

These Proposal Extracts are indicative of Project Co's approach to delivering the Services. Inclusion of specific details in the Proposal Extracts does not limit Project Co's obligations under the Agreement nor does it deem VIHA to have accepted any part of the Proposal Extracts as having satisfied the obligations and standards set out Schedule 4 and the other Appendices to Schedule 4.

3.1 Approach

- a) Provide a general description of the overall concept of operations and approach to the delivery of the Facilities Management Services, including the utilization of subcontractors.**

Service Concept

The basis of the ISL approach to operations and delivery of facilities management is to offer a seamless one stop service which is patient centered, out of sight as far as is practically possible and determined to meet the needs of patients, visitors and staff.

This approach is one that we have developed since receiving the RFP in September 2007 and has formed the foundation of our proposals within this submission.

Patient Centered

The premise from which we have developed our services is that they should provide facilities that demonstrably support clinical activities without being obvious or intrusive. The provision of housekeeping services will be such that the only time they shall be obvious is when a housekeeper is cleaning an occupied room and they will then ensure they are helpful, polite and courteous at all times. Our plant services staff will also work from an interruption-free perspective. Service delivery times will be agreed upon and planned in partnership with staff to ensure clinical activities take precedence.

One Stop Service

We wish to avoid the delineation of services that can so quickly become irritating to busy clinical staff. To achieve this we shall ensure that any requests to the Help Desk are responded to positively. If the caller has dialled the wrong number (i.e. wants the switchboard), our staff will redirect them. If the caller is unclear as to the procedure, our staff will assist them.

The same frustrations can also be true of management staff and our One Stop Service seeks to reduce the annoyances experienced here. The HCP General Manager will be the point of contact for Authority staff. He/She will ensure requests are actioned, failures are rectified, delays are explained and attended to, and all aspects of the contract are complied with.

Out of Sight

No one likes to walk into a hospital and see mops and buckets in the main corridor, garbage carts being pulled along by tugs or technicians perched on ladders changing light bulbs. These activities have to take place but we don't necessarily wish to see them. ISL Health has developed a design that fully integrates facilities services but keeps them out of everyone's line of sight. The separation of flows we offer includes bringing the FM traffic away from main concourse and visitor areas.

FM staff and logistics will use dedicated service elevators located within each wing of the Patient Care Centre. There is no need for them to share the patient or visitor elevators as all FM requirements can be achieved within these designated areas. Any FM services required in the public areas will, where possible, be conducted outside of visiting times as agreed with VIHA.

Meeting the Needs of Patients, Visitors and Staff

Our overall aim is to meet the needs of patients, their visitors, the staff, and the Authority. This we can achieve by implementing not only the above but also by having a focus on positive interactions. Treating our staff as individuals, offering training and career development, providing a pleasant working environment in which we all work as a team. We believe this approach will benefit the Authority's staff, visitors, patients and our teams – doing good for all.

Our aim is that patients and staff come to regard our FM team as part of one team with a shared goal. We will work at a local level with IPU staff to ensure that the FM services we provide can adapt to their local need and that our staff integrate and co-operate with nursing staff.

Service Delivery Approach

In order to achieve our patient focused, one team approach we have united the three organizations under the management umbrella of HCP.

Health Care Projects Canada Ltd (HCP) - Will provide the ongoing project management services. HCP have been part of the ISL Health team from the outset and will stay with the contract throughout its life. Our General Manager will take the lead for ISL Health during the preferred proponent, construction and operational phases.

He/She will manage the service providers on a day-to-day basis ensuring that they achieve the performance standards to the required level and taking prompt corrective actions should there be any concerns. Importantly he/she will be the point of contact for VIHA representatives. As a key member of the Operating Period Joint Committee he/she will be the focus for VIHA in their ongoing relations with ISL Health.

Plant Service and Utility Management

ACML will provide the Plant services and manage the utilities on behalf of ISL Health. An experienced provider of health plant services, ACML will achieve the performance standards by implementing a comprehensive planned maintenance service complemented by a full service to facilitate demand requests.

The use of the ACML computerized Building Management system and all of its associated functions will enable us to pick up possible maintenance and plant issues before they occur, thereby reducing the potential negative impact on VIHA services.

In addition to this, the inclusion of the Angus Anywhere system into the overall Help Desk function will enable the appropriate collection of data to respond to the performance monitoring requirements. The system incorporates the ACML quality standards, advises of planned events daily, weekly, monthly,

quarterly, annually and for the 5 year plans. In addition to this, detailed reports may be easily extracted to develop a level of communication second to none.

The ACML system also has an energy consumption and usage program which ensures that the building systems are operated in the most cost efficient manner. It has the ability to identify potential areas of improvement through the application of new technologies as they become available and is capable of reviewing energy consumption and usage. ACML will work to develop energy conservation measures and an education plan for building occupants as well as working with local utilities to take advantage of conservation incentive programs.

ACML also have responsibility for the grounds and gardens maintenance service. They will achieve this by contracting with a local sub contractor who is able to take on, and importantly, achieve the requirements of the Project Agreement.

Specialist areas such as specialized chiller and boiler maintenance, regulatory work requiring licensed contractors (i.e. fire alarm systems, elevator systems etc.) major installations and renovations, electrical distribution service (infrared surveys and high voltage switchgear maintenance) and major mechanical repairs to plant services equipment will also be contracted out in accordance with the agreed policy.

Housekeeping and Waste Management Services

Acciona Facility Services SA will provide the housekeeping and waste management services to the Patient Care Centre (PCC). They have extensive experience of providing hospital services both nationally and internationally and have taken this opportunity to review their working methods to ensure that they are not only competitive but up-to-date in terms of incorporating new modes of working as far as is possible.

The use of micro fibre technology to clean the PCC will assist VIHA in reducing the potential for cross infection within the environment. It also addresses the needs of staff with regard to their health and safety, as it is a much lighter system to use than the 'mop and bucket' system, and it has a positive impact on the environment. This is seen in the reduced water usage and reduction in waste.

In undertaking the waste management and linen distribution aspects of the service we have jointly considered the use of Automated Guided Vehicles (AGVs). These small pre programmed machines are able to undertake the logistical movements of waste and linen services enabling valuable staff members to turn their attention to more skilled tasks. They equally reduce the potential for our staff to be injured while lifting and handling. Unfortunately provision of the waste and linen services alone do not make it financially viable to offer the benefit of AGVs as part of the compliant bid as there are insufficient movements to justify the expenditure. We have however maintained our design, including the separation of flows, to ensure that they could be included as part of the innovations sections should their use be extended to all other appropriate VIHA services (i.e. catering, pharmacy, sterile services, post and logistics).

Part of our comprehensive service package has been the separation of flows within the PCC that allows patients to be moved in separate elevators from waste and linen. The provision of service elevators is key to achieving our desired 'out of site' service strategy and works equally well whether the services are undertaken by people or AGVs. This approach has benefits for all facilities services, not just those of ISL Health, and ensures that the environment is protected from the level of damage that can be seen in most

hospitals as carts and equipment are bumped into walls and doors, which is then represented within the plant services contract costs.

b) Describe how Project Co will manage performance of the service provider and/or subcontractors and create an environment responsive to end users' needs.

HCP has extensive experience in managing service providers within Public Private Partnership health contracts. We have learned that for our partnership to be successful, transparent and open, discussions about how services should be provided and how the services will develop are essential on an ongoing basis. As are the setting of clear targets for development and achievement.

Regular communications will take place on an ongoing basis between the HCP General Manager and the Plant services and Housekeeping service managers. We envisage this will be at least weekly in addition to individual time spent with each. Added to this will be the frequent planned meetings with the VIHA representative in addition to the Operating Period Joint Committee meetings.

Performance Monitoring of Service Providers

HCP will be responsible for the day-to-day performance monitoring of both ACML and Acciona Facility Services SA.

Performance Monitoring is defined within the HCP operations manual as the:

Intermittent (regular or irregular) series of observations in time, carried out to show the extent of compliance with the agreed standard or degree of deviation from an expected norm.

In line with this definition, our role is to define the state desired in terms of objectives or targets, and then undertake the monitoring to assess whether these objectives are being met.

HCP in their role of monitoring the service providers endeavour to:

- Be firm
- Be consistent
- Be persistent
- Set deadlines
- Be sure of the facts
- Be involved in the recruitment of service providers' Managers
- Insist upon Head Office involvement when required
- Know the company and its personnel
- Avoid rigid monitoring patterns
- Monitor outside normal working hours
- Talk to service providers' staff
- Listen to the service providers
- Ensure a partnership attitude, not policing

The main aim of our performance monitoring system is to ensure that the service providers work well and adhere to the specifications. The monitoring system enables our General Manager to highlight any areas

where action needs to be taken to ensure provision of a satisfactory and cost effective service. The HCP system is designed to cover six main areas in order to achieve this ultimate aim:

- To monitor that the specification is being met using the contractual Performance Measurement System
- To assess and report on the general quality of the service
- To identify and report where variations in the specification may be required
- To provide data in support of the procedures for making payment to the service provider
- To assess and interpret all financial documentation matters relating to the contract to ensure compliance with the contract
- To prepare financial reports, present them in the appropriate format and ensure that value for money is attained

The key issue here is to agree who does what monitoring and how this is carried out. The agreed approach is a partnership arrangement between ISL Health, VIHA and our service providers. Therefore, monitoring may occur at four levels:

Self-monitoring by the service providers through a quality management system measuring performance with the end result being the production of a monthly evidence file demonstrating the performance against the Contract's Performance Measurement System

A review of the quality management system of the Service Providers by HCP with certain planned and random spot checks (with the ability to increase monitoring on repeated failures or poor performance)

The ability for users to report failures. This is done via the Help Desk, complaint reporting and e-mail system

Audits carried out by HCP to test the validated evidence files

The control and measurement system may operate as follows:

ISL Health's quality/performance measurement system evaluates the service providers in line with the specifications

The service provider's quality assurance procedures monitor and control the standard of service

The Help Desk Reporting Procedures

Within the contract there are Service Protocols and Specifications for each of the FM services that are being contracted to ISL Health. Each output has a corresponding performance parameter that describes the criteria used to determine whether ISL Health has delivered the service to the standards required. Each performance parameter has been allocated a Performance Monitoring Period that states the period over which the performance of that parameter shall be measured. Each performance parameter has also been allocated a monitoring method that describes the manner in which the parameter can be measured.

HCP will prepare a Monitoring Report and deliver it to VIHA within the agreed number of business days after the contract month end. The Monitoring Report is likely to contain the following information in respect of the Contract Month just ended:

the monitoring which has been performed in accordance with the Performance Monitoring Programme with a summary of the findings

a summary of all incidents reported to the Help Desk during the Contract Month including the Service Response/Rectification Times and those achieved
 a summary of all Service Failures
 the Functional Units affected
 the duration of any Service Failures not rectified on time in any Functional Units in hours, with the time and date it commenced and the time and date it ceased
 the relevant volume related data (e.g. energy consumed, outbreak cleans etc)
 the deductions to be made from the Service Payment in respect of Service Failures
 any volume related adjustments to be made to the Service Payment
 the total Deductions made in respect of Service Failures on a daily basis. This part of the report will also show the rolling total for the past six months and highlight any day in this period that the rolling six-month total breaches a Service Failure threshold.

Key Performance Indicators

Key Performance Indicators

In order to enable ISL Health and VIHA to measure progress towards specified goals.

HCP may also undertake some random checks on the service providers although on a regular basis HCP will check that the service and maintenance activities of the contract conform to the specification. The objective is to be able to detect any deviation from the agreed performance standard and take corrective action by:

Providing a channel of communication between ISL Health and the service providers' on-site management team
 Monitoring the standard of service to ensure that it meets the level of conformance
 Keeping records of periodic inspections using the process of formalized visual inspections

We can use a mixture of the following techniques for monitoring including:

Sampling - Random and non random monitoring
 Surveys - Asking the patients regularly, formally and consistently
 Spot Checks - The element of surprise in monitoring is extremely valuable
 Technical Testing and External Reviews - Involve skills that are not available in-house and bringing in a fresh eye from time to time
 Service Providers Quality Control - Auditing the service providers information
 Evidence File System - Using the system within the contract to ultimately measure the service providers by validating each parameter against the evidence submitted each month by the service providers

Audit

Part of the audit process is the pulling together of information to feed into the Payment Mechanism and ultimately the finance departments to pay service providers. Audits will be undertaken on regular and irregular bases such as the British Columbia Authority Cleaning Outcome Standards and Audit Inspection elements.

In the flowchart on the next page we offer an indication of how the audit process may feed in to the payment process and ultimately the Operating Help Desk Monitoring Committee.

Help Desk Monitoring

The Help Desk system will be set up to provide comprehensive management information across all of the FM services on a monthly basis.

As part of the self-monitoring process, internal FM Help Desk audits will be completed by the service providers and the Help Desk system will provide a range of management information and reports on job volumes and response times on a monthly basis. This information will be used to monitor and audit the performance of the service providers. It will accurately demonstrate performance levels to VIHA.

All activity reports will clearly identify the Functional Area, Unit or Service in which each Service Failure and / or Event has occurred. Each Service Provider will then use these reports to generate the deduction calculations relating to Service Failures. The reports will be used by the Service Providers to calculate volume related adjustments to be made to the Service Payments.

These reports will be coordinated by HCP and will form the basis of the Monthly Operating Period Joint Committee report. The report will identify trends and will accurately reflect the service performance for the relevant monitoring period. It will ensure that operationally ISL Health is working together in a co-ordinated way. It will allow VIHA to discuss any operational issues related to the project highlighted through the payment mechanism or through other forms of monitoring. VIHA representation would, we suggest, therefore include: the Project Director, the FM Manager, and service managers and members of the VIHA Project Team.

In addition to the Operating Period Joint Committee, HCP will undertake regular meetings with the service providers in the form of review groups. Under the chairmanship of HCP they will:

- Review the monthly contractual performance and quality monitoring reports
- Ensure the seamless integration of the Managed Services into the operations of the Trust
- Promote collaborative working in the delivery of services
- Refer unresolved issues to the Operating Period Joint Committee for review and decision

The HCP General Manager's FM report will be developed to reflect the specific requirements of VIHA.

In conclusion HCP have the experience and ability to quickly and efficiently manage our service providers, ensuring that prompt and effective action is taken to ensure that end users receive an excellent service for every day of the contract.

c) Describe how Facilities Management Services will interface with the Authority's services in every area, including security, waste, supplies, food services, portering, building maintenance.

ISL Health fully understand the requirement for our service providers and their teams to fully integrate with VIHA's teams be they clinical or non clinical. We believe that the most effective means of commencing this process is regular communications with both the Unions and service provision staff within the Royal Jubilee Hospital. This process should commence during the construction phase of the project and continue throughout the contract period.

The aim of this communication is primarily to share information. Nothing breeds rumour and strife as fast as a lack of information, and we believe that the open honest approach should be devolved to encompass all staff. To this end we would like to set up jointly with VIHA regular communications meetings, discussion groups, and contribute to the regular newsletter update that VIHA already publishes.

We will need to agree on several aspects in order to work together in providing the patients a cohesive service overall – which has to be our ultimate goal. These are likely to include planned delivery times between several departments including housekeeping, portering, catering and logistics to ensure that one service does not impact on another in a detrimental way (i.e. catering must take priority for service elevator usage at meal times). Failure to address issues such as these will create conflict and frustration between staff and departments. Should this occur staff are likely to use non service elevators which will then impact on the plant services department and their maintenance schedules.

Understanding and agreement will also need to be achieved with the VIHA subcontractors for waste and linen in order to agree specified collection and delivery points, volumes and times.

Our plant services team will want to develop close ongoing relations with the plant services team for the remainder of the site. Working in isolation will not be practical, in particular where some services are shared or jointed. Maintenance by one department could impact on another therefore and we would like to develop a clear line of ongoing communication for such events.

On a day-to-day basis during the operational phase of the project we envisage that there are likely to be a number of events, groups or forums that affect the whole site. As such, we would welcome invitations to attend and participate to maintain the relationships we anticipate having developed prior to this stage.

The Unions are an important part of the overall services strategy and ISL Health wish to develop an understanding with those relevant to the services at the Royal Jubilee Hospital with a view to the long term benefit this may have for all parties concerned.

Our approach as an open and honest Consortium will carry through to this phase and regular communications at all levels are vital to consolidate this approach.

d) Describe how your Facilities Management Services can be leveraged to the benefit of the Authority.

ISL Health have engaged the services of HCP because they bring with them the vast and unrivalled experience gained over 10 years of public private partnership contracts throughout Great Britain.

Key to HCP's success has been their insistence that the staff they employ have a health services background and have held posts at a senior level. This experience and in depth knowledge enables them to manage the service providers effectively, taking the day-to-day responsibility for this away from the hospital staff, who frequently have other areas of responsibility and serious demands on their time.

With a complement of nearly 100 staff across the UK and Canada, there are numerous people that are able to advise, mentor or assist their colleagues be that in relation to staff issues, contractual requirements or other concerns. Despite the numbers we still remain a close contact company to the benefit of all. With specialists in clinical and health services management, soft services experts, plant services development

and management and construction directors, the range of our team is enormous, and the transfer of knowledge in-house between contracts and people is invaluable.

The long term relationship HCP has with Innisfree is also useful in bringing pressure to bear on service equity providers. As such a successful investor there always has the ability to negotiate with providers based on past, present and future contracts and the levels of performance associated with them. Innisfree are vigilant in attending Board meetings and receiving project reports that enable them to fully understand what is happening today and the impact that has on their future investments.

As part of ISL Health's contractual obligations there are 'drop down' contracts with the service providers. The level of performance failure within these contracts is reduced from that contracted between VIHA and ISL. This approach enables our General Manager to take corrective action at a stage earlier than would otherwise be seen, prior to a level of poor performance that trigger events in the Project Agreement. This gap is built in to allow us the ability to put things right before they go really wrong.

The performance gap does not detract from our right to replace a service provider if the situation does not improve. In fact our contracts are set up so that should this be the case the costs of service provider replacement are already covered. This applies equally to both plant and housekeeping service providers although with the latter we also have the ability to replace at market test.

In terms of lifecycle, you will see that responsibility for the lifecycle fund remains with ISL Health. This approach allows us a great deal of flexibility to manage the long term maintenance and equipment replacement effectively and efficiently over the life of the contract, which in our experience offers a better solution than allocating the fund to service providers.

3.2 Organization

- a) **Describe your organization.**

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3.3 General Management

- a) **Describe how Project Co will provide general management including: Your approach to overall management and administration.**

The ISL approach is based on:

Being a good partner to VIHA

Maintaining continuity throughout all stages of the project

Providing a single point of contact

Using knowledge and experience from our network of other sites

This approach ensures hands on management, bid continuity and a full understanding of the project that we believe, are fundamental requirements.

HCP will provide the General Manager on behalf of ISL Health. All HCP General Managers are experienced senior professionals with a health service background. We shall appoint a dedicated full time General Manager with Health Service experience and propose working with VIHA to ensure that this person is acceptable to the hospital team.

Our preferred way of working is to appoint the General Manager as soon as possible after being selected as preferred proponent. In this way the individual quickly gains the necessary bid knowledge and works with the full project team as we move to the next stage.

The General Manager will act as the single point of contact for VIHA on an ongoing basis and they will lead the ISL team, liaise with VIHA and the Consortium Board. On a day-to-day basis the General Manager will be responsible to the ISL Board for the management and operation of the project, which will include:

Liaison with VIHA

Acting as ISL Lead for the on-site team

Coordinating ISL partners

Leading on the Project Agreement work with service partners

Being responsible for monitoring and testing of the Payment Mechanism and performance regime

Leading service commissioning plans

Responsibility for market testing plans

Leading service providers and audit their performance

Implementing and updating quality plans

In accordance with Schedule 4 (although well in advance of the required time period) the General Manager will have full authority to act on behalf of ISL Health and they will be assisted by a financial controller and an administrative assistant.

The financial controller will be responsible for:

Liaison with Funders

Maintaining and preparing management accounts

Preparing annual budgets

Maintaining and monitoring bank accounts

Monitoring and recording all payments

Operational Period

The operational management structure we adopt is designed to maintain a close working relationship with VIHA as well as close supervision and engagement with the FM providers. By maintaining a dedicated team on site from the outset, we ensure site and service knowledge. By employing staff with health service knowledge we ensure a knowledge of the requirements of providing a hospital that works well and continually enhances the patient experience. Our management structure enables us to maintain performance levels, respond appropriately to changing circumstances and provide a proactive and responsive management service. We will support the VIHA team on a 24/7 basis in order to ensure that appropriate support is available all of the time.

The operations team will manage and monitor the operational project through working closely with the VIHA management team and also liaise with shareholders, lenders and their technical, legal and commercial advisors.

Having established the monthly Operating Period Joint Committee (OPJC) at least one year prior to commencement of operations this forum will enable all parties to consult and cooperate on all matters relating to the Patient Care Centre service provision. Early on in the OPJC's development the forum will establish policies and procedures for undertaking its responsibilities in a consultative and cooperative manner.

There will be regular meetings with the service providers to ensure the standards and quality of service are at the required level. These meetings will also offer a formal opportunity for monitoring and supervision of the service provider management team to ensure that the service provision is on target and poor performance is highlighted as early as possible for immediate rectification.

Your approach to Performance Monitoring and Reporting, including details regarding preparation of the Performance Monitoring Report.

We will employ a variety of performance monitoring methods that will be implemented to ensure a comprehensive and cohesive performance monitoring package that is reflective of the requirements within the Project Agreement.

The monitoring package will involve all of the methods shown below:

Help Desk

The majority of performance monitoring will be electronic as the Help Desk will be enhanced to capture all data in relation to:

Service requests

Service responses

Rectification times

Non compliance

Outstanding items

Alarm calls and responses

Unavailability events

Service failures

Accidents and emergencies

Plaudits and complaints

BMS and other system monitors, calls and responses

Daily log of all calls

The information gathered within the Help Desk will be analyzed by our General Manager, and the operations team, and then formulated into a comprehensive report for the monthly Operations Period Joint Committee. The monthly report will show adherence to the performance criteria within the Payment Mechanism, deviations or non compliance and will also address what corrective action has been taken to rectify situations. This will be supplemented by quarterly and annual reports to review performance.

The monthly report will also include information gathered from the following methods to ensure that it is comprehensive in addressing all aspects of performance.

Cleaning Outcome Standards

Manual audits of the BC Authority Cleaning Outcome Standards will be undertaken by ISL Health and will cover a minimum of 10% of the Patients Care Centre inpatient units and ensure that 100% of the inpatient units have been audited in each contract year. We welcome the participation of VIHA representatives in these audits (over and above independent VIHA audits) and would also invite appropriate patient representatives at VIHA's direction whilst being cognisant of patient privacy and dignity issues.

User Consultation

Satisfaction surveys play an important part in providing feedback on the services we provide. Frequently they are used to determine a user's (staff, patient or visitor) perception of food services. However they are a useful tool in providing feedback on all other services as well, including plant services, Help Desk services, window cleaning and garden maintenance. We would like to develop, jointly with VIHA, a comprehensive user consultation survey to further inform relevant aspects of our services and to enhance others' perception that ISL health is a listening, action orientated team.

Plaudits and Complaints

People by nature tend not to mind complaining and making their feelings known when they are upset, anxious or unhappy with a service. This feedback is extremely valuable in helping us to adjust our delivery to improve services and tailor them to changing user needs. Of equal importance, not only to the service but to staff members particularly, are plaudits. The Help Desk will record all plaudits and complaints as part of its base measurement package, but we would like to extend this to include feedback that is received by ISL Health or VIHA in writing or via other methods to enable us to capture all feedback and, we anticipate, be able to maintain a staff group that receives positive encouragement regarding their work.

Audits

Audits will be undertaken to review documentation and report its status in relation to the performance requirements. This will include staff rosters, vacancy factors, health updates, training etc.

Performance Report

The comprehensive performance report will include all of the aspects discussed above and all other aspects as they are required within Schedule 4 of the Project Agreement including:

A summary of calculations and adjustments to the relevant payment period

A summary of all life safety actions

Annual service plans

Failures and Errors

Knowledge Network

The PCC will benefit from the HCP operations network which serves as a freely available resource to improve FM performance. The knowledge network provides:

Key Performance Indicator development

Operational audits

Service initiatives and improvements

New technology assessment

The rationale behind the network is to ensure we all learn and benefit from lessons learned on other sites and explore opportunities for service development and partnership working.

(b) Describe your approach to managing human resources, including:

Recruitment and retention strategies with specific reference to housekeeping services

ISL Health is aware that the recruitment and retention of staff will play a large role in our service provider's ability to perform their services to the standards that VIHA require. We are also aware that the unemployment levels in Victoria are currently running at around 3%; therefore in order to attract and retain staff to our services we must be cognisant of their pay, rewards, conditions, training and benefits to make our posts an attractive option.

Our service providers; ACML and Acciona Facility Services SA have their own human resource policies and procedures which we have pulled together here to explain the approach that we as a Consortium would wish to offer. The fundamental aspects discussed below are;

A people focused working environment that embraces the above principles is more likely to include staff whom are well motivated to undertake their role and responsibilities to the best of their ability. If we add to that by selecting individuals who are experienced – not necessarily in the work skills required (other than for trade positions) – but in life skills and have the level of ability required to undertake the work, then we should have a workforce and HR strategy that has the potential to create long term, committed individuals who care about the standard of work they provide.

Recruitment Strategies

To then build upon these basic principles by adding enhancements means that our people will feel valued and have the ability to develop themselves over the longer term. The enhancements may include:

- Competitive wage and benefit packages
- Comprehensive medical
- Dental and life insurance plans
- Pension plan or RRSP Contributions
- Performance bonus plan
- Competitive vacation time
- Long service awards
- Continuing education programs
- Internal job advancement opportunities and

Third Party discounts (i.e. with local retailers or national companies)

In line with VIHA's principles we also believe that providing a Magnet Hospital will enhance our ability to recruit and retain our staff.

ACML Strategies

Recruitment

In order to fill the positions for electricians, plumbers and building operators, our recruiting drive would target experienced skilled trades personnel. These candidates would be sourced through employment advertisements in print media and on-line resources. We also look to recruit personnel through local colleges for graduates who may utilize the college job placement services.

