contractor/Offeror must, at all times during the performance of the Contract/Standing Offer, hold a valid Designated Organization Screening (DOS), issued by the Contract Security Program (CSP), Public Works and Government Services Canada (PWGSC).
2. The Contractor/Offeror personnel requiring access to sensitive work site(s) must EACH hold a valid **RELIABILITY STATUS**, granted or approved by CISD/PWGSC.
3. Subcontracts which contain security requirements are NOT to be awarded without the prior written permission of CISD/PWGSC.
4. The Contractor/Offeror must comply with the provisions of the:
 - a) Security Requirements Check List and security guide (if applicable), attached at Annex D;
 - b) *Industrial Security Manual* (Latest Edition).

7.4 Term of the Contract

7.4.1 Period of the Contract

The period of the Contract is for three (3) years from date of Contract.

7.4.2 Option to Extend the Contract

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.

Canada may exercise this option at any time by sending a written notice to the Contractor at least 5 calendar days 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.

7.5 Authorities

7.5.1 Contracting Authority

The Contracting Authority is:

Brent Peters
Procurement Specialist
Public Works and Government Services Canada
Acquisitions Branch, Western Region
Canada Place, 10th Floor
1000-9700 Jasper Avenue
Edmonton, AB T5J 4C1
Telephone: 780-235-8279
Facsimile: 780-497-3510
E-mail address: Brent.Peters@pwgsc-tpsgc.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.

7.5.2 Project Authority (will be inserted at contract award)

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.

7.5.3 Contractor's Representative (should be completed by Bidder at time of offer)

Name: _____

Title: _____

Organization: _____

Address: _____

Telephone: ____ - ____ - _____

Facsimile: ____ - ____ - _____

E-mail address: _____

Procurement Business Number (PBN): _____

7.6 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: 2012-2](#) of the Treasury Board Secretariat of Canada.

7.7 Payment

For the firm requirements portion of the Work:

7.7.1 Basis of Payment - Firm Unit Prices

In consideration of the Contractor satisfactorily completing all of its obligations under the Contract, the Contractor will be paid the firm unit prices specified in the Basis of Payment in Annex B. Customs duties are included and Applicable Taxes are extra, if applicable.

Canada will not pay the Contractor for any design changes, modifications or interpretations of the Work, unless they have been authorized, in writing, by the Contracting Authority before their incorporation into the Work.

For the “as and when requested” portion of the Work:

7.7.2 Basis of Payment - Firm Unit Prices - Task Authorizations

In consideration of the Contractor satisfactorily completing all of its obligations under the authorized Task Authorization (TA), the Contractor will be paid the firm prices stipulated in the authorized TA, calculated in accordance with the Basis of Payment in Annex B, as specified in the authorized TA. Customs duties are included and Applicable Taxes are extra, if applicable.

Canada will not pay the Contractor for any design changes, modifications or interpretations of the Work, unless they have been authorized, in writing, by the Contracting Authority before their incorporation into the Work.

7.7.3 Limitation of Expenditure

1. Canada's total liability to the Contractor under the Contract must not exceed \$ _____ **(to be inserted at contract award)**. Customs duties are included and Applicable Taxes are extra.
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 percent committed, or
 - b. four (4) months before the contract expiry date, or
 - c. as soon as the Contractor considers that the sum is inadequate for the completion of the Work.

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.

7.7.4 SACC Manual Clauses

H1008C (2008-05-12), Monthly Payment

H1000C (2008-05-12), Single Payment

7.7.5 Electronic Payment of Invoices - Contract (if applicable)

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

- a. Visa Acquisition Card;
- b. MasterCard Acquisition Card;
- c. Direct Deposit (Domestic and International);
- d. Electronic Data Interchange (EDI);
- e. Wire Transfer (International Only);

7.7.6 Time Verification

SACC Manual Clause C0701C (2010-01-11), Time and Contract Price Verification

7.8 Invoicing Instructions

1. The Contractor must submit invoices in accordance with the section entitled "Invoice Submission" of the general conditions. Invoices cannot be submitted until all work identified in the invoice is completed.

Each invoice must be supported by:

- a. copy of time sheets to support the time claimed;
 - b. a copy of the release document and any other documents as specified in the Contract;
2. Invoices must be distributed as follows:
 - a. The original and one (1) copy must be forwarded to the address shown on page 1 of the Contract for certification and payment.

7.9 Certifications and Additional Information

7.9.1 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.

7.9.2 Inspection and Acceptance

The Project Authority is the Inspection Authority. All reports, deliverable items, documents, goods and all services rendered under the Contract are subject to inspection by the Inspection Authority or representative. Should any report, document, good or service not be in accordance with the requirements of the Statement of Work and to the satisfaction of the Inspection Authority, as submitted, the Inspection

Authority will have the right to reject it or require its correction at the sole expense of the Contractor before recommending payment.

7.10 Applicable Laws

The Contract must be interpreted and governed, and the relations between the parties determined, by the laws in force in _____. *(to be completed prior to offer award)*

7.11 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 general conditions 2035 (2018-06-21), General Conditions - Higher Complexity - Services;
- c) Annex A, Statement of Work;
- d) Annex B, Basis of Payment;
- e) Annex C, Insurance Requirements;
- f) Annex D, Security Requirements Checklist;
- g) the signed Task Authorizations (including all of its annexes, if any);
- h) Contractor's bid dated _____ (insert date of bid), as clarified on _____ (if applicable) or as amended on _____ (if applicable).

7.12 Insurance - Specific Requirements

The Contractor must comply with the insurance requirements specified in Annex "C". The Contractor must maintain the required insurance coverage for the duration of the Contract. Compliance with the insurance requirements does not release the Contractor from or reduce its liability under the Contract.

The Contractor is responsible for deciding if additional insurance coverage is necessary to fulfill its obligation under the Contract and to ensure compliance with any applicable law. Any additional insurance coverage is at the Contractor's expense, and for its own benefit and protection.

The Contractor must forward to the Contracting Authority within ten (10) days after the date of award of the Contract, a Certificate of Insurance evidencing the insurance coverage and confirming that the insurance policy complying with the requirements is in force. For Canadian-based Contractors, coverage must be placed with an Insurer licensed to carry out business in Canada, however, for Foreign-based Contractors, coverage must be placed with an Insurer with an A.M. Best Rating no less than "A-". The Contractor must, if requested by the Contracting Authority, forward to Canada a certified true copy of all applicable insurance policies.

7.13 SACC Manual Clauses

A9062C (2011-05-16), Canadian Forces Site Regulations
A2001C (2006-06-16), Foreign Nationals (Foreign Contractor)
A2000C (2006-06-16), Foreign Nationals (Canadian Contractor)
A9117C (2007-11-30), T1204 - Direct Request by Customer Department

7.14 Contract Financial Security

1. The Contractor must provide one of the following contract financial securities within ten (10) calendar days after the date of contract award:

- a. performance bond form [PWGSC-TPSGC 505](#) in the amount of 10 percent of the Contract Price; or
- b. a performance bond form [PWGSC-TPSGC 505](#) and a labour and material payment bond form [PWGSC-TPSGC 506](#), each in the amount of 10 percent of the Contract Price; or
- c. a labour and material payment bond form [PWGSC-TPSGC 506](#) in the amount of 10 percent of the Contract Price; or
- d. a security deposit as defined in clause [E0008C](#) in the amount of 10 percent of the Contract Price.

Any bond must be accepted as security by one of the bonding companies listed in [Treasury Board Contracting Policy, Appendix L](#), Acceptable Bonding Companies.

2. Security deposits in the form of government guaranteed bonds with coupons attached will be accepted only if all coupons that are unmatured, at the time the security deposit is provided, are attached to the bonds. The Contractor must provide written instructions concerning the action to be taken with respect to coupons that will mature while the bonds are pledged as security, when such coupons are in excess of the security deposit requirement.
3. If Canada does not receive the required financial security within the specified period, Canada may terminate the Contract for default pursuant to the Contract default provision.

7.14.1 SACC Manual Clause [E0008C](#) (2012-07-16), Security deposit definition: Contract

ANNEX A STATEMENT OF WORK

Requirement:

A contract for the supply of all labour, materials, equipment, tools, supervision, and transportation required to provide janitorial and related services for Health Services facilities operated by the Department of National Defence (DND) at the Edmonton Garrison including 1 Dental Unit Detachment Edmonton and 1 Field Ambulance Edmonton, as per schedule, and on an "as and when requested" basis, in order to provide a clean, safe and hygienic environment for patients, staff and visitors.

Appendices:

- A. Special instructions, cleanable areas, and plumbing fixtures
- B. Building drawings
- C. Statutory holidays
- D. Guide and Standards for Cleaning Services for CF Health Services Clinics and HS Administrative Facilities,
- E. CF H Svcs Gp Instruction 4070-01: Infection Prevention and Control in Canadian Forces Health Services Centres 19 Mar 2013

References:

- A. Routine Practices and Additional Precautions Assessment and Educational Tools, Public Health Agency of Canada - 2013 (<http://publications.gc.ca/site/eng/413782/publication.html>)
- B. Best Practices for Cleaning, Disinfection and Sterilization of Medical Equipment/Devices, Public Health, Ontario (<https://www.publichealthontario.ca/-/media/documents/bp-cleaning-disinfection-sterilization-hcs.pdf?la=en>)
- C. Infection Prevention and Control for Clinical Office Practice, Public Health Ontario, June 2013 (<https://www.publichealthontario.ca/-/media/documents/bp-clinical-office-practice.pdf?la=en>)
- D. Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, Public Health Ontario, April 2018 (<https://www.publichealthontario.ca/-/media/documents/bp-environmental-cleaning.pdf?la=en>)

PART 1 – GENERAL

1.1. Description of Work

Work shall be performed in accordance with attached annexes and references. The overall appearance and odour control within the clinic must be tidy, clean and uncluttered, and smelling fresh and pleasant. Cleaning and disinfection of equipment for patient use will be the direct responsibility of the Clinic staff. Work under this Contract comprises the furnishing of all resources (labour, material, tools, equipment and supplies) required for janitorial cleaning services as specified herein and as shown on the contract drawings.

Immediate clean-up of blood and or body fluid spill is the direct responsibility of health care providers.

1.2. Definitions

- "Annually" means once a year;
- "Business Days" means every day except Saturdays, Sundays, and federal statutory holidays;
- "To Clean" means the physical removal of foreign material (e.g., dust, soil) and, for health care providers, organic material (e.g. blood, secretions, excretions, microorganisms) from an object or surface. Cleaning removes rather than kills microorganisms through mechanical action using water and detergent;
- "Complete and satisfactory janitorial service" means the continual cleaning and maintenance procedures as specified to the satisfaction of the Engineer or his/her on-site representative.
- "Contractor" means contracted cleaning company and contractor contracted employees;
- "To Disinfect" means to inactivate disease-producing microorganisms, but does not sterilize;

- "To Deep Clean" refers to the removal of all dirt from floor surfaces followed by waxing procedure;
- "Dusting" means the removal of loose dirt, dust and cobwebs using an untreated dust mop or vacuum cleaner with appropriate attachment;
- "Engineer" means the Real Properties Section Edmonton Officer or their authorized representative;
- "Garrison Standing Orders" means an order of instruction given by the Base Commanding officer, which everyone, including Contractors shall comply.
- "IPAC" means Infection Prevention and Control;
- "Mandatory Requirements" means criteria that must be met in order to qualify as a compliant bidder;
- "OH&S" means Occupation Health and Safety;
- "PMed" means Preventative Medicine;
- "PPE" means Personal Protective Equipment;
- "Quarterly" means every three (3) months;
- "Semi-annually" means every 6 months;
- "Site" means Health Services facilities operated by the Department of National Defence (DND) at the Edmonton Garrison including 1 Dental Unit Detachment Edmonton and 1 Field Ambulance Edmonton.
- "Spot Cleaning" means the removal of marks, smudges, stains, scuff marks and graffiti with a moistened cloth and cleaning solution or agent, followed by a wiping with a dry cloth and wearing the proper personal protective equipment;
- "Spray wax and buff" means to spray a buffing solution on a swept floor, approximately 45 centimetres ahead of the buffing machine, then operate the buffing machine and pad to remove black marks and irregularities. Floor shall be swept after spray buffing;
- "Supervisor" means member of Contractor's staff who is in charge and is point of contact for DND to address any on-site issues;
- "To Wash" means to scrub wearing personal protective equipment, with clean cloth, water and appropriate cleaning solution.
- "Waste" means garbage that is placed in dark green or black waste bags. This does not include biomedical waste which includes anatomical (red bags), medical (yellow bags) or sharps waste (sharps containers);
- "WHMIS" means Workplace Hazardous Materials Information System

1.3. Documents

The Contractor shall maintain at each building one copy of each of the following:

- a) Copy of approved work schedule;
- b) Contractor's building sign in log, to be located on outside of storage door area;
- c) Health Services Sites floor plan;
- d) DND reviewed Safety Data Sheets (SDS);
- e) Workplace Hazardous Information System (WHMIS);
- f) Garrison Fire and Safety Regulations; and
- g) Garrison Edmonton no smoking policy

1.4. Contractor's Use of Site

1.4.1 Keys for janitorial services area will be supplied to the Contractor. The Contractor shall sign for receipt of all keys. No copies shall be made without the express written consent of the Engineer. The Contractor shall be financially responsible to the Engineer for any and all keys lost.

1.4.2. Use of site will be complete for the execution of work except as follows:

- a. Any restrictions imposed by Garrison Standing Orders, such as restricting access to specific buildings during certain hours. All applicable Garrison Standing Orders will be provided to the Contractor by the Engineer;

- b. Do not unreasonably encumber site with materials and equipment;
 - c. Execute work with the least possible interference or disturbance to occupants and the normal use of site(s);
 - d. Contractor shall not open drawers or cabinets or disturb papers on desks
 - e. The Contractor shall accept liability for damages caused to DND property resulting from work under this contract and shall repair or replace any damaged property with the DND approved repair method at no cost to DND;
 - f. The Contractor shall provide temporary barriers and/or warning signs in both official languages, (English/French) in locations where risk to occupants has increased due to cleaning of worksite, e.g.: wet floors, electrical cords on floors.
- 1.4.3. When desks or other furniture must be moved to facilitate work under this contract, such movement will be the responsibility of the Contractor at no extra cost. After cleaning is completed, all desks and furniture shall be replaced to the original position.
- 1.4.4. The Engineer will allocate storage rooms or areas in each building for the Contractor's use.
- 1.4.5. Report any malfunction of the electrical, heating, or plumbing equipment or any damages to the service locations to the Engineer.
- 1.4.6. Under no circumstances shall intoxicants be permitted or consumed in any areas under this contract.
- 1.5. Security Requirements**
- 1.5.1. Prior to commencing work, the Contractor shall provide the Engineer with proof positive that all submissions required by PWGSC to initiate security clearance procedures have been completed.
- 1.5.2. The Contractor shall abide by all security regulations of the Edmonton Garrison, as established by the Garrison Commander. Security infractions will be subject to punitive action.
- 1.5.3. The Contractor shall provide proof of Canadian Police Information Centre (CPIC) checks for all contracted employees working in DND buildings. At the request of the Engineer, the Contractor will remove any contracted employee deemed to be a security concern. Any cost associated with obtaining the CPIC check is the responsibility of the Contractor.
- 1.5.4. The Contractor shall ensure an adequate number of extra contracted employees are security cleared to offset shortages due to illness, holidays and transfer.
- 1.5.5. All Contractor employees will carry an authorized Contractor Pass issued by the Engineer on their persons when employed on DND property. Such passes will be produced on demand to Military Police, Commissionaires, Security Guards and persons in authority.
- 1.5.6. The Contractor will complete application forms for Contractor passes for each individual and submit them to the Engineer for signature of approval.
- 1.5.7. The Contractor will ensure Contractor passes are recovered from employees who cease to be employed by the company or who cease to be employed on DND property. Such passes must be immediately returned to the Engineer for disposal.
- 1.6. Supervision**
- 1.6.1. The Contractor will provide the Engineer with the name of the authorized Supervisor(s) containing the following items:
- a. Full name;
 - b. Contact numbers (cellular phone, pager, etc.).

- c. The Contractor will provide a Supervisor with a means by which the Engineer will have direct and immediate communications to the Supervisor. Acceptable methods include pagers and cellular phones. Should the Supervisor not be on site for immediate issues, an alternate point of contact shall be designated by the Contractor.
 - d. When a cleaning task that is infrequently performed (e.g. 3 months, 6 months, yearly) is to be carried out, the Supervisor must give personal and supervision to the work as it is being performed to ensure it is done safely and correctly.
 - e. It is the Supervisor's responsibility to ensure all work is completed to the quality standard specified herein prior to departure from the worksite.
- 1.6.2. The Contractor shall have an "on site" Supervisor during scheduled work that shall make decisions on behalf of the Contractor. This person shall be able to be contacted by the Engineer by pager or cell phone.
- 1.6.3. The Contractor and "on site" Supervisor shall, at a minimum, have proficiency in basic English reading, writing, and speaking thereby being able to conduct transactions of a routine nature.
- 1.6.4. The Supervisor shall contact the Engineer daily at 0930 hours in order to receive new instructions and updates.
- 1.6.5. The Supervisor shall submit a weekly employment attendance record for the previous week on the morning of the first business day of each week.
- 1.6.6. The Contractor shall, on request of the Engineer, replace any Supervisor or Contractor contracted employee who, in the opinion of the Engineer, is incompetent or has been conducting themselves inappropriately. If the Contractor requires a person to work in a building for which that person does not have the required security clearance, the Contractor will contact the Engineer to obtain direction on how to proceed.
- 1.6.7. The Engineer reserves the right to have removed from the site those personnel who do not meet security requirements.
- 1.6.8. The Contractor shall provide the Engineer on a quarterly basis with an up-to-date roster of all Contractor contracted employees involved in the contract including managers, Supervisors and labourers. The roster shall be signed by the Contractor and shall contain the following information for each contracted employee:
- a. Contracted employee's name;
 - b. Position (supervisor/labourer);
 - c. Specific building(s) where contracted employee works if applicable;
 - d. Security clearance required by position; and
 - e. Contracted employees' current security clearance.
- 1.7. Staff Competency/Conduct**
- 1.7.1. The Contractor shall employ fit and skilled employees able to carry out their intended duties. All Contracted Employees shall, at a minimum, have proficiency in basic English reading, writing, and speaking thereby being able to conduct transactions of a routine nature.
- 1.7.2. Disorderly conduct, use of abusive or offensive language, quarrelling, intimidation by words, actions, or fighting, and participation in any activity that interferes with Garrison Edmonton operations will not be tolerated nor condoned.
- 1.7.3. The Engineer reserves the right to request the dismissal from Garrison Edmonton any workers deemed unproductive, incompetent, careless, insubordinate or otherwise objectionable.

1.7.4. In disputes regarding the fitness of employees, the Engineer's decision is final.

1.8. Inspections

- 1.8.1. The Contractor will be expected to perform inspections and audits as required and report findings to the Engineer to ensure the appropriate high level of cleanliness is maintained according to the standards provided to the Contractor.
- 1.8.2. Throughout the duration of this contract, the Engineer will also conduct inspection tours of all sites. The Contractor or their authorized representative shall accompany the Engineer as and when requested.
- 1.8.3. For purposes of determining situations of non-compliance, inspections shall be carried out jointly by the Engineer and the Contractor or their representative.
- 1.8.4. Monthly site inspections will be respectively conducted by the Clinic Warrant Officer or Dental Clinic Coord or his / her designate.
- 1.8.5. An annual audit and random inspections will be carried out by IPAC and PMED representatives from DND, including spot checks to ensure that appropriate levels of disinfectant solutions are used.

