

University Medical Center of Southern Nevada

CONFIRMATION FORM for RECEIPT OF BID NO. 2016-15 Low Voltage Conduit/Cable Installation

If you are interested in this invitation, immediately upon receipt please email or fax this Confirmation Form to the information provided at the bottom of this page.

Failure to do so means you are not interested in the project and do not want any associated addenda sent to you.

VENDOR ACKNOWLEDGES RECEIVING THE FOLLOWING BID DOCUMENT:

PROJECT NO.: BID NO. 2016-15

DESCRIPTION: Low Voltage Conduit/Cable Installation

VENDOR MUST COMPLETE THE FOLLOWING INFORMATION: TYPE or PRINT CLEARLY

Company Name: _____

Company Address: _____

City / State / Zip: _____

Contact Name / Title: _____

Area Code / Phone Number: _____

Area Code / Fax Number: _____

Email Address: _____

Please indicate the method you used to obtain this Bid Document:

Clark County website Received directly from UMCSN Las Vegas Review Journal Plan Room

EMAIL this confirmation to: april.reynolds@umcsn.com

UNIVERSITY MEDICAL CENTER
OF SOUTHERN NEVADA

INVITATION TO BID

BID NO. 2016-15

LOW VOLTAGE CONDUIT/CABLE
INSTALLATION

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA

INVITATION TO BID

BID NO. 2016-15 Low Voltage Conduit/Cable Installation

UMCSN is seeking bids for Low Voltage Conduit/Cable Installation at the main campus and all Quick Care/Primary Care clinics.

The bid package and **associated CD/DVD with all drawings, pictures and plans** (disk must be picked up and will be available at the MANDATORY pre-bid meeting) is available as follows:

- Pick up – University Medical Center, Delta Point Building, 901 Rancho Lane, 2nd Floor, Suite 200, Las Vegas, Nevada 89106. Attn: April Reynolds, Contracts Management.
- Electronic Mail or Mail – Please email request to Contracts Management at april.reynolds@umcsn.com specifying the Bid Number and description. Be sure to include your company name, contact name, mailing address, email, phone and fax numbers, or call (702) 224-7177.
- Internet – Visit the Clark County website www.clarkcountynv.gov/purchasing. Click on “Current Opportunities”, listed under University Medical Center, locate the appropriate document in the list of current solicitations.

A **Mandatory** Pre-Bid Meeting will be held on **Monday, October 3, 2016 at 10:00 a.m. PST**, at **Delta Point Building, 901 Rancho Lane, 2nd Floor, Suite 200, Las Vegas, IT Training Room #3**. Be sure to obtain the **associated CD/DVD with all drawings, pictures and plans**, as there will not be a walk through for this project. Proposed bidder is responsible to obtain the CD/DVD and may be disqualified if it is not obtained and noted on the attached **V. – Bid Form – Attachments to Bid Form** in the appropriated Addendum section.

Bids will be accepted at University Medical Center of Southern Nevada address specified on Item #12, on or before **Monday, October 10, 2016 at 2:00:00 p.m.** at **Delta Point Building, Suite 200 and opened immediately following in the IT Training Room #3**. BIDS are time-stamped upon receipt. BIDS time-stamped after **2:00:00 p.m.** will be recorded as late, remain unopened, and be formally rejected.

PUBLISHED:
Las Vegas Review Journal
Sunday, September 25, 2016

HELPFUL BID INFORMATION

DID YOU KNOW THAT IMPORTANT INFORMATION RELATED TO THE PURCHASING PROCESS AT UMCSN IS AVAILABLE 24-HOURS A DAY, 7 DAYS A WEEK? HERE'S WHERE YOU CAN FIND THIS VALUABLE INFORMATION:

INTERNET



All UMCSN solicitations are posted on the Internet at <http://www.clarkcountynv.gov/Purchasing>, as well as other important and useful purchasing related information. The solicitations are listed under “**Current Opportunities**”. To locate a specific solicitation browse the list by **Number and/or Title**. You can then click on the selected solicitation **Number**, which will take you to a **Details Page, containing Project Information and links to all Project Related Documents**, with the exception of Construction Specifications and Drawings, which must be obtained directly from the Purchasing and Contracts front desk (see Pick-up and Mail instructions on the previous page).