ACML recruiting strategies for the general maintenance positions are normally geared towards recent graduates of technologist / technician programs. Our company has a long history of employing technology graduates from the College system and training them in the field of Building Operations and Maintenance and offering them a career path leading towards Supervisory and Management positions. We find that college graduates from these types of programs have good communications skills to complement their technical knowledge which, combined with our on the job training programs, produce the future front line leaders in our organization.

Retention

We recognize that staff retention is the key to providing consistent high quality service. By providing a work environment that is supportive and encourages personal growth we have been very successful over the years in attracting and retaining highly qualified individuals. Staff continuity and retention is accomplished by:

Providing on-site training programs

Providing continuing education programs

Providing a career path in the field of Facilities Management

Maintaining competitive wages and benefits

Maintaining good management support and open communication with all staff

Strategies Specific to Acciona Facility Services SA

Training, orientation and ongoing skills development.

ISL Health is committed to the training and development of their staff and to this end all staff will receive and participate in training and educational programs commensurate with their role and responsibilities. The staff training programs will include all of the requirements of Schedule 4. For ease of reference we detail in Table 1, shown on the previous page, the training that we envisage staff within each of the organizations within ISL health undertaking.

Comprehensive training records will be maintained for all staff and will be monitored and reported on in accordance with the requirements of the Project Agreement.

Our service providers have provided, in addition to the aspects, their own more specific detail on training and ongoing skills development following on from table 1 on the left.

Training and Skill Development

We believe that training is one of the most valuable assets that we can bring to RJH to improve the standard of quality and productivity among the staff.

We strongly believe that one of the keys to our success is the quality of our staff and managers. We are committed to providing the highest quality training for our people and those that we manage. Our commitment to training programs and documentation is evident in the excellent ratings we receive during accreditation surveys. We address training and development at every step of our program.

All of our new and relocated employees are required to undergo an orientation and site-specific training program. The program duration and content is customized for site conditions. Testing is performed to measure the effectiveness of the training program. On-site and computer based training is offered to all of our employees.

Productivity and good employee morale are closely linked to proper training. Well-trained staff are essential to a culture of continuous quality improvement. We therefore offer the following types of training as relevant to individuals needs and level of responsibility:

- On-the-Job Training
- Small Group Workshops
- Weekly Refresher Training
- Monthly Department In-Service Training Sessions
- Cross-Training
- Remedial Training
- Special Focus Training
- Periodic Reinforcement

Table 1 Training Table

Training Topic	AC ML	Acciona Facility Services SA	HCP
Fire Safety Training (as appropriate to role and responsibilities)	X	X	X
WHMIS	X	X	X

Training Topic	AC ML	Acciona Facility Services SA	HCP
Infection Control Personal hygiene and hand washing	X	X	X
First Aid (to a level appropriate to role and responsibilities)	X	X	X
Asbestos Awareness (if applicable to site)	X		
Hazardous Spill Containment (Code Brown or as appropriate)	X	X	
Hazardous Material Handling	X	X	
S.C.B.A. Training	X		
Client Policy and Procedures	X	X	X
Comportment, Customer Relations, Personnel Appearance	X	X	X
Department Policies and Operating Procedures	X	X	X
Injury Prevention	X	X	X
Safe Working Practices PPE Back Injury Prevention Accident Reporting & Investigation Fall Protection	X	X	X
Lockout Hot Work Confined Spaces	X		

Training Topic	AC ML	Acciona Facility Services SA	HCP
Ozone Depletion Prevention	X		
Water Treatment Refresher	X		
Licensed Trade Code requirements Refresher Training	X		
Mechanical Skills Upgrading such as: Welding Steam trap maintenance. Wheeled equipment repair	X		
Cleaning tasks including: micro fibre, bed making, dusting		X	
Floor Maintenance		X	
Help Desk use & response including PDAs	X	X	X

On-the-Job Training

Recruits are paired with training sponsors qualified to instruct and critique. Employees are first trained in basic cleaning tasks; such as bathroom cleaning, floor mopping, and bed making. Those to be assigned floor maintenance jobs will also be instructed in the use of heavy floor and carpet equipment. Once task training is complete, the new employee receives routine training in which tasks are combined and sequenced into job assignments. The training sponsor first demonstrates the task then evaluates the trainee's performance, gradually relaxing the direct supervision as the employee becomes more proficient.

Small Group Workshops

Task training is administered in small workshops. Videos are used to illustrate procedures. Another equally effective technique is to hold small demonstration classes during which the instructor performs the task and then invites employees to repeat the steps.

Monthly Department In-Service Training Sessions

Each month, all housekeeping services staff attend a department meeting. This meeting features general business, a review of current employee issues and an educational seminar. Guest speakers such as the Infection Control Officer or key department heads are invited to brief employees on activities outside the environmental services department. This helps environmental services aides to better identify with the rest of the PCC community.

Cross-Training

Aides are cross-trained so they can perform cleaning procedures and routines of other job assignments should the regularly assigned staff be unavailable.

Remedial Training

Poor performers are enrolled in special remedial courses, designed to increase their skill levels. If disciplinary action is required, this one-on-one, specially-tailored training becomes an important prelude to discipline.

Special Focus Training

Various subjects of considerable importance require annual re-emphasis, such as: Body mechanics to minimize accidents, fire and safety to equip employees with extinguisher and evacuation skills, and isolation and waste handling techniques to provide skills and ease fears for those working among infectious patients or processing hazardous materials.

Training Records

Accreditation standards and effective personnel management practice require training to be promptly and accurately documented.

ACML Training and Ongoing Skills Development

Our employee's are trained in such a manner so as to enable them to meet the changing requirements of our clients. We have established specific quality management objectives consistent with those implemented by our clients. Staff are provided with specialized training and education unique to the requirements of each site. Training material including documentation of building specifications, engineering drawings, building systems descriptions and equipment catalogues are utilized to support the program.

Each Project Manager is trained in the areas of Occupational Health and Safety and Customer service. Programs have been implemented to ensure that all of our staff receives the required annual training in the areas of Health and Safety including WHMIS, asbestos abatement and back education. In many cases our staff are active members of our customers' Occupational Health and Safety Committees and assist in maintaining a safe work environment for all occupants.

We also encourage staff to pursue job related continuing and post-secondary educational programs and are reimbursed upon successful completion of related programs. Any employees holding trades licenses are also reimbursed following annual re-certification. We also provide ongoing fire safety, WHMIS and

Health and Safety Training for all staff. We were instrumental in establishing the program content for the Building Environmental Systems program offered at Seneca College of Applied Arts and Technology.

Our staff receive additional training in the following areas and are retrained/recertified on an annual basis as indicated on the next page.

ACML Training

DELETED

Occupational health and safety and risk management.

ISL Health fully understands the benefits to all parties of having a comprehensive occupational health and safety and risk management policy and procedure. As preferred proponent we would like to develop a comprehensive joint procedure with our service providers and VIHA. We envisage the following core criteria will be incorporated as a minimum:

- Safe working practices
- Guidance and legislation
- Personal protective equipment
- Roles and responsibilities
- Training
- Reporting practices (including near misses)
- Reporting procedures
- Accident investigation
- Risk identification
- Management of risk
- Audit and continuous improvement

We detail below the company information for each of our service providers, ACML and Acciona Facility Services SA.

ACML Approach

ACML is committed to ensuring the protection of its employees, clients and the environment, from hazards staff with building operations. One of our key goals is to protect our employees from injuries and harm in the workplace, while providing our employees with a healthy and safe environment to work in.

Our health and safety program is comprised of a number of policies, guidelines, and instructions which identify the roles and responsibilities of ACML personnel and its business staffs, and our specific expectations and requirements in respect of occupational health and safety aspects of the work we perform. Our health and safety program has been established to protect all of us in the broadest sense, and to ensure that the firm complies with its statutory obligations and the expectations of the community.

ACML, its managers, supervisors and employees, shall share responsibility for health and safety. All employees, including senior management, are to be familiar with our health and safety program and shall review the program on a regular basis. Appropriate action will be taken for failure to comply with the program or the Occupational Health and Safety Act. All employees of ACML are expected to give their

complete commitment to the health and safety program. Anything short of full commitment is inconsistent with our firm's culture and objectives.

Acciona Facility Services SA

At Acciona Facility Services SA, we recognize safe work practices as a vital component to achieving our vision and values. We are committed to ensuring we create a culture where "safety first" is fostered and in doing so, we work towards our goal that no one gets injured as part of our aim to be the Preferred Employer in our industry.

All of the staff working within Acciona Facility Services **SA** have responsibilities in Health and Safety and are to ensure that they:

Use all required personal protective equipment where indicated

Decline to operate any machinery or equipment without proper instruction as to safety

Report unsafe conditions or hazards to their supervisors promptly

Follow all Company Safety Procedures and Practices

Promptly report all injuries and incidents

All Acciona Facility Services SA Supervisors and Managers commit to take ownership of their areas of responsibility by ensuring that the following important activities occur:

Accepting direct responsibility and accountability for all matters relating to Health and Safety for employees they supervise directly or through other Managers and Supervisors

Informing themselves of their duties and obligations under all relevant Health and Safety legislation

Active visible support for the Units Joint Health and Safety Committee or Health and Safety Representative

Ensuring that staff use Personal Protective Equipment as prescribed in addition to following all Safety Procedure and practices

Ensuring appropriate training in use of equipment, SafeWork practices and procedures, and the handling of hazardous materials

Ensuring that all contractors, suppliers, vendors, and any other visitors adhere to all Acciona Facility Services SA policies and procedures

Reviewing accident investigation and analysis results for use in prevention strategies

Assisting any injured staff to the fullest possible extent

Continuously improving our program and operational standards in all sites

Every staff member must understand the importance of safety in the workplace. By completing each task in a safe manner, staff are protecting themselves, the people who work with them, and the customers they serve.

We do not want any staff or customer to suffer the misfortune of injury or disability, and we will do everything in our power, working in partnership with our clients and other business partners, to provide you with the safest workplace possible.

Personal Protective Equipment (PPE)

Personal Protective Equipment will be made available to all of our staff. The exact PPE issued will depend on the role and task to be performed but is likely to include:

gloves

aprons

eye protection

eye wash stations

hearing protection

Safety Documentation

Overall documentation of safety procedures, chemical inventory, WHMIS and MSDS, lockout/tag out procedures, equipment operating manuals, and restricted spaces are critical to the safety and wellbeing of all staff and patients within the PCC

Restricted access areas or areas that require permits for entry will have suitable signage and will be formally documented. If employees are not to enter and work in permit-required spaces, Acciona Facility Services SA will take effective measures to prevent employees from entering the permit-required spaces. If employees are to enter permit-required spaces, Acciona Facility Services SA will develop a written permit space program, which shall be made available to employees or their representatives.

Labour relations and how you propose to work within the unionized environment on the RJH campus.

ISL Health is looking forward to developing positive ongoing working relations with the Unions at the Royal Jubilee Hospital. We will work to develop ongoing two way communications both in a formal and informal manner. The experience of HCP and our service providers is that the sharing of information, regular communications and an honest and inclusive approach brings about an atmosphere of trust. We believe that Trust is at the heart of good working relations and can only assist in providing our staff teams with a positive working environment and development of best working practices, terms and conditions.

Staff Relations

Management must pro-actively connect with employees in a comprehensive, ongoing employee relations program. As with other operations components, we approach employee relations in a structured, planned manner. Our housekeeping services employees feel important and respected as valued members of the department and the hospital. We continually encourage Communication of their ideas, needs, and concerns.

Listening

Essential in building rapport and effectively communicating with staff, listening requires time and patience. Every employee should have access to our managers so they can share their perspectives and frustrations. A “Coffee with the Manager” program provides employees the opportunity to personally express their issues to the director.

Rapid Response

If an employee shares a concern with management, it's important to them. And if it is important to them, it is important to us. So response to their questions or concerns are honest, conclusive and rapid.

Team Meetings

Regular team meetings are held within each supervisory block and on each shift. The purpose of such meetings is to give staff an opportunity to make suggestions and air any complaints they may have. As indicated above, these meetings are also used for training and performance recognition.

Evaluations

We encourage each environmental services employee to evaluate himself on a standard scale each year. The supervisor also independently evaluates the employee on the same scale. Together they compare results. Evaluations reflect how the customer perceives the employee and his work, and is tied as closely as possible to our client and user patient satisfaction results.

This gives formal recognition to superior performance. In the event of unsatisfactory performance, it creates a good climate for counselling. Although evaluation and counselling tend to be informally blended into the day-to-day interaction, a formal structure for evaluation identifies strengths, development needs, expectations, and job objectives.

Social Activities

Housekeeping services staff need opportunities to celebrate their identity as a department. Periodic gatherings, such as holiday parties, picnics, recognition ceremonies, and National Housekeeping Appreciation Week serve as gestures of appreciation and offer a social dimension that is beneficial to many workers. We encourage hospital administration to participate in such events to demonstrate their support for the department.

Employee Uniforms

We strongly recommend a hotel-style uniform that presents a crisp, professional image to patients and hospital staff, and uplifts the spirits of the wearer. A uniform line is selected in collaboration with Administration and department staff.

c) Describe your approach to the development of disaster response, business continuity, contingency, emergency and fire safety plans.

ISL Health, through the leadership of Health Care Project Canada Ltd (HCP), will ensure that there are up-to-date disaster response, business continuity, contingency plans and emergency and fire safety plans for ISL Health and each of the service providers which are coordinated and integrated with VIHA plans. HCP, ACML and Acciona Facility Services SA will actively participate in fire drills, mock disaster exercises and Emergency Management Training, and coordination, as safety of our patients and staff is our first priority.

Below is an example of a Business Contingency Plan followed by discussion by our service providers on disaster response, emergency and fire safety plans.

Business Contingency Plan

Our Business Contingency Plan (BCP) will be fully developed during the post preferred proponent period to encompass all aspects of ISL Health and to ensure that it dovetails as far as possible with the VIHA plans.

The plan is expected to incorporate details of the activities to be taken to minimise any disruption to ISL Health and its associates arising from any events which lead to disruption of the Company's activities.

The BCP will be continuously monitored and developed over time to ensure it meets the requirements of the business and the expectations of its clients. It will be implemented by HCP on behalf of ISL Health and will be reviewed formally annually by the ISL Board and will also be subject to periodic audit.

Incidents

Upon the occurrence of an incident leading to a complete or partial loss of our office location, ISL Health would arrange, depending upon the nature of the incident, to either:

- Rent temporary office accommodation locally
- Relocate within the existing site (assuming it was not a total loss)
- Relocate to the nearest available project office (where practicable)
- Arrange for staff to work from home.

The following parties would be advised immediately on the loss of an office location (e.g. following a fire):

- The Board of Directors
- The relevant Insurance Broker and Loss Adjusters/Underwriters
- Canada Post (for re-direction of mail)
- Telecommunications service – for call diversion
- The Company's IT adviser
- All members of staff
- VIHA
- Each service provider / contractor / supplier
- Each funder and funding party (swap provider/TA/Rating Agency/Trustee etc)
- Any other party with live contractual relationships with the SPV

Document Storage

All off-site document storage will be to a reputable document storage facility. All such facilities will be checked by staff prior to material being lodged for adequacy of security and that appropriate fire prevention procedures are in place.

Documents held on site will be assessed for criticality to the business, and all critical documents will be held in fire resistant and waterproof filing cabinets.

Copies of all CD Rom Bibles will be held at a designated safe site and also in the relevant project office. A third copy will be held off site.

Contact Details

A written register of contact details will be maintained for ISL Health and will be held in soft copy on the HCP central server so that it is backed up regularly. Emergency and after hours contact details for key staff will also be maintained. Copies of both registers will be held in more than one location.

ISL Health's insurances will be reviewed at least annually by the Company Secretary for adequacy of cover in terms of scope and sums insured. Copies of all policies and broker and loss adjuster contact details will be held at VIHA and at the HCP head office. ISL Health's policy is to require files on all its servers to be backed up daily, with the backup information held off site.

All ISL Health staff will be trained in the necessity of backing up all business critical information held on local drives, and on Laptop computers.

In the event of a major loss:

ISL Health and our insurer will meet as soon as practical to;

assess the impact of the loss

determine the most effective immediate steps to minimise disruption to the Company's activities

decide on the necessary action to reinstate the Company's IT systems

The Board will be advised as soon as practical of the intended reinstatement steps and its consent will be sought for the necessary expenditure which will be committed in advance of any insurance claims being lodged.

On approval being obtained, the Company will immediately instruct the insurers to implement the agreed recovery plan.

Once the recovery plan has been implemented and the IT systems have been reinstated and are fully functional, there will be a meeting to assess the impact of the incident and assess the effectiveness of the actions taken under the Recovery Plan so as to learn any lessons for the future.

Disaster Responses, Fire and Emergency Plans

Our service providers, Acciona Facility Services SA and ACML, have a depth and breadth of knowledge in relation to not only the development of a disaster response, emergency plans, fire & safety plans, but also contingency planning. In responding to this question they have sought where possible to offer examples of plans and actual experience with a view to offering VIHA a high level of confidence in their ability to plan, prepare, address and resolve major unplanned events.

Acciona Facility Services SA

Security & Life Safety / Natural Disasters / "Acts of God"

Acciona Facility Services SA actively partners with our customers to protect employees, tenants, and assets where appropriate through the development and implementation of client and building-specific Emergency Preparedness Plans. Frequently, Acciona Facility Services SA works closely with our clients' Health and Safety teams who assume overall leadership and responsibility in this area.

The development of site-specific Emergency Preparedness Plans (EPP) ensures that the procedures to be followed in the event of an emergency condition are accurate and precise for the building in question. The EPP is typically distributed throughout the building. The EPP should, at a minimum, include detailed instructions for the following emergency procedures specifically designed for each building managed by Acciona Facility Services SA.

In addition, Acciona Facility Services SA develops detailed Disaster Recovery Plans (DRP) to assist in the rapid recovery from a disaster in order to protect the asset.

To implement our Emergency Preparedness Plan and Disaster Recovery Plans, Acciona Facility Services SA will follow a four phased approach including:

Phase I – Disaster Planning and Preparedness

The focus is on planning and developing tools, resources lists and training in the event of disaster.

Phase II – Initial Response

The focus is on the well being of people affected by the occurrence of a disaster. Facility Operations will initiate emergency response according to the guidelines of the procedural checklists contained in the plan and in accordance with the provisions of RJH's Emergency Response Plan.

Phase III - Sustained Emergency Response (Longer Term)

As early lifesaving and property-protecting actions continue, attention can be given to other priority activities. Acciona Facility Services SA will emphasize actions to secure dangerous areas and develop detailed damage mitigation actions including:

Mobilizing, allocating, and positioning personnel and equipment

Restoring and activating essential facilities and systems

Phase IV - Recovery: Actions during this phase will concentrate on permanent restoration of the facilities, research to uncover residual hazards and determination of expected recovery dates.

Crisis Response Capabilities

ACML Overall Approach

Preparation, training, inspection and testing are crucial to developing an effective Life Safety and Emergency Management Preparedness program. Plans should not be developed during an emergency but rather prepared in advance in conjunction with all stakeholders. Support for emergency planning activities will be achieved if the benefits are understood in advance as opposed to dealing with the consequences of an emergency situation. Numerous situations could be emergencies including:

- Fire/explosion
- Hazardous materials spill
- Flood
- Weather
- Radiological accident
- Criminal activity

The hospital management team must ensure the safety of its employees, volunteers, customers and the public. We shall assist the hospital in the development of its emergency planning manual and co-ordinate testing activities and participate on committees as necessary.

Emergency preparedness is an on-going process and must include training, drills and regular testing of the buildings safety equipment and systems. Emergency plans are developed in conjunction with the community and must have the support of senior management.

An effective Emergency Preparedness Plan requires the following:

- Establishment of an Emergency Management Committee
- An analysis of risks
- Development of a plan
- Training and drills
- Testing and changes as necessary

It is essential that all staff understand their roles and responsibilities during an emergency. Health care facilities are unique due to the specific nature of their patients, staff and contents, round the clock operation and hazardous materials. As a result, emergency plans must be customized to reflect these conditions. It is necessary to have all stakeholders represented during the development of the plan. Plans should include mechanisms to deal with various types of emergencies, and should include plans to communicate information during an incident. Training and exercises are also important elements of the planning process.

The Emergency Preparedness Planning team must determine what risks may be present by gathering and analyzing information and identifying what its capabilities for response may be. Review of existing plans and procedures such as the Fire Plan, environmental plans, health and safety programs, security and spill

procedures, and any codes or regulations will assist with this analysis. It is also important to identify both internal and external resources such as staff and other human resources, equipment, building features and other facilities that could be utilized during an emergency. External responders may include police and fire services, hazardous materials teams, ministry representatives, utility providers, architects, engineers and contractors.

Up-to-date information will be used when developing the emergency plan. This will include drawings, contact names and numbers, and other relevant information. The plan will be communicated to local emergency responders and will be consistent with local protocols.

Training, practice exercises and analysis of results are crucial to the success of any emergency planning process. Printed materials can be distributed to all staff and volunteers. This may include procedures and articles in the hospital news. Other training practices may include information sessions, direct training to those who may have very specific tasks as outlined in the plan, the production of instructions utilizing various types of media including video and ongoing training activities such as fire drills and hands on instruction in the use of special equipment.

Drills and exercises will be utilized for additional training for certain staff with specialized duties in order to allow them to gain additional experience with specialized equipment. For example, those responsible for making public address system announcements should receive additional training on the public address system equipment. Debriefing sessions should be conducted after each training session in order to allow participants the opportunity to ask questions and offer commentary on their observations. Each drill or exercise will be critiqued and documented and recommendations for improvement will be submitted.

The Emergency Preparedness plan will be audited each year and modified as necessary. Ideally this should take place after a drill or exercise, after an emergency, when policies and/or procedures change, or when major physical changes take place at the facility.

Fire Safety Planning & Training

One of our responsibilities at most of the health care facilities we operate and maintain is to provide all staff with fire safety training. This includes an orientation program for new staff and volunteers, which includes a video and information handout, followed by a presentation and question and answer period. Attendees are given specific instructions on what the expectations are in the event of a fire.

These are:

Removal of endangered personnel

Ensuring doors and windows are closed

Activation of the fire alarm from a pull station

Calling switchboard at the designated emergency number

Trying to fight the fire if possible

The different types of fire and fire extinguishers are reviewed followed by instruction on the proper use of a fire extinguisher.

Staff are made aware of the hospital's fire safety plan and instructed to read it upon return to their workplaces. Instructions as to what to do in the event of a fire alarm are explained.

We review the operation of the fire alarm system and explain the sequence of events that occur when the system activates. Staff members are instructed to become familiar with the locations of fire extinguishers and exits within their work area, to listen for announcements over the public address system, and to not use the elevators.

In addition to this initial training, we conduct monthly fire drills within a different department each month, followed by a debriefing session for staff. During the drill, we complete a fire drill assessment form and forward a copy to the department head and quality services manager.

Annual training is provided for all staff and may include hands-on fire extinguisher training. Periodic evacuation exercises are conducted in conjunction with the Nursing, Quality Services and Risk Management departments in order to gauge the effectiveness of the fire safety and evacuation plans.

Please see Appendix 3.3c(i) for a sample of the Fire Emergency Preparedness Plan .

Contingency Planning.

We believe that contingency planning should be a collaborative effort between all stakeholders. We feel that by establishing an Emergency Response Team (ERT) who is responsible for developing, testing and modifying, contingency plans and recovery times will be minimized resulting in reduced impact to the facility. The ERT would be comprised of key clinical and non-clinical services personnel with each having input into one another's contingency plans.

Our process for developing each contingency plan involves the following steps:

Identify services delivered by each department to its customers i.e. for Building Services (Electricity, Water, Heating etc.)

For each service identify how that service is normally delivered to the customers

For each service identify the dependencies the specific service has on other services. i.e. to provide water to a facility the water distribution depends on electricity to power distribution pumps and city water pressure

Identify the "Trigger Events" or what events would cause an interruption to the delivery of that service (i.e. loss of electricity supply, equipment failure).

Indicate how the system or equipment failure would be identified

What departments and equipment will the failure impact

Identify precautionary measures to minimize possibility of the incident occurring (i.e. regular preventive maintenance).

Communication process to inform customers of incident

Action procedure to minimize impact and/or restore all or partial services. (i.e. utilize emergency power generator during power outage)

Identify additional resources that would be required during an actual incident

Identify costs associated with implementing contingency plan and returning to normal functioning

Determine if testing of emergency procedures is required (i.e. testing the hook-up of portable (rented) emergency generators to hospital emergency electrical power distribution system)

Each clinical and non-clinical department should have a contingency plan prepared for any foreseeable incident which would severely impact their service to the facilities customers. These plans should be reviewed by the ERT for comments and recommendations.

d) Describe your approach to assisting RJH in the health service accreditation process and maintaining standards that are consistent with full accreditation by the Canadian Council on Health Services Accreditation.

ISL Health is committed to assisting VIHA maintain their status with the Canadian Council on Health Services Accreditation as ultimately it is the patients who benefit from the system. We understand that continuous growth and quality improvement is the essential motivation for participating in the accreditation process.

Our service providers, who have contracts in other health care facilities, are well versed with the accreditation process and requirements and as a team we will ensure that all aspects of the surveys that are relevant to our services meet the desired standards. The HCP General Manager will work with VIHA to develop a process by which we may develop a package of service provider assistance to achieve these goals.

We believe that we may be able to assist VIHA in addressing aspects of the following:

Client Centred Services

Continuity of Services

Delivering Services

Disaster/Emergency Planning

Human Resources

Information Management

Partnerships

Patient Safety

Quality Improvement

Examples of how we may be able to assist are offered below:

Throughout the years ACML has assisted clients through successful accreditation processes by preparing documents, participating and/or chairing the accreditation teams. ACML and Acciona Facility Services SA will be pleased for appropriate staff to participate in accreditation teams as requested by VIHA.

We will work with RJH to ensure that all standards and their associated Required Organizational Practices (ROP) are fully implemented and adhered to. Our approach includes provision of appropriate documentation to support the accreditation process. The following are some of the Standards from the 2007 accreditation process with a brief mention of ACML's standard practices which address each area. We realize that the Standards and ROPs are always being changed by the Canadian Council on Health Services but we feel our approach to providing services well prepares us and our Clients to address their requirements.

