



RETURN BIDS TO:

RETOURNER LES SOUMISSIONS À:

Bid Receiving Public Works and Government
Services Canada/Réception des soumissions Travaux
publics et Services gouvernementaux Canada
1713 Bedford Row
Halifax, N.S./Halifax, (N.É.)
Halifax
Nova Scotia
B3J 1T3
Bid Fax: (902) 496-5016

**SOLICITATION AMENDMENT
MODIFICATION DE L'INVITATION**

The referenced document is hereby revised; unless otherwise
indicated, all other terms and conditions of the Solicitation
remain the same.

Ce document est par la présente révisé; sauf indication contraire,
les modalités de l'invitation demeurent les mêmes.

Comments - Commentaires

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

Issuing Office - Bureau de distribution
Atlantic Region Acquisitions/Région de l'Atlantique
Acquisitions
1713 Bedford Row
Halifax, N.S./Halifax, (N.É.)
Halifax
Nova Scot
B3J 1T3

Title - Sujet Janitorial Srv, Stadacona Hospital	
Solicitation No. - N° de l'invitation W684H-210010/A	Amendment No. - N° modif. 003
Client Reference No. - N° de référence du client W684H-21-0010	Date 2020-11-24
GETS Reference No. - N° de référence de SEAG PW-SHAL-122-6070	
File No. - N° de dossier HAL-0-84033 (122)	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM Atlantic Daylight Saving Time ADT on - le 2020-12-01 Heure Avancée de l'Atlantique HAA	
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: Chinye (HAL), Chukwudi	Buyer Id - Id de l'acheteur hal122
Telephone No. - N° de téléphone (902) 401-7604 ()	FAX No. - N° de FAX (902) 496-5016
Destination - of Goods, Services, and Construction: Destination - des biens, services et construction:	

Instructions: See Herein

Instructions: Voir aux présentes

Delivery Required - Livraison exigée	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

Amendment 003 is raised to answer the questions below

Question 1: Can you provide us with the number of Staff that work in the building on daily basis?

Answer to Question 1: Approximately 250 military and civilian.

Question 2: How many Military staff are treated on a daily basis?

Answer to Question 2:

The clinic offers a variety of services including but not limited to in-patient services, physiotherapy, dentistry, mental health and specialty services. The clinic also provides administrative support to patients. As a result, acquiring an accurate number of patients visiting the clinic on a daily basis would be very complex.

Question 3: During the site visit there was an area that was under construction. In the past the construction company cleans as they need to. If not, it would be hard for any company to keep these areas clean. Will they need to clean these areas?

Answer to Question 3: For sites under construction, the typical method of operation that the construction contractors are responsible for cleaning inside construction areas. This is because there is usually either specific cleaning protocol or equipment as it relates to IPAC for construction and renovations, and this work is detailed in a formalized IPAC plan submitted by the construction contractors. The clinic housekeeping team would have some increased responsibilities surrounding construction, but their responsibilities would include their normal contracted duties prior to and following construction (example: DND may require them to clean a space outside of their typical routine before a project starts/after construction, but their cleaning tasks would remain the same), or sometimes increased frequency of cleaning outside of construction areas due to increased foot traffic. This additional is usually captured in "as when and requested" cleaning.

Question 4: You indicate that an Operating Procedures Manual is required. Is a table of contents sufficient for bid purposes?

Answer to Question 4: A table of contents should be sufficient. The operating procedures manual should contain policy and procedure from the contracted company (example: the finalized contract, their own employee requirements, safety standards, etc), but should also contain unit standards (cleaning frequencies and requirements, relevant Standard Operating Procedures (SOPs). It would be ideal if management and supervisors were also well versed with the contents of the operating procedure manual, as in the past there had been significant misunderstanding of contractual obligations by housekeeping contractor's management and supervisors, which filters down to the front line staff as they do not have access to this resources currently.

Question 5: You indicate that a separate mop head for each clinical room and washroom are required. Can we assume that macrofibre is preferred?

Answer to Question 5: Microfibre is acceptable for mops, industry best practice indicates that all mop heads should be laundered at end of day (EOD) (example: a clean mop head should be used in each room, and not reused a second day. daily laundry is not the requirement). This is in accordance with (IAW) Public Health Ontario's Best Practice for Environmental Cleaning for Prevention and Control of infections in All Health Care Settings, 2018 Ed (Appendix 11, pg 148 -<https://www.publichealthontario.ca/-/media/documents/b/2018/bp-environmental-cleaning.pdf?la=en>)

Question 6: In the Scope of service, Section 2.17.5 indicates that that noncritical medical equipment is to be cleaned and disinfected. We do not see a list of this equipment. Can we assume that the list provided in r2018 PIDAC Best Practices for Environmental Cleaning is equivalent or will you provide an equipment list?

Solicitation No. - N° de l'invitation
W684H-210010/A
Client Ref. No. - N° de réf. du client
W684H-210010

Amd. No. - N° de la modif.
amd 003
File No. - N° du dossier
HAL-0-84033

Buyer ID - Id de l'acheteur
hal122
CCC No./N° CCC - FMS No./N° VME

Answer to Question 6: The cleaning of all medical equipment, including non-critical items, is the responsibility of our health care providers. This also extends to surfaces that may have medical equipment or papers stored in/on them; these surfaces are the responsibility of healthcare providers so that the integrity of the equipment is maintained and documents that could potentially contain patient information is not compromised.

Question 7: You indicate that the pick-up of Biomedical waste is to be done daily. Will CytoToxic/Antineoplasty waste be part of that waste stream?