PRE-BID CONFERENCE ATTENDANCE

WE WANT YOU!



You have received this “Invitation to Bid” with the anticipation of doing business with UMCSN. You are encouraged to attend the pre-bid conference, if one is offered; because it gives you the opportunity to ask questions you may have regarding the bid document, the bid requirements, and the bidding process. At the pre-bid conference, the entire bid document is reviewed and questions from the attendees are answered.

*** Some pre-bid conferences have a mandatory attendance requirement; please review the bid document carefully.**

The date and time of the pre-bid conference (if applicable) is provided for on the cover page of the bid document. SEE YOU THERE!

NEED ASSISTANCE?



The Clark County Business Development Division works with the UMCSN Contracts Management Department to expand the economic prospects of all disadvantaged groups in the business community, and promotes full and open competition in all purchasing activities. If you have questions concerning how to prepare a bid, information that is available to you, or you would like to discuss business opportunities within Clark County, please contact Diana Escobar at telephone number (702) 455-4432.

I – INSTRUCTION TO BIDDERS
BID NO. 2016-15
Low Voltage Conduit/Cable Installation

1. INTENT OF INVITATION

In accordance with the terms and conditions provided in this bid document, it is the intent of this formal Invitation to Bid to receive bids from qualified Bidders for the items specified in this document.

2. DEFINITIONS

- A. **Addendum:** A written document issued by UMCSN, via Contracts Management Department, prior to the submission of bids which modifies or clarifies the Bidding Documents by additions, deletions, clarifications, or corrections.
- B. **BCC:** The Clark County Board of County Commissioners sitting as the UMCSN Board of Hospital Trustees.
- C. **Bid (Bidder):** An offer, in response to a solicitation by UMCSN, to supply goods or services at a specific price and within a specified time period.
- D. **Bid (UMCSN):** A competitive solicitation by UMCSN to procure goods or services in accordance with Nevada Revised Statutes (NRS) 332.
- E. **Bid Form:** Standard printed form given to Bidders that must be completed and submitted back to UMCSN with the required information for evaluation of the bid, in correct format and sequence. Bid pages are identified herein as Section V “Bid Form” and contain a black line in the right margin for clarity.
- F. **Bid Submittal:** Bid Form pages, Bid Security (if required), and all required attachments.
- G. **Bidder(s):** A supplier who submits a bid to UMCSN.
- H. **Bidding Documents:** May include but are not limited to, the Invitation to Bid, Instructions to Bidders, General Provisions, General Conditions, Technical Specifications, Contract Requirements and Forms, Bid Forms/Attachments, Exhibits, Specifications/Special Provisions and Drawings, and any Addenda issued prior to the date designated for receipt of bids, as applicable.
- I. **Contract:** Contract documents include the Bidding Documents, successful Bidder’s Bid Form, all Addenda, and Notice of Award letter.
- J. **UMCSN:** The term used throughout these documents to mean University Medical Center of Southern Nevada.
- K. **F.O.B. Destination:** Designates the title of the goods remain with seller and do not pass to buyer until the buyer takes possession of the goods.
- L. **GB:** The Governing Board of UMCSN.
- M. **Governing Body:** Used throughout these documents to mean the Clark County Board of Commissioners sitting as the UMCSN Board of Hospital Trustees or the Governing Board.
- N. **Lot:** A group of items similar in nature and bought individually, all items in a lot must be bid on to be a responsible bidder considered for award (one awardee).
- O. **Nevada Revised Statutes (NRS):** The current codified laws of the State of Nevada. Nevada law consists of the Constitution of Nevada (the state constitution) and Nevada Revised Statutes. The Nevada Supreme Court interprets the law and constitution of Nevada.
- P. **No Substitute:** Means there is only one brand name product that is acceptable to perform the function required by the using department.
- Q. **Authorized Representative:** A person designated by the Governing Body to be responsible for the development and award of the contract for the service to be performed.
- R. **Purchase Order:** The formal authorization by UMCSN for vendor to provide goods or services to UMCSN. The formal Contract takes precedence over any conflicting terms and conditions contained in the purchase order.