Documented Maintenance Practices

Our Computerized Preventive Maintenance program will ensure that the building is maintained to all applicable standards and our tenant request system is designed to improve communications between departments.

Prevention & Control of Infections

ACML implements programs to prevent and identify infection risks such as Legionella and Mould. Our Legionella and Mould policies specify procedures that are followed at all of the facilities we operate and adhere to industry best practices and recommendations of specialists in these fields.

The use of up-to-date equipment within our services which reduce Health & Safety issues and WCB claims caused because older equipment tends to be strenuous on backs and shoulders. The inclusion of micro fibre for cleaning will certainly reduce the potential for injuries to the housekeeping staff.

User Safety and Comfort

We take a proactive approach and implement daily rounds to identify both potential risks as well as to check environmental conditions and take corrective action. ACML staff are receptive and proactive in participating on the Health & Safety committee.

Overall with the emphasis on providing a clean, safe and aesthetically pleasing environment for the patients, staff and visitors to the facilities and ensuring the appropriate cleaning processes, techniques to achieve the above are in place that we believe will be able to play a valuable part in the accreditation process.

Preparation for Disasters & Emergencies

ACML participates on and has chaired Emergency Response Committees (ERC). We have participated in the development of both hospital wide response procedures and plant service specific procedures. Plant services procedures are developed in a step by step process to ensure errors and/or omissions are minimized in the process of operating mechanical and electrical equipment required during emergency conditions.

Protects and Improves the Environment

We ensure that operations staff are trained in the appropriate methods of waste disposal and in the use of hazardous spill containment practices. We ensure that equipment is maintained properly and is operating in the most efficient manner to reduce environmental emissions. Where applicable emission testing is conducted to ensure equipment is operating properly.

In addition to the above we also believe we may assist VIHA in more indirect ways such as:

Enabling clinical staff to quickly make a review progress on calls to the Help Desk, such as when discharge cleans are required, would enable them to devote more times to hands on care with patients. Our Help Desk proposal addresses this need.

The provision of appropriate and adequate staff training, orientation and education as well as acceptable employee standards in the workplace would also assist in maintaining standards. Our training and development packages are quite comprehensive and include regular update training as well as advanced training packages.

e) Describe your transition process /plan in the event there is a need to replace FM and/or housekeeping service providers at any time over the life of the contract.

Consideration of poor performance commences at the earliest stage with our Due Diligence. This process is mandatory as it confirms that the service price is 'on market' prior to awarding contracts. Therefore the contract does not fail due to a lack of financial strength and integrity. For soft services this is further strengthened by the regular market testing procedure that we conduct.

The day-to-day role of HCP as on-site ISL Health management is the direct supervision and monitoring of the service providers. Part of this role is the identification of trends and underlying problems at the earliest stage. Experience indicates that poor performance is usually the product of poor management supervision & training. In this situation the following steps are taken:

Deteriorating Performance

Work is undertaken with the service provider to rectify the situation rather than move straight to replacement. The HCP General Manager assesses the issues and steps in to increase direct supervision and/or management to implement corrective action. This may include a range of actions covering training, work methods and staff utilisation.

If the situation warrants replacement of an individual we will work with the service providers to secure a suitable person.

Protection of the Contract

Should the first level actions above not improve performance within an agreed time period, we then may proceed to replace the service provider. There is however a level of security that comes from the original due diligence in terms of pricing which enables an alternative provider to take on the contract knowing the contract price is viable. In addition to this the security package is 'in situ' in order to cover costs of service provider replacement.

Individual members of staff working within the contract would be protected and transferred to the new provider's management team. This offers not merely protection to these staff but a level of service continuity.

In Table 2, we set out a detailed procedure that we believe would be required to achieve a full service provider replacement. As you will see we predict the whole process could be undertaken, without incident, within an eight to 12 week period which includes commissioning of the new service provider.

Undertaking such a large process in a limited time period is not without risks and we have identified what the potential risks may be in Table 3. Being aware of the risks and having a contingency plan in place is vital to achieve the timetable for replacement. Our market analysis currently shows at least three competent potential replacement candidates for each service within the VIHA project.

Within the ISL team, both HCP and Acciona have direct experience of effectively managing service provision. This experience is invaluable in identifying problems at an early stage and taking appropriate steps to achieve prompt rectification. Acciona also undertakes service provision itself and are looking to enter the Canadian market.

Table 2 Service Provider Replacement Procedure**DELETED****Table 3 Potential Risks Associated with Service Provider Replacement****DELETED****3.4 Help Desk**

- a) Describe and provide details of: The proposed approach to deliver the Help Desk Services on a 24/7 basis.**

ISL Health will provide a combined Help Desk service designed to meet the requirements of the Patient Care Centre (PCC) and potentially the wider requirements of VIHA. In order to achieve this we are basing the Help Desk on the Acciona Facility Services SA system and tying into this the Angus Anywhere™ system. This unique approach has been taken as we believe each system has the capability to address different aspects of the RFP requirements and offers a more comprehensive response than using one Help Desk component that may be inferior to this approach.

The service will offer a central communications centre for the PCC, one call (e-mail or fax) to request a service that will be answered within 4 rings (or 1 minute). Open 24 hours a day and located in Victoria it will have the capability to achieve all of the Schedule 4 Appendix 4F service and performance indicators.

The service is more fully described below where we have discussed the technical aspects of the Acciona Facility Services SA and ACML aspects separately to allow a more comprehensive understanding of each of the components.

The Acciona Facility Services SA Component

More than a dispatch unit, the Acciona Facility Services SA Help Desk is the clearing house for all of the Patient Care Centre's (PCC) staff, visitor and patient service needs. By dialling just one number, the help desk extension, Acciona Facility Services SA's trained, courteous service coordinators triage and process calls, dispatch the request to the appropriate department and track the event until fully resolved.

[NTD: would like to keep the theme of this paragraph. DJL I see no problem with this DB. See comment LP Agreed]The Help Desk provides live customer interaction on a 24/7/365(6) basis to capture demand and routine building maintenance requests and housekeeping task requests received from facility users via telephone, e-mail, facsimile and/or other electronic means. Customer Service Representatives will then dispatch the task information to the appropriate Housekeeping Aide. This will be by PDAs (specifically Blackberry's) or can be through cell phones and/or companion phones as appropriate.

Utilization of various communications devices (including PDAs, Cell Phones and Pagers) expedites the flow of communication of support services tasks so that support services staff do not have to call in to a system to find out their next assignment. Furthermore, quality will be increased and the chances for error

will be diminished as information is received and monitored by trained customer service representatives and directly sent to the appropriate support services department and employee.

The Acciona Facility Services SA Help Desk provides:

Emphasis on People – People decisions assisted by computer technology

Cultural Compliance – Program options available for various management needs

Flexibility – Program configurable for flexibility

Management Choices – Program options can be used in total or individually

Centralized Dispatching – A central point to receive requests from PCC users and send tasks to employees

Single Point of Contact – A single point of contact for status monitoring of all support services requests

Response Time Efficiency – An efficient pairing of requests with personnel resources

Reporting – A repository of all task information for management analysis

The Process

Facility users submit requests via telephone, website, e-mail, or facsimile

Customer Service Representative receives request and dispatches via pager, PDA, Blackberry or Tablet PC

Support Service staff receives request, undertakes work and reports completion

Notification sent to the facility user letting them know the task has been completed

Submitting a Request

To submit a facility service request, the Acciona Facility Services SA Help Desk offers facility users several options, including:

A telephone call to a trained dispatcher in the Help Desk

A scheduled task list provided to Help Desk and manually entered by a Customer Service Representative

An e-mail sent to Help Desk and manually entered by a Customer Service Representative.

A facsimile sent to Help Desk and manually entered by a Customer Service Representative

Dispatching the Work Order

The Acciona Facility Services SA Customer Service Representatives will be fully trained to identify and assign work orders and tasks to various support service employees using the following criteria:

Type of service requested (i.e. hard facilities management versus soft facilities management services)

The priority of the task requested (predetermined as in Schedule 4)

Skills of employee matched against the work order or task requirements

The work orders and tasks will be dispatched to the appropriate support staff using a variety of methods including:

Paging to alpha/numeric pagers through the AFS and Angus AnyWhere™ programs [NTD: in lieu add 'automated' or 'software systems'. DJL Needs a technical response DB. See comment LP reinsert as AFS system will be able to provide DB] Electronic dispatching of work orders to PDAs, Blackberrys or tablet PCs

Telephone communication between the Help Desk and support service staff

Verbal face-to-face dispatching of work orders by the Help Desk customer service representatives / dispatchers

Task Acceptance, Completion and Status Updates

Support services staff will update their status as they proceed through their respective tasks. Status updates are made using the hospital's phone system and through the PDAs, cell phones and companion phones provided to the support services staff. Support services staff will provide the appropriate status update such that the task progression information is updated on the dispatcher screen and the time and date of each task progression update is stamped for productivity reporting.

Help Desk Staffing

Overall, staffing levels and after hours procedures are customized for both the level of support and operational services being provided. Typically, Acciona Facility Services SA bases Help Desk staffing on building square footage, number of beds within the facility, number of sites to be serviced, historical work order volumes as well as client-dictated levels of support including average speed of answer, hold times, verbal dispatch confirmation, quality assurance, and reporting requirements.

Based on the information provided, we will implement a 24x7x365(6) Help Desk and staffing will include a Help Desk Manager, Supervisor and Customer Service Representatives.

The duties and responsibilities of the Help Desk team are to:

Receive service requests from facility users, enter a work order, assign a work order classification (i.e.: HVAC, carpentry, plumbing, housekeeping, etc.), assign a priority to the request thus defining the target completion time/date for the work, and communicate to the caller the work order number and target completion time/date. The assignment of target completion times/dates will be in accordance with the

performance specifications in Appendix 4D and Appendix 4E of Schedule 4 – Service Protocols and Specifications

Perform standard diagnostic evaluations with the initiator prior to dispatching

Arrange for the delivery of the requested services; depending upon scope of work and location, this will involve either dispatching to ACML's on-site maintenance technicians, the Acciona Facility Services SA housekeeping department

Conduct appropriate follow-up calls to ensure that repairs are performed on a timely basis and to the initiator's satisfaction

Provide proper reporting tools to ensure all periodic reporting requirements of Section 6.2 of Schedule 4 – Service Protocols and Specifications are met

Measure ongoing user satisfaction levels through a customer feedback program

As part of our implementation program, Acciona Facility Services SA and ACML will train each Customer Service Representative on all aspects pertaining to the specific software that will be in place to manage the Help Desk and all calls received and work orders dispatched, namely:

Overview and Training

On-site training for Help Desk Users including task management, system administration and modules, and reporting functionality

Standards of service – Managing within Response Times and Rectification Periods

To ensure that all aspects of the service can be delivered effectively Acciona Facility Services SA will work in partnership with ISL Health and VIHA to implement a specific training schedule for the Help Desk staff only. This is to be a formally structured program designed to meet the requirements of introductory training, service standards training and legislative training.

Introductory training is fundamental in establishing a good relationship between the Help Desk staff, ISL Health and VIHA, and is the key to developing team spirit and a customer service ethic. It also forms the basis of communicating standards of service, health and safety, plus other essential basic training.

It is essential that Help Desk staff have detailed knowledge of the location of the hospital units and departments; routes through the hospital, location of facilities within the hospital, and are able to give clear concise directions to callers.

Introductory training for Help Desk customer service representatives will contain the following elements:

Customer Service

Site geography

Hospital personnel and departments

Hospital language

Hospital relationships

Health, Safety and Security

Emergency Responses

Fire Safety

Major Incidents

Telecoms Operations (to enable cross cover)

Confidentiality and the law

Data Protection

Accident and Incident Reporting

Legislation as it relates to their work

ISL Health, Acciona Facility Services SA and ACML Policies and Procedures

Communications / Dispatching.

Ongoing training is very much geared to satisfying service requirements and will include telephone manners, communications skills, customer service, and legislation updates. This training will be performed by a team of authorized and competent training professionals.

Training procedures will be subject to periodic review in consultation with VIHA, to ensure that all operational issues are appreciated and understood by all and that any changes to protocols are issued in a timely and controlled manner.

Continuity of Service / Emergency Procedures

General continuity of service and emergency procedure responses are outlined in the table to the right. These procedures will be regularly reviewed and agreed with VIHA and ISL Health on an on-going basis, to ensure ISL Health is best able to meet the needs of VIHA.

Additionally, to effectively service the PCC and to prevent downtime, Acciona Facility Services SA will ensure that at least two (2) computers designated for the Help Desk will be laptops and that there will be at least two (2) cell phones also designated to the Help Desk. Because our software systems are completely web-based, our Help Desk staff can login from any computer as long as they have access to the internet. In the event that the Help Desk is closed or locked down due to a disaster or emergency situation (i.e.: inclement weather, utility interruption, earthquake, etc.), by having shared laptops, our Customer Service Representatives / Dispatchers can mobilize to nearby business centers (i.e.: Kinko's, Internet Cafés, etc.), homes, or anywhere they can establish a secured wireless connection and log into the software system databases. Further, because of the nature of the PBX phone system that will be installed at the PCC, all calls can be redirected to an alternate system within the hospital or to a pre-established emergency number (i.e. cell phones).

Escalation procedures will be prepared by ISL Health in conjunction with VIHA, to prepare for emergencies within the hospital and in support of emergencies elsewhere in the surrounding area. These procedures will involve all ISL Health team members and will complement and support VIHA's own emergency and major incident plans. In addition the Help Desk will hold contact numbers for all duty managers and senior representatives of ISL Health. It is envisioned that the existing procedures which are tried and tested should be reviewed regularly and adapted as required to changing circumstances.

Incident	Issue	Action	Resolution
Help Desk Failure	Unable to communicate with Users via e-mail or other	Revert to phone calls and use paper and pens to log calls.	Prioritize tasks and cover key areas whilst equipment

Incident	Issue	Action	Resolution
	electronic means	Inform VIHA and ISL Health Managers. Check all cables & electrical supply. Contact IT for emergency assistance.	infrastructure being rectified.
Power Failure	Electrical equipment unavailable	Employ manual techniques where possible and deploy additional staff as necessary	Full service provided
Staff Shortage	Unable to cover all required tasks	Prioritize work and reallocate staff. Bring in relief staff as necessary	Reconfigure staff rosters and use relief staff
Management shortage	Insufficient cover	Cover by other local FM, Housekeeping, or Acciona Facility Services SA managers	Full service provided
Equipment failure	Equipment unavailable	Contact supplier and revert to manual procedure where possible	Full service provided

The hardware and software technology to be utilized

The Acciona Facility Services SA software systems provide for the management of maintenance and housekeeping tasks through the enhancement of information flow and control of tasking information. These programs can accommodate the entry of both immediate need and scheduled tasks through a live dispatcher or through a hospital order entry system. Once the request is logged in the system the task request status can be tracked and employee's status can be monitored. When tasks are completed, both VIHA and ISL Health will be able to analyze reports and labour productivity.

Utilization of various communications devices (including PDAs, Cell Phones and Pagers) expedites the flow of communication of support services tasks so that support services staff do not have to call in to a system to find out their next assignment.

Hardware

Communications Devices

As mentioned in the previous section, work orders and service requests will, as far as possible, be transmitted to the appropriate Support Services employee via PDA or Pager. This ensures that all work requests will be time stamped and dated as the work orders are updated throughout the request cycle.

For Housekeeping requests, select housekeeping aides (i.e. Bed Team; Demand Team; etc.) will carry alpha-numeric pagers to ensure all housekeeping requests are handled within specified service response and rectification periods. In addition, each housekeeping supervisor and the manager will carry cell phones for employee communications and emergency requests.

For Facility Maintenance requests, all technicians will carry PDAs, such as Blackberries, to view, respond to, update and complete all work order requests. The type of PDA to be used will be determined by ACML at an appropriate time prior to the opening of the PCC and start-up of services.

Software

The **Acciona Facility Services** Help Desk management software is appropriate for use in both healthcare and business & industry. The application provides a centralized point of contact and dispatch for all business-related needs. It is a centralized web-based application that can be accessed from almost any internet-connected computer. The software takes advantage of mobile technology including pagers, PDAs, and Blackberrys to provide real-time dispatch and reporting.

There are a number of core components but additional appropriate components can be developed and implemented at a later date based on the needs of VIHA, ISL Health and the PCC.

Angus AnyWhere™ is an entirely new “zero install”, web-enabled product that enhances customer service delivery across a property management enterprise. The system is unique in its focus on the workflow in a hospital facility (not on equipment maintenance in an industrial or plant production setting) and with this focus Angus is able to deliver a comprehensive service and maintenance management software system that remains easy to use and highly productive.

The program incorporates demand requests, preventative maintenance, corrective action, materials control and resource management functionality while adding wireless electronic work order dispatch, customer request web-access, quality assurance, call center overlay, scheduled and exception reporting. The Angus AnyWhere™ system is built with the enterprise in mind. Data structures support management and reporting at building, administrative office, region and portfolio levels.

Hospital Staff will access the PCC intranet and select a “Request Service” option and at that moment they will be seamlessly transferred to the Angus AnyWhere™ Servers and a request form will be presented. The form presented will have the same look and feel of the corporate web site and staff will believe that they are still in the hospital's internet domain. After submitting their request for service, hospital staff will receive a confirmation number that can be used for later tracking or reference. With receipt of a request for service the system will immediately send an electronic notification to the designated management service representative who will in turn assign the work request.

Once assigned the program will dispatch the request to the appropriate handheld wireless device carried by the appropriate staff member. When the service request is completed the program will automatically notify the hospital member of staff who raised the request and effectively “close the loop” on their service request.

From a Building Engineers perspective the Angus AnyWhere™ system is an easy to use and efficient Preventative Maintenance package. While Angus AnyWhere™ is an enterprise system, building engineers will only see the work orders, equipment, staff and locations they are responsible for. If utilized, PM PalmFlow will eliminate the duplicate data entry required with paper systems saving considerable time and effort.

Angus AnyWhere™ System Features

Fully Web-enabled -Angus AnyWhere™ is the second generation web-enabled product developed by Angus. We have applied everything we learned in the first generation to the second. From the ground up it has been designed with the Internet in mind. The design philosophy is “zero install” and “thin straw”. In other words, all parts of the application work well and are accessible from any standard Internet dial up connection.

Enterprise Architecture - The chief business goal of Angus AnyWhere™ is to provide a better service management tool for large institutions or property management corporations. Integral to the system's architecture is the need for reporting at all logical levels. Individual building, administrative office, regionalized and portfolio wide management is available because the system has been designed with the enterprise in mind.

Paperless Electronic Work Orders - The time has come to eliminate the need for paper in work order systems (and work towards a greener Canada). With Angus AnyWhere™ users can issue or dispatch work orders to virtually any hand held wireless device that supports paging, text messaging or Internet mail standards. An association between the Staff member and the device they are carrying is pre-loaded into the system. With assignment of a work order the program automatically adjusts the format of the work order to fit the device carried by the staff member and dispatches it.

Custom Reports - The Angus AnyWhere™ reporting strategy includes the development of customized reports as required and will be developed together with ISL Health and VIHA.

Enterprise Roll Up Reporting - Because Angus AnyWhere™ will be customized for the reporting requirements of the PCC reports are available from any authorised VIHA representative.

Service Request via Web - Providing the best service possible to VIHA is crucial. Angus AnyWhere™ provides easier access to service through a Web-form. Users simply access the designated page and request service. After submitting their request a confirmation number is provided for subsequent status updates. On receipt of a web request for plant service the program will also automatically notify the appropriate staff member of the new request.

Request via e-mail - Another easy and common way of requesting service is through Internet mail. E-mail directed to a pre-defined address will automatically be turned into a Request for Service record and assigned an ID. With receipt of a User request for service from an authenticated source the program will

reply to the sender with a confirmation number. Also with receipt the program will automatically inform the appropriate staff member of the new request.

Web-Link Queries - With the Angus AnyWhere™ program authenticated User contacts will have the ability to check on the status of their requests for service. They can also be given access, if desired, to other types of data like average response times, service summaries etc.

Multiple Contacts - This is a key advancement from previous generations of Angus product and from other work order packages. The program will auto fill work order records based on "who" is requesting the service. Contacts can also be designated as having approval authority which will streamline the service quotation and billing process as described above.

Scheduled / Delivered Reporting - Most/all management reports are of the same format and are run on the same periodic basis. The ability to predefine the exact look and feel of a report that is scheduled and delivered once every month simply saves time.

Standardized PM Procedures - While the Angus PM program has the available PM Quick Start the standard task library included can be modified to meet specific corporate standards.

Additional information regarding the Angus Anywhere solution can be found in the appendices to this response.

The business processes and security features related to maintenance of electronic logs, records and response and rectification times.

ISL Health are well aware of the need for comprehensive security features to be included within the Help Desk service to protect not only the Company's security but also the patients, staff and associates of VIHA.

There are a number of considerations that have been made to this end which include:

- Staff training
- Password and User Account standards
- Data Accessibility
- Confidentiality
- Firewalls
- Virus protection

Training

The most important process and security feature related to the maintenance of electronic logs, records and response and rectification times is training. It is our belief that Help Desk services and the operators within have a direct impact on how people view VIHA. As such, effective training and development of the Help Desk staff is essential in providing the quality and standard of service that ISL Health requires and that VIHA expects and deserves.

Training with regards to password security and caller confidentiality will form part of the basic training for all staff within the overall ISL facilities services.

Password and User Account Standards

Staff within ACML and HCP will be subject to stringent policies and procedures relating to their passwords, access and confidentiality.

Physical Security

The confidential security policies and standards include topics such as firewall configuration, web traffic, internet traffic, systems accessibility, user accounts, workstation set up, services and application security. To ensure physical security of each client's data, Acciona Facility Services SA maintains and follows our strict security policies as it relates to restricted data access, routine data backup and redundant systems.

Data Accessibility

Each Acciona Facility Services SA application has password standards that protect data and/or functions within the application to the appropriate staff and role. Acciona Facility Services SA uses strict password control, particularly network passwords, which must be changed every forty-two (42) days, must be of a certain length and must be comprised of alpha and numeric characters. To further ensure client data confidentiality, Acciona Facility Services SA restricts access to reporting to one or two senior Help Desk employees (typically the manager and supervisor) and no Acciona Facility Services SA report will contain patient information.

Confidentiality

The Help Desk customer service representatives will respect the dignity and privacy of all callers, with enquiries being dealt with in a professional, understanding and confidential manner.

Acciona Facility Services SA recognizes that the Help Desk tasks will involve the confidentiality of information collected, and with this in mind, will include a training module concerning patient confidentiality in line with VIHA's policies and procedures related to patient confidentiality. This will ensure Acciona Facility Services SA staff are trained not to disclose any sensitive or confidential information in connection with the provision of the Help Desk services including:

- 1. VIHA, its staff or its procedures**
- 2. The identity of any patient at any of VIHA's Hospitals or other establishments**
- 3. The medical condition or the treatment received by patients**

Angus AnyWhere™ Security

The entire Angus AnyWhere™ computing infrastructure is co-located in a highly secure, environmentally controlled datacentre. Access to the facility is biometrically controlled, and the facility is guarded 24 hours a day.

The Angus AnyWhere™ network is logically isolated from the Angus corporate network. Access to the system is indirect (using remote control technology), via highly encrypted links. No persistent connection to the core datacentre network is maintained (only a connection to the firewall perimeter). Password entry is enforced – users are not able to save passwords in insecure "links" or "shortcuts" on their PCs.

The system is protected on a continuous basis against viruses. Intrusion detection agents in the firewall and other network computers raise alarms if suspicious activity such as port scanning is detected. Ongoing vulnerability scans against all computers and the firewall help prevent security holes that can lead to system breaches.

Angus AnyWhere™

Angus AnyWhere™ runs on enterprise class computers that incorporate the most reliable components with redundant power and network connections. Network routing, firewalling, and switching are done through equipment made by Cisco Systems, the industry leader in quality and compatibility.

Angus AnyWhere™ runs on the latest Microsoft Windows 2003 series of enterprise Operating Systems, using Internet Information Server, the latest web development technologies, and Microsoft SQL Server for database services.

Hardware and network components are monitored continuously, with alarms raised in the event of component failure (or, in the case of disk drives, predicted impending failure). All software components are independently monitored for full functionality. In case of component failure, engineers are available 24/7 to resolve the problem before it becomes an issue for our customers.

Availability

The Angus AnyWhere™ system has been designed using highly reliable components in redundant configurations without any single point of failure (see Figure 1.) below.

Connection to the Internet is provided by an active connection and a redundant hot standby. The standby is provided on a separate router from the active link.

The Internet Service Provider (ISP) connects to the Internet through a multiply redundant backbone comprised of high-speed links to all the top level ISPs (AT&T, WorldCom, etc.) and shared connections to public Points of Presence (POPs). Dual redundant Firewalls insure that a failure of this critical component will not bring the Angus AnyWhere™ service down.

Web and email services are provided by redundant servers with automatic hot standby failover – if any hardware or software component fails, a backup is brought online within seconds, restoring service automatically in less than a minute. Customer data is replicated to backup servers and to a fully redundant and independent data centre on a continuous basis. The entire Angus AnyWhere network runs on dual switched paths so that the network can continue to operate under failure of any single network switch, network interface, or connection.

All hard disk drives in all computers are provided using mirrored or other fault tolerant configurations, such that failure of a single disk drive will not cause failure of its host computer.

Dual power feeds are each backed by an Uninterruptible Power Supply and a diesel generator. Members of redundantly teamed components get power from both feeds, to insure that the system will continue to operate in the extremely unlikely event of catastrophic failure of one of the feeds.

All equipment, cables, and connections are clearly labelled and color-coded to prevent mis-configuration of the system over time, and to help insure that no catastrophic failures are induced should the system ever

need to be serviced while under operation. All redundant components are tested for failover compliance on a regular schedule, to insure that the redundancy is there if or when it is actually needed. Two scheduled maintenance windows occur each week, on Thursday and Sunday, 1:00am–5:00am.

Angus AnyWhere™ Capacity

Both the primary and secondary datacentres provides high bandwidth connections to all the top-level Internet Service Providers, and additional connections to public Points of Presence. The provider maintains available bandwidth to all connected links. The Angus AnyWhere™ network has peak bandwidth available that is many times the average contracted bandwidth, to ensure momentary traffic spikes do not affect performance.