1.9. Communications

- 1.9.1. Issues identified by Medical Clinic staff will be reported to the Clinic Warrant Officer (Clinic WO) or IPAC during absence; issues identified by the Dental Clinic staff will be reported to the Dental Clinic Coordinator or IPAC.
- 1.9.2. Issues between the Contractor and clinic staff shall be brought by the Supervisor to the Engineer for arbitration and resolution.
- 1.9.3. IPAC may address issues requiring immediate infection control matters with Contractor's Supervisor, these actions will then be forwarded onto the Engineer.
- 1.9.4. Annual review of contract and related services will be performed by the Engineer in collaboration with Clinic Manager/IPAC Nurse.
- 1.9.5. Onsite inspections performed by Clinic WO, IPAC, and PMed will be reported through the Clinic chain of command onto the Engineer.

1.10. Work Schedule

- 1.10.1. The Contractor shall provide a labour distribution and shift schedule to the Engineer, IPAC Nurse and Clinic Warrant Officer showing the exact days and times that the cleaning schedule will be carried out, to include stripping and waxing of floors and cleaning of walls. All changes must be approved by the Engineer prior to the changes becoming effective. The schedule is to be submitted prior to the effective date of the Contract. Problems encountered by the Contractor shall be reported by the Supervisor to the Engineer.
- 1.10.2. Inspection and interim reviews of work progress based on work schedule will be conducted by the Engineer, and the schedule will be updated by the Contractor in conjunction with and to the approval of the Engineer.
- 1.10.3. At the request of the Engineer, the schedule for cleaning of specific areas can be modified as required.

1.11. Hours of Work

- 1.11.1. The Contractor and contracted employees shall conduct the majority of work required between the hours of 0730 and 1600 hours each day and 0715 and 1545 for the Dental clinic, or as otherwise directed in Appendix A "Special Instructions".
- 1.11.2. Normal Working Hours from Monday to Friday for most buildings are between 0730 and 1600 hours, but may differ based upon building function. The Contractor will provide service eight (8) hours per day, Monday to Friday with the following exceptions:
 - a. Federal statutory holidays.
- 1.11.3. The Contractor shall retain contracted employee time sheets and make them available to the Engineer upon request for verification of actual hours worked.
- 1.11.4. Contracted employees shall maintain the same acceptable level of janitorial service regardless of absenteeism from the worksite.
- 1.12. Service Calls**
 - 1.12.1. The Contractor shall provide a 24-hour "call-in" service as and when requested by the Engineer, in which case the Contractor shall report to the worksite within two (2) hours of having been called out.
 - 1.12.2. The Contractor must notify the Engineer with up to date telephone number(s) at which the Contractor or his/her Representative may be contacted at all times (24/7).
 - 1.12.3. The Contractor must report service calls executed outside normal working hours to the Engineer immediately on the next working day.
- 1.13. Contracted employees**
 - 1.13.1. The Contractor shall provide sufficient contracted employees for the cleaning of the various areas and in accordance with the approved schedule.
 - 1.13.2. The minimum age for cleaners shall be 18 years old and bondable. Under no circumstances shall the Contractor allow their contracted employees to bring children, pets or visitors onto the work site.
 - 1.13.3. All new employees must be properly instructed, by the Contractor, on appropriate cleaning procedures before working in a clinic environment. New employees are to have a minimum two-week training period provided by the Contractor, to include an orientation of the building assigned under the supervision of a senior cleaner.
 - 1.13.4. Contracted employee immunizations appropriate for environmental service work should include the recommendations for health care providers in order to protect staff, colleagues and the patient population. Included in the immunization recommendations are:
 - a. Annual influenza vaccine
 - b. Measles, mumps, rubella (MMR) vaccine
 - c. Varicella vaccine
 - d. Up-to-date tetanus vaccine
 - e. Hepatitis B vaccine (due to sharps exposure)
 - f. Acellular pertussis vaccine
 - 1.13.5. All contracted employees are to have annual WHMIS training. Certification shall be submitted to the Engineer prior to commencing work.

- 1.13.6. Contractor shall have a written policy and procedure for contracted employee exposure to blood and or body fluids and other infectious hazards that includes reporting communications, direction and follow up procedures.

1.14. Basis of Pricing

- 1.14.1. It is the intention of DND to let this contract on a firm, all-inclusive price per month based on a cost per square meter for providing janitorial services as specified.
- 1.14.2. The cleanable areas covered in this contract are broken down based on level of risk by room. The risk levels for each room are shown in drawings in Appendix B, with the level indicated by colour. The risk levels are:
- a. Very High Risk – indicated by red;
 - b. High Risk – indicated by yellow;
 - c. Significant Risk – indicated by green; and
 - d. Low Risk – indicated by blue.
- 1.14.3. Items to be included in the Monthly Basis Price are:
- a. Rate for stripping and waxing the floors Bi-annually;
 - b. Rate for carpet steam cleaning Bi-annually;
 - c. Cleaning of ventilation grills and louvers as required; and
 - d. Hourly rate for cleaning not specified, e.g.: flood clean up or other cleaning services requested by the Engineer.
- 1.14.4. Any areas added to or deleted from the original contract will be charged at the rate for the appropriate level of risk.

1.15. Assignment of Work

- 1.15.1. The Contractor shall not sub-contract any portion of the work assigned.

1.16. Building Smoking Environment (policy in appendices)

- 1.16.1. Garrison Edmonton has a no smoking policy in effect; the Contractor is to obtain a copy of this policy from the Engineer and the Contractor and contracted employees shall adhere to it.

1.17. Miscellaneous

- 1.17.1. If required, it is the Contractor's responsibility to arrange for office space at their expense.
- 1.17.2. It is the Contractor's responsibility to arrange for laundry facilities at their own expense. The Contractor will comply with linen services standards of practice for materials and equipment used to clean Medical/Dental facilities, e.g. mops and cleaning cloths.
- 1.17.3. Parking, there shall be no Contractor Employee parking in designated parking stalls or in the patient parking areas at the Edmonton Garrison Medical/Dental facilities.

PART 2 - SAFETY REQUIREMENTS

2.1. Safety Measures and Contractor's Employee Protection

- 2.1.1. The Contractor and all their contracted employees shall be familiar with this section and its requirements.
- 2.1.2. Garrison General Safety Regulations shall be adhered to at all times. A copy of these regulations will be provided to the Contractor by the Engineer.

- 2.1.3. All contracted employees performing work under the Contract must wear a clean uniform (including smocks and aprons as appropriate) in good repair All Contractor cleaning staff must wear uniforms while at the worksite; uniforms will be provided at the expense of the Contractor.
- 2.1.4. Contracted employee uniforms should be identical and bear the company name in a prominent location. They may be industrial type shirts, knee-length duster coats, or heavyweight T-shirts, so long as they are maintained in good condition and professional appearance.
- 2.1.5. Contracted employees must adhere to Routine Practices and Additional Precautions (see References) when cleaning.
- 2.1.6. Contracted employees must follow best practice for Hand Hygiene as per the CFH Infection and Control Guidelines in the appendices.
- 2.1.7. The Contractor and contracted employees shall use appropriate Personal Protective Equipment (PPE) according to the manufacturer's recommended level of protection with the use of their product.
- 2.1.8. Appropriate length and type of industrial gloves and apron protection shall be worn when handling any material liable to injure or irritate the skin. Eye protection shall also be worn.
- 2.1.9. Proper footwear shall be worn by contracted employees, to protect from falls or other injury.
- 2.1.10. Hearing protection shall be worn when entering or working in a noise hazardous area. This includes but is not limited to areas where sound levels exceed 85 decibels, or operation of equipment which produces excessive noise.
- 2.1.11. All hazardous material must be identified and labelled in accordance with the Workplace Hazardous Information System (WHMIS). Copies of the Material Safety Data Sheets (MSDS) shall be supplied to both the Garrison Fire Chief and the Engineer, and must be clearly accessible and visible in all cleaners' storage rooms.
- 2.1.12. All Contractor's employees who handle or are exposed to hazardous materials as defined under the Hazardous Products Act (WHMIS Legislation) shall be trained annually in WHMIS in accordance with the act. The Contractor shall provide to the Engineer proof that all contracted employees have had WHMIS training.
- 2.1.13. MSDS for all material falling under the WHMIS program shall be supplied to each building by the Contractor and be kept current and readily accessible to all on site Contractor's employees.
- 2.1.14. All work sites which may pose a potential hazard to the public shall be cordoned off and signs prominently placed, warning of possible dangers. Contractor is to supply correct signs.
- 2.1.15. All Alberta Occupational Health and Safety (OH&S) Regulations shall be adhered to at all times.

PART 3 - FIRE SAFETY REQUIREMENTS

3.1. Fire Safety Plan

- 3.1.1. The Contractor and their contracted employees shall be familiar with this section and its requirements.

3.2. Fire Department

- 3.2.1. The Engineer shall coordinate arrangements for the Contractor to have a briefing with the Garrison Fire Hall.

3.3. Reporting Fires

- 3.3.1. The Contractor's employees shall know the locations of the nearest fire alarms and emergency telephone numbers.
- 3.3.2. Report immediately all fire incidents to the Fire Hall as follows:
 - a. activate nearest fire alarm, or
 - b. telephone 911 – EMERGENCY ONLY.
- 3.3.3. Persons reporting a fire by phone will give location of fire, name and number of building, and be prepared to verify the location.

3.4. Interior and Exterior Fire Protection and Alarm Systems

- 3.4.1. Fire protection and alarm systems shall not be obstructed at any time.
- 3.4.2. Fire hydrants, standpipes, and hose systems shall not be used for other than firefighting purposes.

3.5. Debris and Waste Materials

- 3.5.1. Debris and waste materials shall be kept to a minimum.
- 3.5.2. The burning of debris is prohibited at Garrison Edmonton.
- 3.5.3. All garbage from waste receptacles and other debris shall be removed from the work site at the end of work shift and placed in designated dumping containers on Crown property or as directed by the Engineer.

3.6. Flammable Liquids

- 3.6.1. The handling, storage, and use of flammable liquid are governed by the current National Fire Code of Canada.
- 3.6.2. Transfer of any flammable liquid from one container to another is prohibited within any Garrison building.
- 3.6.3. Transferring of flammable liquids shall not be carried out in the vicinity of open flame or heat producing devices.
- 3.6.4. Naphtha or gasoline shall not be used as solvents or cleaning agents.
- 3.6.5. Flammable liquids shall be stored in approved containers located in a safe, ventilated area, and shall be kept to a minimum.

3.7. Fire Inspections

- 3.7.1. The Garrison Fire Chief shall be allowed unrestricted access to the work site.
- 3.7.2. The Contractor shall cooperate with the Garrison Fire Chief during routine inspections of the work site.
- 3.7.3. The Contractor shall immediately remedy all unsafe situations observed by the Garrison Fire Chief or his representative.

3.8. Miscellaneous

- 3.8.1. Storage areas shall be kept clean, tidy, and organized to reduce fire and safety hazards. There shall be no food or drink storage in storage rooms. Contractor shall be responsible to inspect on a regular basis.
- 3.8.2. No hot plates or electric utensils will be used in rooms or storage areas where cleaning equipment is kept.

PART 4 - ENVIRONMENTAL PROTECTION

4.1. Fires

- 4.1.1 Fires and/or burning of debris on the Garrison are prohibited.

4.2. Disposal of Waste

- 4.2.1. The Contractor's employees shall not burn or bury debris and waste materials on the Garrison.
- 4.2.2. The Contractor's employees shall not dispose of waste or volatile materials, such as mineral spirits, oils, or paint thinner into waterways, storm or sanitary sewers.
- 4.2.3. The Contractor's employees shall control disposal or run off of water containing suspended materials or other harmful substances in accordance with local authority requirements.
- 4.2.4. The Contractor's employees shall not be responsible for the collection or disposal of Biohazard Sharps. If the Contractor's employees come across bio hazardous waste, the Supervisor is to contact the Clinic Warrant Officer immediately.
- 4.2.5. The Contractor's employees shall dispose of garbage and refuse in the proper waste receptacle.
- 4.2.6. The Contractor's employees shall dispose of recycling materials into the proper recycling receptacle.

PART 5 – MATERIAL AND EQUIPMENT

5.1. Provision of Equipment

- 5.1.1. The Contractor shall supply all equipment, machinery, cleaning products and related supplies required to provide a complete janitorial service.
- 5.1.2. All cleaning equipment and machinery supplied by the Contractor will be maintained properly to the manufacturer's standards. The Contractor shall, at the Contractor's expense, immediately replace or repair any equipment that is worn out, broken, or that the Engineer finds to be improperly maintained.
NOTE: Damages to dispensers shall be reported by the Supervisor to the Engineer for repair or replacement.

5.2. Equipment

- 5.2.1. Mop heads shall be microfiber to prevent excess water and chemical use and changed frequently (as per IPAC instruction). Mop heads shall be laundered daily.
- 5.2.2. Mops designated for waxing floors shall be stored in a suspended position to allow free circulation of air around the heads of the mops and a drip pan will be utilized as required.
- 5.2.3. All electrical equipment and machinery shall be CSA approved.
- 5.2.4. All equipment and machinery shall be maintained and kept in good working order.

- 5.2.5. Equipment and machinery that is not in good working order will be considered rejected, and shall be removed from site.
- 5.2.6. Provide bilingual temporary warning signs in locations where work is adjacent to areas used by public and creates a hazardous condition i.e. "wet floor".
- 5.2.7. Vacuum cleaners shall have a HEPA filter installed.
- 5.2.8. Floor washing shall be executed using a double bucket system or an electronic floor washing machine.
- 5.2.9. Cleaning cloths, mops and buckets shall be colour coded to reflect the area of cleaning (bathrooms, toilets versus operator sinks, desk tops and water fountains).
- 5.2.10. Toilet cleaning supplies shall be kept separate from those supplies used to clean any other area.
- 5.2.11. Cleaning carts shall have separations between clean and dirty cleaning supplies / items.
- 5.2.12. Cleaning carts shall be thoroughly cleaned at the end of each shift.

5.3. Manufacturer's Instructions

- 5.3.1. Unless otherwise specified, comply with the manufacturer's latest printed instructions for material and application methods.
- 5.3.2. The Contractor shall notify the Engineer in writing of any conflict between these specifications and manufacturer's instructions. The Engineer will designate which document shall be followed.

5.4. Cleaning Products

- 5.4.1. The Contractor shall provide a list of all cleaning products to be used including the MSDS sheets prior to commencement of the Contract.
- 5.4.2. All materials such as soaps, detergents, germicides, scouring materials, cleaners, wax, and sealers where applicable, shall comply with the latest specifications of the Canadian Government Specification Board. All material and methods must be environmentally safe and be suitable for, but not harmful to, the surfaces intended.
- 5.4.3. The Contractor shall supply all related supplies, that are able to utilize dispensers already installed, such as, toilet paper, paper towels, hand soap of the individual bag type, garbage bags (various sizes), cleansers, agents and detergents etc., necessary to provide complete sanitation throughout the Medical/ Dental facility.
- 5.4.4. Random spot checks will be performed for the Medical and Dental facilities by 1 Field Ambulance IPAC, Preventative Medicine, Clinic WO or his / her designate on cleaning solutions to ensure that Contractor's employees are utilizing adequate concentrations of disinfecting agents.
- 5.4.5. The Contractor shall use the suggested cleaning products listed in Annex A, "Guide and Standards for Cleaning Services for CF Health Services Clinics and HS Administrative Facilities" or updated products upon the recommendation of IPAC or Clinic Warrant Officer as appropriate. Products not in the referenced list, must be pre-approved (in writing) by IPAC nurse prior to use.
- 5.4.6. The IPAC nurse may change the list of acceptable products at any time due to changes in guidelines and regulations or unsatisfactory performance of the current cleaning product. The Contractor shall make every effort to change over the products they are using in a timely manner.

5.5. Delivery and Storage

The Contractor and contracted employees shall:

- 5.5.1. Deliver, store, and maintain packaged material and equipment with the manufacturer's seals and labels intact.
- 5.5.2. Prevent damage, adulteration, and soiling of material and equipment during delivery, handling, and storage. Immediately remove rejected material and equipment from site.
- 5.5.3. Store material and equipment in accordance with WHIMIS, the manufacturer's instructions and site requirements for fire, safety and OH&S requirements. Equipment and related consumables shall be stored and maintained in a tidy manner in the appropriate designated housekeeping locations
- 5.5.4. All cleaning materials shall be stored in approved, appropriately labelled containers in a manner that prevents contamination, inhalation, skin contact or personal injury and prevents unsafe chemical storage and access.
- 5.5.5. Storage areas shall be kept clean, tidy, and organized to reduce fire and safety hazards.

PART 6 - EXECUTION

6.1. Standards and Method of Cleaning

- 6.1.1. General cleaning practices will be executed according to best practice (Public Health Ontario: Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, April 2018., Sect II, Hospital Clean in addition to Hotel Clean). See references.
- 6.1.2. The required service levels for each risk level are defined in Appendix D of this specification.
- 6.1.3. Clean interior of buildings in accordance with the Minimum Cleaning Frequency identified in Guide and Standards for Cleaning Services for CF Health Services Clinics and HS Administrative Facilities, included in Appendix D of this specification.
- 6.1.4. Disease outbreaks may necessitate additional cleaning, depending on the specific organism.
- 6.1.5. The risk levels of all areas are defined in Appendix B of this specification.
- 6.1.6. Any changes in the service and frequency of cleaning will be made in writing by the Engineer to the Contractor.
- 6.1.7. The Contractor shall carry out the standard practices as specified in this section.

6.2. Cleaner Education

- 6.2.1. It is recommended that management and supervisory Contractors be trained in health care housekeeping as per the recommendations in Public Health Ontario: Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings, April 2018 (see references).
- 6.2.2. All Contractor's employees performing work under this contract shall receive orientation training and ongoing education in the appropriate methods of cleaning, how to use cleansers, agents and equipment, by the Contractor, before they work in the clinic environment.

6.2.4. All Contractor's employees shall attend orientation on clinic safety, cell phone use (taking pictures, recordings), medical and dental confidentiality, infection prevention and control, to be coordinated by CE, Clinic WO, IPAC, PMed and OH&S.

6.2.5. IPAC shall provide information on:

- a. Routine Practices
- b. Additional Precaution
- c. Hand hygiene and basic personal hygiene
- d. PPE and how to use it
- e. Prevention of blood and body fluid exposure, including sharps safety

6.3. Floor Surfaces

6.3.1. General:

- a. Shall be cleaned in accordance with the recommendations and procedures as outlined in the CF H Svcs Gp Instruction 4070-01 - Housekeeping;
- b. The concentration of cleaning solution used in the mopping pail shall be in accordance with the manufacturer's recommendation for the type of cleaning being undertaken. Change cleaning solution frequently enough to maintain appropriate concentration of solution (e.g., every four patient/resident rooms and when heavily soiled);
- c. Mop, rinse, and dry small areas of the floor at a time;
- d. Care shall be taken not to splash baseboards or furniture, if splashing should occur; the area affected must be wiped immediately;
- e. Corners and other areas that cannot be properly cleaned by mop shall be cleaned by hand;
- f. Furniture that is moved shall be returned to its original position upon completion of cleaning; and
- g. When mopping all areas, Contractor shall make use of the "double bucket" system.

6.3.2. Waxing:

- a. Wax shall be applied with an appropriate industry mop. The Contractor shall ensure that the mop is free of soap. Wax shall be applied in both directions;
- b. Buffing shall be done only after wax has completely dried. A buffing machine shall be used to bring the floor to the desired lustre; and
- c. Wax shall not be applied nearer than 3 inches to wall filing cabinets or other floor mounted fixtures.

6.3.3. Wax Removal:

- a. Wax shall be removed by deep scrubbing with an approved stripper;
- b. Floor shall be mopped with a neutral soap solution, rinsed, and dried thoroughly before using or applying another treatment; and
- c. Solvents shall not be used on asphalt tile, rubber tile, or MASTIPAVE floor covering.

6.3.4. Stain removal:

- a. Adequate precautions shall be taken when removing stains to ensure that the material is not damaged; and
- b. Contractor shall obtain advice from and shall follow the instructions of the Engineer in removing stains.