S. **Successful Bidder:** Bidder who is the lowest responsive, responsible or best Bidder, to whom the Governing Body or the Authorized Representative has authorized the award of the contract.

3. SCOPE OF SERVICES

Background

University Medical Center of Southern Nevada, located in Las Vegas, Nevada, is a county owned, acute-care hospital, organized under Nevada Revised Statute Chapter 450. UMCSN is a 541 bed hospital, currently operating a Level 1 Trauma Center, a Level 2 Pediatric Trauma Center, an active Cardiology Program, Organ Transplant Program, Burn Care Center and a Level III Intensive Care Nursery. In addition, UMCSN operates seven (7) Quick Care facilities, six (6) Primary Care facilities and the Wellness Outpatient AIDS clinic.

Purpose

The purpose of this bid is to identify superior Bidder(s) who can provide labor services for UMCSN to install conduit and cabling throughout the main campus and clinics as defined herein.

Expectations of Business Partner

UMCSN strives to provide exemplary service to its patients, therefore, has high expectations from its Business Partners. It is expected that the Business Partner will provide quality products and service at the lowest price available in the market, but just as important is the expectation that these products and services are provided in a manner that exhibits the highest level of ethics and professionalism. It is expected that, as a result of this relationship, the Business Partner will work with UMCSN to ensure that the agreement remains competitive with continual review of market conditions.

4. TENTATIVE DATES AND SCHEDULE (Dates are tentative and subject to change at any time)

Bid Published in Las Vegas Review-Journal	Sunday, September 25, 2016
Mandatory Pre-Bid Meeting (10:00 am PST)	Monday, October 3, 2016, IT Training Room #3
Final Date to Submit Questions	Wednesday, October 5, 2016
Last Day for Addendums	Thursday, October 7, 2016
Bid Responses Due (2:00:00 pm)	Monday, October 10, 2016
Bid Evaluations	October 11-12, 2016
Finalists Selection	October 12, 2016
Final Selection & Contract Negotiations	October 13-19, 2016
Estimated Award & Approval of the Final Contract	TBD

5. DESIGNATED CONTACT

UMCSN's Authorized Representative will be April Reynolds, Contracts Management. All questions regarding this bid, including the selection process, must be directed to April Reynolds at telephone number 702-224-7177, or email april.reynolds@umcsn.com.

6. CONTACT WITH UMCSN DURING BID PROCESS

Communication between Bidder and a member of the GB or between Bidder and a non-designated UMCSN contact regarding this bid is prohibited from the time the bid is advertised until the bid is recommended for award of a contract. Questions pertaining to this bid shall be addressed to the designated contact(s) specified above. Failure of a Bidder, or any of its representatives, to comply with this paragraph may result in its bid being rejected.

7. ADDENDA AND INTERPRETATIONS

A. If it becomes necessary to revise any part of the bid, a written addendum will be provided to all Bidder(s) in written form from UMCSN's designated contact. UMCSN is not bound by any specifications by UMCSN's employees, unless such clarification or change is provided to Bidder(s) in written addendum form from UMCSN's designated contact.

- B. Bidder(s) shall take no advantage of any apparent error or omission in the Bidding Documents. In the event Bidder(s) discover such an error or omission, they shall immediately notify UMCSN. UMCSN will then make such corrections and interpretations as may be deemed necessary for fulfilling the intent of the Bidding Documents through the issuance of an Addendum.
- C. Addenda shall be available via mail, certified mail, email, online or pick up by all prospective Bidders.
- D. Prior to submission of the bid, Bidder shall ascertain that it has received all Addenda issued. Bidder shall acknowledge receipt of each Addendum by completing the acknowledgement space provided on the Bid Form. Failure to acknowledge receipt of all addenda and use the correct bid form as required may result in rejection of bid.