The application architecture itself is modular, enabling additional computing nodes to be added as necessary to maintain acceptable performance for the application users.

Response and Rectification Times – Process and Security

Response times for each step in the order management process are based on the priority or urgency of the request. The priority associated with each type of problem at each unique location automatically assigns pre-determined action targets including “Dispatch”, “Response Time”, and “Rectification” targets.

These pre-determined targets guide the order management actions of the Help Desk customer service representatives and the actions of support services staff. The Help Desk does have the ability to modify the priority of a work order based on special needs or circumstances, but will go through the appropriate channels to obtain VIHA's approval prior to doing so. The Help Desk will document the reason for each change in priority and logs that reason in the specific work order in which the priority was changed.

At the appropriate time before operational commencement in the new facility, Acciona Facility Services SA and ACML in partnership with VIHA and ISL Health will review the priority call list against each possible type of work order to ensure that all tasks receive the correct priority, response time and rectification period. Acciona Facility Services SA and ACML will subsequently provide detailed training to each customer service representative on each specific work order priority and to ensure they fully understand the implications of incorrect coding and/or dispatching orders as it relates to specific payment mechanisms payable by ISL Health and its partners.

Reporting

The Acciona Facility Services SA Help Desk software, and Angus AnyWhere™, act as repositories for all of the facility request information that has been entered into the systems by Customer Service Representatives / Dispatchers and the support service staff. Every activity and status change is tracked with a time and date stamp such that valuable reports can be generated and filtered by almost any possible combination. [NTD: Reference to call tracking and reporting needs to be retained in this section. I agree DB. See comment LP Agreed DB]Per Section 6.2 of Schedule 4 – Service Protocols and Specifications, the Help Desk will collect from ACML and, the Acciona Facility Services SA Housekeeping Department deliver to Help Desk all the necessary data to provide the following groups of reports:

Report Grouping	Report Examples
Telephone & Electronic Response Times	No. of calls on hold Length of hold time No. of abandoned calls
Work Order Tracking	WO In Progress Report WO Status Report WO Completion Report
Service Failures / Unavailability Events	Response Time Report Remedial Period Report Rectification Period Report Service Failure Summary Report Unavailability Event Summary Report Periodic Payment Adjustments
Life Safety Action Reports	Fire Extinguisher Inspection Report Generator Testing Report Sprinkler Testing Report
Annual Service Plan Reports	Staffing plan, training, method statements Scheduled Maintenance Routine Cleaning Statutory testing and planned shutdowns Reactive Cleaning and Demand Maintenance
Productivity Reports	Time Trending Workload by Time of Day Personnel Transactions Service Failures / Unavailability Events Reports

How the Help Desk Services will interface with the delivery of other hospital services, in particular those that are not the responsibility of Project Co (e.g., misdirected calls, confusion in who is accountable for delivering a service between the Authority and Project Co).

Ultimately, the Help Desk is an enabler for the efficient and effective care of patients visiting the PCC. Through extensive training of each customer service representative / dispatcher, Acciona Facility Services SA ensures that each and every call, whether the service requested is the responsibility of ISL Health, Acciona Facility Services SA, ACML or VIHA, is treated with the same level of care and concern and that each call delivers the same result: satisfied customers through prompt and courteous service. Acciona Facility Services SA ensures that the Help Desk team has strong communication and interfacing skills with each unit and department within the hospital and will provide any and all reasonable support to each and every caller.

Misdirected Calls

Prior to the service commencement date, Acciona Facility Services SA and ACML will deliver an introductory training session for the Help Desk staff designed to communicate the standards of service, health and safety plus other essential basic training. During this training session, customer service representatives will be trained on how to effectively handle misdirected calls such that the caller maintains a high level of satisfaction with the services that they are receiving at the PCC regardless of the nature of their call.

Furthermore the Help Desk staff will receive training on how to effectively check out each caller in order to identify the true nature of the request such that they can redirect the caller to the appropriate Royal Jubilee Hospital Department and/or unit. Often, the caller is simply courteously redirected to the Hospital Switchboard Operator with whom they originated. However, it is well understood that the treatment that the caller receives from the Help Desk representative has a direct impact on the callers' overall satisfaction as they evaluate the complete level of service they received in dealing with their particular issue.

Service Delivery Responsibility and Accountability

Similar to misdirected calls, each Help Desk customer service representative will undergo an extensive introductory training that outlines the specific services and tasks for which ISL Health has overall responsibility and for which VIHA has overall responsibility. Further, a quick reference service responsibility matrix will be established and posted at each workstation within the Help Desk. This will ensure each customer service representative has the correct information at their fingertips as required. Again, regardless of who has the ultimate responsibility in completing the service and/or task, our Help Desk customer service representatives will treat each caller with the same prompt and courteous service. Should there be any ambiguity around a request regarding responsibility further to the above the Help Desk staff can seek advice from the Help Desk manager, Acciona Facility Services SA service manager or ultimately the HCP General Manager. In such circumstances the caller would be advised that the customer service representative would phone them back, within a given time frame, rather than have them on hold for any length of time.

Describe how your Help Desk can add value to the Authority for all services within the Facility and across the RJH Campus, as appropriate.

Our Help Desk will be responsible for receiving and dispatching all reactive cleaning requests including outbreak cleaning, over-census protocol cleaning, and day-to-day spills and requested cleaning services. Furthermore, our Help Desk team will processes payroll, performs other clerical work, and provides all necessary reports to both Acciona Facility Services SA management and to VIHA as required.

3.5 Plant Services

a) Describe and provide details of the Plant Services that will be provided, including:

ISL Health is pleased to have sub contracted with ACML for provision of the Plant Services and Grounds and Gardens Services as part of our integrated service provision for the Patient Care Centre (PCC). As a sister company to our M&E provider, H. H. Angus we believe that we are able to offer VIHA the ultimate solution – one in which the design, build, maintenance and lifecycle of the facility is presented by a team that is contracted for the long term and has therefore taken a life long view rather than a short term one. This will

benefit all parties in relation to their ability to provide a level of plant service that achieves the service and performance standards as defined in Schedule 4.

Service Overview

The Plant Service will be offered 24/7 with a view to maintaining a safe working environment for VIHA staff, patients and visitors and our own staff. ACML's approach is one of collaborative working in which disruption to VIHA services are minimized as far as possible and seeks to avoid environmental hazards.[NTD: keep the deleted reference to 7/24, this is an overview, Plant Service is not specific to manpower but overall service Agree DB. We agree LP]

The Plant Service will incorporate:

Planned Maintenance

First Response (demand) maintenance

Service Plans

Miscellaneous

Maintenance of Equipment & supplies

Service Plans

Grounds and Gardens Maintenance

ACML's focus on management systems, monitoring, audit and quality enable the provision of a comprehensive service that adheres to legislative policies and good industry practices. The VIHA target to maintain LEED® Gold is a target that ACML are pleased to address.

ACML will develop service plans to incorporate all maintenance requirements including monthly, annual and five yearly. As can be gained from the description that follows preemptive maintenance is key to the provision of this comprehensive service. Incorporation of the BMS, CMMS and monitoring systems will allow the Plant Services team to take early action if there appears to be a problem rather than waiting for a problem to occur. Added to this our comprehensive planned and first response maintenance systems which create a comprehensive tool to care for the plant within the PCC.

Sub-contractors will be employed by ACML to undertake specialist roles such as: elevator maintenance, following a strict approvals process.

ACML will provide the following personnel to undertake the service:

The Plant Service Team Leader will be responsible for all aspects of the service on site. He/she will be assisted by the Supervisor and a number of skilled technicians and operatives as identified above.

Additional specialist support will be provided either by sub contractor for specified services or specialist ACML staff who are located on several of ACML's numerous other health facilities sites.

The Plant Service will be supported by the Angus Anywhere™ Help Desk component that will be linked into the overall Help Desk. This system offers a variety of components to highlight, notify, capture, record and measure aspects of the service.

Asset management philosophy for the Facility and how this will be implemented in terms of systems and practices throughout the term.

The Angus Anywhere™ program provides a medium in which to record information about specific pieces of equipment. Each equipment entry has the following fields in which to enter information about that specific piece of equipment:

Equipment Name: Allows the entry of the equipment name (i.e. Chilled Water Pump #1)

System Name: Allows entry of what system the piece of equipment is a part of (i.e. Chilled Water System)

Property: For multi-building or multi-site facilities allows the entry of what property the equipment is located in.

Floor: Allows for the entry of what floor the equipment is located on (i.e. Lower Level)

Location/Suite: Allows for further description on the location of the equipment i.e. Chiller Room

Make: Allows for the entry of the equipment make (i.e. Armstrong)

Model: Allows for the entry of the Model of Equipment

Asset/Tag ~#: Allows for entry of a facility asset tracking number for Asset Management

Serial Number: Allows for entry of the equipments serial number

Number Details: Allows for the entry of various nameplate information and other miscellaneous information (i.e. Horsepower, Frame, Full Load Amps, Location of local disconnect and Starter etc.)

Please refer to Appendix 3.5(i) for a sample of nameplate data for a piece of equipment.

Our Operational Plan includes a number of Management Programs which make-up our company's Hospital Maintenance Management System and when implemented help to ensure that the PCC Maintenance Services are provided in the most effective and efficient manner possible with little or no impact to the PCC Core Services.

The following is a list and brief description of the key components of ACML's Maintenance Management System:

Computerized Maintenance Management System

We believe a comprehensive and effective Computerized Maintenance Management System forms the cornerstone for all building maintenance activities and programs. We will provide a comprehensive work management system, which has been specifically designed by Angus Systems Group Limited. This Angus System will be based upon the Angus Anywhere Web™ based software and we will deliver a system that is not only efficient but will be upgradeable as required, to meet ongoing requirements at the facility.

Further detail on the proposed Computerized Maintenance Management System is provided further on in this response.

Site Documentation Program

The purpose of this program is to provide complete documentation for reference material on-site and in an organized manner, which reflects the Facility's conditions and is then used in the day-to-day operations of the department.

We will assemble or create, as the case may be, and maintain the following:

Compilation of a set of As-Built Drawings

Scheduled Maintenance Data Base Writing

Equipment Identification Program

Technical Reference Library

Documented Operating Procedures

Safety Procedures and Building Regulations

Operating Logs

Emergency Response Plan

Tools, Parts and Instruments Inventory

Operating Programs

This program is designed to ensure that all equipment and systems within the Facility are examined, tested and revised to meet proper standards. This produces the most efficient and cost effective use of installed systems for any given mode of operation within the Facility. We will put in place an operating program including:

Engineering & Operations Review

Schedule of Remedial Repairs

Schedule of Planned Predictive Maintenance

Capital Equipment Replacement Plan

Training and Education

Quality Program

The purpose of this program is to ensure that ACML services are maintained at an acceptable level to VIHA and ISL Health. We intend to achieve this through customer feedback, comparison to industry standards and trend analysis while staying abreast with technological advances and will also include:

Site Audits

Customer Satisfaction Surveys

Plan To Implement Improvements

Documented Results Of Changes

Customer Communications and Relations

Energy Consumption And Usage

The energy consumption and usage program is intended to ensure that the building systems currently in place are operated in the most cost efficient manner. It is also intended to identify potential areas of improvement through the application of new technologies as they become available. ACML will also:

Review energy consumption and usage

Prepare a plan to increase the efficient operation of building systems

Review plan with engineering to determine cost savings

Present plan to VIHA, through ISL Health, for review with implementation cost business case

Develop energy conservation measures and an education plan for building occupants

Work with local utilities to take advantage of conservation incentive programs

Reporting Program

We will provide periodic reports via ISL Health to VIHA on preventive work, annual facility operating budget, remedial work, capital equipment replacement, predicted equipment performance and any additional areas required by VIHA.

In the context of the One-year and Five-year Preventive Maintenance Plans, how the Facility and Equipment will be maintained, including:

Statutory testing and permission to work

Statutory Testing

Statutory testing requirements are primarily those that are governed by the fire code. ACML will implement a preventive maintenance program which will incorporate all requirements of the fire code and any other additional legislated requirements. The Angus Anywhere™ program allows for the prioritization of PM tasks for which we assign a Priority 1 to all Legislated Maintenance, Inspection and Testing requirements. The Angus Anywhere™ system allows for sorting of dispatched (issued) work orders by priority which assists us in ensuring that Legislative and Critical PM work orders are completed when required.

In order to prioritize the PM tasks we utilize the following criteria:

The more frequent the task is required the higher the priority

For each frequency period the tasks are prioritized based upon the equipment being worked upon

Life safety inspections, testing and maintenance

Critical equipment inspections, testing and maintenance

Equipment serving patient care areas

Equipment serving non-patient areas

Equipment serving non-core service areas

PM task cards for the performance of Statutory Testing are very detailed in a step by step layout to ensure the proper procedure is followed to minimize impact to the facility users. The system also includes a combination of checking and data entry fields to allow maintenance personnel to enter specific required readings into the maintenance system. These readings include operating parameters for fire alarm tests, pump activation / deactivation pressures, flow switch activation times, etc. This recording capability retains the information required by ISL Health and VIHA to ensure legislative requirements are met.

Permission to Work

The Angus Anywhere™ system also provides a reporting function which will show the next scheduled date for all PM work orders and the frequency in which it is performed and the estimated hours required to complete. This report can be utilized to plan for the annual maintenance activities as well as the upcoming 5 years of planned maintenance. This information will be utilized when working with the Authority to make any changes to the maintenance schedule to meet the Authority's site requirements.

Overall maintenance and repair strategy consisting of a comprehensive Preventive Maintenance Program, including a description of planning, scheduling, control mechanisms and CMMS to be employed;

Preventive Maintenance

Preventive Maintenance Program

An important part of the operations and maintenance of the building systems and equipment is the establishment of a preventive maintenance program. A preventive maintenance program is the planned maintenance work which is carried out on the various mechanical, electrical, life safety, and building components in order to maintain them in optimum operating condition and to detect any potential failures or breakdowns. This work includes inspection, diagnostic, lubrication, filter changes, testing, calibration and planned replacement, etc.

The equipment will have a long life expectancy if it is properly maintained. Regular planned maintenance will help detect problems, which can then be rectified under controlled conditions prior to a failure; this failure could affect critical areas and involve lengthy down time of the equipment. When plant mechanical and electrical equipment is inspected and maintained on a regular basis, energy consumption is reduced.

We will implement the following plan:

A complete scheduled maintenance task database will be compiled for all mechanical, electrical, life safety systems and general building equipment under the control of the Plant Services group.

All existing engineering drawings and documentation shall be examined and all available "as built" drawings, shop drawings and manufacturers' equipment data sheets collated and a schedule prepared. The number and types of different systems contained within the building will be ascertained and recorded. Each system and piece of equipment will be allotted one or more maintenance task cards with the description, make, model, performance specifications, serial number and locations. Equipment inspections and Preventive Maintenance functions together with the type of inspection required (i.e., scheduled, visual, seasonal or reminder), shall be assessed and the frequency at which the functions are to be carried out together with a provisional start date.

We will also review all relevant codes and regulations which specify frequencies for preventive maintenance and testing of critical pieces of equipment such as sprinkler systems, fire pumps and other life safety equipment. This information combined with manufacturer's recommended maintenance practices will be utilized to prepare maintenance schedules.

All Preventive or Scheduled tasks shall be distributed over a 52 week period, and will take into account such things as seasonal work and work that must be conducted at varying frequencies throughout the course of the year. For example, the fire extinguisher inspection task would be scheduled on a monthly basis whereas lubrication of a motor bearing would be scheduled once per year.

This preventive maintenance plan and resulting database will reflect the specific requirements of this facility. It will be our approach to use all our stored information on building equipment in general, technical reference library, experience and our Engineering Services Company for engineering support. We will examine in detail your specific equipment and its needs as they relate to your operation. The implementation of this program

will be completed early in the first year of operation. The preparation of the preventive maintenance program could be initiated during the commissioning phase of the construction process.

ACML have a proven professional approach to the operation and maintenance of our clients mechanical, electrical and life safety building systems. We provide a service, which includes an on-site team of our personnel who are qualified and experienced in operating and maintaining hospital building systems. A majority of the preventive maintenance work will be conducted by our on-site staff but some tasks will require specialized services.

ACML's on-site staff will consist of employees who have experience in Managing and Supervising Building Maintenance Services in a Hospital Setting. We will also provide operations and maintenance staff with considerable overall experience in operating, maintaining and repairing equipment, building systems, and other building infrastructure. The operations, maintenance and repair staff will come from existing company employees and from new staff hired directly for this project.

Recognizing the critical nature of the health care environment, we will provide 24 hour per day, 7 days per week coverage to the Patient Care Centre. Operations staff will be on site "around the clock" in order to attend to User's needs, respond to unusual conditions, perform preventive and demand maintenance activities and to assist specialized service providers who, because of the type of work being conducted, cannot perform the service during regular daytime hours.

Specialized services are those which require specialized skills for which it is not cost-effective or practical to carry in-house, that which requires more labour than is available on-site and that which is more effective to contract out because of warranty requirements or need of special tools or facilities.

In the area of specialized equipment and service requirements, we will provide a first line of enquiry and troubleshooting to a non-specialized level in order to determine the correct course of action, (i.e. further troubleshooting by specialist, repair or replacement).

The services that we expect to be provided by sub-contractors include the following:

Specialized chiller maintenance

Specialized boiler maintenance

Regulatory work requiring licensed contractors (i.e. fire alarm systems, elevator systems etc.)

Major installations and renovations

Electrical Distribution service (i.e., infrared surveys and high voltage switchgear maintenance)

Major mechanical repairs to plant services equipment

Grounds Maintenance

The adjacent organogram illustrates the component parts of the preventive maintenance program to be carried out by ACML.

Daily Rounds

As part of our preventive maintenance program ACML conduct daily rounds, which are performed at the beginning of the shift each day. The main purpose of performing daily rounds is to inspect key areas of a facility, such as major mechanical and electrical rooms, to ensure that any potential problems are detected prior to causing a disruption to the facility.

While conducting rounds our operations personnel will complete operating logs of key pieces of equipment to ensure they are operating as intended and are ready to come on-line when required. Examples of information recorded in a daily rounds log include the following:

- Power to fire alarm panel
- Fire alarm panel is clear of any alarm indicators
- Fire pumps set for automatic operation
- Electrical rooms are dry and temperatures at acceptable levels
- Fire protection water supply valves are open
- Chilled and heating water supply temperatures are at required set points
- Critical equipment (i.e. medical vacuum and gas systems are operating correctly)
- Check for signs of water or steam leakage

Predictive Maintenance

Another element of our preventive maintenance program is the use of predictive maintenance. A predictive maintenance program will assist the Building Maintenance Services Department to identify potential problems that would likely not be detected by conventional preventive maintenance procedures. Utilizing predictive maintenance procedures will assist in scheduling repair work for times which will minimize impact to the occupants of the PCC and avoid breakdowns which may occur at anytime and cause significant impact to Royal Jubilee Hospital's primary services. Examples of predictive maintenance procedures that we will utilize include:

Vibration Analysis

Vibration analysis readings are taken on a piece of equipment on a regular basis from which a trending log is created. If the trending log indicates an increase in equipment vibration it is a forewarning that a component of the equipment is beginning to wear and that repairs may soon be required to avoid a breakdown.

Fluid Analysis

A fluid sample such as lubricating oil or refrigerant is obtained from a piece of equipment such as a Chiller and a chemical analysis is then performed on that sample. This analysis will identify any contamination in the fluid, which would indicate metal wear, failure of gasket material, etc. Based on this information corrective action maybe taken and a breakdown avoided.

Thermo-graphic Imaging

On a regular basis as part of our normal switchgear maintenance we will have major electrical connections inspected using thermo-graphic imaging. This inspection method will identify "hot spots" which indicate a

number of potential problems such as loose connections, overloaded circuits, and component wear, etc. By early detection of these situations major failures can be averted.

Eddy Current Testing

This method of testing is normally utilized to indicate the condition of the heat exchanger tubes in the condenser and evaporator sections of chillers. Excessive wear on the heat exchanger tubes of a chiller could lead to a rupture of the tube and excessive repair costs. By detecting the early onset of wear the tube can be “plugged” without major impact to the performance of the equipment.

First Response (Demand) Maintenance

With the implementation of our preventive maintenance program the occurrence of demand maintenance work will be minimized. In the event that the need for unscheduled maintenance occurs we will notify VIHA, through the HCP General Manager, of proposed commencement dates, proposed hours of work, the duration of the work and impact to other Hospital Services. In the event of emergency unscheduled work we will notify VIHA and the HCP General Manager as soon as possible with information regarding the work, and shall take all necessary actions in order to minimize the duration of such unscheduled maintenance work.

Maintenance Record Keeping

All maintenance activities will be recorded in the Computerized Maintenance Management System. This information will be reviewed on a regular basis to identify any repetitious maintenance activity, which may indicate an underlying condition not yet detected.

We will also ensure that prior to each contract year VIHA will receive the schedule for the next year's preventive maintenance and an updated schedule for the next 5 years. We will amend our preventive maintenance schedule to suit the requirements of VIHA.

Strategy and Process for Assigning Maintenance Tasks and Validating the Completion of Assigned Tasks

On a weekly basis Programmed Maintenance (PM) tasks will be allocated to Plant services personnel and/or specialized service contractors for completion. The Angus Anywhere™ PM system (described in the next Section under the title ‘Computerized Maintenance Management System’) will display on the “ready list” PM tasks which are due in the upcoming 2 weeks. Plant Services (PS) Management will select from the “Ready” list all or any number of work orders, assign them to specific personnel based upon the trade code indicated on the PM task. Once the work order is assigned it can then be dispatched to the Plant Services maintenance personnel by wireless handheld devices, printed on paper or sent to a fax machine.

Once the task has been assigned and dispatched it is moved from the “Ready” list into “Dispatched” list until completed. Once the PM task is completed it is returned to the originator by wireless device or on the printed task card with completion data filled in. Completion data is then reviewed by management staff and closed out.

The Angus Anywhere™ program also has a forecast report which Plant Services Management personnel may utilize to provide VIHA and ISL Health with information on PM work, which is scheduled for a future date. The ready list allows the Plant Services management to view all PM tasks due in the next 2 weeks and to

evaluate their upcoming manpower availability (taking into account vacation and illness) and ensure that all high priority tasks are assigned first.

In order to prioritize the PM tasks we utilize the following criteria:

The more frequent the task is required the higher the priority

For each frequency period the tasks are prioritized based upon the equipment being worked upon

Life safety inspections, testing and maintenance

Critical equipment inspections, testing and maintenance

Equipment serving patient care areas

Equipment serving non-patient areas but serving VIHA employees

Equipment serving non-core service areas

In order to ensure the effectiveness of the PM program, PS management will routinely select a random sampling of the completed tasks and physically verify that the work has been completed. PS management will also follow up with customers regarding completed demand maintenance requests and physically inspect a random sampling of completed demand maintenance work.

For all PM tasks which are performed by outside third party contractors PS management will verify that the work has been completed and ensure that contractor time sheets accurately reflect hours spent working on-site and materials used. Upon receipt of invoices for third party maintenance work the Angus Anywhere™ system's completed work history will be checked to verify the charges indicated on the invoice.

Computerized Maintenance Management System

The Organogram below illustrates the component parts of the Computerized Maintenance Management System.

ACML will provide the following software modules and services at the PCC:

Preventive Maintenance Module - PM

Demand (Unscheduled) Maintenance Module - DM

Service Request Module - TR

Service Request via Web

Service Request via e-mail

Web-link Tenant Queries

Multi User

Work Order Distribution

Page and Fax Direct

Full Internet Integration

Executive and Management Level Reporting
 Paperless / wireless work flow
 Two-way wireless work order distribution and closure
 Pro-active quality assurance
 System Implementation, Setup, Consulting and Training
 Software Support and Maintenance

System Overview

The system is unique in its focus on the workflow in a Hospital facility, not on equipment maintenance in an industrial or plant production setting. With this focus Angus is able to deliver a comprehensive service and maintenance management software system that remains easy to use and highly productive.

The program maintains ‘Angus for Windows’ proven customer service requests, preventive maintenance, corrective action, materials control and resource management functionality while adding wireless electronic work order dispatch, customer request web-access, quality assurance, call center overlay, scheduled and exception reporting. The Angus Anywhere™ system is built with the Hospital in mind. Data structures support management and reporting at building, administrative office, region and portfolio levels.

From a Building Operator’s perspective the Angus Anywhere™ system is an easy to use and efficient Preventive Maintenance package. While Angus Anywhere™ is an enterprise system, building operators will only see the work orders, equipment, staff and locations they are responsible for. If utilized, PM PalmFlow will eliminate the duplicate data entry required with paper systems, saving considerable time and effort.

All Preventive and Unscheduled Maintenance work orders will be allocated on a weekly basis by the applicable Manager for completion by one of the Operations and Maintenance Staff or by specialist contractor when required. All completed Preventive and unscheduled work orders will be reviewed by the applicable manager prior to close out. All work orders completed by service contractors will be reviewed, cost and closed out.

All in-house and contracted out labour material costs can be captured and tracked within the Angus System. In total the system provides over 100 different reports, all with graphic capability. This on-line data provides the information necessary to track the department’s objectives and to ensure that all quality assurance standards are maintained.

Please refer to the information in Appendix 3.5(iii) on the above mentioned software modules.

Sample Reports Showing Tasks Completed In a Period

Please refer to Appendix 3.5(ii) for a sample “Detailed Completed Maintenance Hours” report and a sample “Summary Completed Maintenance Hours” report.

Angus Anywhere™ Reporting Functionality

The Angus Anywhere™ Computerized Maintenance Management System can be utilized to ensure any piece of equipment, furniture, building or site component is maintained in such a manner so as to ensure maximum operating efficiency and long service life.