6.3.5. Carpets and Rugs:

- a. Use a vacuum cleaner in good working condition, with an approved rug vacuuming attachment; and
- b. Steam cleaning shall be carried out using a water and detergent solution applied under pressure by a self-contained motor driven unit.

6.4. Wall Surfaces

- 6.4.1. Walls shall be cleaned using a neutral soap solution, working from the bottom to the top to prevent streaking, and rinsing from the top to the bottom with clear, clean water.
- 6.4.2. A large sponge or a soft, dry, clean cloth shall be used to apply the washing solution. A separate sponge or cloth shall be used for rinsing.

6.5. Removal of Garbage and Recycling

- 6.5.1. Garbage shall be removed daily unless otherwise indicated.
- 6.5.2. Paper product recycling bins shall be emptied daily unless otherwise indicated.

6.6. Windows

- 6.6.1. Windows shall be cleaned on the inside with a cloth dampened in clear water and dried with a chamois skin.
- 6.6.2. Interior panes of exterior windows shall be cleaned on an annual basis up to a height of 10 feet.
- 6.6.3. All interior glass and entrance doors shall be spot cleaned on a weekly basis.

6.7. Venetian Blinds

- 6.7.1. Use a static based duster to clean venetian blinds

6.8. Washrooms

- 6.8.1. The washrooms shall be cleaned starting from clean and going to dirty, e.g.: begin with counters and fixtures, and end with urinals/toilets and floors.
- 6.8.2. Cloths used for cleaning shall be changed frequently, and clothes that are used for cleaning toilets/urinals shall not be used to clean counters, walls or fixtures. Cloths shall be colour coded to easily identify their intended use.
- 6.8.3. Toilet bowls and Seats:
 - a. Wash bowl inside and out with a germicidal soap solution;
 - b. Wipe top and bottom of seat, outside of bowl, tank, and cover with a clean, damp cloth; and
 - c. Work toilet brush as far into traps as it will reach, and wash thoroughly under the rounded inside rim of the toilet bowl.
- 6.8.4. Urinals:
 - a. Urinals shall be cleaned in the same manner as the toilets; and
 - b. Disinfectant deodorant blocks shall not be used in the urinals unless requested by the Engineer.
- 6.8.5. Wash Bowls:
 - a. Remove (scrub) dirt and grease with germicidal soap solution; and
 - b. Remove stains with a damp cloth rubbed on soap grit cake.
- 6.8.6. Showers and Tubs (to include floors):
 - a. Remove (scrub) dirt and grease with germicidal soap solution and rinse thoroughly;
 - b. Ensure appropriate cleaning solution is used for the appropriate surface; and
 - c. Shower mats shall be removed and the floors underneath cleaned.
- 6.8.7. Fixtures:
 - a. Vanities and ledges shall be cleaned with germicidal soap solution and rinsed well;

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- b. Mirrors shall be cleaned thoroughly and wiped clear with a lint free cloth;
 - c. Waste receptacles, soap dispensers, and partitions shall be cleaned with germicidal soap solution, rinsed, and wiped dry with a clean cloth; and
 - d. Benches in washrooms shall be cleaned with an approved germicidal cleaner.

6.8.8. Walls and partitions shall be scrubbed corner to corner and top to bottom with an approved germicidal cleaner.

APPENDIX A - Special instructions, Cleanable Areas, and Plumbing Fixtures

BLDG 417 Main Floor

Total floor area = 5527.5m2
5335.1 m2 Total cleanable area

Square Metres by Categories

Low Risk (Blue):	1657.0 m2
Significant Risk (Green):	3387.8 m2
High Risk (Yellow):	290.3 m2
Total cleanable area	5335.1 m2

Notes

1. Rooms without a coloured dot shall be considered blue, to include all corridors, vestibules, stairwells, and elevators.

Fixtures

1. Toilets	19
2. Sinks	24
3. Shower stalls	1
4. Change rooms	1

BLDG 417 Second Floor

Total Floor area = 4949 m2 Total area

Square Metres by Categories

Low Risk (Blue):	1456.3 m2
Significant Risk (Green):	2251.7 m2
High Risk (Yellow):	490.5m2
Very High Risk (Red):	649.2 m2
Total cleanable area	4847.7 m2

Notes

1. Rooms without a coloured dot shall be considered blue, to include all corridors, vestibules, stairwells, and elevators.

Fixtures

1. Toilets	36
2. Sinks	28
3. Shower stalls	14
4. Change rooms	4
5. Urinals	7

APPENDIX B - Building Drawings

Main Floor

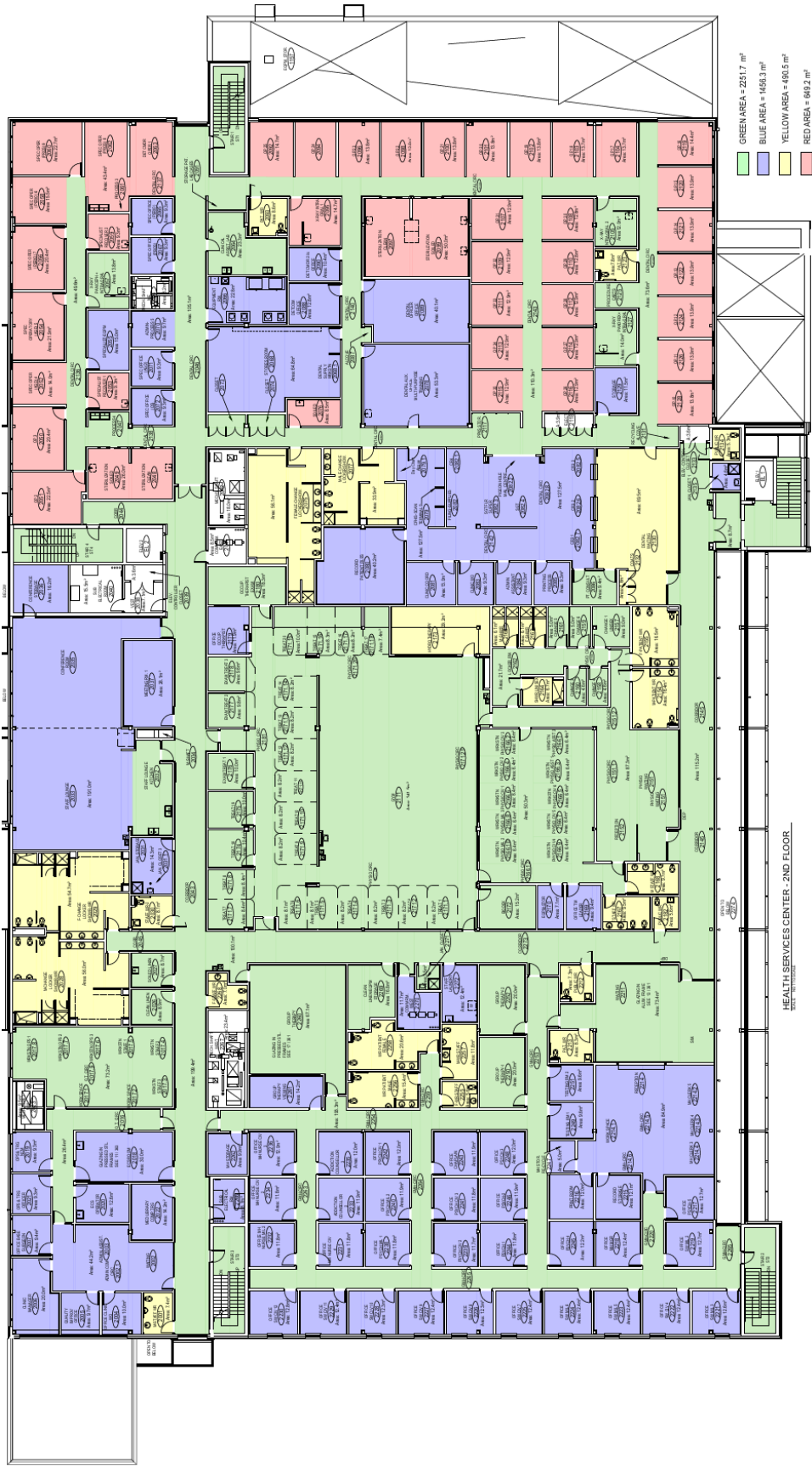


Solicitation No. - N° de l'invitation
W684E-19SE01/A
Client Ref. No. - N° de réf. du client
W684E-19SE01

Amd. No. - N° de la modif.
EDM206
File No. - N° du dossier
EDM-9-42130

Buyer ID - Id de l'acheteur
EDM206
CCC No. - N° CCC /FMS No. - N° VME

Second Floor



APPENDIX C - Statutory Holidays

The following days are recognized as Statutory Holidays:

1. New Year's Day;
2. Good Friday;
3. Easter Monday;
4. Victoria Day;
5. Canada Day;
6. The first Monday in August;
7. Labour Day;
8. Thanksgiving;
9. Remembrance Day;
10. Christmas Day; and
11. Boxing Day.

When a Statutory Holiday falls on a Saturday or Sunday, the holiday shall be moved to the first normal working day following the weekend.

APPENDIX D - Guide and Standards for Cleaning Services for CF Health Services Clinics and HS Administrative Facilities

1. The following are guidelines and standards of cleaning services for all CF Health Services Clinics and HS Administrative Facilities. They have been developed in conjunction with the CF Health Services Group Headquarters Senior Advisor for Preventive Medicine, the Canadian Forces Support Unit (Ottawa) Health Care Centre Patient Relations/Infection Control Nurse, the National Defence Medical Centre Building Executive Housekeeper and the CF H Svcs Gp HQ Env and Safety Offr/Facility Building Senior.
2. This document is not a policy. However it should be use as a directive and guidelines for achieving housekeeping standards of practice throughout all HS organizations. In addition of abiding to already existing Provincial Health Standards, housekeeping shall be performed in accordance with Health Canada Infection Control Guidelines.
3. Providing high quality cleaning services in healthcare facilities is a key component of delivering modern, effective healthcare. Cleanliness is also of paramount importance to patients and the public and has a role to play in the prevention and control of healthcare associated infections.
4. Of importance is that the process for determining the number of cleaning staff for Canadian Forces Health Services Centres does not rest on the square footage of the Clinic. It should factor in the frequency of cleaning depending on the risk of infection, for example office cleaning, Manager's office, meeting rooms, etc., will require less cleaning frequency than patient care areas such as treatment rooms, examination rooms, etc.

Infection control

The Clinic manager of every clinic is responsible for ensuring that there are effective arrangements for infection control throughout the clinic in accordance with Health Canada Infection Control Guidelines.

This document supports local management in planning to address risk by enabling the effectiveness of cleaning programs to be assessed. Local Infection Prevention and Control and Infection Control committees should be involved in their use and regularly appraised of assessment findings.

Setting clear local policies

In order to ensure timely, effective action and achievement levels, policies should clearly set out the range and scope of work to be undertaken. Local policies should stipulate:

- attainment levels to be achieved;
- clear and measurable outcomes to be sought;
- systems to be used to measure outcomes;
- reports required and the managers who should receive them;
- working methods (including equipment, materials and frequencies);
- operational/training policies and procedures;
- risk assessment protocols;
- service level agreements (SLAs) for each Functional Area; and
- how cleaning services operations and controls dovetail with infection control policies and procedures.

Unclear local cleaning specifications and policies could result in:

- risk to the health and safety of healthcare facility users;
- poor public image;
- lack of clients confidence;
- poor value for money;

- poor infection prevention and control

Identifying risk categories

All healthcare facilities should pose minimal risk to healthcare facility users. However, different functional areas represent different degrees of risk and therefore require different cleaning frequencies.

All Functional Areas should be assigned to one of four risk categories, set out below.

In addition to formal auditing, informal monitoring should take place in all areas where cleanliness levels are considered poor.

Very high risk functional areas / Critical Areas

Required service level

Consistently high levels of cleanliness must be maintained. Required outcomes will only be achieved through intense and frequent cleaning followed by disinfection (germicidal detergents).

Both informal monitoring and formal auditing of levels achieved should take place continuously. Over a period of a week, all rooms within a very high risk functional area should be audited at least once.

Functional areas

Very high-risk functional areas may include operating theatres, critical care areas (or intensive care units), accident and emergency departments and other departments where invasive procedures are performed.

Additional internal areas

Bathrooms, staff lounges, offices and any other areas adjoining very high risk functional areas should receive the same intensive levels of cleaning.

High risk functional areas / Sub-Critical Areas

Required service level

Outcomes should be maintained by regular and frequent cleaning with 'spot cleaning' in between, followed by disinfection (germicidal detergents).

Both informal monitoring and formal auditing of cleanliness levels attained should take place continuously. Over a period of one month all rooms within a high-risk functional area should be audited at least once.

Functional areas

High-risk functional areas may include general wards, sterile supplies, public thoroughfares and public toilets and waiting areas.

Additional internal areas

Bathrooms, showers, staff lounges, offices and any other areas adjoining high risk functional areas should receive the same levels of cleaning.

Significant risk functional areas/ Non-Critical Areas

Required service level

In these areas high levels of cleanliness are required for both hygiene and aesthetic reasons. Outcomes should be maintained by regular and frequent cleaning with "spot cleaning" in between followed by disinfection (germicidal detergents).

Both informal monitoring and formal auditing of cleanliness levels should take place continuously. Over a period of three months all rooms within a significant risk functional area should be audited at least once.

Functional areas

Significant risk functional areas may include out-patient departments, laboratories, Xray etc.

Additional internal areas

Staff lounges, offices and any other areas not related to patient treatment areas and adjoining significant risk functional areas should receive the same intensive levels of cleaning.

Low risk functional areas / Fringe Areas

Required service level

In these areas high levels of cleanliness are required for aesthetic and, to a lesser extent, hygiene, reasons. Outcomes should be maintained by regular and frequent cleaning with "spot cleaning" in between.

Both informal monitoring and formal auditing of cleanliness levels should take place continuously. Over a period of 12 months all rooms within a low risk functional area should be audited at least twice.

Functional areas

Low risk functional areas may include administrative areas, non-sterile supply areas, record storage and archives, building maintenance areas.

Additional internal areas

Staff lounges, offices and any other areas adjoining low risk functional areas should receive the same level of cleaning.

Action

Regular review should form part of the cleaning services quality assurance program Issues raised should be followed up according to their magnitude and location and lead times identified for remedial action. For example, a problem in an operating theatre will need to be resolved immediately, while one in a stationary storeroom may require checking in a week.

Table 1 Element Specifications ENVIRONMENT

Element	Specification
1. Overall appearance	The area should be tidy, ordered and uncluttered with only appropriate, cleanable, well-maintained furniture used. Any presence of blood or body substances is unacceptable.
2. Odour control	The fabric of the environment and equipment should smell fresh and pleasant. Any deodorizers should be clean and functional.

Patient equipment – direct contact

Element	Specification
3. Commodes, weighing scales, manual handling equipment	All parts including underneath should be visibly clean, with no blood or body substances, dust, dirt, debris and spillages.
4. Medical equipment including intravenous infusion pumps drip stands and pulse oximeters	All parts, including underneath, should be visibly clean, with no blood or body substances, dust, dirt, debris and spillages. (Medical staff responsibilities)
NOT CONNECTED TO A PATIENT	
5. Medical equipment including intravenous infusion pumps, drip stands and pulse oximeter	All parts, including underneath, should be visibly clean, with no blood or body substances, dust, dirt, debris and spillages. (Medical staff responsibilities)
CONNECTED TO PATIENT	
6. Patient washbowls	All parts, including underneath, should be visibly clean, with no blood or body substances, dust, dirt, debris and spillages. Patient washbowls should be decontaminated appropriately between patients and should be stored clean, dry and inverted. Badly scratched bowls should be replaced. (Medical staff responsibilities).
7. Bedside oxygen and suction connectors, earpiece for bedside entertainment system	All parts, including underneath, should be visibly clean, with no blood or body substances, dust, dirt, debris and spillages. (Medical staff responsibilities).
8. Patient fans	All parts, including the blades/fins and the underside, should be visibly clean, with no blood or body substances, dust, dirt, debris and spillages.

Patient equipment – close contact

Element	Specifications
9. Bedside alcohol hand-wash container, clipboards and notice boards	All parts, including holder of the bedside alcohol hand-wash container, should be visibly clean, with no blood or body substances, dust, dirt, debris and spillages. Hand-wash dispensers should be free of product build-up around the nozzle. Splashes on the wall, floor, bed or furniture should not be present
10. Notes and drugs trolley	All parts, including underneath and inside of the notes trolley, should be visibly clean, with no blood or body substances, dust, dirt, debris and spillages. (Medical staff responsibilities).
11. Patient personal items including cards and suitcases	All parts of the items should be visibly clean, with no blood or body substances, dust, dirt, debris and spillages. Loose items, such as clothing, should be stored away either in the locker or bag. (Medical staff responsibilities or the patients themselves).

12. Linen trolley	All parts, including underneath, should be visibly clean, with no blood or body substances, dust, dirt, debris and spillages
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BUILDING External and internal infra-structures

Element	Specifications
13. Entrance/exit	All entrance/exit areas (including fire exits) should be visibly clean with no blood or body substances, dust, dirt, debris and spillages.
14. Stairs (internal and external)	The complete stair environment (including the treads and banisters) should be visibly clean with no blood or body substances, dust, dirt, debris and spillages.
15. External areas	The complete external areas and fixtures should be visibly clean with no blood or body substances, dust, dirt, debris and spillages.

Fixed assets Hard floors

Element	Specifications
16. Switches, sockets and data points	All wall fixtures such as switches, sockets or data points should be visibly clean with no blood or body substances, dust, dirt, debris, cello tape and spillages.
17. Walls	All wall surfaces (including skirting) should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape and spillages.
18. Ceiling	All ceiling surfaces should be visibly clean with no blood or body substances, dust, dirt, debris and spillages.
19. All doors	All parts of the door structure should be visibly clean so that all door surfaces, vents, frames and jambs have no blood or body substances, dust, dirt, debris, adhesive tape and spillages.
20. All glazing, including partitions	All internal glazed surfaces should be visibly clean and smear free with no blood or body substances, dust, dirt, debris, adhesive tape and spillages visibly present and have a uniform shine appearance.
21. Mirrors	Mirrors should be visibly clean and smear free with no blood or body substances, dust, dirt, debris, adhesive tape and spillages.
22. Bedside patient TV	All parts of the bedside patient TV should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape and stains.
23. Radiators	All parts of the radiator (including between panels) should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape and spillages.
24. Ventilation grilles extract and inlets	The external part of the ventilation grille should be visibly clean with no blood or body substances, dust, dirt, debris, and cobwebs.

25. Floor – polished	The complete floor, including all edges, corners and main floor spaces, should have a uniform shine and be visibly clean with no blood or body substances, dust, dirt, debris, spillages and scuff marks.
26. Floor – non-slip	The complete floor, including all edges, corners and main floor space, should have a uniform finish and be visibly clean with no blood or body substances, dust, dirt, debris and spillages.

Soft floors

Element	Specifications
27. Soft floor	The complete floor, including all edges and corners, should be visibly clean with no blood or body substances, dust, dirt, debris and spillages. Floors should have a uniform appearance and an even colour with no stains or watermarks.

FIXTURES Electrical fixtures and appliances

Element	Specifications
28. Pest control devices	The pest control device should be free from dead insects, animals or birds and visibly clean. (PMed, Infection Control and PWGSC responsibilities were applicable).
29. Electrical Items	The casing of any electrical Item should visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape.
30. Cleaning equipment	The cleaning equipment should be visibly clean with no blood or body substances, dust, dirt, debris or moisture.