Answer to Question 7: Biomedical waste is not done daily, as the clinic does not generate enough biomedical waste to merit this. Typically there are 1-2 days per week that Janitorial staff may collect biomed waste from the various departments/ location in the clinic. At last review of DND biomedical waste process (Mar-April 2020) there is cytotoxic or antineoplastic waste generated on site. At the present time, waste is collected every Wednesday.

Question 8: Should we be EPA registered in addition to Health Canada registered with Drug Identification Number. Our standard is disinfectants that are registered with Health Canada DIN # that also appear on Health Canada's Cov 19 Hard Disinfectant List. As the EPA is a US Approval, should we only be proposing disinfectants that meet both criteria?

Answer to Question 8: ADMIE- Assistant Deputy Minister (Infrastructure & Environment) (ADMIE)- Real Properties Operations (Halifax)RPOS(H) has directed all product approved for cleaning on the base shall come from Health Canada's Hard-surface disinfectants and hand sanitizers (COVID-19) list: List of disinfectants with evidence for use against COVID-19. This is also a requirement in Maritime Forces Atlantic (MARLANT) for housekeeping staffs that we support.<<https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html>>

Question 9: During the site visit, Chelsea MacAulay, the IPAC Nurse made it very clear that whichever company that is awarded the contract must have Infectious Control Trained cleaning staff before they can enter the building.?? The only way this could happen would be is that the names of the proposed staff be included in their Tender Response along with their Reliability Status confirmation along with their number and a copy of their Infectious Control Certificates.

Answer to Question 9: The successful contractor will have to provide the proof of the basic training in Infectious Control from an industry training body prior to commencing the contract but after contract award. All other training will be directed on site through the IPAC Nurse.

Question 10: Size of the area that needs snow removal?

Answer to Question 10

The Contractor will be responsible seven (7) days per week for REMOVAL removing snow and ice from entrance ways, fire exits sufficiently to allow Property Services to clear any remaining snow and ice as described below."

DND estimate are as follows

SH100- approx. 30 M²

Entrance to med clinic

Entrance to physio

Dental is an internal office in SH100 and is covered by another contract

Solicitation No. - N° de l'invitation
W684H-210010/A
Client Ref. No. - N° de réf. du client
W684H-210010

Amd. No. - N° de la modif.
amd 003
File No. - N° du dossier
HAL-0-84033

Buyer ID - Id de l'acheteur
hal122
CCC No./N° CCC - FMS No./N° VME

S80-approx 70 M²
Main entrance
Emergency entrance
Loading bay entrance

Question 11: Can you provide the current number of annual surgical procedures?

Answer to Question 11: Not available

Question 12: Who is responsible for furniture moves?

Answer to Question 12: The movement of furniture is arrange by clinic staff.

Question 13: Who cleans / changes entrance mats?

Answer to Question 13: The cleaning contractor is required to clean entrance mats.

Question 14: General waste disposal – can you confirm it will be the contractor's responsibility to take garbage/waste to the downstairs garbage room and then the garbage is responsibility of client / others to remove from building?

Answer to Question 14: General waste is taken out to the garbage bins located in close proximity of the cargo doors by the cleaning staff as required.

Question 15: The RFP states 44 washrooms however there appear to be +200 washrooms as many rooms have washrooms. Can you provide a breakdown of washrooms and clarify current / required cleaning schedule?

Answer to Question 15: 44 are cleaned regularly and as required. The remainders are cleaned by either the occupant of the offices. If more than 5 extra washrooms are requested to be cleaned then a Task Authorization shall be raised

Question 16: Can you verify required cleaning schedule for rooms that are used as consult offices and minor procedures?

Answer to Question 16: They are daily and "as needed"; eg: if a patient were to vomit in a clinicians office, the cleaners would have to come to take care of it outside of the once-daily clean.

Question 17: Will cleaning supplies be received at the Base Stores and Receiving and need to be re distributed by the contractor OR may the supplies be dropped off directly at the buildings serviced?

Answer to Question 17: Cleaning supplies are provided by contractor and can be stored in the storage room/old cafeteria facility. Space provided by the organization. Contractor to arrange delivery.

Question 18: Do the Treatment Rooms ever require Enhanced Precaution (Contact/Droplet/Airborne) cleaning. If so, is there any data on percentage of this occurrence?

Answer to Question 18: Yes, the treatment rooms do require enhanced precaution cleaning for droplets and contact. This is true for the isolation room at all times, which needs to be cleaned by both healthcare and housekeeping staff after each use. Any other treatment area in the clinic can be subject to the same cleaning, as occasionally it is discovered that patients have illnesses meriting this type of cleaning after they have been brought in for assessment. For example, if a potential case of mumps was diagnosed in

Solicitation No. - N° de l'invitation
W684H-210010/A
Client Ref. No. - N° de réf. du client
W684H-210010

Amd. No. - N° de la modif.
amd 003
File No. - N° du dossier
HAL-0-84033

Buyer ID - Id de l'acheteur
hal122
CCC No./N° CCC - FMS No./N° VME

the treatment room, and the room will require a terminal clean for contact/droplet precautions. It is unlikely we would ever require cleaning for airborne precautions as no space in the clinic is appropriate or safe for isolation airborne patients, and any patients who may have airborne symptoms or conditions must be seen at a civilian hospital to insure adequate isolation, however it is possible that if they are misdiagnosed and seen on site that we would require cleaning for airborne precautions.

Question 19: What equipment if any is provided for snow clearing?

Answer to Question 19: Contractor to provide snow removal equipment.

All Other Terms and Conditions Remain the Same.