The system will record all pertinent information relating to the maintenance task, whether it be a preventive, unscheduled or demand maintenance work order, including location, contact name, date, time of request, details of the service required, action taken and the time the call was completed. The system is capable of providing over 100 different reports, all with graphic capability. These include:

- Schedules
- Tasks
- Equipment
- Performance
- Forecast Man-hours
- History Summary
- Completed Man-hours
- Time Evaluation
- Outstanding Work Orders
- Cancelled Work Orders

The system has the ability to identify all Preventive Maintenance activities scheduled over a 12 month period. This Forecast Man-hours Report will include the total number of maintenance tasks and hours required. Each maintenance task is automatically assigned a start date. The Completion date and time along with the length of time required to complete the work and comments relating to the work performed are entered by the assignee upon completion of each task. This information is then stored in an electronic database and can be retrieved at any time. All maintenance activities scheduled for the upcoming seven days are automatically assigned to a "Ready" list and can either be dispatched automatically or by a maintenance services supervisor.

Various work order reports can be customized to provide the data required for reporting against the performance standards. For example, testing and maintenance activities required as a result of the Local Fire Code are automatically scheduled, assigned to the appropriate person and completed as per Code requirements. Any failure to meet the performance standards will be automatically recorded in the Angus Anywhere™ reporting module.

Instruction sets are unique to each piece of equipment and will include the timeframe in which the work must be completed. Maintenance instructions and frequencies can be easily modified in order to comply with any changes in code requirements or provincial regulations.

Because Angus Anywhere™ is a web-based system, we are able to provide access to designated VIHA staff who will be able to view the schedules, tasks and equipment databases as well as reports and other relevant information. The system can automatically generate selected reports and send them electronically to selected individuals on a pre-determined schedule.

We believe that this system is ideally suited for reporting and that it will prove to be invaluable when measuring performance.

Proposed service standards and justification for selection (industry practice, OEM recommendations, proprietary practices, regulatory requirements, etc.);

Inspection, Testing & Maintenance Frequencies

As mentioned previously the preparation of our Preventive Maintenance Program takes into account numerous factors to ensure the equipment is maintained properly and meets or, in most cases, exceeds normal life expectancy. Some of the information we reference when establishing maintenance tasks and frequency include:

- OEM recommended maintenance
- Legislative Requirements
- Recognized industry standards
- Our own operational experience

The chart on the next page lists some of the legislative requirements and industry standards utilized and/or referenced when developing preventive maintenance tasks and frequencies:

Legislative Requirements (sample but not limited to)

Code	Title
NRCC 47677	National Fire Code of Canada 2005
NFPA 2005 Public.	National Fire Codes
	National Building Code
B.C. Reg. 216/2006	British Columbia Building Code Regulation
SOR/2003-289	Federal Halocarbon Regulations 2003
	Canadian Electrical Code
B.C. Reg. 249/2004	British Columbia Fire Code
B.C. Reg. 73/2005	Occupational Health & Safety Act
B.C. Reg. 396/95	Employment Standards Regulation
ANSI/ ASME	Boiler and Pressure Vessel Code 1992

Code	Title
ANSI/ASHRAE 62-01	Ventilation for acceptable Indoor Air Quality
ANSI Z21.22-1999 / CSA 4.4-M99	Relief Valves for Hot Water Supply Systems
ANSI Z21.22a-2000 / CSA 4.4a-2000	Relief Valves for Hot Water Supply Systems
ANSI Z21.22b-2001 / CSA 4.4b-2001	Relief Valves for Hot Water Supply Systems
API 2000-1992	Venting Atmospheric and Low-Pressure Storage Tanks
CGA P-1-1991	Safe Handling of Compressed Gases in Containers
CGSB-82.1-M89	Sliding Doors
CSA B44-00	Safety Code for Elevators
CSA B51-94	Boiler, Pressure Vessel and Pressure Piping Code
CSA B52-99	Mechanical Refrigeration Code
CAN/CSA-B64.3-01	Backflow Preventors, Dual Check Valve Type Atmospheric Port (DACP)
CAN/CSA-B64.4-01	Backflow Preventers, Reduced Pressure Principle Type (RP)
CAN/CSA-B64.4.1-01	Backflow Preventers, Reduced Pressure Principle Type for Fire Systems (RPF)
CAN/CSA-B64.5-01	Backflow Preventers, Double Check Valve Type (DCVA)
CAN/CSA-B64.5.1-01	Backflow Preventers, Double Check Valve Type for Fire

Code	Title
	Systems (DCVAF)
CAN/CSA-B64.6-01	Backflow Preventers, Dual Check Valve Type (DuC)
CAN/CSA-B64.6.1-01	Backflow Preventers, Dual Check Valve Type for Fire Systems (DuCF)
CAN/CSA-B64.7-01	Vacuum Breakers, Laboratory Faucet Type (LFVP)
CAN/CSA-B64.8-01	Backflow Preventers, Dual Check Valve Type with Intermediate Vent (DuCV)
CAN/CSA-B64.9-01	Backflow Preventers, Single Check Valve Type for Fire Systems (SCVAF)
CAN/CSA-B64.10-01	Manual for the Selection and Installation of Backflow Prevention Devices
CSA-B139-04	Installation for Oil Burning Equipment
CAN/CSA-B355-00	Lifts for Persons with Physical Disabilities
CSA-B356	Water Pressure Reducing Values for Domestic Water Supply Systems
C22.2 No.113-M1984	Fans and Ventilators
C22.2 No. 141-02	Unit Equipment for Emergency Lighting
CSA C282-05	Emergency Electrical Power supply for Buildings
CAN/CSA C22.2 Misc.	Misc. Electrical Safety Codes

Code	Title
CSA W117.2-M87	Code for Safety in Welding and Cutting
CSA Z32-04	Electrical Safety and Essential Electrical Systems in Health Care Facilities"
CSA Z305.1-92	Nonflammable Medical Gas Piping Systems
CSA Z305.12-06	Safe Storage, Handling, and Use of Portable Oxygen Systems in Residential Buildings and Health Care Facilities
CAN/CSA Z317.1	Special Requirements for Plumbing Installations in Health Care Facilities
CAN/CSA Z317.2	Special Requirements for Heating, Ventilation, and Air Conditioning (HVAC) Systems in Health Care Facilities
CAN/CSA Z317.5	Illumination Systems in Health Care Facilities
CAN/CSA Z317.10	Handling of Waste Materials in Health Care Facilities
CAN/CSA Z317.13	Infection Control during Construction or Renovation of Health Care Facilities
CAN/CSA Z323.5	Mechanical / Electromechanical Lifting Devices for Persons
CAN/CSA Z7396.1	Medical Gas Pipeline Systems
MAH Supplementary Standard SB-4, June 2006	Measures for Fire Safety in High Buildings
NFPA 10-90	Portable Fire Extinguishers

Code	Title
NFPA 13	Standard for Installation of sprinkler systems
NFPA 15	Standard for Water Spray Fixed Systems for Fire Protection
NFPA 17-02	Standard for Dry Chemical Extinguishing Systems
NFPA 17A-94	Standard for Wet Chemical Extinguishing Systems
NFPA 18-95	Standard for Wetting Agents
NFPA 25-02	Inspection, Testing, and Maintenance of Water Based Fire Protection Systems
NFPA 70E	Electrical Safety in the workplace
NFPA 71-89	Standard for the Installation, Maintenance and Use of Signaling Systems for Central Station Service
NFPA 72-90	Standard for the Installation, Maintenance, and Use of Protective Signaling Systems
NFPA 82-04	Standard on Incinerators and Waste and Linen Handling Systems and Equipment
NFPA 86-95	Standard of Ovens and Furnaces
NFPA 91-99	Standard for Exhaust Systems for Air Conveying of Vapors, Gases, Mists, and Noncombustible Particulate Solids
NFPA 96-94	Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations

Code	Title
NFPA 96-2001	Ventilation Control and Fire Protection of Commercial Cooking Operations
NFPA 214-2005	Water-Cooling Wings
NFPA 291-95	Recommended Practice for Fire Flow Testing and Marking of Hydrants
TSSA 2000	
UL 300-2005	Fire Extinguishing Systems for Protection of Restaurant Cooking Areas
ULC C842-M1984	Valves for Flammable and Combustible Liquids
ULC C1275-1984	Storage Cabinets for Flammable Liquid Containers
ULC-s111-95	Fire Tests for Air Filter Units
CAN/ULC-S508	Standard for the Rating and Fire Testing of Fire Extinguishers
ULC CAN S536-M97	Inspection and Testing of Fire Alarm Systems
ULC CAN S552-02	Standard for the Maintenance and Testing of Smoke-Alarms
ULC CAN S561-03	Installation and Services for Fire Signal Receiving Centres and Systems

Legislative Standards (sample but not limited to)

Standards	Title
NRCC 38730	Model National Energy Code for Buildings 1997
ASHRAE	HVAC Applications
ASHRAE	HVAC Systems and Equipment
ASHRAE	Refrigeration
CSA CAN-3-B354.2-M82	Self Propelled Elevating Work Platforms
NFPA 70	National Electrical Code
NFPA 70B	Recommended Practice for Electrical Equipment Maintenance
NFPA 90A	Installation of Air Conditioning & Ventilating Systems
NFPA 90B	Warm Air Heating & Air Conditioning Systems
UL 2034-1996	Single and Multiple Station Carbon Monoxide Alarms
CAN/ULC-s110-M86	Tests for Air Ducts
ULC CAN S531-02	Standard for Smoke Alarms
ULC CAN S531-78	Standard for Smoke Alarms
CAN/ULC-s602-M92	Aboveground Steel Tanks for Fuel Oil and Lubricating Oil
CAN/ULC-s603-M92	Steel Underground Tanks for Flammable and Combustible Liquids

CAN/ULC-s603.1-03	External Corrosion Protection Systems for Steel Underground Tanks for Flammable and Combustible Liquids
ULC/ORD-C30-1995	Safety Containers
API RP 1107-1191	Recommended Pipeline Maintenance Welding Practices
CSA C22.2 No. 141-M1985	Unit Equipment for Emergency Lighting
CSA C22.2 No. 152-M1984/2006	Combustible Gas Detection Instruments
Z7396.1-06 Part 1	Pipelines for medical gases and vacuum.
ULC CAN S537-04	Verification of Fire Alarm Systems
NFPA 55-1993	Standard for the Storage, Use, and Handling of Compressed and Liquefied Gases in Portable Cylinders

Provision of comprehensive, responsive and effective Demand Maintenance services;

We view VIHA staff as our prime valued customers and will strive to continuously provide the best possible service in a timely manner, which will meet the requirements specified in the RFP. We will work with VIHA and ISL Health to develop service level agreements with each user group. Our on-site team will be multi-skilled and will be capable of performing a wide variety of duties which will minimize the time required to complete a task.

We shall implement a customer service Help Desk that will receive service requests and dispatch the work order electronically to the appropriate service representative. The request and completion times will be automatically recorded and the customer will be electronically notified upon completion.

Our approach to responding to our customer's service request is as follows:

Notify the Customer that their request has been received and is being acted upon

Assess the urgency of the request.

Assess the nature of the request to determine the skill set and equipment required to complete the task

Determine if the required skill set and equipment is available in-house or if external service providers are required

Assign the request to the appropriate team member

Provide feed back to the VIHA staff member on the status of their request:

When it was assigned

Notify VIHA staff member if special parts order is required and when task is expected to be completed

Notify VIHA staff member when request is completed

We feel that not only completing the request is important but also that maintaining open lines of communication with the User, making the request and informing them on the progress is a key to ensuring that customer satisfaction is maintained at a high level.

ACML performs work with its Mission Statement clearly in mind:

"We are committed to Continuous Quality Improvement and to ensure that our service exceeds our client's expectations. Our business shall be conducted in an ethical manner as our decisions and practices reflect directly on our clients and the company."

Means by which you will minimize disruption to operation of the Facility in the performance of the Services;

During the design phase of the bid ACML have been, and will continue to be, fully involved in design development to ensure their requirements for maintenance are carefully considered and incorporated. This includes the important consideration of where maintenance access to systems/equipment is sited so as to ensure the VIHA work processes in clinical functionality of the PCC are not unnecessarily disrupted.

Provision of Annual And Monthly Work Plan

We will, on an annual and monthly basis, as required by the Service Agreement, provide a report outlining the maintenance plan for the year and each month provide information on the maintenance activities scheduled for the upcoming month. This will provide the Authority with a year's notice of planned activities and a one month reminder of upcoming activities. This advanced notice will provide the Authority ample opportunity to prepare or request rescheduling of the maintenance activity.

Business Continuity and Disaster Recovery

In preparation for both scheduled preventive maintenance and unscheduled repairs ACML establishes written operating procedures manual and for response to emergency situations an emergency response manual (Contingency Planning) is created. These manuals serve as guidelines and checklists to ensure that a proper sequence is followed and minimizes any errors or omissions.

Operational Procedures

As part of our services to each client, ACML produces site specific documentation for each facility that we operate and maintain and will be provided for the Patient Care Centre. This includes switching and operating procedures to ensure that the operation of the equipment within the facility is performed in such a way that there is no impact on VIHA's business operations. In all cases the step-by-step procedures are documented and precisely followed so that personnel and/or property damage does not

occur, not to mention loss of support systems to VIHA's business operations and in particular their clinical functions.

These switching and operating procedures cover the operation of all systems and equipment within the PCC.

Work Conducted in Critical Environments

Prior to the commencement of any work which may impact the business operation of our client, ACML will request from the client a "Maintenance Window". This "Maintenance Window" is a time period in which the client has transferred their critical operations to facility or area which will not be affected by the work that is being conducted. The required work is then scheduled to coincide with this "Maintenance Window".

The work that is to be conducted is fully documented with step-by-step instructions, and a walk through of the work is performed to ensure all personnel involved know what their responsibilities are.

Specialized service contractors who are performing work on-site are instructed on site policies and procedures governing their work.

ACML also in conjunction with our clients develop a site specific "Disaster Recovery Plan" which addresses foreseeable situations which may arise and lists the appropriate actions and escalation that should be taken in each case.

Means by which you will monitor and maintain the internal facility environmental conditions within the performance requirements;

Environmental conditions throughout the facility will be monitored via the Building Automation System (BAS). The BAS will provide alarm conditions where conditions do not meet the temperature and humidity set points specified in the RFP. Adjustments to the system can be made at the BAS to meet individual room occupants' preferred conditions within the tolerances specified in the RFP.

As part of their normal daily routine the building operators of the Plant Services department will check the BAS for any conditions which fall outside of the specified set points, and take corrective action as required. With this proactive approach we aim to minimize the number of temperature complaints received thus ensuring acceptable comfort levels to all occupants of the Patient Care Centre. Further details of the monitoring and maintenance system are provided below.

Details on the operation and utilization of the Building Management System;

Building Automation System (BAS) is a tool to assist Building operations personnel in controlling the environment for all who are working in or visiting the facility. Through effective use, a BAS will provide improved comfort, reduce energy consumption and allow for off-site monitoring by on call building personnel.

We view the use of building automation systems as a tool for maximizing satisfaction with the working environment for all those working or being treated in the building. A building automation system provides continuous monitoring of the physical environment within specific areas. This information enables our team to react to changes in environmental conditions before the customer detects them. Through early detection

of environmental changes our operations staff can react in a proactive manner prior to receiving a request for service from VIHA or ISL Health staff.

As a result of the technology available today, building automation systems are capable of controlling and monitoring any major mechanical or electrical building system.

All chillers, cooling wings, boilers, and ventilation systems will be controlled and/or monitored by the BAS. In addition, we will be able to monitor key electrical systems such as emergency generators, automatic transfer switches and high voltage electrical vaults.

Building Automation and Mechanical Control Systems:

Mechanical systems within the building are to be operated through a stand-alone, single architecture, fully distributed, direct digital Building Automation System (BAS). The systems will have the ability to start and stop fans, pumps and or motorized equipment, adjust operating temperatures and pressures, and optimize system operation to minimize energy consumption and operating cost. The system will incorporate direct digital control of air handling systems and heating and cooling plant components with electronic actuation of dampers and valves.

Room terminal units (supply and exhaust) will use direct digital controls linked to on floor panels. Feedback from the terminal units will be used to optimize space conditions and air handling unit operation. The patient room terminal units will be tied in with the operable windows and will disable the supply VAV box.

As per the RFP, and in order to achieve the LEED® credit for Measurement and Verification, the building will have a high degree of metering in order to provide for ongoing accountability of building energy and water consumption and performance.

Supervisory monitoring and control panels or Remote Processing Units (RPU) will be located within the mechanical room or as directed by the Owner. RPUs will be microprocessor based and will be capable of programming to accomplish a variety of control functions in addition to providing capability of monitoring equipment. Operator interface will be accessed through panel mounted keypad and portable laptop computer.

RPU's in each location will be linked then connected to central monitoring station through either conventional cabling system or fibre optics network. The central monitoring station will be located in the office of the building services management staff. The central monitoring station or "head end" control involves provision of personal computer based control systems. From the head end the operator can check temperatures, adjust set points, start or stop equipment, and various other control and monitoring functions. The system will alarm automatically out-of-limit conditions permitting proactive intervention by the building operators. The system will be capable of remote access to "head end" functions via modem and alarm/trouble indication via alphanumeric pager.

The system will provide two monitoring stations and printers to be located as directed by ISL Health after discussion with ACML

The system will be fully BACnet/Lonmark compatible at the time of installation

Individual control of equipment such as air handling units, chillers, boilers, etc. to be provided by local DDC controls; controllers will maintain set points by modulating valves, dampers, or implementing other forms of control logic; devices will operate independently of other supervisory or head end functions. Set points or other system parameters may be reset or manipulated by supervisory or head end systems, but these DDC controllers will continue to function independently of either in event of system failure

Building automation systems will provide over-all efficiency and comfort levels within facility, such as:

Safety: Alarms will be generated and recorded, and stand-by procedures programmed

Control: Different variables will be used to achieve a closer degree of control

Operations: Information on system performance and room conditions will be made available at central location

Energy Efficiency: Equipment will be scheduled, set points adjusted and source energy metered and monitored

Record Keeping: The system will be set-up to record and trend log any point

Cycling of pumps and fans to be based on actual hours of operation

BAS shall monitor operation of all major mechanical systems and equipment. Use open systems or gateways to connect to equipment control panels such as chillers, boilers, variable speed drives, etc.

BAS shall monitor the following minimum points:

Air handling units

Supply fan start/stop/status

Return fan start/stop/status

Supply air temperature

Mixed air temperature

Return air temperature

Coil discharge temperature (all coils)

Humidifier capacity

Cooling wing TDS levels and total water consumption through the metering devices

Cooling wing approach (Cooling wing leaving temperature minus wet bulb temperature)

Supply air humidity

Return air humidity

Return air CO² level

Valve actuator (all coils)

Damper actuators

Refrigerated food holding room temperatures

Food services fridges & freezers temperatures

Other refrigerators as agreed with ISL Health and VIHA

Dialysis Unit tempered water loop temperature

Fire Pump Status

Sprinkler / Standpipe system pressures

Chilled water plant

Chiller control panel points

Isolation valve actuators

Cooling wing capacity

Cooling wing entry temperature

Cooling wing leaving temperature

Cooling wing basin heater status

System supply temperature

System return temperature

Pump start/stop/status (all pumps)

VFD status on all pumps with VFDs

Differential pressure valve actuator

System differential pressure

Heating plant

Boiler control panel points

Isolation valve actuators

Pump start/stop/status (all pumps)

Differential pressure valve actuator

System differential pressure

System supply temperature

System return temperature

Miscellaneous fans

Fan start/stop/status

Data Communication room cooling units

Computer room unit control panel points

Unit start/stop/status

Supply air temperature

Return air temperature

Terminal units

Discharge temperature

Space temperature

Primary damper

Flow

The system will provide 25 digital and 25 analog input/output points for future definition of BAS requirements.

Fan statuses shall utilize current sensors. Pump statuses shall utilize differential pressure switches.

The BAS will monitor summary points as required by Division 16 and not limited to the following:

Power Transformers: low oil level alarm, sudden pressure relief alarm and winding temperature alarm

Low Voltage Switchboard: Main breaker new and existing status (open/closed) Tie breaker status (open/closed)

Diesel Generator: Engine Trouble (summary), Engine Alarm (summary)

BAS will provide water detection in elevator, storm and sump pits

Details on the approach to preparation of the One-year and Five-Year Preventive Maintenance Plans;

Our approach to the preparation of the One-Year and Five Year PM plan will rely mainly on our initial set-up of the Angus Anywhere™ maintenance program from which forecast reports can be run to show PM that will be due in the next 12 months. Please refer to our previous responses, above, on our approach to setting up the Angus Anywhere™ preventive maintenance system.

The one-year plan would repeat for year 2 – 5; the only additions would be for those tasks that have a frequency greater than one year which would not be included in the 12 month forecast report. These tasks would include the following:

Your approach to Fire Prevention;

ISL Health will implement a number of fire prevention measures intended to mitigate the risk of code red occurrences. These Measures include:

Hot Work Permit Program

This program is intended to ensure that all precautions to prevent a fire are taken and that in the event that there is a fire caused by the hot work all the necessary equipment and personnel are at the location to minimize the impact and prevent the spread of the fire.

We have included a sample Hot Work Permit Program in Appendix 3.5(v) which will be modified to suit the site conditions at the Patient Care Centre.

Fire Protection System Impairment Permit Program

This program is intended to notify all responsible personnel that an area of the building is without normal fire protection and that special precautions are required in this area to ensure prompt detection of a fire situation.

The program will implement a fire watch program and also ensure that additional portable fire fighting equipment is made available in the area. Any unrelated hot work will be restricted in the affected area.

Use of Space Heaters Prohibited

Space heaters are of a concern in facilities for two reasons

Fire Hazard

Overloading of electrical circuits

The FM services department personnel will be instructed to look out for specific hazards in the course of performing their work and the use of space heaters will be prohibited.

Accumulation of Combustible Material

The Plant services department will implement regular inspections of all mechanical and electrical rooms and will perform daily rounds of key plant rooms. The personnel performing these inspections will be provided with inspections lists which will specifically address fire hazards such as:

Ensure that areas around heat / electrical sources are maintained free and clear

Storage of packaging material

Identification of lubrication leaks

Proper Storage of Flammables Liquids and Gases

Ensuring that flame proof cabinets are utilized for the storage of flammable liquids and gases and where possible utilizing exterior storage sites for these materials.

Prohibit the use of halogen / high temp bulbs in lamps / fixtures that are not fixed in place.

Open Flame Policy

Maintenance

Electrical Distribution Systems

All electrical distribution panels and switchgear will be inspected annually and maintained every 2 years. The performance of this work will minimize the risk of an electrical failure that could result in a fire. These inspections will include:

Annual Infrared Scans

This inspection will identify any hot spots which will indicate loose connections. Electrical equipment failure is almost always preceded by an increase in resistance and a subsequent temperature rise. Infrared can spot loose or corroded connections, overloaded circuits and transformers, current imbalances between phases, defective fuses, mismatched overloads and faulty contacts inside a circuit breaker.

High Voltage Switchgear Maintenance

Heat Producing Equipment

Equipment such as boilers, natural gas hot water tanks and high temperature heat exchangers will be maintained to ensure proper operation of flame controls and to prevent the accidental ignition of combustible materials.

Details on how you propose to deliver grounds and gardens maintenance.

ACML will sub contract the grounds and gardens service to a local landscape company within Victoria.

While this company will be responsible for taking on the requirements of Schedule 4, Appendix 4 as they relate to grounds and gardens, there will be an on-site operative with responsibility for the regular inspections and clearing of the grounds in terms of leaves and litter.

This approach will also enable us to respond more promptly in the winter when a more immediate response is needed to clear paths of snow.

ACML will ensure that the landscaping company provides a comprehensive planned preventive grounds and gardens maintenance service program that is responsive to seasonal weather and growing conditions and meets VIHA's requirements in order to:

- Provide and maintain safe and clear pedestrian circulation routes that are accessible to all patients, visitors and staff; including 24 hour emergency on-call service to accommodate seasonal access requirements
- Maintain an aesthetically pleasing landscape that is both functional and complementary
- Maintain the grounds and gardens in such a way to promote a positive image of the Facility to all patients, visitors and staff

The landscape strategy has been developed in liaison with ACML to ensure that while the grounds and gardens associated with the PCC are aesthetically pleasing they are also easily maintained, durable and drought resistant where possible. The service will incorporate the following components:

Maintenance of all grounds and gardens located with the PCC including:

- full horticulture services
- tree maintenance/surgery
- lawn care, including mowing and edging
- flower bed maintenance
- weeding
- planting, including shrubs, trees, flower beds
- effective irrigation procedures

snow and ice removal from sidewalks and roadways
garbage collection

Garbage will be collected from strategically located garbage cans within the grounds as well as from the landscape on a regular basis.

They will also ensure all external areas of the Facility are sound, safe, tidy and maintained in accordance with the requirements of Schedule 4 Appendix 4D.

In undertaking their responsibilities the sub-contractor will also be tasked with protecting from damage, all existing and new plants, site services, curbs, paving, structures, finishes and any other features, during the course of providing services.

The grounds and gardens sub contractors will be required to be as 'green' as possible in undertaking their duties. There are however occasions when a chemical response is required. In such circumstances they will be required to obtain the approval of the Authority, via ACML, before using any herbicides, pesticides or fertilizers.

Quality Assurance Strategy.

ACML's company mission statement reflects our commitment to servicing our customers.

"We are committed to Continuous Quality Improvement and to ensure that our service exceeds our client's expectations. Our business shall be conducted in an ethical manner as our decisions and practices reflect directly on our clients and the company."

The first step in providing a high quality service is to ensure that our staff understand and support this philosophy and continuously strive to find ways to improve outcomes.

Our goal is to attract career-minded individuals, and offer to them a career path and opportunity for advancement in the building systems operations and maintenance field. This has resulted in a very low rate of turnover and, what is in ACML's opinion, a very highly skilled and experienced staff dedicated to providing our clients with high levels of service.

ACML encourage staff to participate in continuing education programs related to their field of expertise and reimburse them upon successful completion of each course.

ACML have consistently recruited personnel of varying technical backgrounds such as technical college graduates and licensed trades personnel and trained them in the field of Building Maintenance Services. The majority of our personnel hold college diplomas in mechanical or electrical technology courses. Many also have provincial and inter-provincial licenses. ACML's senior personnel have many years experience in the area of Plant Maintenance Services in a Health Care setting.

ACML propose a collaborative approach to the provision of our Quality Assurance program. ACML believe that by utilizing specific mechanisms known to be effective along with standards and processes developed by the National Quality Institute (NQI) of Canada, ACML will be in a position to deliver excellent results.