Furnishings, fixtures and fittings Kitchen fixtures and appliances

Element	Specifications
31. Low surfaces	All surfaces should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape and spillages.
32. High surfaces	All surfaces should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape and spillages.
33. Chairs	All parts of the furniture should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape, stains and spillages.
34. A) Beds (Housekeeping responsibility)	Upon in-patient discharge - All parts of the bed, including mattress, bed frame and wheels/castors, should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape and spillages.
B) Gurneys & Exam Tables (med staff responsibility)	All parts of the gurney, exam table should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape and spillages.

35. Lockers	All parts of the locker, including wheels/castors and inside, should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape, stains and spillages.
36. Tables	All parts of the table, including wheels/castors and underneath, should be visibly clean with no blood or body substances, dust, dirt, debris, stains, adhesive tape and spillages visibly present.
37. All dispensers and holders	All part of the surfaces of hand soap, paper towel and toilet tissue should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape and spillages.
38. Waste receptacles	The waste receptacle should be visibly clean, including lid and pedal, with no blood or body substances, dust, dirt, debris, stains and spillages.
39. Curtains and blinds	Curtains and blinds should be visibly clean with no blood or body substances, dust, dirt, debris, stains and spillages visibly present.
40. Dishwasher	Dishwashers should be visibly clean with no blood or body substances, dust, dirt, debris, stains and spillages and food debris. In some case, the responsibility for the cleaning will rest with the users or cafeteria staff.
41. Fridge and/or freezer	The fridge and/or freezer should be visibly clean with no blood or body substances, dust, dirt, debris and spillages, food debris, build-up of ice. In some case, the responsibility for the cleaning will rest with the users or cafeteria staff.
42. Ice machine and/or hot water boiler	The ice machine and/or hot water boiler should be visibly clean with no blood or body substances, dust, dirt, debris and spillages. In some case, the responsibility for the cleaning will rest with the users or cafeteria staff.
43. Kitchen cupboards	The kitchen cupboards should be visibly clean with no blood or body substances, dust, dirt, debris, stains and spillages and food debris. In some case, the responsibility for the cleaning will rest with the users or cafeteria staff.
44. Microwave	All microwave surfaces should be visibly clean with no blood or body substances, dust, dirt, debris and spillages and food debris. In some case, the responsibility for the cleaning will rest with the users or cafeteria staff.

Toilets, sinks, hand-wash basins and bathroom fixtures

Element	Specifications
45. Showers	Showers and equipment such as wall-attached shower chairs should be visibly clean with no blood or body substances, scum, dust, lime scale, stains, deposits and smears.
46. Toilets and bidet	The toilet and bidet should be visibly clean with no blood or body substances, scum, dust, lime scale, stains, deposit and smears.
47. Replenishment	There should be plenty of all consumables such as soap available.

48. Sinks	The sink, and items such as wall-attached dispensers, should be visibly clean with no blood or body substances, dust, dirt, debris, lime scale, stains and spillages. Plugholes and overflow should be free from build-up.
49. Bath	The bath should be visibly clean with no blood or body substances, dust, dirt, debris, lime scale, stains and spillages. Plugholes and overflow should be free from build-up.

CLEANING FREQUENCIES IN CF HEALTH SERVICES CLINICS

1. The use of cleaning frequencies in clinics has been a matter for local consideration since the move away from CF Hospitals input specifications in the 1980s. It has been argued that so long as the framework within which service providers operate is clearly defined then it should be left to their professional judgment as to how often things need to be cleaned to meet the overall need.

2. However this has contributed towards staff not knowing how often things should be cleaned or how to arrange extra cleaning when necessary both of which have caused clinic managers difficulty when making judgments about the level and quality of performance on behalf of their patients.

3. The challenge in setting out recommendations about cleaning frequencies is that clinics differ substantially in terms of their cleaning needs. Older clinics tend to take more looking after and the layout/design of space can impact significantly on the cleaning hours needed. Additionally, the presence of an Emergency Department will have a noticeable effect of the number of patients using the clinic and the time of day when things are at their busiest.

4. It is therefore important to note that the schedule set out in this chapter is a recommendation based on averages taken from open information sources across the health care spectrum. It should be used as a benchmark against which to compare current activity and future specifications. The following fixed/determined variables need to be accounted for locally;

- age/maintenance of the clinic (regardless of their location);
- cleaning staff productivity/motivation;
- issues concerning the recruitment and retention of staff;
- adequate supervision;
- the right kind of (and amount of) cleaning equipment;
- the use of conventional cleaning techniques;
- size (usage) of the clinic;
- type of clinic - acute (with and/or without an Emergency Department).

5. In general, clinics that have high levels of usage will need more cleaning than those that do not.

6. Different parts of a clinic (Functional Areas) will require cleaning at different frequencies depending on the level of risk posed from them not being or being inadequately cleaned. There are four such risk categories and these are:

- Very High (Critical);
- High (Sub-Critical);
- Significant (Non-Critical);
- Low (Fringe) .

7. Each has been assigned a different level of cleaning importance to deal with the varying clinical needs. Each Functional Area is made up of a number of elements floors, ceilings, equipment etc and

there are 49 such elements. Each risk category has been assigned a different level of cleaning frequency across the elements. Annex A provide you with the cleaning frequency by areas.

Equipment

All cleaning equipment to be used must be appropriate to the location and surface on which it is to be used. The safety of both the individual using it and the area where it is to be used needs to be ensured through providing adequate training on suitable and safe use as well as adequate maintenance.

Where specialized equipment is required, information should be included on how staff will be trained in its use. Appropriate uniforms and safety equipment as required in the use of different cleaning equipment and products must be available.

Products

The technical information should demonstrate requirements for different cleaning methods and products to treat different surfaces. The staff needs to be trained in the application of different products. Finally, the use of cleaning products should follow appropriate environmental considerations and be carried out regards of health, hygiene and safety of staff and the public. Annex B, provide you with a suggested list of cleaning/disinfectant products.

Annex A to CF H Svcs Gp HQ / Guide for Cleaning Services				
Element	Minimum Cleaning Frequency			
	Very High Risk / Critical	High Risk / Sub-Critical	Significant Risk / Non Critical	Low Risk / Fringe
1. Overall appearance	Continuous as required	Continuous as required	Continuous as required	Continuous as required
2. Odour control	Continuous as required	Continuous as required	Continuous as required	Continuous as required
3. Commodes, weighing scales, manual handling equipment	Clean Contact points after each use	Clean Contact points after each use	Clean Contact points after each use	N/A
4. Medical equipment e.g. Intravenous infusion pumps drip stand, pulse oximeters, etc. NOT CONNECTED TO A PATIENT (Med staff responsibility)	1 full clean daily and between patient use	1 full clean daily and between patient use	1 full clean daily and between patient use	N/A
5. Medical equipment e.g. Intravenous infusion pumps drip stand, pulse oximeters, etc. CONNECTED TO PATIENT (Med staff responsibility)	1 full clean daily and between patient use	1 full clean daily and between patient use	1 full clean daily and between patient use	N/A
6. Patient washbowls (Med staff responsibility)	1 full clean daily and between patient use	1 full clean daily and between patient use	1 full clean daily and between patient use	N/A
7. Bedside oxygen and suction connectors, earpiece for bedside entertainment system (Med staff responsibility)	1 full clean daily and between patient use	1 full clean daily and between patient use	1 full clean daily and between patient use	N/A
8. Patient fans	Case daily	1 full clean daily and between patient use (Case only)	Case daily	N/A
9. Bedside alcohol hand wash container, clipboards & notice boards.	1 full clean weekly	1 full clean monthly	1 full clean quarterly	N/A
10. Notes & drugs trolley (Med staff)	1 full clean daily and between patient use	1 full clean daily and between patient use	1 full clean daily and between patient use	N/A
11. Patient personal items e.g. cards, suitcase and personal use items e.g. soft toys and games consoles. (Med staff)	1 full clean weekly	1 full clean weekly	1 full clean weekly	N/A
12. Linen trolley	1 full clean daily and between patient use	1 full clean daily and between patient use	1 full clean daily and between patient use	N/A
13. Entrance/Exit	Contact points daily	Contact point clean daily	Contact points daily	As required
	1 full clean weekly	1 full clean weekly	1 full clean weekly	As required
	Dust removal 2 full clean daily	Dust removal 2 full clean daily	Dust removal 2 full clean daily	As required
	Wet mop 2 full clean daily	Wet mop 2 full clean daily	Wet mop 2 full clean daily	As required
	Machine clean weekly	Machine clean weekly	Machine clean weekly	As required

14. Stairs (Internal & external)	Dust removal 2 full clean daily	Dust removal 2 full clean daily	Dust removal 2 full clean daily	As required
	Wet mop 2 full clean daily	Wet mop 2 full clean daily	Wet mop 2 full clean daily	
15. External areas	Machine clean weekly	Machine clean weekly	Machine clean weekly	As required
	1 full clean daily	1 full clean daily	1 full clean daily	1 full clean weekly
16. Switches, sockets & data points	1 full clean daily	1 full clean daily	1 full clean daily	Check Clean weekly
	Check Clean daily	1 check clean daily	Check Clean weekly	
17. Walls For Ors, scrub daily, mop between each case, complete and thorough cleaning every three months	Dust weekly	1 full clean weekly (dust only)	Dust monthly	Washing once every 3 years
	Washing yearly	1 full Washing yearly	Washing yearly	1 check Dust monthly
18. Ceiling	Dust monthly	1 full clean monthly (dust only)	Dust monthly	Washing 3 yearly
	Washing yearly	1 full Washing yearly	Washing yearly	1 full clean weekly
19. All doors	1 full clean daily	1 check clean daily	1 Check clean daily	1 full clean weekly
	1 full clean daily	1 full clean weekly	1 full clean weekly	1 full clean weekly
20. All glazing including partitions	1 full clean daily	1 full clean daily	1 full clean daily	N/A
	1 full clean daily	1 full clean daily	1 full clean daily	1 full clean monthly
21. Mirrors	1 full clean daily	1 full clean daily	1 full clean daily	1 full clean monthly
	1 full clean daily	1 full clean daily	1 full clean daily	1 full clean monthly
22. Bedside patient TV	1 full clean daily	1 full clean daily	1 full clean daily	Dust removal 1 full clean weekly + 1 check clean weekly
	1 full clean daily	1 dust clean daily	1 full clean daily	Wet mop 1 full clean weekly + 1 check clean weekly
23. Radiators	1 full clean daily	1 full clean weekly	Dust removal daily	Machine clean quarterly
	1 full clean daily	1 full clean weekly	Dust removal daily	Strip & reseal 2 yearly
24. Ventilation grilles extract and inlets	Dust removal 2 full clean daily	Dust removal 1 full clean daily + 1 check clean daily	Strip yearly	Dust removal 1 full clean weekly + 1 check clean weekly
	Wet mop 2 full clean daily	Wet mop 1 full clean daily + 1 check clean daily	Dust removal daily	Wet mop 1 full clean weekly + 1 check clean weekly
25. Floor - Polished	Machine clean weekly	Machine clean weekly	Machine clean monthly	Machine clean quarterly
	Strip & reseal yearly	Strip & reseal yearly	Strip yearly	Strip & reseal 2 yearly
26. Floor - Non slp	Dust removal 2 full clean daily	Dust removal 1 full clean daily + 1 check clean daily	Dust removal daily	Dust removal 1 full clean weekly + 1 check clean weekly
	Wet mop 2 full clean daily	Wet mop 1 full clean daily + 1 check clean daily	Wet mop daily	Wet mop 1 full clean weekly + 1 check clean weekly
26. Floor - Non slp	Machine clean weekly	Machine clean weekly	Machine clean monthly	Machine clean quarterly
	Machine clean weekly	Machine clean weekly	Machine clean monthly	Machine clean quarterly

27. Soft floor	2 full clean daily	1 full clean daily + 1 check clean daily	1 full clean daily	1 full clean weekly + 1 check clean weekly
28. Pest control devices	Shampoo 6 monthly and as necessary inbetween Dust removal 1 full clean daily	Shampoo 6 monthly and as necessary inbetween Dust removal 1 full clean daily	Shampoo 12 monthly	Shampoo 2 yearly
29. Electrical items	Full clean monthly Dust removal 1 full clean daily	Full clean monthly Dust removal 1 full clean daily	Dust removal 1 full clean daily	Dust removal 1 full clean daily
30. Cleaning equipment	Full clean monthly	Full clean monthly	Full clean monthly	Full clean monthly
31. Low surfaces	Full clean after each use 2 daily	Full clean after each use 1 full clean daily + 1 check clean daily	Full clean after each use 1 full clean daily	Full clean after each use 1 full clean weekly
32. High surfaces	2 times weekly	1 full clean weekly + 1 check clean weekly	1 full clean weekly	1 full clean weekly
33. Chairs	Daily + 1 check clean	1 full clean daily + 1 check clean daily	1 full clean daily	1 full clean weekly
34 A. Beds (Hskp responsibility) 34 B. Gurneys & Exam Tables (Med staff responsibility)	Frame daily Under weekly	Frame daily Under weekly	Frame daily Under weekly	N/A
35. Lockers	Whole on discharge 2 daily	Whole on discharge 1 full clean daily + 1 check clean daily	Whole on discharge 1 full clean daily	N/A
36. Tables	2 daily	1 full clean daily + 2 check clean daily	1 full clean daily	1 full clean weekly
37. All dispensers and holders	Daily	Daily	Daily	N/A
38. Waste receptacles	Daily + 1 check clean	1 full clean daily + 1 check clean daily	1 full clean daily	1 full clean daily
39. Curtains & blinds	Deep clean weekly Clean, change or replace yearly Bed Curtains 3 monthly	Deep clean weekly Cleaned, changed or replaced yearly Bed Curtains change 6 monthly	1 Deep clean weekly Clean change or replace yearly Bed Curtains replace 12 monthly	1 Deep clean weekly Clean change or replace 2 yearly
40. Dishwasher	1 full + 2 check clean daily	1 full clean daily + 2 check clean daily	1 full clean daily	1 full clean daily
41. Fridge & freezer	3 Check cleans daily 1 full clean weekly	3 check cleans daily 1 full clean weekly (remove all content to clean)	3 check clean daily 1 full clean weekly	1 check clean daily 1 full clean weekly

42. Ice machine and hot water boiler (if on site for Med staff residents)	Daily check clean 1 full clean weekly	1 Daily check clean 1 full clean weekly	1 check clean daily 1 full clean weekly	As required (cafeteria or kitchen)
43. Kitchen cupboards (if on site for Med Staff residents)	1 full clean weekly	1 full clean weekly	1 full clean monthly	1 full clean quarterly (cafeteria or kitchen)
44. Microwave (if on site for Med Staff residents)	1 full + 2 check clean daily	1 full clean daily + 2 check cleans daily	1 full clean daily	1 full clean daily
45. Showers	1 full deep clean daily	1 full clean daily + deep clean every two weeks	As required	As required
46. Toilets & bidet	3 full cleans daily	2 full clean daily + 1 check clean daily	1 full clean daily	1 full clean daily
47. Replenishment	As required	As required	As required	As required
48. Sinks	2 full cleans daily	1 full clean daily + 1 check clean daily	1 full clean daily	1 full clean daily
49. Bath	1 full + 1 check clean daily	1 full clean daily + 1 check clean daily	1 full clean daily	1 full clean daily

Suggested Cleaning Products For Health Services Clinics and HS Administrative Facilities

Brand Name	Type	Intended for	Frequency of use
Carpets			
Formula 77	Shampoo	Carpets	As required
Chemspec – Spot Lifter	Spotter	Carpets	As required
Bye Bye Foam	De-foamer	Carpets	As required
Floors			
1 st Down	Sealer	Floors	As required, before stripping
Buckeye – Castleguard	Finish	Floors	As required after scrubbing
Buckeye – Revelation	Stripper	Floors	As required
Jontec Combi	Maintainer	Floors	Daily (use of machine)
Equity	Restorer / Burnisher	Floors	As required
Misc. Cleaners			
DRX	Germicidal Detergent	Floors/Surfaces in Patient Treatment areas, ORs, Washrooms	Daily and after every case in pt treatment areas incl. minor surgery
Virox5 & Cavi Wipes	Disinfectants	Against virucidal and bacteriacidal agents	As required
Citra-Solve	De-greaser	Floors, Surfaces, Walls	As required
SSN	Neutral cleaner	Office environment	Daily incl. dusting
Kleer-Pane	Glass Cleaner	Office environment	As required
Javex	Bleach	Floors, Toilets	Daily
Klinger	Cleaner	Toilet Bowls	Daily
Pledge	Polish	Furniture	As required
Old Dutch	Scouring Powder	Sinks, Toilets	Daily
Tendress	Hand Soap	General purposes	Replacement when required
Purell	Hand Sanitizer	Prevent infection	Replacement when required
Odour Eliminator	Air Freshener	Toilets, Garbage areas	Replacement when required
Hand Cleaner (Paste)	Waterless hand cleaner	Excellent for grease	As required
WD 40	Lubricant	Machinery, Doors etc.	As required
Laundry			
Laundry Det	Laundry Detergent	Cleaning soiled linens	Daily
Laundry Break	Heavy-Duty Laundry Detergent	Cleaning soiled linens	Daily
CHLOR-SAN 12	Bleach	Cleaning soiled linens	Daily
SOFT/SOUR	Fabric Softener	Cleaning soiled linens	Daily
Laundry Preen	Degreaser	Uniforms	As required

NOTES FROM COURSE:

Routine Practices L

- ◆ Hospital approved disinfectant should provide broad spectrum disinfection for the more common bacteria and viruses
- ◆ Cleaning procedures for additional precautions will require enhanced cleaning, based on the type of precautions used. E.g. contact precautions: privacy curtains should be changed between patients

Appendix E - Infection Prevention and Control in Canadian Forces Health Services Centres and Detachments

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Modifications

2018-05-25 Annex B of this Instruction has been reviewed. The most significant change is the use of the terms "observation", "opportunity" and "indication"

2017-06-15 New reference for hand hygiene training in Annex B.

2017-03-09 Addendum to the IPAC policy lists the annual deliverables expected from CF H Svcs Units.

2016-10-14 4070-01 has been updated to reflect the current structure and delivery of the Canadian Forces Infection Prevention and Control Program (minor process changes). This updated version also includes guidance on Methicillin-resistant *Staphylococcus aureus* and *Clostridium difficile* in the community setting.

Background

1. The Canadian Armed Forces (CAF) is committed to the health and safety of all patients, staff and visitors in the health services delivery system. Prevention of transmission of infection in the clinic setting is an important component of patient care and is of concern to healthcare providers, patients and CAF families. Programs for surveillance, prevention and control of infectious disease are now required as part of the overall national accreditation of Canadian Forces Health Services Centres and Detachments (CF H Svcs Cs and Dets).
2. This Instruction incorporates the key elements of the national and provincial standards of Infection Prevention and Control (IPAC), which are based on currently accepted scientific and evidence-based IPAC principles and strategies. Adherence to these standards will ensure that each CF H Svcs C and Det achieves an appropriate level of infection prevention and control for the outpatient clinic setting.

Purpose

3. This Instruction provides direction to CF H Svcs Cs and Dets regarding the following aspects of IPAC:
 - a. development and implementation of local infection control and prevention standard operating procedures (SOPs); and
 - b. education and training of CF H Svcs Cs and Det staff.

Scope

4. The CAF IPAC Program is a national program and the same IPAC standards will be practiced at all CF H Svcs Cs and Dets.

Application

5. This Instruction applies to all CAF personnel, Department of National Defence (DND) Public Servants, contractors and sub-contractors who provide health services to CAF members.
6. All providers of the Royal Canadian Dental Corps are to adhere to the Royal Canadian Dental Corps Infection Prevention Program A-MD-005-000/AA-001 (Ref A). This document is established on evidence-based infection prevention protocols that have been developed by several agencies including the Royal College of Dental Surgeons of Ontario, the Centers for Disease Control, and the Canadian Dental Association.