ACML have developed their own internal Physical Plant Audit Program which would be customized for use at the Patient Care Centre.

ISL Health will conduct an objective assessment and evaluation on the functional and operational aspects of services provided. The results of each assessment will be used to continually improve the performance of the Plant Services Department. The assessment will consist of an evaluation of several major operational and management components. The parameters are rated, based on a set of criteria, and are viewed as requirements for effective maintenance management functions. The results will provide the means to evaluate existing conditions, and provide opportunities to increase levels of service and quality performance.

The evaluation is based upon a format and technique of rating the overall effectiveness of each of the ten operational components. The effectiveness level is rated as a percentage for each. The ratings from the survey are intended to represent a benchmark that can be compared to a target while identifying areas requiring improvements. These can be compared to results of future audits to measure progress made since the previous audit. Targets or thresholds are based upon over 30 years of experience in the business of institutional, commercial and industrial facilities management as well as ACML's exposure to new methodologies in facilities management, building operations and maintenance techniques.

Operational Criteria include:

Organization

Record Keeping

Operations

Maintenance Management Systems

Preventive And Predictive Maintenance

Energy

Minor Construction

Training And Safety

Reporting

Customer Satisfaction

Approach To Managing Any Sub-Contractors And Ensuring That They Meet The Performance Standards.

ACML will utilize a number of management tools to ensure that Sub-Contractors who perform work in the facility meet the performance standards.

Pre-Approval of Sub-Contractors

A list of site-approved contractors shall be maintained and will be accessible to all members of the operating team. This list shall be reviewed on an annual basis. The contractor contact information will include the following information:

Name of equipment

Name of contractor

Name of primary contact with phone and pager numbers

Name of secondary contact with phone and pager numbers

Name of back-up contact with phone and pager numbers

Names of technicians pre-qualified to work on-site

Each contractor will be required to provide information of their service technician which includes:

Name of technician

Training background of technician

Years of experience on equipment/system to be worked on

Years of service with the contractor

Each contractor will also be required to supply the following documentation:

General Liability Insurance Certificate

Written evidence of good standing with the Workplace Safety and Insurance Board

Evidence of employee WHMIS training

Contractor Service Reports

Upon completion of the work a report will be completed which must be signed off by the building operations staff and must include the following:

Name of company performing the work

Name(s) of personnel performing the work

Date and time the work was conducted

Scope of work performed

Name designation of equipment that was worked on

Test parameters, if applicable (GPM, CFM, voltage, amperage, etc.)

Parts used and indicate if supplied by vendor or from on-site stock

Recommendations for additional service

Changes made to any settings/parameters must indicate if changes were temporary for testing purposes or permanent

Signature of Technician in charge of service call

This report is to be filed in a file designated for that specific piece of equipment and maintained in a location readily available to building operations staff. Each equipment file shall have a table of contents stapled to the front of the file for easy reference. This table of contents shall be in chronological order and include the date of service and brief description of work performed. On a regular basis critical service files shall be reviewed to identify any recurring problems.

Information regarding the work conducted is also to be included in the Computerized Maintenance Management System database as either a history for Preventive Maintenance work or under Demand Maintenance.

Contractor Conduct Guidelines and Training Manual

A site-specific contractor conduct guideline manual will be maintained on-site and will include the following (Please refer to Appendix 3.5(vii) for a sample Contractor Conduct Guidelines Manual which will be tailored for use at the PCC):

General statement of personal accountability and acknowledgement of site policies and procedures (signature required)

Personal behaviour

Building security

Performance Standards Criteria

Site working requirements

Work initiation requirements

Work completion requirements

Access rules

Escorting

Critical equipment precautions

Site working permits

Submittal of work plan detailing scope and methodology

Prior to commencement of work on-site the contractor will be required to review pertinent sections of the site's operating manual to assist them in developing a step-by-step procedure for conducting their work on-site.

Minimal Experience Requirements for Contractor's Personnel

We will establish minimal experience requirements for sub-contractor personnel working within the facility. The minimal experience requirements will be based upon the following criteria:

Critical nature of equipment being worked upon

Number of sub-contractor personnel working on the job and ability to provide direct on-site senior supervision to junior personnel

Skill level required to perform the required work

Visitor (Business Visitor) Security

We will utilize the Angus Anywhere™ "Visitor Security" feature to track the on-site presence of sub-contractors at the facility.

Visitor Security enables departments to book expected visitors from within their building's Tenant Service web site. Building security then verifies and records incoming visitors based on the consolidated list of expected visitors for the building.

Pre-booking visitors expedites processing upon arrival at the security desk, and provides an electronic record of visitors to the building. This program will be utilized solely for tracking visitors on site for business purposes and not for patients and patient visitors.

The Visitor Security module allows VIHC security to verify visitor arrival and also allows the destination department to confirm visitor arrival. The property security employee views Visitor Security on the Angus AnyWhere™ Internal Web Site and the department contact views Visitor Security on their Tenant Service Web site.

When the visitor arrives, the check-in process is quick and easy. The security personnel (either a receptionist at the department's location or a VIHC Security person) can access the expected list of visitors and with one click of the mouse, the visitor is checked in. If necessary, additional information such as ID Badge number or license plate number can be recorded in the system. When the visitor leaves, they can be checked out at the same location they were checked in. Additional information such as an ID Badge returned can also be recorded.

This program is ideally suited for keeping track of tradespersons who may be working in restricted areas such as mechanical and electrical rooms and for verification of invoices with regards to actual time on-site.

Invoice, Timesheet and Materials Verification

All invoices, timesheets and materials will be verified to be accurate utilizing contract agreements, time & material agreements and information that had been recorded on the Angus Anywhere™ Maintenance Management System. The following items will be confirmed:

Original contract price for service

Hourly rates agreed to in time and material agreements

Confirmation of time worked on-site from Angus Anywhere™ program

Materials utilized to complete the work

The work was completed as per the written scope of work

Workmanship is compliant with expected performance standards

Strategy To Capture Data Required To Report On The Performance Measures

ISL Health will utilize the Angus Anywhere™ Computerized Maintenance Management System's customized reporting capabilities to produce reports that are tailored to provide the information required to compare actual work performance with the stipulated performance measures of this RFP.

The Angus Anywhere™ program can compile data from the operations and maintenance work which is conducted on site into a number of different reports including:

Completion time

Response time

Acknowledgement time

Request volume analysis

Time Evaluation

This information will be utilized to ensure departmental compliance with the Performance Measures presented in Schedule 4 Appendix 4D (Addendum 9) of the RFP. These reports can be automatically emailed to selected VIHA management on a pre-determined basis for audit purposes.

Ensuring preventive maintenance is completed within the stipulated tolerances indicated in the RFP

Response times to level one, two and three demand requests

Identifying reoccurring requests and identifying root causes

Ensuring prompt entry of information into the maintenance program

3.5 Environmental and Sustainability Services

- a) Provide a description of your overall approach to environmental and sustainability issues and the development of an Environmental Management System specific to the Services to be provided to the Facility.

ISL Health is committed to protection of the environmental and the use of sustainable resources. To this end, as part of our environmental management system we will develop efficient, cost effective methods for maintaining environmentally acceptable practices. We will strive to eliminate undue risk and adverse effects on human health and the natural environment, through the promotion of environmentally friendly products and services.

All parts of an organization have, to a greater or lesser extent, an impact on the environment. The relationship between the different aspects, procedures, services or activities that an organization is involved in can be linked by an Environmental Management System (EMS). An effective EMS will link these different parts by a network of management actions, operational procedures and documentation to enhance environmental performance.

In establishing and moving forward with this link we would like to develop a comprehensive EMS in collaboration with VIHA so that it is specific and relevant to the environment in Victoria and Vancouver Island. To this end we would envisage the plan embracing the following key areas:

Environmental Policy - ensuring that it is appropriate to the nature, scale and environmental impacts of its activities, products and services.

Planning - The establishment and maintenance of procedures to identify the environmental aspects of our core activities, products and services over which we have control and can be expected to have an influence, in order to determine those which have or can have significant impacts on the environment.

Implementation and Operation (Structure and Responsibility) - Roles and responsibilities will be defined, documented and communicated in order to facilitate effective environmental management. Provision of appropriate resources, education and training will be essential to the implementation and control of the environmental management system.

Checking and Corrective Action - The establishment and maintenance of documented procedures to monitor and measure performance to comply with relevant environmental legislation and meet set targets, an impact assessment. This could be developed as part of the Help Desk facilities.

Management Review – The Operating Period Joint Committee will need to review the environmental management system to ensure its continuing suitability, adequacy and effectiveness. This review will need to be undertaken on an annual basis and properly documented.

Our service providers are also committed to environmental and sustainable systems and to enable evaluation of their role in the overall plan the HCP General Manager will undertake regular reviews as an important part of the overall program.

Our Service providers will develop appropriate procedures, in the context of our overall policy, to ensure they work to reduce environmental pollutants. We propose that the plan is reviewed annually as part of the

Operating Period Joint Committee responsibility to enable full agreement and buy in to the ongoing changes and developments that will be required to keep pace with global developments.

Each of the provider companies have their own Environmental Management Plans that are described below:

Angus Consulting Management Limited (ACML)

In recognizing that an Environmental Management Plan provides a solid base for meeting environmental challenges and realizing financial, insurance, regulatory and other benefits, our plant services provider, ACML, will work towards obtaining ISO 14001 compliance.

With this goal in mind the Manager of Plant Services will ensure continuous improvement of environmental performance and pollution prevention through the monitoring and reduction of subject pollutants. He/She will ensure that all Federal, Provincial and Municipal acts, regulations and by-laws are complied with.

An effective environmental management services program includes:

Audits

Audits will be regularly conducted and will include but will not be limited to the following:

Review of all applicable legislation and guidelines

Review of inspection reports and compliance documents

Physical inspection of facilities

Review of training programs, policies and procedures

Review of contracts and contractor performance

Ensuring vendor compliance with all applicable regulations and legislation

Review of current practices and development of recommendations for improvements

Review of environmental database and modify information as necessary

Location and quantities of all hazardous materials and updating of floor plans as required.

Reporting

Reporting programs will be developed and customized to meet the requirements of VIHA. All reports required as a result of standards, codes or regulations will be provided as necessary. We will promptly inform VIHA and the appropriate authorities of environmental incidents and serve as the primary point of contact on behalf of VIHA.

Quality Improvement

Quality Improvement initiatives will be implemented through consultation with stakeholders, audits, education and compliance with all legislation. Measurable quality indicators will provide an outline of checks and balances and realistic goals will be established annually in order to provide a basis for the delivery of the various program requirements. Environmental policies and procedures will be developed in co-operation with the various clinical and non-clinical program departments in order to ensure consistency and to clearly define expectations and responsibilities.

Training

Documented training programs will be provided for staff, and VIHC policies and regulations will be communicated to sub-contractors as necessary.

Risk

Specific issues that could put the facility at risk will be identified and a risk management program will be initiated to ensure system wide compliance and a corporate due diligence philosophy.

Acciona Facility Services SA

Acciona Facility Services SA has started to implement a comprehensive Sustainability Program of which 'Corporate Social Responsibility' and the protection and management of our environment play a key role. The program has been developed in recognition that policies and procedures can have an impact on the local environments in which Acciona Facility Services SA operate and the global environment in general.

[NTD: references within this section related to Purchasing Policy, Best Practices need to be retained But needs to be adapted to AFS rather than specific to Compass. See the text below. LP Agreed and following text inserted:]

ACCIONA believe in anticipating business opportunities that will contribute to a better, cleaner future and generate new possibilities of generating value, not just for the Company and its shareholders but for the whole society.

Therefore AFS has developed a strategy based on finding viable, agile, innovative, value-generative solutions in the quest for social well-being coupled with environmental protection.

ACCIONA has been selected for inclusion in the Dow Jones Sustainability World Index (DJSI World) and Dow Jones STOXX Sustainability Index (DJSI STOXX), which are international benchmarks of sustainability and socially-responsible investment. ACCIONA obtained the highest score and ranks first in its industry. This recognition of ACCIONA's commitment to sustainable development by one of the world's most prestigious indices of sustainability is highly valued.

ACCIONA is already a member of other sustainability indices, such as S&P Global Clean Energy Index, where it is the Spanish company with the highest weighting, and the KLD Global Climate 100 Index, whose goal is to promote investment in the 100 multinational companies with proven leadership in combating climate change through renewable energy, alternative fuels, clean technology and efficiency.

Acciona Facility Services **care about the environment controlling the impact of their activities as is shown by the fact that** it was the first Spanish company in its sector to be certificated in the environmental norm ISO 14001:1996. In order to control the system even more rigorously AFS have developed an Environmental Management System that fulfills the applicable legislation and the **ISO 14001:2004** norm requirements. This includes:

- **Waste minimization: modifying operations, recycling and reusing some products.**
- **Good practices:** waste segregation will be made and evaluated periodically in order to eliminate like toxic waste those that really are.
- **Waste separation:** containers are available, distributed by all the identified zones to separate the different types of waste.
- **Dangerous waste products separation:** they will be separated from the general rubbish.
- **Chemicals use:** use the protection equipments when manipulating chemicals, avoid the product entering the culverts and arrange methods for spills collection.
- **Water and energy saving:** use the necessary water and energy for the development of the service, avoiding excessive consumption.

As part of the ISL Health team we will ensure our policies are developed in conjunction with key operating stakeholders, and implemented across all sectors in a consistent manner. Our policies will comply with all relevant laws and regulations within the regions we operate.

Our environmental focus is in the following four key areas:

- Pollution Prevention
- Waste Management including Recycling
- Energy Efficiency
- Water conservation

Corporate Social Responsibility refers to the impact of our operations on the communities in which we do business and on society in general. Acting responsibly is part of our corporate DNA and is at the very heart of our vision and values.

3.6 Environmental and Sustainability Services

- b) **Describe how your approach to Environmental and Sustainability Services will contribute to the Authority's overarching objective of being the first Pacific Green hospital.**

Sustainability has been defined as the ability to provide for the needs of current generations without diminishing the capacity for future generations to do the same. Building on that definition, the process of sustainable or healthy, high performance or green design involves a universal integrated approach to

solving the needs of the built environment while conserving energy and natural resources and promoting community, history, and the environment for all time.

The core principles of sustainable facilities management can be summarized as:

Limiting waste and hazardous substances

Using materials and resources efficiently

Reducing detrimental impacts on the air, water, soil and vegetation

Promoting energy efficiency

Improving lifecycle and performance

Healthcare services have been relatively slow to adopt the principles of sustainable design. Early reasoning was that health facilities had to operate 24 hours a day, seven days a week and thus could not derive the “savings” associated with green design in commercial buildings. The reality however is that sustainability has to be about more than just the bottom line; our obligation extends to creating and nurturing an environment that is clean and healthy not only for ourselves, but for our children and their children. It is in this context that ISL Health welcomes VIHA’s challenge to create the first Pacific Green hospital.

With this in mind, to achieve the goal of “Pacific Green” we feel the Patient Care Centre must embody the basic principles of sustainability on an ongoing basis:

To conserve non-renewable resources

To achieve better long-term building economics

To enhance each individual's indoor environmental experience

To promote a sense of community

To support local economies

To provide opportunities for higher individual performance in schools, offices, hospitals and manufacturing facilities

To increase retail sales and reduces user absenteeism (the former not directly applicable in a literal sense but certainly the latter)

The ISL Health FM team believe that we can assist VIHA in obtaining and maintaining Pacific Green Hospital Status in the following ways:

Our Contribution to the Pacific Green Royal Jubilee Hospital	
Natural day lighting and improved insulation for reduced energy consumption	Plant Services
Integrated control systems to promote conservation	Plant Services
High indoor air quality with monitoring systems	Plant Services
The use of durable natural materials	Plant & Housekeeping
Water conservation – microfibre cleaning equipment	Housekeeping
Management of water both on the site and in the building	Plant Services
Using locally produced products	Plant & Housekeeping
Energy efficient insulation and equipment	Plant Services
Increased performance from user occupants and workers due to improved environmental health and interior environment	Plant & Housekeeping
Green cleaning products	Housekeeping
Educational and training sessions	Plant & Housekeeping
Ensure an effective WHMIS program	Plant & Housekeeping
Management of all manuals and policies and procedures pertaining to environmental management	Plant Services
Development of monitoring tools and mechanisms to measure effectiveness of	Plant Services

Our Contribution to the Pacific Green Royal Jubilee Hospital	
programs	
Ensure mechanisms are in place to minimize waste	Plant & Housekeeping
Initiate and coordinate re-cycling program	Plant & Housekeeping
Identify and communicate new and emerging technologies	Plant services
Communicate with all regulatory agencies	Plant Services
Develop Risk Management Plan	Plant Services
Develop Environmental database	Plant Services
Develop an Environmental Management Plan	ISL Health & VIHA

3.7 Utilities Management

a) **Describe and provide details of your proposed approach to deliver the Utilities Management Services, including:**

ISL Health will be contracting with ACML to provide the Utilities services. ACML will be responsible for the service over the 24 hour period 365 days a year and will be made up of:

We will comply with all aspects of the service requirements as defined in Appendix 4G of Schedule 4.

The service will be fully integrated with plant services therefore the Manager of Plant Services will also be responsible for monitoring and reporting on utilities consumption and will propose energy savings initiatives.

Our plant services staff will respond to all demand requisitions, maintain the integrity of the services, test and trouble shoot in cooperation with VIHA. Should there be a disruption we would work with VIHA to ensure that emergency utilities are distributed in accordance with VIHA's direction.

Management and administration of all utility services;

The plant manager's main duties and responsibilities with regard to Utility services will include:

Management of utilities delivered to the PCC

Maintain effective communications with hospital staff

Educational and training sessions

Development of monitoring tools and mechanisms to measure effectiveness of programs

Identify and communicate new and emerging technologies

Communicate with all regulatory agencies

Partner with energy providers for incentive opportunities and new technology demonstrations

With specific reference to Utilities tracking his role will be:

To maintain accurate records of utilities usage

To maintain an accurate weather data base including degree day analysis

To maintain accurate records of facility occupant levels

To review building systems operation to ensure cost effective operation

To prepare utilities usage reports complete with analysis on any departures from established "Baseline Quantities"

To inspect all equipment being brought into the facility to ensure it meets CSA and hospital standards for safety and utilities consumption

Maintain records of equipment additions including clinical equipment and resulting increases in utilities consumption

Remote tracking, on a daily basis, of systems operations to immediately identify problems

Approach to energy conservation and reduction

Identify opportunities to streamline operations and energy consumption.

Our goal is to achieve maximum savings in operating costs with the implementation of a building optimization program including the use of energy resources. This encompasses a thorough and in depth analysis of all mechanical and electrical building systems to ensure maximum operating efficiencies. Included are a review of the HVAC and lighting systems to ensure optimized space

temperatures and lighting levels are controlled by optimal fan/lighting schedules and set points. This is performed in conjunction with the utilization of a 'Building Automation System' to monitor and control loads and energy demand, while incorporating load shedding criteria.

Ongoing measurement, analysis, and energy reporting.

Administration and Analysis of Energy Use.

For the realistic administration of all energy consumption it is imperative that as much information as possible is collected and correlated. The following are areas from which such information can be gained:

Computerized record keeping of all utility bills including historical data, where available

Determination of commonality of building usage. i.e. warehousing, processing, office, etc.

Review of all buildings to determine actual areas of use, additions, and alterations

Environmental impact of business

Amalgamation of all above data to establish benchmarks

This information should, when available, include historical data for the previous five years. This information should also include any changes to systems that may have had a direct impact on energy use. Changes may be as large as entire building systems upgrades, or simple maintenance/operating changes.

With any multi building/multi site facilities, buildings serve different functions and so cannot be lumped together to determine benchmarks. All buildings must be audited to determine the actual usage and operating schedules. These audits must include both internal data such as building construction, type of usage, infrastructure systems, and external data such as local climatic conditions. This information can then be used to establish commonality, an imperative when developing benchmarks.

Many older buildings have over time had additions, alterations, and changes of use. This often leads to many buildings being ill-suited for current roles. When performing building energy audits these situations must be taken into account, enabling the energy management team to make recommendations with regard to building operational feasibility.

Benchmarking is an important starting block for any energy management program. By identifying a starting point it is then possible to fully evaluate operating cost savings that result from the recommendation and implementation of energy saving programs.

Management of Energy Use

Obtain full support of senior management team

Review of all existing contracts with energy providers

Establish a close working relationship with local energy providers

Determine “best practice” methodology for operation of energy consuming systems

From the very beginning energy management must have full support and backing from the senior management team. To aid in this an “Energy Efficiency Policy Statement” should be developed and signed by a senior person within the organization. In some cases existing contracts are in place for the purchase of energy commodities, such as natural gas. These contracts should be reviewed on a regular basis, with the intention of always seeking the best price while not having any detrimental effect on service commitment or deliveries.

After all of the above are in place it is necessary to evaluate the data collected in audits and look at the findings in relationship to actual hours of operation for a given facility. In many cases simple energy reduction goals may be achieved by simply modifying or adjusting equipment start up and run times. Significant gains can be achieved by removing equipment start up from the peak demand period. Building automation systems, such as DDC controls should also be reviewed to ensure equipment is not running during unoccupied times. In many cases it is the simple approach that achieves the best implementation cost ratio results.

Preparation of Energy Management Plan and Strategies:

Develop an organizational profile

Develop an energy management policy

Determine best practice methods to set and achieve targets

Reporting and evaluation

Determine funding sources. i.e. internal, Federal / Provincial incentives and grants, Incentives from energy providers

An energy management profile would be developed to establish a clear working relationship with key senior personnel.

As noted an “Energy Management Policy” would be developed. Along with commitment from the senior team, this policy would also contain energy consumption and greenhouse gas emission reduction goals, and energy management objectives.

To achieve the goals and objectives outlined in the Energy Management Policy, best practice methods can be broken down into two simplistic categories. The first, reduction of energy use through low cost opportunities, and secondly, reduction of energy cost through capital upgrades.

For the success of any energy management program, detailed records must be kept. It is equally important for these records to be analyzed on a monthly basis and a quarterly report must be produced. These records and reports are the key in establishing business cases in the application for internal and external funding requests and incentive grants needed for the successful implementation of energy saving programs. We anticipate these could be provided at the monthly Operating Period Joint Committee.

In many provinces, energy providers offer incentive programs to customers who are willing to implement proven energy reduction projects. These are usually in the form of funds given for a unit of measure reduction, those being giga watt hours in the case of electrical consumption or giga joules in the case of natural gas. These incentives can only be taken full advantage of if a close working partnership is developed with each provider. In some cases these may be private companies or provincially owned authorities. Natural Resources Canada is also a source of funding. It is very important to have an organization registered with the NRCan Office of Energy Efficiency to take full advantage of such opportunities.

3.8 Housekeeping and Waste Management

- a) **Describe the Proponent's approach to delivering Housekeeping Services, including specific reference to the BC Health Authorities Cleaning Output Specifications and Audit Requirements and the Authority's standards, including a description of how the Proponent would implement a self-monitoring and inspection program. The response should address the following key elements:**

Quality Standards

Frequency Standards

Methods Standards

Materials Standards

Response Time Standards

Service Overview

On behalf of ISL Health, Acciona Facility Services SA will provide the housekeeping and waste management services to the Patient Care Centre. In undertaking this commitment Acciona Facility Services SA will ensure that the service requirements specified within Appendix 4E Schedule 4 of the Project Agreement are achieved. In order to make this undertaking Acciona Facility Services SA have thoroughly reviewed the information contained therein and have developed a service methodology to address all of the requirements.

The specifications within Appendix 4E determine a number of principle areas in achieving the housekeeping requirements and our review of this lead us to develop a model of work that reflects these areas. The areas we define are:

Routine cleaning

Reactive cleaning

Periodic cleaning

Outbreak Cleaning

Waste management & recycling services

Pest Control

Miscellaneous Services

All of the above services will be delivered throughout the 24 hour period 365 days a year as appropriate.

In order to reflect the housekeeping requirements we have developed the following staff teams and levels as indicated in Chart 1. As can be seen from the chart the housekeeping operatives will be complemented by 5 supervisors and one Housekeeping Service Manager. All of the supervisory and management staff will be individuals experienced in the field of housekeeping within health services.

The staff will be trained from the most junior member of staff to the most senior to act in a manner that is collaborative and that enhances a positive working relationship with VIHA.

Housekeeping services within health care cannot be provided in a vacuum; we will therefore ensure that the management and delivery of the service is as integrated with all other facilities and non facilities services on site as possible. This is particularly true of services such as security when cleaning out of hours, in restricted areas or in unmanned areas.

Routine Cleaning

The routine cleaning service will apply to all functional areas of the Patient Care Centre. Housekeeping aids will be roistered to clean specified areas at designated times on a routine basis. As the majority of areas are patient centred we will seek to ensure that our staff are allocated to specified areas as a matter of routine. This will enable them to build relationships with the members of the care team and non clinical service staff who they will be seeing regularly. We believe this approach benefits the staff as they know where they will be working each day, are able to develop routines that enhance performance and can develop a sense of pride in the work they undertake.

As with all of our staff the routine cleaning team will be trained in a number of aspects relevant to their role and responsibilities which are discussed further on in response to this question.

The routine cleaning service, as with the other cleaning teams, will use micro fibre technology for general purpose cleaning. In summary the system offers a number of benefits including:

Reduced potential for cross infection

Reduced potential for injury to users

Reduced water consumption

Enhanced cleaning ability

Reactive Cleaning

Reactive cleaning requests will be directed through the Help Desk prior to allocation of the task to an appropriate member of the housekeeping team for response and rectification. All tasks will be allocated a level of priority as defined within Appendix 4D and the staff will be aware of the priority level and response and rectification standards to be achieved. On completion of a task the responsible member of staff will feed back in to the Help Desk to close off the job prior to notification being sent to the originator of the request.

The reactive cleaning staff will be allocated other non priority duties during their working hours that are non critical and can be adjusted to enable a prompt response to demand requests. In order to respond to demand requisitions we have developed a Bed team that work in non critical areas such as offices, teaching rooms, corridors etc. in undertaking their regular work. They will however be tasked with responding to demand requisitions as they are received via the Help Desk service.