Definitions

Note: *Definitions are provided for the purpose of this Instruction.*

7. Infection Control - the prevention and control of infections acquired through the application of medical care or in medical care settings. This does not include community control measures.
8. Health Care Setting - Any location where health care is provided; in the CAF this primarily includes outpatient clinics.
9. Health Care Waste — Waste generated by health care establishments. Two categories of health care waste are biomedical and general waste. Biomedical waste is further divided into anatomical and non-anatomical waste.
 - a. Anatomical waste consists of tissues, organs, and body parts not including teeth, hair and nails; and
 - b. Non-Anatomical waste is generally limited to:
 - i. Sharps: sharps which have contacted animal or human blood, biological fluids or tissues consisting of needles, syringes, blades and clinical glass;
 - ii. Microbiology Laboratory waste: tissue or microbial cultures, and material contaminated by such cultures and live and attenuated vaccines; and
 - iii. Human blood and body fluid waste: human liquid blood or semiliquid blood and blood products; items contaminated with blood that would release liquid or semi-liquid blood, if compressed; any body fluids contaminated with blood; and body fluid excluding urine and feces that is removed in the course of surgery or treatment such as drainage collection systems and suction container contents.
 - c. General Waste:
 - i. Soiled dressings, sponges, diapers, incontinent pads, Personal Protective Equipment (PPE), disposable drapes, dialysis tubing and filters, empty specimen containers and pads that will not release liquid or semi-liquid blood if compressed;
 - ii. Isolation waste from contact, droplet or airborne precaution rooms unless otherwise directed; and
 - iii. Waste from offices, kitchens, washrooms or public areas.

General Direction

10. The Directorate Force Health Protection's Communicable Disease Control Program (DFHP/CDCP) will provide guidance regarding the elements and function of the overall IPAC program.
11. CF H Svcs Cs and Dets will:
 - a. appoint a local Clinic or Detachment IPAC coordinator according to the Terms of Reference in Annex A with the exception of the CF H Svc Cs in Halifax, Valcartier, Ottawa and Edmonton where full time IPAC nurses fulfill this role;

- b. develop, implement and periodically review local SOPs for infection control in accordance with this Instruction (where CF H Svcs C resources are embedded in a civilian or allied military health care facility, the infection control standard of the host facility will be applied under that facility's oversight);
- c. develop a local IPAC education plan to provide an appropriate level of ongoing education and training, regarding infection prevention and control, to all CF H Svc C and Det staff;
- d. conduct both hand hygiene (Annex B) and environmental cleaning audits (Ref B);
- e. participate in IPAC-related Quality Improvement activities; and
- f. ensure a mechanism is in place for communicating IPAC issues between CF H Svc C, CAF and civilian public health authorities.

General Requirements for all CF Health Services Centres and Dets

12. All CF H Svc Cs and Dets will develop and maintain local infection control and prevention SOPs in accordance with the current edition of the Public Health Ontario Provincial Infectious Disease Advisory Committee (PIDAC) publication "Infection Prevention and Control for Clinical Office Practice" (Ref C) with the following caveats:
- a. The consistent use of Routine Practices should suffice in the management of most patients colonized by an antibiotic resistant organism (ARO). The need for Contact Precautions should be assessed on a case-by-case basis considering the nature of the interaction with the patient and the potential for environmental contamination;
 - b. The disposal of anatomical and non-anatomical biomedical waste as defined above (paras 9a and 9b) falls under provincial jurisdiction. CF H Svcs Cs and Dets policies and procedures with regards to the handling of biomedical waste will reflect their respective provincial regulations;
 - c. The procedure for donning and doffing of PPE as part of transmission-based precautions will be performed IAW the IPAC Training Plan (Annex C); and
 - d. The following elements of the IPAC program are governed by existing CF H Svcs Policy and Instruction. Although the PIDAC guidelines may provide some useful additional information in the areas below, local IPAC policy and procedures shall reflect the following CF H Svcs guidance documents:
 - i. post-exposure prophylaxis for potential blood-borne infections (Ref D);
 - ii. tuberculin skin test screening of CF H Svcs Cs and Dets personnel (Ref E);
 - iii. environmental cleaning (housekeeping) (Ref B);
 - iv. sterilization of medical instruments (Ref F) (medical instruments that require high level disinfection as per the PIDAC Clinical Office Practice guidelines and are suitable for sterilization should be preferentially sterilized);
 - v. fit testing of N95 or equivalent respirators for use in airborne transmission precautions (Ref G); and
 - vi. the use, storage and transportation of immunizing agents (Ref H).
13. PIDAC Clinical Office Practice guidelines will be followed to develop local policy and procedures in the following areas:
- a. use of routine precautions for all patient encounters;
 - b. use of additional transmission-based precautions (airborne, droplet and contact precautions and the required PPE) Ref C, page 29, figure 22;
 - c. office/waiting room organization;
 - d. booking, reception and communicable disease triage (additional triage guidance can be found at Ref I);
 - e. prevention of the development of AROs as per Annex D Guidance for Methicillin-Resistant Staphylococcus aureus in the Community Setting (CA-MRSA); and
 - f. cleaning and disinfection (low, intermediate and high level) of medical

instruments when sterilization is not possible or appropriate.

Hand Hygiene

14. Clinics will participate in the Hand Hygiene program (Annex B) as implemented by DFHP/CDPC. When performed correctly, hand hygiene is the single most effective way to prevent the spread of communicable diseases and infections (Ref J).

Construction, Renovation and Maintenance of CF Health Service Centres and Detachments

15. DFHP/CDPC has adopted the Canadian Standards Association for Infection Control during the construction and renovation of all Healthcare Facilities (Ref K). Under the guidance of a Senior Preventive Medicine Technician (PMed Tech), IPAC coordinators should conduct a risk assessment prior to construction, renovation and maintenance projects within their clinics IAW the Infection Prevention and Control Canada (IPAC Canada) Construction Risk Assessment Matrix (Ref L). Completion of risk assessments allows P Med Techs and IPAC coordinators to discuss preventive health measures with Base Engineering and civilian contractors prior to the start of projects.

IPAC Training Plan

16. CF H Svcs Cs and Dets should train and maintain IPAC competencies for all clinical and non-clinical staff (military, civilian, incremental, clerical and contract (if contract provisions permit) in accordance with the IPAC Training Plan (Annex C).

Patient Safety Incident Reporting

17. Clinics and Detachments will document and report actual and potential patient safety incidents related to infection control as per CF H Svcs Gp Instruction 2000-09 'Incident Management — Patient Safety' (Ref M).

Surveillance

18. Surveillance, reporting and control of communicable diseases which arise will be IAW Ref N and is the responsibility of the supporting Base or Wing Surgeon actioned through the supporting Preventive Medicine technician.

Review of SOPs

19. Local IPAC SOPs should be reviewed by the clinic and detachment IPAC coordinator at least every two years.

Directorate Force Health Protection (DFHP)

20. DFHP will:
 - a. provide funding for IPAC training initiatives; and
 - b. set standards for training staff at all levels, which include:
 - i. general awareness training for all staff (Annex C); and
 - ii. training for IPAC coordinators (Annex C).

Reporting and Follow-up (for CF Health Service Centers)

21. CF H Svcs Cs and Dets will report **annually** to **DFHP/CDPC** on the following:

- a. training provided to staff, as outlined in the IPAC Training Plan (Annex C);
 - b. incidents relating to IPAC in accordance with Ref M (Patient Safety Incident Reporting data) specifically the number of incidents relating to IPAC; and
 - c. summary of hand hygiene compliance audits (Annex B).
- 22.CF H Svcs Cs and Dets will report **quarterly** to DFHP/CDCP on environmental cleaning audits (Ref B).

Microorganisms of Special Interest

23. Specific IPAC guidance regarding Methicillin-Resistant Staphylococcus Aureus (MRSA) and *Clostridium Difficile* in the community setting have been developed by DFHP/CDCP and is provided in Annex D and E respectively.

Responsibility

24. The table below describes the responsibilities associated with this Instruction.

The...	Is/are responsible for...
Directorate Force Health Protection Communicable Disease Control Program (D FHP/CDCP)	<ul style="list-style-type: none"> Developing IPAC and CD control direction and instruction; Providing IPAC related professional-technical advisory support; Funding for IPAC training initiatives; and Managing the national IPAC program on a day-to-day basis.
Directorate Health Services Personnel	<ul style="list-style-type: none"> Ensuring relevant Canadian Forces Health Services Training Centre course training plans for healthcare staff include core competencies for IPAC.
Regional/Joint Task Force Surgeon	<ul style="list-style-type: none"> Oversight of subordinate units on IPAC instruction compliance and implementation.
Clinic Manager	<ul style="list-style-type: none"> Providing organizational and logistical support for local IPAC standard operating procedures and implementation of clinic and detachment IPAC program IAW this Instruction.
Base/Wing Surgeon	<ul style="list-style-type: none"> Providing overall direction, implementation and oversight of the Clinic and Detachment IPAC program IAW this instruction at the B/W level; and Supervising the Clinic and Detachment IPAC Coordinator regarding clinic and detachment IPAC matters.
Clinic and Detachment IPAC Coordinator	<ul style="list-style-type: none"> Providing day-to-day IPAC instruction and implementation of Clinic and Detachment IPAC program in accordance with B/W Surg professional-technical direction.
Base/Wing Senior Preventive Medicine Technician	<ul style="list-style-type: none"> Provide oversight and guidance during construction and renovation of Healthcare Facilities, to include completion of risk assessment prior to construction, renovation and maintenance projects within the clinic.

References

- A. Royal Canadian Dental Corps Infection Prevention Program A-MD-005-000/AA-001 (PDF, 989 Kb)
- B. CF H Svcs Gp Order 4440-03, Environmental Cleaning and Disinfection Standards for Canadian Forces Health Services Centres and 1 Dental Unit Detachments.
- C. Public Health Ontario PIDAC Infection Prevention and Control In Clinical Office Practice, 2015 Edition publication.
- D. D FHP Advisory CDCP 2005-01, Post-Exposure Prophylaxis for Human Immunodeficiency Virus, Hepatitis B or Hepatitis C Exposure - replaced by Advisory 4400-09 Prevention and Management of Occupational Exposures to Blood Borne Pathogens in Canadian Forces Health Services Centres
- E. D FHP Standard 6636-68, Tuberculosis (TB) Control in the CAF
- F. CF H Svcs Gp Instruction 4070-05 Directives for all Clinics with a Central Sterile process Department.
- G. CF H Svcs Gp Instruction 4499-01, DND Respiratory Protection Program Medical Aspects.
- H. CDCP Standard 2007-02 (PDF, 183 Kb1, Immunization Standards for the Canadian Forces.
- I. DFHP Advisory CDCP 4410-20, Respiratory Protection Measures for Pandemic Influenza (Including for Human Cases of Avian Influenza) and Other Respiratory Disease Presentations.
- J. PIDAC Best Practices for Hand Hygiene 12014)4
- K. Canadian Standards Association (2012) Infection Control during Construction or Renovation of Health Care Facilities. (Can/ Z317.13-121. Mississauga. ON: Canadian Standards Association
- L. IPAC Canada Construction Risk Assessment Matrix Audit Tool Kit May 17, 2010, accessible on IPAC Sharepoint Site.
- M. CF H Svcs Gp Instruction 2000-09, Incident Management — Patient Safety.
- N. DFHP Standard CDCP 2003/06 Required Reporting of Communicable Disease from CF H Svcs Gp Units in Canada and Abroad.

Annexes

- A. Annex A - Terms of Reference Unit Infection Prevention and Control Coordinator
- B. Annex B - Hand Hygiene Program
- C. Annex C - Infection Prevention and Control Training Plan
- D. Annex D - Guidance for Methicillin-Resistant Staphylococcus aureus in the Community Setting (CA-MRSA)
- E. Annex E - Guidance for Clostridium Difficile in the Community Setting

Annex A to CF H Svcs Gp Instruction 4070-01

Terms of Reference

Clinic or Detachment Infection Prevention and Control Coordinator

Mission Statement

1. The purpose of the Clinic or Detachment Infection Prevention and Control (IPAC) Coordinator is to promote best practice in Infection Prevention and Control for Primary and Ambulatory Care through education, standards and advocacy.

Accountability

2. Is responsible to the Base Surgeon for IPAC professional technical guidance.
3. Reports to the designated manager or supervisor within the clinic or detachment as per the clinic's/detachment's organizational chart for administrative direction and support.

Scope of Responsibilities

4. Provides and coordinates on-going education and ad-hoc education to ensure appropriate IPAC policies and SOPs are being adhered to.
5. Participates in the CFHS IPAC workshops, education sessions and teleconferences as required.
6. Contributes to the development of teaching material for patients and staff.
7. Provides on-going feedback on clinic or detachment IPAC issues to the Directorate Force Health Protection/Communicable Disease Control Program (DFHP/CDCP).
8. Collaborates/liaises with other clinic/detachment health care providers such as the Preventive Medicine Technicians, Primary Care Nurses, Medical Technicians, and Laboratory Technicians etc., to discuss and address clinic/detachment IPAC issues as required.
9. Provide the Manager of Support Services or designated OPI with guidance on the required environmental cleaning for primary and ambulatory clinics when negotiating the cleaning contracts.
10. Is an ex-officio member of the Clinic Workplace Health and Safety Committee, when applicable.

Tasks

11. Coordinate and/or conduct annual IPAC education for clinic/detachment staff which is to include:
 - a. Use of routine practices and additional precautions;
 - b. Procedures for the proper donning and removal of personal protective equipment (PPE);
 - c. Hand Hygiene; and
 - d. Biomedical waste management.
12. Coordinate and/or conduct annual Hand Hygiene Audit.
13. Coordinate and/or conduct annual IPAC education for housekeeping staff, if contract permits.
14. Coordinate and/or conduct monthly and quarterly environmental cleaning audits as per Order 4440-03 (Ref B).
15. Develop, implement and review local Standard Operating Procedures (SOPs) for IPAC, every two years in collaboration with other health care providers.

16. Under the guidance of the Base/Wing Senior Preventive Medicine Technician, complete an infection control risk assessment before renovations and maintenance projects within the clinic using the IPAC Canada construction risk assessment matrix for construction, renovations and maintenance.
17. Provide annual reports on hand hygiene audits and IPAC education to DFHP/CDCP.
18. Coordinate the annual IPAC week at the CF H Svcs Clinic/Detachment. This could be simply an information table or specific IPAC activity. Ideas can be found in the IPAC Week folder on the sharepoint site.

Qualifications

19. The Clinic IPAC Coordinator is considered a secondary duty and can be assigned to a clinic health care provider such as RN or Med Tech (QL 6A or higher for Clinics or QL 5A or higher for Detachments).

Annex B to CF H Svcs Gp Instruction 4070-01

Hand Hygiene Program

General

Hand Hygiene

1. Hand hygiene refers to removing or killing microorganisms (germs) on the hands. When performed correctly, hand hygiene is the single most effective way to prevent the spread of communicable diseases and infections (Ref J).

Goal

2. To promote the education, training and monitoring of compliance with the correct hand hygiene practices in accordance with Public Health Ontario's "Just Clean Your Hands Program" and the Canadian Patient Safety Institute's (CPSI) Hand Hygiene initiative.

Responsibility

Directorate Force Health Protection/Communicable Disease Control Program (DFHP/CDCP)

3. DFHP/CDCP is responsible for development, implementation, coordination, evaluation and maintenance of the Hand Hygiene Program.

Clinic Managers

4. Clinic managers ensure hand hygiene education, training and audits are conducted annually, results are communicated to staff, and areas for improvement are acted upon.

Base Surgeon

5. The Base Surgeon is responsible for the CF H Svc C and Det Hand Hygiene Program and provides guidance to the IPAC coordinators on the implementation and on-going activities of the program.

CF H Svc C IPAC Nurse and/or IPAC Coordinator

6. The IPAC Nurse and/or IPAC Coordinator conducts the annual hand hygiene education, training and audits and provides feedback to the Base Surgeon on the results of the hand hygiene audit.

Components of the Hand Hygiene Program

Education and Training

7. Hand hygiene education and training will be provided annually to healthcare professional staff.

8. Hand Hygiene education and training tools are available at

<http://www.publichealthontario.ca/EN/Pactes/default.aspx> . You may choose **one** of the following deliveries for education on hand hygiene:

- a. Video/Power Point presentation — samples found on <http://www.oublithealthontario.ca/en/BrowseByTopic/InfectiousDiseases/JustCleanYourHands/Pactes/Just-Clean-Your-Hands.aspx> website titled "4 Moments for Hand Hygiene" video or powerpoint presentation from CFHS C (0) that can be found on the Infection Prevention and Control *Sharepoint* site; or
- b. Canadian Patient Safety Institute (CPSI) e-learning module - Healthcare professional staff can complete the CPSI — Canada's Hand Hygiene, Discovery Campus hand hygiene e-learning module which is found on the IPAC Canada webpage at: <http://ipac.discovervcampus.com/en/index.html>. A certificate of completion is provided at the end of the module; or
- c. DND Learn: IPAC Core Competencies Module "Health Care Provider Controls" provides education on hand hygiene; videos of both hand hygiene with soap and water and alcohol based hand rub. [Defence Learning Network](#)

Hand Hygiene Audit

9. A Hand Hygiene Audit will be conducted annually.

10. Instructions on how to use and complete the hand hygiene surveillance (observation) tool as well as training videos are found at [JCYH videos](#). Note that Hand Hygiene audit training materials use the terms observation, opportunity and indication.

- An observation is the time in which you are conducting the audit (eg. 30 minute session).
- An opportunity is the encounter with a patient/patient environment.
- An indication is the moment when the HCP should be performing hand hygiene. There may be many indications within an opportunity that you are observing and several opportunities within the observation period.

11. Indications are based on the 4 Moments of hand hygiene: Before initial patient/patient environment contact, Before aseptic procedure, After body fluid exposure risk (even if gloves are worn) and After patient/patient environment contact.

Number of Hand Hygiene indications to observe:

- a. Clinics with 3-5 Care Delivery Units are to observe 56 indications of hand hygiene;
- b. Clinics with 1-2 Care Delivery Units are to observe 20 indications of hand hygiene; and
- c. Detachments with less than 6 Health Care Providers are to complete one (1) self-assessment report which includes 10 indications where hand hygiene is required. [Self-Reporting Hand Hygiene Assessment - All Documents](#).

Note: Access to the IPAC Sharepoint site can be requested by contacting DFHP/CDGP at +DFHP Inquiries@CMP DGHS@Ottawa-Hull (OFHP-OPSFAVotces.ocsa).

12. A simplified Excel Data Base can be used to enter data and calculate the return rates. This can be accessed at the following link in the Hand Hygiene Audit Folder: Hand Hygiene Audit Tools - All Documents

13. A sample hand hygiene summary report can be found in the *Sharepoint* hand hygiene audit folder.

14. Results of the Hand Hygiene audit and staff compliance with proper hand hygiene technique will be communicated to clinic or detachment staff and included in the annual IPAC report to the designate at DFHP/CDPC. A reporting template will be sent out by DFHP/CDPC in early April and returns can be emailed to +DFHP Inquiries@CMP DGHS@Ottawa-Hull DFHP-DPSFaforces.ac.ca.

Annex C to CF H Svcs Gp Instruction 4070-01

Infection Prevention and Control Training Plan

Goal

1. To provide CF H Svc C and Det Infection Prevention and Control (IPAC) Coordinators and CF H Svcs C and Det clinic staff with up-to-date knowledge and training on the principles of infection prevention and control for primary and ambulatory care.

Responsibility

2. The Directorate of Force Health Protection/Communicable Disease Control Program (DFHP/CDCP) is responsible for the development, implementation, coordination, evaluation and maintenance of the Infection Prevention and Control Training Plan.
3. The focus of the IPAC Training Plan is the education and training of:
 - a. IPAC Coordinators; and
 - b. CF H Svcs C and Det Staff (includes professional and non-professional health care workers and housekeeping staff).