Each member of the team will carry with them a handheld computer that will inform them when a request has been made. The information they receive will identify the task, location, level of priority and time. Having undertaken the task the staff member will use their PDA to close the task, which will also be logged and timed and create a notification that is sent to the person making the initial request.

Periodic Cleaning and Miscellaneous Services

A timetable will be developed to undertake periodic cleans on a planned basis in consultation with the VIHA representative. This approach seeks to ensure that the tasks can be undertaken in such a way as to create the least amount of impact possible on the PCC clinical services while continuing to achieve the standards required.

Outbreak Cleans

In line with the requirements of Schedule 4 we have developed a specific 'Bed Team' to attend to discharge, infection control, termination and outbreak cleans. This approach enables a level of service that

is responsive to the level of priority allocated to these specialist cleans without impacting on other routine cleaning tasks.

The Bed Team members will receive specific training so that they are able to understand the need for the level of cleaning required, infection control issues and isolation practices.

Waste Management

Housekeeping aids will collect garbage within the PCC and deposit bags within the disposal holds on each unit. The staff will collect the waste carts on a regular and planned basis from the in patient unit and transport them to the loading bay area of the current site. The same process will address the needs of the linen service requirements.

Pest Control

The pest control service will be subcontracted to a local approved supplier. All housekeeping staff will undertake basic training to identify potential infestation within the PCC and report it to the Help Desk for resolution.

Overall Acciona Facility Services SA has worked with ISL Health to provide a comprehensive service plan to respond appropriately to the requirements of VIHA and we look forward to developing a positive long term working relationship in the new Patient Care Centre.

The following chart indicates how the specific responsibilities have been responded to in terms of staff teams. Where more than one team is indicated the response will be dependant upon the location of the event or time:

More detailed information regarding each aspect of the services is given in response to specific questions in the remainder of this section.

The response should address the following key elements:

Quality Standards;

Managing Quality

Acciona Facility Services (**AFS**) **will prior to contract commencement** design a complete program of Hygiene, based on the following key areas:

AFS focus their efforts on maintaining the highest quality during the cleaning process, not only by improving the operating procedures, but also by describing each of the designed systems through standardized documents, that combine to comprise the hospital's specific cleaning program.

AFS will work closely with the RJH Quality and Patient Safety Agree DB Department to adapt and improve the documents until we are jointly satisfied the requirements.

Guaranteed Quality

Acciona Facility Services is ISO 9001, ISO 14001, ISO 22000 and SA 8000 (Social Responsibility) certified and is proud to be the first company holding HACCP Certification in technical cleaning of food process industries.

Note: The following offers an outline of the AFS system used to develop procedures and schedules related to the service and is provided as guidance only. The final design of the system that will be implemented at VIHA will depend on the specific detail as it relates to the housekeeping and waste management service provision. The final policies, procedures and methodologies (materials, chemicals, etc) used will be agreed and finalized prior to service commencement.

Complete Hygiene Program

The hygienization process in Hospitals is documented by what AFS calls PHI (in Spanish “Programa de Higiene Integral”, or Complete Hygiene Program, in English). It can be defined as a dossier containing **all the documents which fully describe the cleaning process**’ and items needed (such as chemical solutions, equipment, tools etc), and related to the service. It also keeps registers from PROTO, our own cleaning management program.

PHI is composed of a number of documents which regulate and form the basis of the AFS cleaning procedures. We understand that the level of **service quality** depends on the rigor of the system: that's why we use our system for describing the cleaning routine and analyze trouble reports, but also to adapt our own main skills and items to the needs of the service.

The Hygiene Services Area of Acciona Facility Services keeps the PHI documentation updated.

The different sections of PHI can be defined as follows:

Classifications and Insurance

This section includes the information related to the classification of the company according to Spanish enterprises registry, and civil liability insurance.

Certificates

All the obtained certificates are contained in this section:

- ISO 22000: Food Safety Management Systems
- ISO 9001: Quality Management Systems
- ISO 14001: Environmental Management Systems
- SA 8000: Social Responsibility

2.3. Organizational Chart

A visual idea of the responsibilities taken by Acciona Facility Services is given by a particular organizational chart for each service.

Plan of Action for Formation in Technical Cleaning

Acciona Facility Services organizes specific courses for all of its employees. Firstly it analyzes the capabilities of the personnel in order to offer an understanding of individual requirements. Then, according to the result:

AFS develop a specific plan for each person or group, or provides specific courses in order to satisfy the particular needs of the individual. A plan of action is developed consisting of three levels: *Basic, Intermediate or Advanced Course of Hygiene in Alimentary Industries*.

Work Standard Procedures

The Hygiene Area designs specific work procedures describing the cleaning methods and the sequence of steps for each operation, including equipment, tooling, materials etc. Each procedure describes:

- *Cleaning methods*
- *Tasks frequency*
- *Used chemicals and materials*
- *Security norms*

In these documents it is possible to find the description of the tasks that are undertaken in the hospital.

They are developed in collaboration with the client and are consistent with Authority's Control Policies.

A standard work procedure is the best way to ensure consistency of performance. A documented standard increases the likelihood that results will be consistent, which is critical to achieving a high quality product.

It is very important that all the people working in the hygienization service know when and how to do the tasks. So, work procedures are particularly explained to the personnel working in each area, and are also available at any time if staff have any particular concerns or enquiries.

Hygiene Program

This chapter contains the main registers that can be obtained from the Service Management Application PROTO.

PROTO is an application designed by AFS. The use of this program or other similar ones depends, like the rest of the documents, on which aspects can be improved or adapted to the particular Hospital dynamics.

Once the software has all the information, AFS can guarantee the quality of the service, planning the tasks automatically and recording incidents and corrective measures by using the various options that the application offers.

A significant amount of different reports can be obtained from this program, but we will endeavour to develop the information to address the specific service needs of VIHA.

The Visual Controls document is available upon request and works as a supervision check-list, and is used as a tool for checking that the quality of the operations meets the required standard

> **Service quality indicators:** evaluates the operating procedures to ensure they are performed following the standarized methods gathered in the Complete Hygiene Program

> **Personal:** addresses personal hygiene, uniform and equipment.

> **Materials:** to check that machinery and tools are correct and maintained

The responsible person marks "ok" if the item is correct. After the information is entered into the computer, the quality reports can be generated..

In addition, to the above statistics can also be produced to indicate areas of noncompliance and areas that meet or indeed supersede the required levels.

Specific Risk Evaluation

The Occupational Risk Evaluation is developed by qualified technicians and is required to be followed by all staff. This aspect ensures that accidents and incidents can be avoided as far as is practicable, during every working day

Chemicals

A chemicals list is included in the dossier. This list summarizes the most important points of the technical and security sheets of all the chemical products that are used during in the cleaning process:

- *Name*
- *Concentration, temperature of use and actuation time*
- *Security icons*
- *Emission/Revision date of technical and security sheets*
- *Expiring date of the disinfectant registry*

[NTD: would like to retain the theme of this paragraph Although AFS have their own system it probably incorporates something like this anyway so should not be a major issue DB We agree LP]Statistical Measuring, “White Glove” Inspections

Each day, managers and supervisors statistically measure the quality of the cleaning services. Rooms (or areas) are selected by computerized random sampling. Acciona Facility Services SA Managers and Supervisors equipped with pre-printed, customized inspection sheets examine the selected spaces with the employees responsible for maintaining them. Together, they identify deficiencies and grade the overall appearance. While the inspection process is designed to measure quality, it serves as an important training exercise, clearly defining the expectations and teaching employees how to find and correct deficiencies. These inspections are performed in addition to third party audits carried out by various companies such as Westech Systems, Inc.

In addition, Weekly or Bi-Weekly Inspection Tours of individual nursing units or departments are conducted jointly by the user and the manager/supervisor. These tours help managers and supervisors to see areas through the eyes of the users. Consistent with the CQI approach, we recommend the housekeeping employees responsible for serving the unit be invited to participate in the tours. Inclusion in the process permits the aide to explain work obstacles they encounter, or to share constructive insights. These tours promote good relations

through a partnership in deficiency identification and resolution. As important, joint tours keep the user-provider team fully focused on quality.

Management Structure and Roles

To permanently maintain high standards of service upon opening the PCC, the housekeeping department requires experienced, capable and imaginative leadership. As such, Acciona Facility Services SA will appoint an experienced Housekeeping Manager as well as experienced housekeeping supervisors to effectively implement and maintain quality service levels at the PCC.

The Housekeeping Manager provides the housekeeping aides with the required resources to perform their duties at the service levels expected by VIHA with a view to “raise the bar” for the performance of the housekeeping department. During the housekeeping program implementation phase, and on an ongoing basis, the management team will train the staff in various skills and introduce them to Acciona Facility Services SA’s Continuous Quality Improvement approach to environmental services.

Other critical components to a successful housekeeping program include motivated and well-trained staff; adequate quantities of quality equipment, tools and supplies; and strong corporate support. By bringing each of these important components to the RJH assignment, Acciona Facility Services SA ensures a housekeeping program that achieves VIHA’s expectations.

Training for Quality

The most important daily activity of Acciona Facility Services SA’s supervisors and managers is conducting regular rounds or continuous tours through the inpatient units and associated areas, interaction with employees and users, and frequent inspections of completed work. Rounds keep the management team current and visible, and bring supervisors into contact with their employees, permitting direct observation, instruction, and correction of work technique. The supervisors not only identify technique and performance deficiencies, but explore with the employees ways to prevent them from reoccurring.

Environmental Rounds/ Westech Cleaning Standards

In addition to the daily “white glove” inspections and the weekly/bi-weekly inspection tours of specific departments performed by Acciona Facility Services SA as well as the formal audits performed by Westech, Acciona Facility Services SA will participate with an environmental team with representatives from hospital administration, nursing, environmental services, engineering, infection control, and quality assurance to conduct formal rounds designed to assess hospital appearance, condition and safety. These rounds will be documented, with follow-up on deficiencies expected by the next tour. The frequency of these rounds, we anticipate, will be determined at the Service Review Group in cooperation with VIHA and ISL Health.

Service Review Group

In developing any service delivery model for our customers, Acciona Facility Services SA seeks to align our goals and objectives with those of our client on an ongoing basis. In doing so, we can design a customized

solution that will ensure the overall success and satisfaction of VIHA and ISL Health. To ensure the services business goals and objectives are aligned with those of VIHA, we will participate in the Service Review Group (SRG) consisting of VIHA representatives, HCP General Manager, the Plant Services Manager and the Housekeeping Manager.

The SRG is expected to meet monthly to assess departmental progress, address any outstanding issues that remain unresolved and review ongoing goals and objectives. The SRG will also review resources, measure key performance indicators, and oversee the progress of the contract. There will also be an opportunity for Service Provider Meetings which we anticipate will include administrative liaisons and representatives of nursing, infection control, quality assurance and other areas as agreed with VIHA and ISL Health. At this meeting, Acciona Facility Services SA will present a formal report of department activity and will solicit feedback from users. Examples of topics addressed in the report include:

Progress Review

Organizational Review

Systems Review

Quality Indicators

Employee Training & Development

Employee Relations

Future Planning

Formal minutes will be prepared and circulated after each meeting .

Reporting

The customer – be it patient, physician, nurse manager, or administrator – is the final arbiter of the quality of our services. We need to know their assessments, expectations, and future needs if we are to continually improve our services. Likewise, our customers need to know our progress as well as the initiatives that we are undertaking in order to achieve service excellence. As such, to keep ISL Health and VIHA informed, our Director of Housekeeping will prepare a comprehensive monthly report detailing department progress, quality and productivity measures, employee training, financial performance, Continuous Quality Improvement team activity, and other noteworthy department developments and initiatives.

Benchmarking

Benchmarking is an essential business concept that supports and drives operational excellence. Industry experts define benchmarking as a “systematic process of searching for best practices, innovative ideas, and highly effective operating procedures” that lead to superior performance. Benchmarking is a tool that is widely embraced by Acciona Facility Services SA executives for strategic planning, restructuring, and financial management. The purpose of benchmarking is to provide clients with comparative operating data needed to evaluate overall operating efficiency against the external marketplace. This data is necessary for making strategic decisions about overall business operations.

Using benchmarking data from diverse organizations, VIHA, ISL Health and Acciona Facility Services SA can:

Improve service delivery through better processes and lower costs

Optimize facility and employee performance

Create a summary of actual performance and potential improvements

Identify specific areas for improvement and prioritize action steps

As indicated in Schedule 4, Appendix 4B – Market Testing Procedure, Acciona Facility Services SA’s housekeeping services will be subject to market testing in four (4) years initially and every six (6) years thereafter. Acciona Facility Services SA will work closely with ISL Health and VIHA to ensure our services are within commercial benchmarks for similar scope of service.

Frequency Standards;

Acciona Facility Services SA will deliver housekeeping services to all areas in the PCC in a manner that will meet, at a minimum, the cleaning standards as outlined in Attachment A to Appendix 4E – Cleaning Outcome Standards prepared by Westec Systems, Inc.

Methods Standards;

Service Specifications, Workloads and Duty Lists

Acciona Facility Services SA’s overall goal in providing services is to exceed the standards required by Accreditation, the Ministry of Health and Long Term Care, and other regulatory agencies. Most importantly, Acciona Facility Services SA aims to achieve the long term requirements of the VIHA service specification.

In preparation for the commencement of the operational period Acciona Facility Services SA will develop method standards that achieve the requirements of the housekeeping performance standards,

specifically as they relate to the WestTech audits. Experience indicates however that the development of method standards should be an ongoing process as technology and techniques are always being developed to improve standards and enhance performance. The procedure Acciona Facility Services SA follow in the development of method standards is as follows:

In reviewing the requirements of VIHA, once the new PCC is operational, the Acciona Facility Services SA management team will conduct an extensive practical assessment and productivity analysis of the cleanable space operation at the PCC. The focus of this effort will be to develop a new approach to meet VIHA's desired goals. The analysis of the housekeeping services will include a review of:

Employee deployment

VIHA service expectations

Cleaning technique

Cleaning quality

Adherence to standards

Equipment & cleaning supplies

Waste handling procedures

The result of this is the development of staffing tables which outline Acciona Facility Services SA's recommendations to meet VIHA's requirements and requests, demonstrate our expectations, current practices and proposed enhancements. Working with these staffing tables, Acciona Facility Services SA will design individual work routines for specific units, departments and housekeeping employees dedicated to specific areas.

These routines will be formalized in a written duty list that inventories the spaces to be cleaned and in the order they are to be cleaned. Further, each task is assigned an approximate time when the work is to be completed during the shift and outlined on the duty list. The duty list also outlines weekly and/or special duties to be completed.

Once the duty lists are completed, they are reviewed with the housekeeping staff to gain their feedback. This review is best performed when management works the routine with the housekeeping employee where possible. Often, staff feel more comfortable with their newly designed routine if a member of the management team performs it for them, demonstrating its workability. Staff involvement in the review process is essential as their "buy-in" and ideas are critical to the overall success of the continuous quality improvement program.

When establishing duty lists, we also seek the input and approval of nursing and department managers whose units we serve. Each is provided with copies of the service specifications and duty lists pertinent to their respective areas. Their guidance on scheduling services or special service needs is incorporated into the final drafts.

This open approach with our staff and our customers ensures that all involved understand the services that are provided, productivity and quality standards. The final duty lists are posted in the janitor closets and on the cleaning carts in the respective units.

All staff with task sheets such as bed teams, routine housekeeping aids, specialty areas as part of their daily job routine, must complete the appropriate task sheet. The task sheet is used to measure workload, frequencies, quality and quantity of service as well as a tool to assist new staff.

[NTD: would like to have a similarly worded workflow statement . See comments below. LP]

AFS designs specific work procedures describing the cleaning methods and the sequence of steps for each operation, including, equipment, tools, materials etc They are developed in collaboration with the client and consistent with the Control of Infection Policies.

They describe:

- ✓ Cleaning methods
- ✓ Tasks frequency
- ✓ Used chemicals and materials
- ✓ Security norms

Each document describes the tasks to be undertaken within the facility for each area. Prime operational tasks are developed into a laminated card pack that is easily hung on the Housekeeping aids cart.. Staff are able to refer to the cards at any time during they working day as a quick and comprehensive reminder of their responsibilities.

Acciona Facility Services SA Training Program

Productivity and good employee morale are closely linked to proper training. Well-trained staff are essential to a culture of continuous quality improvement. For VIHA the following training programs and modules are recommended and included as part of the ongoing staff training package:

On-the-Job Training

Recruits are paired with training sponsors qualified to instruct and critique. Employees are first trained in basic cleaning tasks; such as bathroom cleaning, floor mopping, and bed making. Those to be assigned floor maintenance jobs will also be instructed in the use of heavy floor and carpet equipment. Once task training is complete, the new employee receives routine training in which tasks are combined and sequenced into job assignments. The training sponsor first demonstrates the task then evaluates the trainee's performance, gradually relaxing the direct supervision as the employee becomes more proficient.

Small Group Workshops

Task training is administered in small workshops. Videos are used to illustrate procedures. Another equally effective technique is to hold small demonstration classes during which the instructor performs the task and then invites employees to repeat the steps.

Refresher Training or Reminder Training & Safety Moments

At regular intervals, all employees within the housekeeping department are re-oriented to selected cleaning and safety procedures to reinforce safe practice and to discourage short-cut variations. Supervisors review the procedures and then observe their employees performing them, providing coaching as required. Throughout the year, follow-up training is given on every cleaning task, as well as critical safety issues.

Department In-Service Training Sessions

On a regular basis, all housekeeping aids attend a department meeting. This meeting features general business, a review of current employee issues and an educational seminar. Guest speakers such as the Infection Control Officer or key department heads are invited to brief employees on activities outside the housekeeping services department. This will help housekeeping services personnel to better identify with the rest of the PCC community.

Cross-Training

Housekeeping personnel are cross-trained so they can perform cleaning procedures and routines of other job assignments should the regularly assigned associates be unavailable. Without well-trained staff, services for outbreak cleaning and OCP situations cannot be completed efficiently and effectively.

Remedial Training

Poor performers are enrolled in special remedial courses, designed to increase their skill levels. In exceptional circumstances where disciplinary action is required, this one-on-one, specially-tailored training becomes an important prelude to discipline.

Special Focus Training

Various subjects of considerable importance require annual re-emphasis, such as: Body mechanics to minimize accidents, fire and safety to equip employees with extinguisher and evacuation skills, and isolation and waste handling techniques to provide skills and ease fears for those working among infectious patients or processing hazardous materials.

Documentation

Accreditation standards and effective personnel management practice require training to be promptly and accurately documented. The “continuum of training” from new-hire hourly associate through cross training and Trainer Certification shall be documented accordingly.

Training is one of the most valuable assets that will help Acciona Facility Services SA to improve the standards of quality within the PCC and the productivity among the housekeeping personnel.

Materials Standards:

Acciona Facility Services SA will use only selected proven cleaning materials purchased as appropriate with VIHA i.e. infection control department. As much as possible, Acciona Facility Services SA will purchase and use cleaning products and chemicals that achieve sustainability initiatives such as Pacific Green and the Acciona Facility Services SA policies including biodegradable products and products packaged in recyclable containers.

However the best way to achieve a sustainable environment is sometimes to develop new practices. To this end it is our intention to implement the micro fibre cleaning system within the PCC. This system enables us to contribute to the VIHA desire to be a Pacific Green Hospital as it reduces the need for chemicals, reduces water usage and potential dermatitis that some staff members suffer.

The Micro Fiber cleaning system is based on cloths that are made from a special yarn which is knitted into a fabric and then processed to have the ability to capture soiling during the cleaning process. It relies on the cloth rather than the chemical to collect the soiling and can be used dry or damp.

A new cloth (hand or floor) can be used for each area, reducing potential cross infection from one room to another, and is then put in a receptacle on the house keepers cart. At the end of the clean the used cloths are taken to be washed (again without chemicals) in a high temperature cycle (not exceeding 92°C.) Cloths will also be color coded for different areas i.e. en-suite, bedroom, corridor etc.

A further benefit of the micro fiber system is the ergonomic design that is much easier for people to use as it is lighter than the traditional mop and bucket. This means that members of staff will be less likely to injure themselves during cleaning procedures.

A summary list of possible cleaning materials that **Acciona Facility Services SA** may use are listed to the right as an example. Any specific requirements of VIHA will be included in the final list prior to the operational period.

Acciona Facility Services SA will work with ISL Health and VIHA to ensure our cleaning products meet the specific cleaning requirements, as well as environmental concerns of VIHA and ISL Health in order to assist VIHA in achieving Pacific Green status.

Control of Consumables

All supplies will conform to standard hospital specifications and the relevant Provincial Standards. When appropriate, they will also be submitted to the HCP General Manager and the VIHA representative for approval prior to use. We will provide all cleaning materials and consumable items detailed in the Housekeeping Service Specification.

Consumables will be kept in an appropriate central storage area and distributed to the respective Units where they will be issued to each housekeeping closet. There are two janitor closets on each of the Inpatient Units within the PCC and one centrally located on the ground floor.

The janitor closets will be locked when they are unoccupied to ensure the safety of patients, staff and visitors because of the items being stored within them.

We anticipate that, other than where the Infection Control team specify the use of a particular chemical, the use of chemicals overall should reduce as the service implements the micro fiber cleaning system.

All housekeeping staff will be trained in the use of all chemicals to ensure that VIHA's requirements are complied with. In addition, Acciona Facility Services SA will ensure that in each janitor closet there are easily accessed WHMIS binders and MSDS sheets relevant to the chemicals in use.

The response times will be a fundamental part of the Help Desk system set up. As the system is developed to incorporate the performance standards within the Project Agreement, the following information will also be input:

Task priorities

Response times

Rectification times

Monitoring Method

Frequencies (where appropriate)

When a request is made this information will be relayed with the request to ensure that all of the Housekeeping staff are aware of the requirements.

We will also, as part of the Help Desk training, advise VIHA staff as to the levels of service they can expect.

Response and rectification times will be recorded and fed back to VIHA as part of the monthly Service Review Group. Prior to this the HCP General Manager will have monitored the times and discussed any discrepancies with the Housekeeping Service Manager. As appropriate, corrective action will have been taken to rectify poor performance and this will also be reported to VIHA at the meeting.

b) Describe the Proponent's approach to scheduled and reactive cleaning in a hospital environment including its interaction with nursing and patient management.

Scheduled (Routine) Cleaning

Functional Area	Typical Cleaning Access Times
-----------------	-------------------------------

Patient Care Rooms	07:00 to 17:00
Waiting / Reception / Lounges	20:00 to 08:00
Meeting/Seminar rooms	17:00 to 08:00
Offices & Administrative Areas	17:00 to 21:00
Nursing Stations	07:00 to 19:00
Patient Care Corridors	07:00 to 19:00
Public Corridors & Areas	20:00 to 09:00
Psychiatric Wards	07:00 to 17:00
Engineering Workshops & Plant Rooms	07:00 to 19:00
Central Stores & Supply Rooms	16:00 to 11:00

The scheduled cleaning services at the PCC will be provided in accordance with the agreed service level specification and within the above typical cleaning access times:

Cleaning Schedules will be customized and agreed to with the HCP General Manager and VIHA Representative and will be made available for inspection following reasonable request. As described below, reactive cleaning services for each and every area of the PCC will be completed as requested within the

specified and agreed response times. All routine and reactive cleaning tasks will be completed and meet the service standards as defined in the Housekeeping Service Specification.

Reactive Cleaning

This 24-hour service will address ad hoc, emergency, urgent & routine cleaning requests. Reactive cleaning tasks include but are not limited to:

Spillages or spoiling by bodily fluid and other non-hazardous substances in non-clinical areas

Replenishment and materials/disposables

Cleans following clinical contamination

Cleaning associated with building works

Cleaning of visitor and on-call accommodation

Untoward incidents such as flooding

Source and protective cleaning

Other requests received by the Help Desk

Demand Team – contacted and mobilised via Help Desk

All requests will be responded to and rectified in accordance with the times as stated in Section 3 – Performance Indicators of Appendix 4E – Housekeeping and Waste Management Services (Addendum 9).

Bed Team

A Bed Team will be created from the housekeeping support team for regular and reactive cleaning services to high profile areas.

The Bed Team allows Acciona Facility Services SA to respond to incidents that are outside the control of the normal housekeeping services management. An example is a flood that, if not dealt with, will render an area unusable. The Bed Team will be drawn from staff employed on non-critical care and involved in lower priority tasks. For example, employees providing cleaning services in office or common areas will be drawn upon (rather than from a clinical area) to assist during these demand requests, thus facilitating maximum efficiency of staffing levels.

Essential to the effectiveness of the Bed Team is the Help Desk, which will receive the request for response, log the call and communicate with the Bed Team.

Communication with Bed Team

Staff who are allocated to demand duties on a particular shift will be issued a PDA and will be contacted directly by the Help Desk or Housekeeping management team as required.

The PDA will inform them of the task, the priority level, response and rectification time. Once the member of staff has responded to the call they will log into the Help Desk to record the time; on completion of the task they will do the same to record the rectification time.

Provide an example of a routine cleaning task and frequency schedule for a similar type of facility that demonstrates the utilization of best practices, innovation, compliance and integration with hospital operations.

Acciona Facility Services SA's overall goal in providing services is to exceed the standards required by Accreditation, the Ministry of Health and Long Term Care, and other regulatory agencies. Most importantly, Acciona Facility Services SA aims to achieve the requirements of VIHA. Ultimately, Acciona Facility Services SA will promote an "environment of cleanliness" whereby the key to our success is centered on our service specifications, work-loads and duty lists.

Acciona Facility Services SA will design and customize individual routines for each unit and/or area within the PCC. These routines will be formalized in a written duty list that inventories the spaces to be cleaned and in the order that they are to be cleaned. Each task to be performed and the approximate time when the work should be completed are outlined as are special or weekly duties to be completed.

Describe the Proponent's proposed approach and strategy to meeting Over Census Protocol (OCP) situations and Outbreak Cleaning.

ISL Health understands that the Over Census Protocol (OCP) is implemented when the Royal Jubilee Hospital either reaches or exceeds a threshold of admitted patients. The role of ISL health in the protocol is likely to incorporate the HCP General Manager as well as the Housekeeping manager and team. We understand that the role we take is to assist with timely and efficient discharge procedures depending on the OCP stage so that patient flow is continuous. The role specific to the housekeeping service is to prioritize discharge cleans to patient bedrooms and en-suites to enable a rapid flow of admissions within the PCC.