Education and Training for Clinic and Detachment IPAC Coordinators

Coordination of Training

4. DFHP/CDCP will facilitate the education and training for newly appointed CF H Svc C and Det IPAC Coordinators who have not received education and training in accordance with the IPAC Training Plan.
5. The Clinic Manager or his/her designate will notify DFHP/CDCP that their IPAC Coordinator requires education and training.
6. Access to education and training will be provided by the designate from DFHP/CDCP.

Education and Training Components

Component	Sub-components
Chain of Transmission	<ul style="list-style-type: none">• What causes infectious diseases and how infections are spread.
Routine Practices	<ul style="list-style-type: none">• Principles and components of Routine Practices
Additional Precautions	<ul style="list-style-type: none">• Principles and components of additional transmission-based precautions.
Hand Hygiene	<ul style="list-style-type: none">• Proper hand hygiene technique;• 4 moments for Hand Hygiene; and• Observation and analysis.
Personal Protective Equipment (PPE)	<ul style="list-style-type: none">• Donning and removing; and• Appropriate and required PPE items for specific activities, clinical presentations and specific diseases.

Antibiotic Resistant Organisms	<ul style="list-style-type: none"> • Current issues; and • Discuss regional resistance patterns; with assistance of B/W Surg review regional resistance patterns of common pathogens e.g. Antibiotic gram.
Cleaning and Disinfection for Primary Care Clinics	<ul style="list-style-type: none"> • CF H Svcs Gp Order 4440-03, Environmental Cleaning and Disinfection Standards for Canadian Forces Health Services Centres and 1 Dental Unit Detachments; and • Principles of cleaning and disinfecting.
Management of Sharps, Blood and Body Fluids Spills	<ul style="list-style-type: none"> • First aid activities for exposures to blood and body fluids.
Biomedical Waste Management	<ul style="list-style-type: none"> • Different waste streams and disposal requirements in a medical facility.
Fundamentals of Infection Control during Construction and Renovation of Health Care Facilities	<ul style="list-style-type: none"> • Under the guidance of the Base/Wing Senior Preventive Medicine Technician, conduct a construction risk assessment utilizing the IPAC Canada Construction Risk Assessment Matrix prior to all construction and renovation activities in the clinic.

Education and Training for CF H Svcs Centre Staff

7. Coordination of Training - The Clinic IPAC Nurse or the IPAC Coordinator is responsible for coordinating and/or conducting the annual IPAC education for centre staff and also the housekeeping staff (if the contract permits).
8. Education and training for professional and non-professional health care workers is to include:
 - a. Routine practices and additional precautions;
 - b. Procedures for the proper donning and removal of personal protective equipment (PPE);
 - c. Hand hygiene; and
 - d. Biomedical waste management.
9. Education and training for housekeeping staff to include:
 - a. Procedures for the proper donning and removal of personal protective equipment (PPE);
 - b. Hand hygiene;
 - c. Cleaning principles;
 - d. Choosing and using cleaning and disinfection products; and
 - e. Biomedical waste management.

Education and Training Resources

10. The DND Learn website provides on-line training for IPAC core competencies in English and French:
 - a. Routine Practices contains 5 modules:
 - i. Occupational Health and Safety (OHS Act, Staff exposure);
 - ii. Chain of Transmission and Risk Assessment;
 - iii. Health Care Provider Controls (Hand Hygiene and PPE);

- iv. Control of the Environment (Effective cleaning and disinfection); and
 - v. Administrative Control (Principles and roles of staff).
- b. URL: DND Learn

- i. English: hill:xi/eine-eiaifa.mil.ca/Saba/VWeb/Mainkioto/RedisterLaunchCatalon?offerinald=dowbt000000000 121360
- ii. French: <http://afille-eiaifa.mil.ca/Saba/Web/Mainoto/RegisterLaunchCatalog?offerinald=dowbt000000000 121363>

11. It is recommended that all modules be completed annually by the IPAC clinic Nurse or OPI. The Chain of Transmission and Risk Assessment, Health Care Provider Controls (PPE) and Control of the Environment modules can also be used as training tools for healthcare staff.

12. Other Public Health Ontario resources/in-services can be found at the following URLs:

- a. [Inservices on Demand](#) and
- b. [JCYH videos](#)

13. Additionally, there are Power Point presentations available on the IPAC Sharepoint covering the following topic areas:

- a. Donning and Doffing;
- b. Hand Hygiene Education and Audits;
- c. Biomedical Waste Management and Handling Blood Spills;
- d. Environmental Cleaning and Housekeeping Audits; and
- e. Construction and Renovation Risk Matrix.

14. Access to the IPAC Sharepoint site can be requested by contacting DFHP/CDCP at +DFHP Inquiries@CMP DGHS@Ottawa-Hull (DFHP-DPSF(c!forces.ac.ca)). 15. URL Sharepoint: <http://collaboration-cmo-com.forces.mil.ca/sites/OEH/IPAC>

Annex D to CF H Svcs Gp Instruction 4070-01

Guidance for Methicillin-Resistant Staphylococcus Aureus in the Community Setting (CA-MRSA)

General

Definitions

1. Methicillin Resistant Staphylococcus Aureus (MRSA) - Staphylococcus aureus resistant to all of the beta-lactam classes of antibiotics (such as penicillins, penicillinase-resistant penicillins (e.g., cloxacillin) and cephalosporins. MRSA has been associated with healthcare-associated infections and outbreaks.
2. Community Associated or CA-MRSA - strains linked to colonization and transmission in the community. These infections are not attributable to hospital stays or medical procedures within the previous year and can occur in otherwise healthy individuals. CA-MRSA infections appear as skin and soft tissue infections and are transmitted through close contact. Higher risk populations may include athletes, those living in congregate or overcrowded conditions, correctional facility residents, military personnel, and patients with recent or recurrent antibiotic use. CA-MRSA may still occur in persons with no risk factors.
3. Colonization - An individual with MRSA present, growing, and multiplying without clinical symptoms, tissue invasion or cellular injury is said to be "colonized". The sites where colonization most often occurs are the anterior nares, axillae, and the perineum. An individual may become colonized with MRSA but may never develop an MRSA infection.
4. Infection - An individual becomes infected when the bacteria invade the tissues and causes an immune response and cellular changes. This is accompanied by clinical signs of illness such as fever, elevated white blood count, purulence, and inflammation.

Transmission and Virulence

5. Although hospital-acquired (HA)-MRSA and CA-MRSA have genetic and phenotypical differences, both are transmitted in the same fashion, through direct skin-to-skin contact or contact with shared items or surfaces that have come into contact with someone else's colonized or infected skin. The successful transmission of any infectious disease requires a source, a susceptible host with a portal of entry, and a mode of transmission.

Diagnosis and Treatment

6. Mild and Moderate Disease Presentation
 - a. Minor skin and soft tissue infections (SSTIs) do not need to be routinely cultured for MRSA;
 - b. Cultures may be indicated if MRSA is suspected based on patient characteristics ([see algorithm \(PDF, 97 Kb\)](#));
 - c. Cornerstones of CA-MRSA management are incision and drainage of purulent lesions and proper follow-up wound care;
 - d. Systemic antibiotic treatment IS NOT recommended for minor SST's or small abscesses without cellulitis except in young infants and the immuno-compromised; and
 - e. Systemic antibiotic treatment is recommended for small abscesses with cellulitis and for larger abscesses ([see algorithm \(PDF, 97 Kb\)](#) for choice of antibiotics).
7. Severe or Unusual Disease Presentation

- a. Extensive cellulitis or multiple abscesses with associated systemic features;
- b. Necrotizing pneumonia, often with an influenza-like prodrome leading to shock or respiratory failure;
- c. Endocarditis; and/or
- d. Other presentations of MRSA may include osteomyelitis, pyomyositis, necrotizing fasciitis.

Prevention of MRSA Transmission

Goal

8. To prevent the transmission of MRSA/CA-MRSA in CF Health Services Centres by adherence to routine practice; hand hygiene, risk assessment for additional contact precautions and use of PPE, and environmental cleaning. Routine Practice assumes that everyone has an infectious process; therefore, the transmission of infectious microorganisms can be decreased through strict adherence to these practices.

Routine Practice and Additional Precautions

9. Quickly triage symptomatic patients out of the common waiting areas and move the patient to an examining room. If this is not possible, segregate the patient away from others.
10. Gloves are not required for routine health care activities in which contact is limited to intact skin of the client/patient/resident (e.g. taking blood pressure). Compliance with hand hygiene should always be the first consideration. Colonization with MRSA is frequently undetected; therefore, routine precautions must be used to prevent transmission from a potentially colonized individual.
11. Contact precautions should be implemented when caring for a patient with open wounds, drainage and skin lesions (non-intact skin). A single room is preferred for patients requiring contact precautions. Healthcare providers should wear gloves for any patient contact and for contact with items touched by the patient. Wear a gown for direct contact or if soiling of clothing is likely. Donning gown and gloves upon room entry and discarding before exiting the patient room is done to contain pathogens.
12. If skin lesions are present instruct the patient to:
 - a. Cover lesions to contain drainage or exudates;
 - b. Not share personal products that are in contact with the skin; for example: deodorant, razors, toothbrushes, towels, nail files, combs and brushes;
 - c. Not share unwashed towels;
 - d. Discard contaminated waste, including used dressings, in a safe and timely manner (e.g., into a garbage pail lined with a plastic bag, so the bag can be removed and tied without re-contaminating hands); and
 - e. Wash hands with soap and water or use alcohol-based hand rub after touching any skin lesions and potentially infected materials, such as soiled dressings.
13. After the patient leaves the examining room, immediately wipe all surfaces and patient care equipment (blood pressure cuff, stethoscope, etc.) that have been in contact with the patient, with a chlorine bleach solution of 1:100 concentration, or an approved hospital grade disinfectant such as a quaternary ammonium or hydrogen peroxide solution.
 - a. Hospital grade disinfectant wipes with approved hospital grade disinfectants in easy dispense containers are also available.

Screening and Decolonization

-
14. Routine screening for colonization of nares or other sites is NOT recommended.
 15. Decolonization should be considered only in exceptional circumstances, such as recurrent infections and transmission within a family. This should be done in consultation with an infectious disease specialist.

Reference

- A. Public Health Ontario PIDAC Infection Prevention and Control In Clinical Office Practice, 2015 Edition publication.

Annex E to CF H Svcs Gp Instruction 4070-01

Guidance for Clostridium Difficile (C Difficile) in the Community Setting

General

1. Clostridium difficile (C. difficile) is a Gram positive, spore-forming, anaerobic bacillus that causes infectious diarrhea by producing two toxins - toxin A (an enterotoxin) and toxin B (a cytotoxin). C. difficile infection (CDI) is defined as:
 - a. community-acquired if symptom onset occurs in the community or within 48 hours of admission to a hospital, after no hospitalization in the past 12 weeks;
 - b. hospital-acquired if onset of symptoms occurs more than 48 hours after admission to or less than 4 weeks after discharge from a health care facility; or
 - c. indeterminate if symptom onset occurs in the community between 4 and 12 weeks after discharge from a hospital (Ref A).
2. Community-acquired CDI has been described in populations previously considered to be at low risk, including healthy peripartum women, children and young adults, antibiotic-naïve patients, and those with no recent health care exposure (Ref A).
3. As CDI is strongly associated with previous antibiotic use, antimicrobial stewardship is believed to have a role in preventing and terminating C. difficile infection outbreaks (Ref B).
4. Exposure to C. difficile in outpatient settings may provide a possible link in the chain between nosocomial CDI and community-acquired CDI. More than 80% of CDI patients discharged from hospital had an outpatient clinic visit within 12 weeks of discharge in one study and CDI patients have been known to shed spores even after completion of therapy.

Transmission and Virulence

5. The primary means of transmission of CDI is believed to be from environment-to-person or person-to-person via the fecal-oral route. The organism is ingested either as the vegetative form or as spores.
6. Compared to other healthcare-associated bacterial pathogens, environmental contamination around CDI patients is thought to be a relatively more significant factor in cross-transmission to others. This is because C. difficile, being a spore-forming microorganism, persists in the environment longer and resists routine disinfection processes more than non-spore forming bacteria.

Triage and Management

7. Patients with an acute diarrheal illness should be placed into a single examining room with a dedicated toilet whenever possible and as soon as possible. The patient suspected or confirmed to have CDI should be asked to perform hand hygiene.
8. Patients with diarrhea or other symptoms (e.g., nausea ± vomiting, fever, abdominal pain/tenderness) should be assessed in a timely manner. If CDI is suspected a stool specimen should be obtained and sent to the laboratory for testing. Contact Precautions should be used for

- all patients with suspected CDI. Clinical assessment of symptomatic patients and initiation of appropriate antimicrobial therapy should occur as soon as possible.
9. Testing for CDI or its toxins should only be performed on unformed, diarrheal stool (i.e. loose, watery stool). (Ref B)
 10. Repeat testing during the same episode of diarrhea or follow-up for "test of cure" should not be done.

Prevention of CDI Transmission

Goal

11. To prevent the transmission of CDI in CF Health Services Centres by adherence to Routine Practices, hand hygiene, risk assessment for additional Contact Precautions and use of PPE, and environmental cleaning. Routine Practice assumes that everyone has an infectious process; therefore, the transmission of infectious microorganisms can be decreased through strict adherence to these practices.

Routine Practice and Additional Precautions

12. Contact Precautions should be implemented empirically, at onset of diarrhea, for patients with acute diarrhea, suspected or confirmed to be CDI, and not otherwise explained.
13. Signage should be placed at the entrance to the examination room or other visible location to identify the need for Contact Precautions.
14. Hand Hygiene with soap and water are theoretically more effective at removing spores than Alcohol Based Hand Rub (ABHR). However, the use of gloves for care of patients with CDI minimizes hand contamination and has been shown to reduce transmission of *C. difficile*. Effective hand hygiene is essential to limit the spread of *C. difficile*:
 - a. use meticulous hand hygiene with either soap and water or alcohol-based hand rub (ABHR);
 - b. when a dedicated staff hand washing sink is immediately available, hands should be washed with soap and water after glove removal;
 - c. when a dedicated staff hand washing sink is not immediately available, hands should be cleaned using ABHR, after glove removal; and
 - d. education should be provided to the patient regarding hand hygiene.
15. When visible soil is present and running water is not immediately available (e.g., water shut down, home care, field), moistened towelettes may be used to remove the visible soil, followed by ABHR.

Personal Protective Equipment

16. Personal protective equipment for Contact Precautions should be provided outside the examination room. Healthcare workers should use the following personal protective equipment for patients suspected or confirmed to have CDI:
- a. Gloves:
 - i. should be worn to enter the examination room during the care of the patient and for contact with the patient's environment; and
 - ii. should be removed and discarded into a no-touch waste receptacle and hand hygiene should be performed upon exiting the examination room.
 - b. Gowns:
 - i. a fluid resistant long-sleeved gown should be worn if it is anticipated that clothing or forearms will be in direct contact with the patient or with environmental surfaces or objects in the patient care environment; and

- ii. the gown should be put on before entering the examination room. The gown should be removed and discarded into a no-touch receptacle immediately after the indication for use and hand hygiene should be performed before leaving the examination room.

Environmental Cleaning

- 17. *C. difficile* is readily killed in the vegetative form with hospital-grade disinfectants, but the spores can persist and be spread by contact. Specialized cleaning and disinfection practices are required to remove and kill the spores (Ref C).
- 18. Visible or gross soiling and/or blood or body fluid spills must be removed prior to cleaning. All horizontal and frequently touched surfaces in examination room of the patient suspected/confirmed to have CDI should be cleaned with a sporicidal liquid solution/wipe, paying particular attention to "high touch" areas/items. Surfaces are to remain wet for the appropriate product contact time in accordance with label claims.
- 19. Reusable non-critical equipment (blood pressure cuffs, stethoscopes, pulse oximeters, etc.) should be dedicated to the use of the patient suspected/confirmed to have CDI, and should be cleaned and disinfected with a hospital grade sporicidal solution/wipe before reuse.
- 20. Notify housekeeping if the washroom was used by a suspected or confirmed case of CDI and request an additional cleaning with a sporicidal agent. Toilet bowl brushes should be dedicated to one specific toilet and not be reused. Disposable toilet bowl brushes should be considered.
- 21. No special precautions are required for linen; Routine Practices are sufficient and include the following:
 - a. soiled linen should be placed in a no-touch receptacle at the point of use;
 - b. soiled linen should be handled with minimum agitation to avoid contamination of air, surfaces and persons;
 - c. soiled linen should be sorted and rinsed outside of patient care areas; and
 - d. heavily soiled linen should be rolled or folded to contain the heaviest soil in the centre of the bundle. Solid fecal matter may be removed using a gloved hand. If used, toilet tissue should be placed into a toilet for flushing.

Education of Healthcare Workers, Patients, Families

- 22. All healthcare workers should receive education on CDI, including measures to control its spread and their role in identifying and acting on new onset diarrhea. Education should reinforce that Routine Practices, Contact Precautions, and safe work practices, (e.g. no eating or drinking in patient care areas) protect healthcare workers from acquiring CDI in the healthcare setting.
- 23. Patients and families should be educated about the precautions being used as well as the prevention of transmission of infection to others, with a particular focus on hand hygiene.

Occupational Health

- 24. Health care providers are not at increased risk of acquiring CDI occupationally if they follow Routine Practices, including hand hygiene, for all patient interactions, and use Contact Precautions when caring for patients with CDI (Ref D).

Reporting of CDI

25.Cases of CDI are to be reported to D FHP by email at: +DFHP Inquiries@CMP
DGHS@Ottawa-Hull (intranet/DWAN) or DFHP-DPSF@forces.gc.ca (internet).

References

- A. Community-acquired Clostridium difficile infection: an increasing public health threat (english only).
- B. Clostridium Difficile Infection
- C. Best Practices for Environmental Cleaning for Prevention and Control of Infections in All Health Care Settings - 2nd edition, Public Health Ontario, Provincial Infectious Diseases Advisory Committee, 2012.
- D. Public Health Ontario - Annex C: Testing, Surveillance and Management of Clostridium difficile 2013

ANNEX B BASIS OF PAYMENT

- Firm Prices are in Canadian dollars.
- Firm Prices include all costs related to providing the service described in the Statement of Work such as the cost of supervision, supplies, equipment, etc.
- GST is not included in the unit prices but will be added to any invoice issued against the Contract as a separate item.
- Firm Prices must be provided for all items. If no price is provided it will be taken as "0"

Contract Year 1: (Bidder to complete)

A. Scheduled Work: all-inclusive monthly rate for scheduled services described in Annex A						
Item	Description	Firm Monthly Rate (A)	Cleanable Area (B)	Rate/ m ² per month (A÷B)	Months (C)	Annual Extended Rate (AxC)
1	Bldg. 417 Main floor Low Risk areas	\$_____/month	3387.8m ² (total scheduled)	\$_____/m ² /mo.	12	\$_____
2	Bldg. 417 Main floor Significant Risk areas	\$_____/month	1657 m ² (total scheduled)	\$_____/m ² /mo.	12	\$_____
3	Bldg. 417 Main Floor High Risk Areas	\$_____/month	290.3 m ² (total scheduled)	\$_____/m ² /mo.	12	\$_____
4	Bldg. 417 Second Floor Low Risk Areas	\$_____/month	2251.7 m ² (total scheduled)	\$_____/m ² /mo.	12	\$_____
5	Bldg. 417 Second floor Significant Risk areas	\$_____/month	1456.3 m ² (total scheduled)	\$_____/m ² /mo.	12	\$_____
6	Bldg. 417 Second Floor High Risk Areas	\$_____/month	490.5 m ² (total scheduled)	\$_____/m ² /mo.	12	\$_____
7	Bldg. 417 Second Floor Very High Risk Areas	\$_____/month	649.2 m ² (total scheduled)	\$_____/m ² /mo.	12	\$_____
Contract Year 1 Scheduled Work Total Evaluated Bid Price (before tax)						\$_____
B. Unscheduled Work: Work that arises from-time-to-time, such as emergency clean-ups, and work that has been identified as upon request in the Statement of Work, Annex A.						
Item	Description	Firm Hourly Rate (A)	Estimated Usages (B)	Extended Rate (AxB)		
1	All-inclusive hourly rate for cleaning not already scheduled, Monday – Friday during regular working hours.	\$_____/Hour	250 hours	\$_____		
2	All-inclusive hourly rate for cleaning not already scheduled, Monday – Friday outside regular working hours.	\$_____/Hour	250 hours	\$_____		
3	All-inclusive hourly rate for cleaning not already scheduled, outside regular working hours, weekends and statutory holidays	\$_____/Hour	250 hours	\$_____		
Contract Year 1 Unscheduled Work Total Evaluated Bid Price (before tax)						\$_____
C. Area to be added / deleted:						
<p>In the case of the addition or elimination of cleanable space, the change in the amount of space of the contract shall be calculated using the firm (monthly) rate per m² identified above, and in accordance with the following formula:</p> <p>The firm monthly rate per m² for Scheduled Cleaning operations shall be multiplied by twelve months divided by two hundred and fifty working days. This amount shall be multiplied by the additional or eliminated m². The ensuing amount shall then be multiplied by the number of days the additional space will be cleaned or eliminated. The resulting amount shall then constitute the sum by which the contract shall be increased or decreased.</p>						

Contract Year 2: (Bidder to complete)

A. Scheduled Work: all-inclusive monthly rate for scheduled services described in Annex A						
Item	Description	Firm Monthly Rate (A)	Cleanable Area (B)	Rate/ m ² per month (A÷B)	Months (C)	Annual Extended Rate (A×C)
1	Bldg. 417 Main floor Low Risk areas	\$_____/month	3387.8m ² (total scheduled)	\$_____/m ² /mo.	12	\$_____
2	Bldg. 417 Main floor Significant Risk areas	\$_____/month	1657 m ² (total scheduled)	\$_____/m ² /mo.	12	\$_____
3	Bldg. 417 Main Floor High Risk Areas	\$_____/month	290.3 m ² (total scheduled)	\$_____/m ² /mo.	12	\$_____
4	Bldg. 417 Second Floor Low Risk Areas	\$_____/month	2251.7 m ² (total scheduled)	\$_____/m ² /mo.	12	\$_____
5	Bldg. 417 Second floor Significant Risk areas	\$_____/month	1456.3 m ² (total scheduled)	\$_____/m ² /mo.	12	\$_____
6	Bldg. 417 Second Floor High Risk Areas	\$_____/month	490.5 m ² (total scheduled)	\$_____/m ² /mo.	12	\$_____
7	Bldg. 417 Second Floor Very High Risk Areas	\$_____/month	649.2 m ² (total scheduled)	\$_____/m ² /mo.	12	\$_____
Contract Year 2 Scheduled Work Total Evaluated Bid Price (before tax)						\$_____

B. Unscheduled Work: Work that arises from-time-to-time, such as emergency clean-ups, and work that has been identified as upon request in the Statement of Work, Annex A.				
Item	Description	Firm Hourly Rate (A)	Estimated Usages (B)	Extended Rate (A×B)
1	All-inclusive hourly rate for cleaning not already scheduled, Monday – Friday during regular working hours.	\$_____/Hour	250 hours	\$_____
2	All-inclusive hourly rate for cleaning not already scheduled, Monday – Friday outside regular working hours.	\$_____/Hour	250 hours	\$_____
3	All-inclusive hourly rate for cleaning not already scheduled, outside regular working hours, weekends and statutory holidays	\$_____/Hour	250 hours	\$_____
Contract Year 2 Unscheduled Work Total Evaluated Bid Price (before tax)				\$_____

C. Area to be added / deleted:
<p>In the case of the addition or elimination of cleanable space, the change in the amount of space of the contract shall be calculated using the firm (monthly) rate per m² identified above, and in accordance with the following formula:</p> <p>The firm monthly rate per m² for Scheduled Cleaning operations shall be multiplied by twelve months divided by two hundred and fifty working days. This amount shall be multiplied by the additional or eliminated m². The ensuing amount shall then be multiplied by the number of days the additional space will be cleaned or eliminated. The resulting amount shall then constitute the sum by which the contract shall be increased or decreased.</p>

Contract Year 3: (Bidder to complete)

A. Scheduled Work: all-inclusive monthly rate for scheduled services described in Annex A						
Item	Description	Firm Monthly Rate (A)	Cleanable Area (B)	Rate/ m ² per month (A÷B)	Months (C)	Annual Extended Rate (AxC)
1	Bldg. 417 Main floor Low Risk areas	\$_____/month	3387.8m ² (total scheduled)	\$_____/m ² /mo.	12	\$_____
2	Bldg. 417 Main floor Significant Risk areas	\$_____/month	1657 m ² (total scheduled)	\$_____/m ² /mo.	12	\$_____
3	Bldg. 417 Main Floor High Risk Areas	\$_____/month	290.3 m ² (total scheduled)	\$_____/m ² /mo.	12	\$_____
4	Bldg. 417 Second Floor Low Risk Areas	\$_____/month	2251.7 m ² (total scheduled)	\$_____/m ² /mo.	12	\$_____
5	Bldg. 417 Second floor Significant Risk areas	\$_____/month	1456.3 m ² (total scheduled)	\$_____/m ² /mo.	12	\$_____
6	Bldg. 417 Second Floor High Risk Areas	\$_____/month	490.5 m ² (total scheduled)	\$_____/m ² /mo.	12	\$_____
7	Bldg. 417 Second Floor Very High Risk Areas	\$_____/month	649.2 m ² (total scheduled)	\$_____/m ² /mo.	12	\$_____
Contract Year 3 Scheduled Work Total Evaluated Bid Price (before tax)						\$_____

B. Unscheduled Work: Work that arises from-time-to-time, such as emergency clean-ups, and work that has been identified as upon request in the Statement of Work, Annex A.				
Item	Description	Firm Hourly Rate (A)	Estimated Usages (B)	Extended Rate (AxB)
1	All-inclusive hourly rate for cleaning not already scheduled, Monday – Friday during regular working hours.	\$_____/Hour	250 hours	\$_____
2	All-inclusive hourly rate for cleaning not already scheduled, Monday – Friday outside regular working hours.	\$_____/Hour	250 hours	\$_____
3	All-inclusive hourly rate for cleaning not already scheduled, outside regular working hours, weekends and statutory holidays	\$_____/Hour	250 hours	\$_____
Contract Year 3 Unscheduled Work Total Evaluated Bid Price (before tax)				\$_____

C. Area to be added / deleted:
<p>In the case of the addition or elimination of cleanable space, the change in the amount of space of the contract shall be calculated using the firm (monthly) rate per m² identified above, and in accordance with the following formula:</p> <p>The firm monthly rate per m² for Scheduled Cleaning operations shall be multiplied by twelve months divided by two hundred and fifty working days. This amount shall be multiplied by the additional or eliminated m². The ensuing amount shall then be multiplied by the number of days the additional space will be cleaned or eliminated. The resulting amount shall then constitute the sum by which the contract shall be increased or decreased.</p>

Option Year 1: (Bidder to complete)

A. Scheduled Work: all-inclusive monthly rate for scheduled services described in Annex A						
Item	Description	Firm Monthly Rate (A)	Cleanable Area (B)	Rate/ m ² per month (A÷B)	Months (C)	Annual Extended Rate (AxC)
1	Bldg. 417 Main floor Low Risk areas	\$_____/month	3387.8m ² (total scheduled)	\$_____/m ² /mo.	12	\$_____
2	Bldg. 417 Main floor Significant Risk areas	\$_____/month	1657 m ² (total scheduled)	\$_____/m ² /mo.	12	\$_____
3	Bldg. 417 Main Floor High Risk Areas	\$_____/month	290.3 m ² (total scheduled)	\$_____/m ² /mo.	12	\$_____
4	Bldg. 417 Second Floor Low Risk Areas	\$_____/month	2251.7 m ² (total scheduled)	\$_____/m ² /mo.	12	\$_____
5	Bldg. 417 Second floor Significant Risk areas	\$_____/month	1456.3 m ² (total scheduled)	\$_____/m ² /mo.	12	\$_____
6	Bldg. 417 Second Floor High Risk Areas	\$_____/month	490.5 m ² (total scheduled)	\$_____/m ² /mo.	12	\$_____
7	Bldg. 417 Second Floor Very High Risk Areas	\$_____/month	649.2 m ² (total scheduled)	\$_____/m ² /mo.	12	\$_____
Option Year 1 Scheduled Work Total Evaluated Bid Price (before tax)						\$_____

B. Unscheduled Work: Work that arises from-time-to-time, such as emergency clean-ups, and work that has been identified as upon request in the Statement of Work, Annex A.				
Item	Description	Firm Hourly Rate (A)	Estimated Usages (B)	Extended Rate (AxB)
1	All-inclusive hourly rate for cleaning not already scheduled, Monday – Friday during regular working hours.	\$_____/Hour	250 hours	\$_____
2	All-inclusive hourly rate for cleaning not already scheduled, Monday – Friday outside regular working hours.	\$_____/Hour	250 hours	\$_____
3	All-inclusive hourly rate for cleaning not already scheduled, outside regular working hours, weekends and statutory holidays	\$_____/Hour	250 hours	\$_____
Option Year 1 Unscheduled Work Total Evaluated Bid Price (before tax)				\$_____

C. Area to be added / deleted:

In the case of the addition or elimination of cleanable space, the change in the amount of space of the contract shall be calculated using the firm (monthly) rate per m² identified above, and in accordance with the following formula:

The firm monthly rate per m² for Scheduled Cleaning operations shall be multiplied by twelve months divided by two hundred and fifty working days. This amount shall be multiplied by the additional or eliminated m². The ensuing amount shall then be multiplied by the number of days the additional space will be cleaned or eliminated. The resulting amount shall then constitute the sum by which the contract shall be increased or decreased.

Option Year 2: (Bidder to complete)

A. Scheduled Work: all-inclusive monthly rate for scheduled services described in Annex A						
Item	Description	Firm Monthly Rate (A)	Cleanable Area (B)	Rate/ m ² per month (A÷B)	Months (C)	Annual Extended Rate (A×C)
1	Bldg. 417 Main floor Low Risk areas	\$_____/month	3387.8m ² (total scheduled)	\$_____/m ² /mo.	12	\$_____
2	Bldg. 417 Main floor Significant Risk areas	\$_____/month	1657 m ² (total scheduled)	\$_____/m ² /mo.	12	\$_____
3	Bldg. 417 Main Floor High Risk Areas	\$_____/month	290.3 m ² (total scheduled)	\$_____/m ² /mo.	12	\$_____
4	Bldg. 417 Second Floor Low Risk Areas	\$_____/month	2251.7 m ² (total scheduled)	\$_____/m ² /mo.	12	\$_____
5	Bldg. 417 Second floor Significant Risk areas	\$_____/month	1456.3 m ² (total scheduled)	\$_____/m ² /mo.	12	\$_____
6	Bldg. 417 Second Floor High Risk Areas	\$_____/month	490.5 m ² (total scheduled)	\$_____/m ² /mo.	12	\$_____
7	Bldg. 417 Second Floor Very High Risk Areas	\$_____/month	649.2 m ² (total scheduled)	\$_____/m ² /mo.	12	\$_____
Option Year 2 Scheduled Work Total Evaluated Bid Price (before tax)						\$_____

B. Unscheduled Work: Work that arises from-time-to-time, such as emergency clean-ups, and work that has been identified as upon request in the Statement of Work, Annex A.				
Item	Description	Firm Hourly Rate (A)	Estimated Usages (B)	Extended Rate (A×B)
1	All-inclusive hourly rate for cleaning not already scheduled, Monday – Friday during regular working hours.	\$_____/Hour	250 hours	\$_____
2	All-inclusive hourly rate for cleaning not already scheduled, Monday – Friday outside regular working hours.	\$_____/Hour	250 hours	\$_____
3	All-inclusive hourly rate for cleaning not already scheduled, outside regular working hours, weekends and statutory holidays	\$_____/Hour	250 hours	\$_____
Option Year 2 Unscheduled Work Total Evaluated Bid Price (before tax)				\$_____

C. Area to be added / deleted:

In the case of the addition or elimination of cleanable space, the change in the amount of space of the contract shall be calculated using the firm (monthly) rate per m² identified above, and in accordance with the following formula:

The firm monthly rate per m² for Scheduled Cleaning operations shall be multiplied by twelve months divided by two hundred and fifty working days. This amount shall be multiplied by the additional or eliminated m². The ensuing amount shall then be multiplied by the number of days the additional space will be cleaned or eliminated. The resulting amount shall then constitute the sum by which the contract shall be increased or decreased.

ANNEX C INSURANCE REQUIREMENTS

Commercial General Liability Insurance

1. The Contractor must obtain Commercial General Liability Insurance, and maintain it in force throughout the duration of the Contract, in an amount usual for a contract of this nature, but for not less than \$2,000,000 per accident or occurrence and in the annual aggregate.
2. The Commercial General Liability policy must include the following:
 - a. Additional Insured: Canada is added as an additional insured, but only with respect to liability arising out of the Contractor's performance of the Contract. The interest of Canada should read as follows: Canada, as represented by Public Works and Government Services Canada.
 - b. Bodily Injury and Property Damage to third parties arising out of the operations of the Contractor.
 - c. Products and Completed Operations: Coverage for bodily injury or property damage arising out of goods or products manufactured, sold, handled, or distributed by the Contractor and/or arising out of operations that have been completed by the Contractor.
 - d. Personal Injury: While not limited to, the coverage must include Violation of Privacy, Libel and Slander, False Arrest, Detention or Imprisonment and Defamation of Character.
 - e. Cross Liability/Separation of Insureds: Without increasing the limit of liability, the policy must protect all insured parties to the full extent of coverage provided. Further, the policy must apply to each Insured in the same manner and to the same extent as if a separate policy had been issued to each.
 - f. Blanket Contractual Liability: The policy must, on a blanket basis or by specific reference to the Contract, extend to assumed liabilities with respect to contractual provisions.
 - g. Employees and, if applicable, Volunteers must be included as Additional Insured.
 - h. Employers' Liability (or confirmation that all employees are covered by Worker's compensation (WSIB) or similar program)
 - i. Broad Form Property Damage including Completed Operations: Expands the Property Damage coverage to include certain losses that would otherwise be excluded by the standard care, custody or control exclusion found in a standard policy.
 - j. Notice of Cancellation: The Contractor will provide the Contracting Authority thirty (30) days prior written notice of policy cancellation or any changes to the insurance policy.
 - k. If the policy is written on a claims-made basis, coverage must be in place for a period of at least 12 months after the completion or termination of the Contract.

Sollicitation No. - N° de l'invitation
W684E-19SE01/A
Client Ref. No. - N° de réf. du client
W684E-19SE01

Amd. No. - N° de la modif.
File No. - N° du dossier
EDM-9-42130

Buyer ID - Id de l'acheteur
EDM206
CCC No. - N° CCC /FMS No. - N° VME

ANNEX D SECURITY REQUIREMENTS CHECK LIST



Government
of Canada

Gouvernement
du Canada

Contract Number / Numéro du contrat

W684E-19ES01

Security Classification / Classification de sécurité

UNCLASSIFIED

SECURITY REQUIREMENTS CHECK LIST (SRCL) LISTE DE VÉRIFICATION DES EXIGENCES RELATIVES À LA SÉCURITÉ (LVERS)

PART A - CONTRACT INFORMATION / PARTIE A - INFORMATION CONTRACTUELLE		
1. Originating Government Department or Organization / Ministère ou organisme gouvernemental d'origine		2. Branch or Directorate / Direction générale ou Direction
DND		RPOU (West)
3. a) Subcontract Number / Numéro du contrat de sous-traitance		3. b) Name and Address of Subcontractor / Nom et adresse du sous-traitant
4. Brief Description of Work / Brève description du travail		
Medical Facility Cleaning Services		
5. a) Will the supplier require access to Controlled Goods? Le fournisseur aura-t-il accès à des marchandises contrôlées?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Non Oui		
5. b) Will the supplier require access to unclassified military technical data subject to the provisions of the Technical Data Control Regulations? Le fournisseur aura-t-il accès à des données techniques militaires non classifiées qui sont assujetties aux dispositions du Règlement sur le contrôle des données techniques?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Non Oui		
6. Indicate the type of access required / Indiquer le type d'accès requis		
6. a) Will the supplier and its employees require access to PROTECTED and/or CLASSIFIED information or assets? Le fournisseur ainsi que les employés auront-ils accès à des renseignements ou à des biens PROTÉGÉS et/ou CLASSIFIÉS? (Specify the level of access using the chart in Question 7. c) (Préciser le niveau d'accès en utilisant le tableau qui se trouve à la question 7. c)		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Non Oui		
6. b) Will the supplier and its employees (e.g. cleaners, maintenance personnel) require access to restricted access areas? No access to PROTECTED and/or CLASSIFIED information or assets is permitted. Le fournisseur et ses employés (p. ex. nettoyeurs, personnel d'entretien) auront-ils accès à des zones d'accès restreintes? L'accès à des renseignements ou à des biens PROTÉGÉS et/ou CLASSIFIÉS n'est pas autorisé.		
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Non Oui		
6. c) Is this a commercial courier or delivery requirement with no overnight storage? S'agit-il d'un contrat de messagerie ou de livraison commerciale sans entreposage de nuit?		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Non Oui		
7. a) Indicate the type of information that the supplier will be required to access / Indiquer le type d'information auquel le fournisseur devra avoir accès		
Canada <input type="checkbox"/>	NATO / OTAN <input type="checkbox"/>	Foreign / Étranger <input type="checkbox"/>
7. b) Release restrictions / Restrictions relatives à la diffusion		
No release restrictions Aucune restriction relative à la diffusion <input type="checkbox"/>	All NATO countries Tous les pays de l'OTAN <input type="checkbox"/>	No release restrictions Aucune restriction relative à la diffusion <input type="checkbox"/>
Not releasable À ne pas diffuser <input type="checkbox"/>		
Restricted to: / Limité à: <input type="checkbox"/>	Restricted to: / Limité à: <input type="checkbox"/>	Restricted to: / Limité à: <input type="checkbox"/>
Specify country(ies): / Préciser le(s) pays:	Specify country(ies): / Préciser le(s) pays:	Specify country(ies): / Préciser le(s) pays:
7. c) Level of information / Niveau d'information		
PROTECTED A PROTÉGÉ A <input type="checkbox"/>	NATO UNCLASSIFIED NATO NON CLASSIFIÉ <input type="checkbox"/>	PROTECTED A PROTÉGÉ A <input type="checkbox"/>
PROTECTED B PROTÉGÉ B <input type="checkbox"/>	NATO RESTRICTED NATO DIFFUSION RESTREINTE <input type="checkbox"/>	PROTECTED B PROTÉGÉ B <input type="checkbox"/>
PROTECTED C PROTÉGÉ C <input type="checkbox"/>	NATO CONFIDENTIAL NATO CONFIDENTIEL <input type="checkbox"/>	PROTECTED C PROTÉGÉ C <input type="checkbox"/>
CONFIDENTIAL CONFIDENTIEL <input type="checkbox"/>	NATO SECRET NATO SECRET <input type="checkbox"/>	CONFIDENTIAL CONFIDENTIEL <input type="checkbox"/>
SECRET SECRET <input type="checkbox"/>	COSMIC TOP SECRET COSMIC TRÈS SECRET <input type="checkbox"/>	SECRET SECRET <input type="checkbox"/>
TOP SECRET TRÈS SECRET <input type="checkbox"/>		TOP SECRET TRÈS SECRET <input type="checkbox"/>
TOP SECRET (SIGINT) TRÈS SECRET (SIGINT) <input type="checkbox"/>		TOP SECRET (SIGINT) TRÈS SECRET (SIGINT) <input type="checkbox"/>

TBS/SCT 350-103(2004/12)

Security Classification / Classification de sécurité
UNCLASSIFIED

Canada

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W684E-19SE01/A
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W684E-19SE01

Amd. No. - N° de la modif.
File No. - N° du dossier
EDM-9-42130

Buyer ID - Id de l'acheteur
EDM206
CCC No. - N° CCC /FMS No. - N° VME



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PART A (continued) / PARTIE A (suite)

8. Will the supplier require access to PROTECTED and/or CLASSIFIED COMSEC information or assets?
Le fournisseur aura-t-il accès à des renseignements ou à des biens COMSEC désignés PROTÉGÉS et/ou CLASSIFIÉS? ☒ No ☐ Yes
Non Oui

If Yes, indicate the level of sensitivity:

Dans l'affirmative, indiquer le niveau de sensibilité :

9. Will the supplier require access to extremely sensitive INFOSEC information or assets?
Le fournisseur aura-t-il accès à des renseignements ou à des biens INFOSEC de nature extrêmement délicate? ☒ No ☐ Yes
Non Oui

Short Title(s) of material / Titre(s) abrégé(s) du matériel :

Document Number / Numéro du document :

PART B - PERSONNEL (SUPPLIER) / PARTIE B - PERSONNEL (FOURNISSEUR)

10. a) Personnel security screening level required / Niveau de contrôle de la sécurité du personnel requis

- | | | | |
|---|---|---|--|
| <input checked="" type="checkbox"/> RELIABILITY STATUS
COTE DE FIABILITÉ | <input type="checkbox"/> CONFIDENTIAL
CONFIDENTIEL | <input type="checkbox"/> SECRET
SECRET | <input type="checkbox"/> TOP SECRET
TRÈS SECRET |
| <input type="checkbox"/> TOP SECRET - SIGINT
TRÈS SECRET - SIGINT | <input type="checkbox"/> NATO CONFIDENTIAL
NATO CONFIDENTIEL | <input type="checkbox"/> NATO SECRET
NATO SECRET | <input type="checkbox"/> COSMIC TOP SECRET
COSMIC TRÈS SECRET |
| <input type="checkbox"/> SITE ACCESS
ACCÈS AUX EMPLACEMENTS | | | |

Special comments: Unscreened personnel can only be used for work in reception zones and other public
Commentaires spéciaux : and public access areas.