It is our expectation that the OCP procedure will be agreed jointly prior to the operational period for the PCC contract and in compliance with Schedule 4 Appendix 4E Housekeeping and Waste Services. In preparation for this the proposed procedure for handling OCP situations and outbreak cleaning is, we suggest, as follows:

Step	Responsible Party	Procedure
1	VIHA	Contact Help Desk identifying which stage of the OCP is being implemented.

2	Help Desk	<p>Call or page the HCP General Manager, Housekeeping Manager and supervisors to make them aware of the implementation and protocol stage level. Documentation of the back up call / page is recorded. Continue to record all in-coming calls including discharges and relay information as required.</p> <p>Bed Team allocated to specified bedrooms to undertake OCP cleans.</p> <p>Response and rectification times are recorded on hand held PCs.</p>
	Bed Team	<p>Help Desk monitor number of discharge calls, when numbers exceed 20 then all housekeeping staff with pagers will receive a call to assist the bed team with discharge cleaning until the number of discharge cleans are reduced to an agreed upon number.</p>
Step	Responsible Party	Procedure
3	Housekeeping Manager / Supervisors	<p>Reviews email for OCP Stage level and instructions. Advises supervisors and associates that discharges are now a priority and are to be facilitated as quickly and efficiently as possible to ensure patient movement and flow to and from the identified units.</p> <p>At Stage 4 & 5 it may be necessary to draw upon staff from non-critical care areas to assist in discharge cleaning.</p>
4	Housekeeping Aids	<p>If staff are put on notice by supervisors that discharge cleaning is priority due to OCP being implemented at Stages 3, 4 & 5. All staff will check their units for priority discharge cleaning and support the bed-team. Staff may be required to perform priority duties until discharge cleans completed in their respective work area.</p> <p>Non priority housekeeping staff will be re-assigned to support units and bed team for all discharge cleaning.</p>
5	Bed Team	<p>Typically, discharge cleaning is usually completed by 9:00 – 9:30 pm. In OCP situation, the Bed team will be re-assigned to assist any area that may have reverted to priority cleaning in order to accommodate the Over Capacity Protocols.</p>
6	Help Desk	The Help Desk will produce, for the following day, a report as to how many discharges were accommodated with response and rectification times.

7	Housekeeping Manager	The Housekeeping Manager will provide the OCP report to the HCP General Manager and VIHA representative for review at the following Service Review Group.
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In all cases of OCP and Outbreak cleaning, job routines of staff will be broken down into essential and non-essential duties. Priority duties typically include:

Washroom Cleaning

Waste Removal

Patient Contact Surface Cleaning

Discharge Cleaning

Dry mopping / spot mopping

Non-essential duties which receive reduced priority include:

Office Cleaning in all areas

Project cleaning (i.e. floor buffing, wall washing, etc.)

Demonstrate an understanding of applicable legislation, standards and best practices with specific reference to infection control, WHMIS and management of bio-medical waste.

Infection Control

All of Acciona Facility Services SA's infection control programs have been designed to comply with the standards established by the Canadian Council on Health Services Accreditation. Understanding the current infection control procedures in place at VIHA is a prime role within our contract. We believe that by working with VIHA's Infection Control Committee, we are able to modify current programs, when needed, to bring them into complete compliance.

It is our intention to take an active leadership role at the PCC to ensure that everything we do enhances the well-being of VIHA's patients, visitors and staff.

Infection Control has two purposes:

Give the patient, with an infection or communicable disease, maximum care with minimum danger to other patients, residents, visitors, and facility personnel.

Provide a safe environment by following all regulatory guidelines used to minimize the spread of infection to other patients, residents, employees, and visitors. In addition, we want to contain the spread of infection to other areas by enforcing proper cleaning techniques at all times.

Cleaning Procedures

The Housekeeping Department plays a key role in the control of infections. Often a patient or visitor may judge the professionalism and caliber of care he/she receives by the quality of the observed personnel – doctors, nurses, dietitians, and housekeepers. There is a psychological benefit to the patient and family when the facility is clean and orderly, when no offensive odour exists, and when adequate supplies are available. Clean surfaces, prompt disposal of waste, and adequate supplies of soap and paper towels contribute substantially to safe patient care.

Reduction of dust on surfaces and in the atmosphere is basic to the control of infection. Many microbes live for long periods and multiply in a dry state. Staphylococci, as an example, are commonly found in healthcare facility dust. Pioneer work on the hygienic control of dust was conducted in the early 1960s and proved conclusively the value of cleaning methods that remove dust without stirring it into the air. Thus, a treated mop or cloth for floor care and a treated or damp cloth for surfaces and ledges replaced the broom and “feather duster.” Today, Micro fiber cloths and mops offer greater infection control capabilities (among various other advantages). We will therefore be implementing the micro fiber system within the PCC.

The healthcare environment, however, demands more than just the removal of waste, soil and dust. Disinfection is the necessary process of destroying harmful microorganisms. Most organisms are “swept up” by the cloth or mop and deposited in the bucket where the solution kills them or in the case of micro fiber, where the high temperature washing cycle kills them. In critical areas such as the operating room, floors are flooded to ensure adequate contact time. Our staff are required to utilize proper cleaning techniques to remove soil and organic matter in order for the disinfectant to be effective.

Sinks, toilets, bathtubs, and showers are meticulously cleaned and disinfected because of their direct contact with patients. Equipment used in cleaning is also carefully cleaned and disinfected. Mops, rags, vacuums, and buckets can spread infectious agents. Mops, cloths, and germicidal solutions are changed regularly to minimize transmission of infections. Micro fiber cloths and mops will be changed between each bedroom.

Disinfection must be distinguished from sterilization. Sterilization destroys all microbes, including spores; disinfection does not kill spores. In fact, within less than an hour after a surface is disinfected, the number of microbes may have returned to the original level. Periodic disinfection keeps microbes at an acceptable and safe level for patients, residents, and employees.

Isolation

For effective infection control, we require our housekeepers to be well-versed in isolation procedures. Until properly trained, many housekeepers are afraid to enter isolation rooms and work around the patients within them; education and practice erase this fear. We train our housekeepers in isolation procedures during their orientation training, and then test each associate's understanding and practice of isolation cleaning methods. Hand washing technique; use of protective gowns, masks, and gloves; adherence to procedures; and careful measurement of disinfectant dilutions are all emphasized during the initial and in-service training. The PCC environment will be carefully controlled by our management team who will closely monitor all cleaning activities and ensure that our housekeepers stay in compliance with trained procedures.

Management is responsible for providing effective disinfecting cleaning products in adequate supply. Germicides will be carefully selected and approved by ISL Health and VIHA representatives. Other products used in cleaning will be chemically compatible. Critical infection control supplies such as disinfectants for cleaning, and soap and paper towels for hand washing will always be kept in stock.

Members of Acciona Facility Services SA's management team will actively participate with ISL Health and VIHA and would wish to participate in VIHA's Infection Control Committee. This is with a view to the Committee monitoring the Infection Control Program, examining individual cases of infections, and seeking to decrease the infection rate, which Acciona Facility Services SA would wish to be a part of. We understand the group includes physicians, representatives of administration and nursing, and usually representatives of other departments, such as the laboratory, engineering department, dietary department, pharmacy, central services, and the operating room. Housekeeping cleaning procedures and products could be reviewed and approved periodically by the committee. Although procedures and products are designed to reduce the threat of infection, the Infection Control Committee may recommend changes based on local experience.

Staff Training and Education Standards

All members of the Housekeeping Department will be thoroughly trained in all procedures pertaining to the correct execution of their duties. This training will take place immediately upon assignment of the staff member to the department and through ongoing in-service training programs. The instruction will include a description of all mandatory and performance oriented aspects of WHMIS and the responsibilities of Acciona Facility Services SA and employees.

For improved sanitation procedures, we will impart general knowledge of bacteria and the relationship of bacteria to infection control. This knowledge makes disinfectant test reports and label claims more understandable for our staff.

The Canadian Infection Control Practitioners' standards for healthcare facilities were taken into account when creating our extensive Infection Control Manual. VIHA will find us in complete compliance with all of the requirements. The manual will be modified, if required, to adhere to any additional standards set out by

VIHA and its Infection Control Committees. All Acciona Facility Services SA training will follow these established guidelines and procedures.

WHMIS - Workplace Hazardous Materials Information System

A Canadian federal act passed in 1986, the Workplace Hazardous Material Information System (WHMIS) is a Canada-wide system designed to give workers and employers information pertaining to hazardous materials they may be exposed to in the workplace. Ultimately, the goal of WHMIS is to create a safer workplace by providing workers with the knowledge and tools to enable them to work safely.

As a user of hazardous chemicals in our housekeeping services, Acciona Facility Services SA must ensure that each staff member is trained on the safe use, handling, storage and disposal of all hazardous chemicals used while carrying out day-to-day duties and responsibilities. Acciona Facility Services SA must ensure that:

All controlled products entering the workplace have a valid supplier label; If a label becomes defaced or is missing, Acciona Facility Services SA must apply appropriate workplace labels

A current MSDS for each controlled product is obtained from the supplier

MSDSs are made available to all associates at all times

MSDSs are current (they expire after 3 years)

Each Acciona Facility Services SA unit supervisor/manager and operations manager is responsible for the following to ensure compliance with WHMIS.

Completing and keeping current the Inventory of Controlled Products; this sheet should remain in the storage area and be accessible to all staff (ie - store it in the H&S Wall Station)

Obtaining current MSDS for products in inventory; these sheets should be kept in the MSDS duotang; the sheets should come with the first shipment of the product; if they did not, please contact the supplier and ensure they send the MSDS sheets to you

Ensuring that containers holding controlled products are properly labelled (i.e., spray bottles); extra Workplace Labels are enclosed in this WHMIS package

Providing staff with information and training on the hazards of controlled products in their work area

In addition to Acciona Facility Services SA's corporate obligation to WHMIS, each Acciona Facility Services SA staff member has a personal obligation to meet WHMIS guidelines to ensure personal safety as well as the safety of coworkers throughout the hospital. As such, each Acciona Facility Services SA staff member must:

Report to management any labels that have been removed, defaced or are not readable

Report to management missing MSDSs or any that are incomplete or expired

Participate in the WHMIS training program and apply knowledge on the job

WHMIS Employee Education and Training

Besides disclosing to workers the hazard information on controlled products, Acciona Facility Services SA must ensure that instruction is provided for employees who handle, are exposed to, or are likely to handle or be exposed to hazardous materials. As a result, Acciona Facility Services SA employees are more aware of and better able to apply hazard information to ensure their personal health and safety as well as the health and safety of their fellow employees.

To ensure that we meet WHMIS legislation, Acciona Facility Services SA has developed a WHMIS training program for our staff. Each WHMIS training program is customized to the specific workplace environment in which the controlled products are to be used, but follow the guidelines set out by the provincial occupational health and safety legislation concerning controlled products. In general, Acciona Facility Services SA's WHMIS training program encompasses the following:

Instructions with respect to the product identifier

Instruction on the content required on the supplier and workplace label and the

Purpose and significance of the information contained on the label

Instruction on the content required on an MSDS and the purpose and significance of the information contained on an MSDS

Procedures for the safe handling, use, storage and disposal of a controlled product, including information relating to the disposal of a controlled product contained or transported in piping systems and vessels; and

Procedures to be followed in the case of an emergency involving a controlled product

Acciona Facility Services SA consults with our clients' health and safety committees or representatives, when establishing our WHMIS training programs. Further, Acciona Facility Services SA conducts Health and

Safety (including WHMIS) refresher training at least annually or more frequently if new hazard information becomes available or if required by a change of condition at the site or a change in legislation.

Monthly Inspection - WHMIS COMPLIANCE

Acciona Facility Services SA wishes to establish a Joint Health & Safety Committee with VIHA and conduct monthly inspections to ensure the workplace and the employees working within are following applicable health and safety legislation as determined by the province and by Acciona Facility Services SA in general. One aspect of our health and safety inspection is WHMIS Compliance. The following outlines the areas of WHMIS Compliance that Acciona Facility Services SA inspects:

Material Safety Data Sheets visible and accessible to all staff, on all shifts

All staff know the location of Material Safety Data Sheets

Documentation of WHMIS Training completed is filed at Unit Level

All new hires have been trained in WHMIS before use or exposure to any chemical

Yearly WHMIS review being done for those associates trained, documented and filed

Workplace labels available at the front of MSDS manual or in H&S Wall Unit

Only products with current MSDS sheets used at Unit level

No unauthorized consumer goods being used

Chemical Storage areas kept clean, neat and organized, off the floor 6 inches

Chemical storage in either separate room or underneath all other food products and supplies

Staff always use protective goggles as outlined by the MSDS or supplier WHMIS label

Staff always wear nitrile gloves when using chemicals to clean (no food service gloves)

Explain any unsatisfactory conditions noted above or additional items of concern

Bio-Medical/Hazardous Waste

Acciona Facility Services SA will manage bio-medical / hazardous waste in accordance with the Canadian Council of Ministers of the Environment ("CCME") Guidelines for the Management of

Biomedical Waste in Canada. In doing so, Acciona Facility Services SA will put in place a bio-hazardous waste management policy/program for employees working with this type of waste.

The purpose of the policy/program is to:

To outline responsibility for the bio-hazardous waste management program

To minimize the quantities of bio-hazardous waste generated

To safely collect, handle, transport and dispose of the waste so as to eliminate the possibility of infective transmission

To provide regular staff education/training/instruction on proper handling and potential hazards of bio-hazardous waste

To provide a contingency plan in the event of an accident/spill or disruption of disposal services

Bio-Medical / Hazardous Waste Management Protocol

Acciona Facility Services SA's **leadership** will designate specific responsibilities to qualified staff with suitable training and experience relating to waste management, occupational health and safety, infection control and knowledge of biohazards.

Hospital Staff who generate the bio-medical / hazardous waste are responsible to handle waste appropriately and deposit it in the correct container. The Housekeeping Department is then responsible for all further processes involving collection and handling, storage and transportation on site.

The Director of Housekeeping is responsible for the maintenance of a process to regularly review and assess the effectiveness of waste management policies and procedures and ensure that appropriate changes are implemented. He/She is also responsible for creating a contingency plan for spill response as well as the storage of waste due to the disruption of disposal services.

Collection and Handling

All bio-hazardous waste must be collected in a properly labeled container lined with a yellow bag. The colour yellow will be strictly reserved for this purpose only.

Users must place waste sharps in sharps containers (point of use receptacles or pails) immediately after use. Housekeeping will replace the sharps containers when approximately 75% full, and place the full container in a yellow bag.

Users must place all other bio-hazardous waste in containers lined with a yellow plastic bag. Housekeeping will then remove bags to the disposal hold area on each floor of the PCC and replace it with a new bag. This

waste will be collected on a regular basis and transported down through the service elevator and directly to the current VIHA waste storage area in the large yellow storage bins built for that purpose.

AFS staff working with bio hazardous waste will be trained to collect and handle the bio-hazard waste containers.

Temporary Storage

Waste will be stored in the large yellow bio-hazardous waste containers in the designated storage facilities until removed for disposal. The storage should be locked at all times to restrict human access and be kept clean to eliminate vector problems and unsightly appearance.

Transportation and Disposal

It is our understanding that under the requirements of the Housekeeping services requirements Acciona Facility Services SA will be responsible for the collection of waste within the PCC, the movement of waste to the current waste collection area and the delivery of clean waste containers to the PCC. The cleaning of these carts and disposal of waste from the waste collection area is excluded from the contract. Waste will be transported as required under the Transportation of Dangerous Goods Act and Regulations.

Describe the Proponent's approach to the delivery of Waste Management and Recycling Services, including how the Proponent will work cooperatively with the Authority and its contractors.

Waste Management

ISL Health will provide as part of the Housekeeping services contracted to Acciona Facility Services SA, waste and recycling services within the PCC.

In order to meet the requirements for the collection and movement of waste a small designated team of housekeeping aids is being developed. The team will have as their prime responsibility the movement of carts for both waste and linen.

With regards to waste the process will be as follows:

Aid collects clean colour coded waste carts from the waste collection area

Takes the carts via the basement corridor to the designated inpatient unit via the service elevators

Deposits the clean cart in the appropriate bay within the disposal hold

Removes the 75% full waste cart and takes it via the service elevator and basement to the waste disposal area.

For linen the procedure will follow a similar process however aids will collect the clean linen from the clean linen room in the basement of the PCC and deposit dirty linen cages in the dirty linen area in the PCC basement. Designated dirty linen bays will be located within the disposal hold. Clean linen will be moved into the appropriate bay on the inpatient unit.

The separation of flows within the ISL health design of the PCC will ensure that clean and dirty carts are not stored in the same areas. It is our expectation that each of the carts will have a full lid that can be closed and sealed prior to being moved to reduce the risk of cross infection and protect staff from possible contaminants or potential injury.

The use of closed carts also enables clean and dirty to be transported safely in the same service elevators (although not at the same time).

The disposal holds have been designed so that staff are able to deposit bagged waste and dirty linen directly in the carts. The carts will be accessed via a labelled door so that they are never visible to anyone on the ward and have no need to be stored at Unit entrances. This approach ensures that when people enter the ward they are not greeted by waste containers and that they never see waste cart movements along the main visitor, patient and staff corridors.

A routine for waste movements and linen replenishment will be agreed with VIHA and ISL Health prior to the commencement of the operational period. It is envisaged that 3 clean linen carts and 4 dirty linen carts are likely to be used in each inpatient unit each day (subject to variations in specialties) and that waste carts will be replenished when they are 75% full.

Recycling

As much segregation and recycling as possible will take place at unit level and will then be transported, as above, to the designated waste storage area where it will be sorted and placed into appropriate containers.

Recycling is expected to incorporate all of the items as designated within Appendix 4D.

Acciona Facility Services SA uses as many environmentally friendly cleaning products as possible, and recyclable paper products as part of its commitment to the collection and disposal of recyclable waste products. Separate recycling containers for the proper segregation of recyclable waste products are clearly marked for the type of recyclable material that is to be deposited in each container. As part of their normal housekeeping duties, Acciona Facility Services SA staff ensure that paper products collected from the various areas are placed in the appropriate container. This prevents recyclable materials from being mixed with other waste. Recycling containers lined with garbage bags for aluminum cans will be furnished in break areas around soft drink machines.

Our teams will be trained to closely monitor the recycling containers to ensure that there is no overflow around the containers. Paper products which are likely to be the primary recyclable material within the PCC, will be collected and moved to an approved storage container area.

Cleanliness

Acciona Facility Services SA will endeavour to ensure that all waste areas within the PCC are kept clean, free of spillages, pest and vermin. Where cleanliness is observed not to be of standards corrective action will be taken to address the issue (i.e. the Help Desk will be notified if pest are identified, spillages will be cleaned).

We anticipate that the housekeeping management team will become active on ISL Health and VIHA committees related to waste management. The committee forum enables management to solicit support from other departments within the facilities. Our management team must depend upon others within the hospital to use devices and equipment in a safe manner, then separate and dispose of them properly, as required. Ultimately, the time spent training and educating associates outside of waste management facilitates the waste handler's job.

Infectious Waste

The importance of effective and safe handling procedures of hospital waste, specifically infectious and hazardous waste, is critical to the safety of patients, visitors and staff and even the community at large. Acciona Facility Services SA is committed to its responsibility to ensure that all of our staff are adequately trained in proper waste management so as to protect those we employ, those we serve, and those of their community.

Housekeeping staff are involved in the internal transportation of infectious waste as part of the bio hazardous waste procedures. As the emphasis on waste management gains the attention of the entire community and amounts of waste classed as infectious increase, the role of the staff on the waste team is often expanded.

We have well-defined policies and procedures that assist in training each member of staff in the proper steps to handle general, clinical, recycling, hazardous and infectious waste. Comprehensive education and training reinforce the proper handling procedures, protective clothing to be used, and required reporting procedures. It is only through education and training that the staff can reduce exposure to potentially dangerous or infectious elements.

Each member of staff receives formal training. Proper techniques are demonstrated to make sure that they understand how to accomplish the task. Their work is monitored to make sure that the task is performed properly and safely. The training, reinforcement and review process is necessary to protect the health and safety of the staff member and others in the PCC

Staff are regularly scheduled and required to attend classes along with on-the-job training. Instruction is accomplished by demonstration and with written material. Attendance records are kept for in-service training on Infection Control to meet documentation requirements and to ensure that all associates are employing the latest in safe handling procedures.

With support from our corporate office, our management team remains abreast of changes in federal, provincial and local regulations. Safety records are regularly reviewed to determine where procedures need

to be improved or enforced to remain consistent with the latest regulations. Timely revisions of policies and procedures are implemented to meet new regulations, and associate re-training is initiated as required.

It is Acciona Facility Services SA's objective to provide a standard of service for Waste Management and Recycling Services that promotes:

A comfortable/safe work environment and an operationally efficient accommodation

A responsive, scheduled and planned approach to the container supply, pick-up, and disposal of waste and recycled materials

Recycling programs consistent with VIHA and local/municipal by-laws and regulations

Safety Requirements: The storage, containment, pick-up, delivery and disposal of waste will be carried out following the legislative requirements as defined by the Department of Environment (CEPA) Movement of Hazardous Wastes Regulations and Export and Import of Hazardous Wastes Regulations; Transportation of Dangerous Goods Act and Regulations; Workplace Hazardous Materials Information System (WHMIS); Ministry of Environment, Lands and Parks Waste Management Act; Special Waste Regulations; Spill Reporting Regulations; and WCB Regulations

Qualifications: All service work shall be done by individuals and companies qualified to perform waste and recycling functions

Exclusions

Acciona Facility Services SA understands that the waste management responsibilities within the PCC do not extend to the off site disposal of any waste, recycling or linen.

Describe the Proponent's approach to the delivery of proactive integrated Pest Control Services.

ISL Health and Acciona Facility Services SA are committed to maintaining a pest-free environment – it is crucial to patient, visitor and staff satisfaction. However a pest is something that we don't like or that is in the wrong place at the wrong time. It is not always necessary to exterminate the 'pest' as frequently other measures can be taken to relocate or eradicate in an area. There are two aspects to the proposed Pest Control service; internal observation, monitoring and notification and the Pest Control sub contract.

Internal Observation, Monitoring and Notification

Many pests' leave indications that they are present in an environment and those who deal with services such as the housekeeping aids, demand team (waste) and plant services staff are probably best placed to be able to notice these traits. For this reason, as part of our basic training, all ISL Health staff will be educated on how to pick up basic references within the environment that may indicate an infestation.

Experience shows that daily monitoring and collection of debris in and around disposal holds and waste collection areas has proven effective in the control of pests; our staff are well placed to observe these areas and maintain their cleanliness. This is also true of areas such as bathrooms, pantries, nutrient stations, etc. By decreasing the availability of suitable environments in which pests live, an infestation may be deterred.

Should a member of our teams, or a member of the VIHA teams, have concerns they will know to notify the Help Desk to report the possible infestation, giving detail as to the location in which pests have been sighted.

The Help Desk will then notify the pest control service to visit the site and location and confirm and treat the infestation as required.

Pest Control Subcontractor (PCS)

Acciona Facility Services SA will sub-contract the pest control service in accordance with the requirements of Appendix 4D of Schedule 4, for the PCC. When using the PCS a daily vendor control log will be maintained within the housekeeping office to monitor the pest control company. They will be required to check in to the housekeeping department when they arrive, to provide completed paperwork of where they went and what they did, and then to check out in the housekeeping department before they leave.

The Help Desk will place the calls for emergency service and will facilitate the needs of the other departments relative to pest control issues.

Inspections for Pest control will be planned in advance in accordance with the requirements of Schedule 4 Appendix 4A Housekeeping and waste management service.

The PCS will be contracted to undertake all of their work in a safe and discrete manner that causes minimal interference to VIHA patients, staff and operations. All of the staff will be required to be fully trained and qualified and where possible will use non chemical means of response acting in a safe and humane manner at all times. Methods such as mechanical, biological will be employed as far as is possible, safe and practical.

A Pest Control technician from the PCS will visit the sites on a monthly basis. These visits will combine a problem solving and routine maintenance service on vulnerable and necessary areas. The Pest Control technician will be directed to those areas highlighted by the Pest Register. An effective system will operate that deals with call outs and routine inspections, together with treatment of vulnerable areas such as; the Facilities Management Service Area, Catering areas (associated with the PCC). This process will ensure a system of continuous, efficiently managed pest control.

Where chemical or pesticides are required they will be approved, strictly controlled and monitored. Records will be maintained of all chemical use and will be formulated into a monthly report, by the Housekeeping Service Manager for the Service Review Group offering a comprehensive overview of pest activity within the PCC.

The PCS will, as appropriate, recommend to both ISL Health and VIHA staff preventative measures to reduce initial or continued infestation. The service is likely to cover the following pests:

Insects including: Flies, Cockroaches, Millipedes, Wasps

Stored product insects such as moths, Lice and mites, Bed Bugs, Silverfish / Firebrats

Ants (including Pharaoh's ants)

Fleas

Beetles

Crickets

Bees, Hornets

Woodlice

Rodents including rats and mice

Birds including feral pigeons

A fully documented system will be maintained to include the details of all consumables used. As this service will be delivered through a specialist contractor, we will not hold stores of consumables on sites but will agree to a stock inventory and level that recognizes the needs of the PCC to ensure an effective pest control service.

Our PCS will supply a full list of products used on site with details of any hazards of use or other relevant information. This will be held by the Acciona Facility Services SA management team and available to facilities management teams and ISL Health and VIHA staff as required.

All pesticides used will be agreed by the ISL Health and VIHA Representative before use, they will be applied in accordance with labeling instructions with WHMIS and MSDS assessments available for any product used on sites. All insect detectors will be non-toxic and rodent baits will be plastic and tamper proof.

Enclosed in Appendix (vi) are our current Pest Control Procedures for VIHA which offers an indication of our understanding of the issues associated with pest control.

PCS Selection

Acciona Facility Services SA will work with a specialist pest control contractor.

Describe the Proponent's approach to the performance of minor moves and room set-ups.

The proposal and budget as revised in consultation with VIHA during the Preferred Proponent period for soft FM services does not currently support the inclusion of minor moves and room set ups.