NOTE: If multiple levels of screening are identified, a Security Classification Guide must be provided.

REMARQUE : Si plusieurs niveaux de contrôle de sécurité sont requis, un guide de classification de la sécurité doit être fourni.

10. b) May unscreened personnel be used for portions of the work?
Du personnel sans autorisation sécuritaire peut-il se voir confier des parties du travail? ☐ No ☒ Yes
Non Oui *ME*
If Yes, will unscreened personnel be escorted?
Dans l'affirmative, le personnel en question sera-t-il escorté? ☒ No ☐ Yes
Non Oui

PART C - SAFEGUARDS (SUPPLIER) / PARTIE C - MESURES DE PROTECTION (FOURNISSEUR)

INFORMATION / ASSETS / RENSEIGNEMENTS / BIENS

11. a) Will the supplier be required to receive and store PROTECTED and/or CLASSIFIED information or assets on its site or premises?
Le fournisseur sera-t-il tenu de recevoir et d'entreposer sur place des renseignements ou des biens PROTÉGÉS et/ou CLASSIFIÉS? ☒ No ☐ Yes
Non Oui

11. b) Will the supplier be required to safeguard COMSEC information or assets?
Le fournisseur sera-t-il tenu de protéger des renseignements ou des biens COMSEC? ☒ No ☐ Yes
Non Oui

PRODUCTION

11. c) Will the production (manufacture, and/or repair and/or modification) of PROTECTED and/or CLASSIFIED material or equipment occur at the supplier's site or premises?
Les installations du fournisseur serviront-elles à la production (fabrication et/ou réparation et/ou modification) de matériel PROTÉGÉ et/ou CLASSIFIÉ? ☒ No ☐ Yes
Non Oui

INFORMATION TECHNOLOGY (IT) MEDIA / SUPPORT RELATIF À LA TECHNOLOGIE DE L'INFORMATION (TI)

11. d) Will the supplier be required to use its IT systems to electronically process, produce or store PROTECTED and/or CLASSIFIED information or data?
Le fournisseur sera-t-il tenu d'utiliser ses propres systèmes informatiques pour traiter, produire ou stocker électroniquement des renseignements ou des données PROTÉGÉS et/ou CLASSIFIÉS? ☒ No ☐ Yes
Non Oui

11. e) Will there be an electronic link between the supplier's IT systems and the government department or agency?
Disposera-t-on d'un lien électronique entre le système informatique du fournisseur et celui du ministère ou de l'agence gouvernementale? ☒ No ☐ Yes
Non Oui

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PART C - (continued) / PARTIE C - (suite)

For users completing the form **manually** use the summary chart below to indicate the category(ies) and level(s) of safeguarding required at the supplier's site(s) or premises.

Les utilisateurs qui remplissent le formulaire **manuellement** doivent utiliser le tableau récapitulatif ci-dessous pour indiquer, pour chaque catégorie, les niveaux de sauvegarde requis aux installations du fournisseur.

For users completing the form **online** (via the Internet), the summary chart is automatically populated by your responses to previous questions.

Dans le cas des utilisateurs qui remplissent le formulaire **en ligne** (par Internet), les réponses aux questions précédentes sont automatiquement saisies dans le tableau récapitulatif.

SUMMARY CHART / TABLEAU RÉCAPITULATIF

Category Catégorie	PROTECTED PROTÉGÉ			CLASSIFIED CLASSIFIÉ			NATO				COMSEC					
	A	B	C	CONFIDENTIAL CONFIDENTIEL	SECRET	TOP SECRET TRÈS SECRET	NATO RESTRICTED NATO DIFFUSION RESTREINTE	NATO CONFIDENTIAL NATO CONFIDENTIEL	NATO SECRET	COSMIC TOP SECRET COSMIC TRÈS SECRET	PROTECTED PROTÉGÉ			CONFIDENTIAL	SECRET	TOP SECRET TRÈS SECRET
											A	B	C			
Information / Assets Renseignements / Biens Production																
IT Media / Support TI																
IT Link / Lien électronique																

12. a) Is the description of the work contained within this SRCL PROTECTED and/or CLASSIFIED?
La description du travail visé par la présente LVERS est-elle de nature PROTÉGÉE et/ou CLASSIFIÉE?

☒ No
Non ☐ Yes
Oui

If Yes, classify this form by annotating the top and bottom in the area entitled "Security Classification".
Dans l'affirmative, classifiez le présent formulaire en indiquant le niveau de sécurité dans la case intitulée
« Classification de sécurité » au haut et au bas du formulaire.

12. b) Will the documentation attached to this SRCL be PROTECTED and/or CLASSIFIED?
La documentation associée à la présente LVERS sera-t-elle PROTÉGÉE et/ou CLASSIFIÉE?

☒ No
Non ☐ Yes
Oui

If Yes, classify this form by annotating the top and bottom in the area entitled "Security Classification" and indicate with attachments (e.g. SECRET with Attachments).
Dans l'affirmative, classifiez le présent formulaire en indiquant le niveau de sécurité dans la case intitulée
« Classification de sécurité » au haut et au bas du formulaire et indiquer qu'il y a des pièces jointes (p. ex. SECRET avec des pièces jointes).

ANNEX F TASK AUTHORIZATION USAGE REPORT

The Contractor must provide quarterly Task Authorization (TA) usage reports. The Contractor agrees that it is their responsibility to implement a system for tracking TAs under this Contract for the purposes of providing usage reports. This is to ensure that the Limitation of Expenditure indicated for "as and when requested" Work under this Contract is not exceeded.

Each Task Authorization Usage Report must include all the completed TAs for goods and services supplied under this Contract.

Task Authorization Usage Report Submission Schedule:

PERIOD OF WORK	REPORT DUE
1 st quarter: 01 April to 30 June	15 July
2 nd quarter: 01 July to 30 September	15 October
3 rd quarter: 01 October to 31 December	15 January
4 th quarter: 01 January to 31 March	15 April

The Contractor must provide information on each completed TA using the following format:

TA NUMBER	TA DOLLAR VALUE (GST INCLUDED)	CUMULATIVE TA DOLLAR VALUE (GST INCLUDED)	COMMENTS
Total Dollar Value of TAs for this Period:			
Accumulated TAs to Date (Cumulative Dollar Value + Period Dollar Value):			

[] Check this box if you are submitting a **NIL REPORT** (We have not done any business with Canada under this Contract, for this period).

SEND TO:

GU-APST@pwgsc.gc.ca

Or

Facsimile: (780) 497-3510

ANNEX G EVALUATION CRITERIA

Mandatory Evaluation Criteria (Bidder to provide Reference Page and Paragraph for each Article)

To be considered responsive, a bid must meet all of the following **Mandatory Evaluation Criteria AT BID CLOSING**. Bidders must demonstrate their ability to meet those requirements. Bids not meeting all of the mandatory requirements will be given no further consideration.

Article	Description	Met	Not Met	Bidder's Reference Page and Paragraph	Evaluator's Rationale
M1	The Bidder's proposal must fully demonstrate that their proposed on-site Manager has a minimum of two (2) years of hospital building cleaning experience in the last ten (10) years (from the bid closing date) and has a minimum of three (3) years of experience supervising ten (10) or more personnel within the past five (5) years (from the bid closing date). A person of equal qualification shall be employed with the company in the on-site supervisor role for the entire period of the contract.				

Point-rated Evaluation Criteria (Bidder to provide Reference Page and Paragraph for each Article)

The proposals will be evaluated on the basis of the following criteria; therefore, bidders are advised to address each area in sufficient depth to show clearly how effectively the work will be done.

Article	Description	Points Available	Points Received	Bidder's Reference Page and Paragraph	Evaluator's Rationale
ORGANIZATION AND MANAGEMENT					
P1	Performance of Work: Demonstrate that the Contractor will perform all services as specified in the Statement of Work, Annex "A"; provide an outline demonstrating how the following services will be managed: a) B-417 (low risk) b) B-417 (significant risk) c) B-417 (high risk) d) B-417 (very high risk) Total points available for P1 = 20 points maximum	5 points 5 points 5 points 5 points			

P2	<p>Overall Contractor's Organization:</p> <p>Provide resumes for key personnel to demonstrate level of education and experience with the Contractor as they related to assigned roles and responsibilities.</p> <p>1) Key Position 1 - Highest level of education achieved:</p> <p>a) High School Diploma b) College Diploma c) Undergraduate Degree d) Master's Degree</p> <p>Key Position 1 – Number of Years at this level within the company</p> <p>e) 12 – 23 months f) 24 – 35 months g) 36 – 47 months h) 48 + months</p> <p>2) Key Position 2 - Highest level of education achieved:</p> <p>i) High School Diploma j) College Diploma k) Undergraduate Degree l) Master's Degree</p> <p>Key Position 2 – Number of Years at this level within the company</p> <p>m) 12 – 23 months n) 24 – 35 months o) 36 – 47 months p) 48 + months</p> <p>3) Key Position 3 - Highest level of education achieved:</p> <p>q) High School Diploma r) College Diploma s) Undergraduate Degree t) Master's Degree</p>	<p>1 point 2 points 3 points 4 points</p> <p>1 point 2 points 3 points 4 points</p> <p>1 point 2 points 3 points 4 points</p> <p>1 point 2 points 3 points 4 points</p> <p>1 point 2 points 3 points 4 points</p>			
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	Key Position 3 – Number of Years at this level within the company	1 point 2 points 3 points 4 points			
P3	<p>u) 12 – 23 months v) 24 – 35 months w) 36 – 47 months x) 48 + months</p> <p>Total points available for P2 = 24 points maximum</p> <p>Team assigned to this Contract:</p> <p>Indicate the number of personnel that will be utilized to carry out the services.</p> <p>Number of supervisors (who may also be cleaners)</p> <p>a) 1 supervisor per shift</p> <p>Number of day cleaners</p> <p>b) 4 day cleaners c) 5 day cleaners d) 5 day cleaners</p> <p>Number of weekend cleaners</p> <p>e) - 4 weekend cleaners f) 5 weekend cleaners g) 6weekend cleaners</p> <p>Number of resources and capacity to provide additional resources, if and when required</p> <p>h) 2 additional resources available on call 24/7 i) 4 additional resources available on call 24/7 j) 6 additional resources available on call 24/7</p> <p>Total points available for P3 = 10 points maximum</p>	<p>1 point 2 points 3 points 4 points</p> <p>1 point 2 points 3 points</p> <p>1 point 2 points 3 points</p> <p>1 point 2 points 3 points</p> <p>1 point 2 points 3 points</p>			

P4	<p>Monitoring of Contractor's Staff:</p> <p>Describe the Contractor's intended methods to supervise and monitor the staff to ensure the work performance adheres to the Quality Standards specified in the Request for Proposal.</p> <p>a) Supervisor on site 40 hours/week b) ISO 9000 Certified company</p> <p>Total points available for P4 = 15 points maximum</p>	5 points 10 points			
P5	<p>Resolution of Problems:</p> <p>Provide a description of how you would resolve issues related to staff shortage, absenteeism or other reasons.</p> <p>a) Recruitment strategies b) Employee retention</p> <p>Total points available for P5 = 10 points maximum</p>	5 points 5 points			
P6	<p>Equipment List:</p> <p>Demonstrate that the Contractor is able to supply all equipment required to carry out the Work. Provide a list of mechanical equipment, including specifications, age of equipment (not used for assessment but for information purposes only) and quantities, the Contractor will have available to carry out the services.</p> <p>a) Min - 3 no. of vacuums, 3 no. of floor machines & auto scrubbers combined b) Min - 6 no. of Janitor carts 2 no. wet vacuums c) Min - 4 no. of buckets/mops, 6 brooms dustpans d) Min -, 8 dry mops, 20 wet floor signs e) Min – 2 vehicles for transporting resources, supplies and for supervision f) Min – 10% back-up for all required equipment</p> <p>Total points available for P6 = 30 points maximum</p>	5 points 5 points 5 points 5 points 5 points			

P7	<p>Materials and Products List:</p> <p>Demonstrate that the Contractor is able to supply all materials or products required to carry out the Work. Provide a list of the materials or products, including the brand name and/or manufacturer, your firm intends to use to carry out the services. Indicate if they are environmentally friendly as 10 points extra are awarded as indicated.</p> <ul style="list-style-type: none"> a) Germicidal type soap b) General Purpose type soap c) Stain removing, spot cleaning, heavy duty clears d) Environmentally friendly <p>Total points available for P7 = 25 points maximum</p>	<p>5 points</p> <p>5 points</p> <p>5 points</p> <p>10 points</p>			
P1-7 Maximum Points Available:					134
P1-7 Minimum Acceptable Score (80%):					107.2
P1-7 Total Bidder Points:					
P1-7 Bidder Score %:					
HEALTH & SAFETY					
P8	<p>Health and Safety Practices:</p> <p>Describe the type of training provided to employees to maintain a healthy and safe working environment and to adhere to all health and safety measures pertaining to accident prevention and fire hazards recommended by National, Provincial and/or Territorial codes and/or prescribed by the authorities having jurisdiction concerning the equipment, work habits, and procedures.</p> <ul style="list-style-type: none"> a) Health and Safety Practices Document / Manual <p>Provide proof of the following certification which all resources have received the following training:</p>	5 points			

	b) First Aid Level 1 c) Two week medical facility training d) Green Cleaning e) Contractor Safety Orientation Checklist f) WHMIS (Workplace Hazardous Materials Information System) g) Weekly Safety Meetings/Safety Toolbox Talk h) Floor Maintenance Total points available for P9 = 75 points maximum	10 points 10 points 15 points 10 points 10 points 5 points 10 points			
P9	Emergency Cleanups: A detailed plan for the response to emergency cleanups including but not limited to floods due to natural causes or sewer back-up. a) Contact information b) 1-2 resources available with security clearance c) 2-4 resources available d) Under 1 hour response time e) Back-up plan Total points available for P9 = 25 points maximum	5 points 5 points 5 points 5 points 5 points			
P8-9 Maximum Points Available:		100			
P8-9 Minimum Acceptable Score (80%):		80			
P8-9 Total Bidder Points:					
P8-9 Bidder Score %:					

QUALITY ASSURANCE

P10	Quality Assurance Program:				
	A demonstration the quality standards described herein shall be strictly adhered to as it relates to the Contractor's commitment towards a quality organization and the Contractor's method of maintaining and improving quality services. Provide a detailed description of the Quality Assurance Program currently employed by the Contractor, including the employee involvement.				
	<ul style="list-style-type: none"> a) Bidder's Quality Assurance Manual b) ISO9000 Certification c) Bidder's Quality Assurance Manual + ISO9000 Certification 	20 points 30 points 40 points			
P11	Total points available for P10= 40 points maximum Quality Service Training:				
	Percentage of resources who have received all training described at P8 b, c, d, e, f, g, and h.				
	<ul style="list-style-type: none"> a) 50% of employees have received all required training b) 75% of employees have received all required training c) 100 % of employees have received all required training 	10 points 20 points 30 points			
P12	Total points available for P11 = 30 points maximum Resolution of Problems:				
	Provide a description of how you would resolve issues related to quality of service due to poor performance, absenteeism or other reasons.				
	<ul style="list-style-type: none"> a) Bidder's Problem Resolution Manual b) ISO9000 Certification c) Bidder's Problem Resolution Manual + ISO9000 Cert. Certification 	10 points 20 points 30 points			
	Total points available for P12= 30 points maximum				

P10-12 Maximum Points Available:		100	
P10-12 Minimum Acceptable Score (80%):		80	
P10-12 Total Bidder Points:			
P10-12 Bidder Score %:			
SUPERVISOR(S) EXPERTISE & EXPERIENCE			
P13	<p>Qualifications, training & experience sought when assigning and/or hiring a supervisor.</p> <p>Supervisors' relevant courses taken:</p> <ul style="list-style-type: none"> a) Effective Leadership and Coaching b) Advanced Custodial Training c) Medical facility training <p>Total points available for P13= 20 points maximum</p>	<p>5 points 5 points 10 points</p>	
P14	<p>Supervisor's Performance:</p> <p>Describe how the Contractor would identify what factors would indicate that the on-site Supervisor is not performing his/her duties adequately and what the Contractor would do to remedy the situation and a contingency plan to be followed if performance is deemed below quality standards by its senior personnel.</p> <ul style="list-style-type: none"> a) Bidder's On-Site Supervisor Evaluation Manual b) Bidder's On-Site Supervisor Remedial Plan c) Bidder's On-Site Supervisor Contingency Plan <p>Total points available for P14= 30 points maximum</p>	<p>10 points 10 points 10 points</p>	

P13-14 Maximum Points Available:	50
P13-14 Minimum Acceptable Score (80%):	40
P13-14 Total Bidder Points:	
P13-14 Bidder Score %:	
TOTAL MAXIMUM POINTS AVAILABLE:	384
BIDDER'S TOTAL SCORE:	

Sollicitation No. - N° de l'invitation
W684E-19SE01/A
Client Ref. No. - N° de réf. du client
W684E-19SE01

Amd. No. - N° de la modif.
File No. - N° du dossier
EDM-9-42130

Buyer ID - Id de l'acheteur
EDM206
CCC No. - N° CCC /FMS No. - N° VME

ANNEX H TO PART 3 OF THE BID SOLICITATION
ELECTRONIC PAYMENT INSTRUMENTS
(Bidder to complete as applicable)

The Bidder accepts to be paid by any of the following Electronic Payment Instrument(s):

- ☐ () VISA Acquisition Card;
- ☐ () MasterCard Acquisition Card;
- ☐ () Direct Deposit (Domestic and International);
- ☐ () Electronic Data Interchange (EDI);
- ☐ () Wire Transfer (International Only).