8. METHOD OF EVALUATION AND AWARD

Since the service requested in this bid is considered to be goods or non-professional service award, the process will be governed in accordance with the provisions of the Nevada Revised Statutes, Chapter 332, Purchasing: Local Governments, Section 332.115.

The bids may be reviewed individually by staff members through an ad hoc committee. The finalists may be requested to provide UMCSN a presentation and/or an oral interview. The ad hoc staff committee may review the bids as well as any requested presentations and/or oral interviews to gather information that will assist in making the recommendation. UMCSN also reserves the right not to make an award if it is deemed that no single bid fully meets the requirements of this project.

UMCSN's mission is to provide the highest quality of care to its patients. For continuity of care and other reasons, UMCSN will enter into a contract for each component described.

9. DOCUMENT REVIEW

Bidders may visit the Contracts Management department, during normal business hours, to review any current bid documents. This information is available for review provided the contents of the document have not been deemed confidential or proprietary as defined in the "Public Records" clause in the General Conditions section of this bid. Bids submitted in response to this invitation to bid may be reviewed after the formal bid opening has been completed. To review bid documents, an appointment must be made in advance to ensure that full consideration will be provided. Please call telephone number (702) 224-7177 to schedule your appointment.

10. PREPARATION OF FORMS

All bids will be submitted on the Bid Form provided in this document. **All figures must be written in ink or typed.** Figures written in pencil or containing erasures are not acceptable and will be rejected. However, mistakes may be crossed out and corrections may be inserted adjacent thereto and initialed in ink by the person signing the bid form.

In the event there are unit price bid items provided in the Bid Form, and the total indicated for a unit price bid item does not equal the product of the unit price and quantity, the unit price shall govern and the total will be corrected accordingly. Mathematical errors in the Bid shall be corrected by UMCSN. If there is no cost for a unit price, the Bidder **MUST** enter "0" or write the words "NO COST".

11. BID DOCUMENTS NECESSARY FOR SUBMITTAL

The Bid Form, all requested attachments, and the bid security (if required) shall be included in the envelope containing the bid. These documents, together, comprise a bid. Omission of, or failure to complete, any portion of the required documents at the time of bid opening may be cause to reject the entire bid.

12. SUBMITTAL REQUIREMENTS

All bids shall be on 8-1/2" x 11" paper, stapled or binder clipped and arranged in the order of Technical Specifications, Bid Form, Certificate of Insurance, Affidavit, Disclosure of Ownership/Principals Form, Disclosure of Relationship Form and Subcontractor Information (if applicable).

PROPOSER shall submit one (1) clearly labeled original paper copy, four (4) hardcopies of proposal and one (1) electronic copy of the entire proposal. The electronic copy shall be on a CD/DVD in either PDF or Microsoft Word formats. The name of PROPOSER's firm shall be indicated on the cover of each proposal. Thumb drives will not be accepted.

All bids must be submitted in a sealed envelope plainly marked with the name and address of Bidder and the bid number and title. No responsibility will attach to UMCSN or any official or employee thereof, for the pre-opening of, post-opening of, or the failure to open a bid not properly addressed and identified. Bids are time-stamped upon receipt. Bids time-stamped after 2:00:00 p.m. PST based on the time clock at the UMCSN Materials Management front desk will be recorded as late, remain unopened and be formally rejected. **FAXED BIDS ARE NOT ALLOWED AND WILL NOT BE CONSIDERED.**

The following are detailed delivery/ mailing instructions for bids:

<u>Hand Delivery</u>	<u>U.S. Mail Delivery</u>	<u>Express Delivery</u>
University Medical Center of Southern Nevada Delta Point Building Attn: Contracts Management – April Reynolds 901 Rancho Lane, 2 nd Floor, Suite 200 Las Vegas, Nevada 89106	University Medical Center of Southern Nevada Attn: Contracts Management – April Reynolds 1800 West Charleston Blvd Las Vegas, Nevada 89102	University Medical Center of Southern Nevada Delta Point Building Attn: Contracts Management – April Reynolds 901 Rancho Lane, 2 nd Floor, Suite 200 Las Vegas, Nevada 89106
BID No. 2016-15 Low Voltage Conduit/Cable Installation	BID No. 2016-15 Low Voltage Conduit/Cable Installation	BID No. 2016-15 Low Voltage Conduit/Cable Installation

Regardless of the method used for delivery, Bidder shall be wholly responsible for the timely delivery of its bid. Overnight Mail must use the EXPRESS DELIVERY instructions.

Any bids submitted via a third party courier must be sealed in a separate envelope from courier’s packaging to allow for proper recording of receipt.

Bidders and other interested parties are invited to attend the bid opening.

13. SUBCONTRACTS

Services specified in contract shall not be subcontracted by successful Bidder, without the written approval of UMCSN. Approval by UMCSN of successful Bidder’s request to subcontract or acceptance of or payment for subcontracted work by UMCSN shall not in any way relieve successful Bidder of responsibility for the professional and technical accuracy and adequacy of the services performed. Successful Bidder shall be and remain liable for all damages to UMCSN caused by negligent performance or non-performance of services performed under contract by successful Bidder’s subcontractor.

14. SUBCONTRACTOR INFORMATION

Bidders should submit with their bids a list of the Minority-Owned Business Enterprise (MBE), Women-Owned Business Enterprise (WBE), Physically-Challenged Business Enterprise (PBE), Small Business Enterprise (SBE) and Nevada Business Enterprise (NBE) subcontractors for this contract utilizing **Attachment 4**. The information provided in **Attachment 4** by the Bidder is for UMCSN’s information only.

15. SUBCONTRACTOR / INDEPENDENT CONTRACTOR

Successful Bidder represents that it is fully experienced and properly qualified to perform the class of work provided for herein, and that it is properly licensed, equipped, organized and financed to perform such work. Successful Bidder shall act as an independent successful Bidder and not as the agent of UMCSN in performing the contract. Successful Bidder shall maintain complete control over its employees and all of its subcontractors. Nothing contained in contract or any subcontract awarded by successful Bidder shall create any contractual relationship between any such subcontractor and UMCSN. Successful Bidder shall perform all work in accordance with its own methods subject to compliance with contract.

16. PRODUCTS

New Product:

Successful Bidder shall guarantee that the product provided to UMCSN shall be new, and shall be of first quality as to workmanship and materials used in said units.

A new product is defined as a product that is made up completely of unused, genuine, original parts. The product shall not have been operated for any purpose other than routine operational testing. A demonstrator product does not meet this definition and is not acceptable.

Used or Reconditioned Product:

Successful Bidder may provide product that is used or reconditioned as long as product is (i) defect-free and tested by the Bidder to perform properly; (ii) restored to a like-new state; and (iii) includes all parts and accessories (original or comparable substitutes).

17. BRAND NAMES "OR EQUAL"

Whenever, in this Invitation to Bid, any particular materials, process, and/or equipment are indicated or specified by patent, proprietary or brand name, or by name of manufacturer, such wording will be deemed to be used for the purpose of facilitating description of the material, process, and/or equipment desired and will be deemed to be followed by the words, "or equal." Proof satisfactory to UMCSN must be provided by the successful Bidder to show that the alternative product is, in fact, equal to the product required in the specifications.

18. SUBSTITUTIONS

Specifications are intended to show kind and quality required, and is not intended to be restrictive. **Additional bids that are equal to, or exceed the requirements stated in this document are invited.** Bidders desiring to submit more than one bid for items other than those specified shall observe the following procedure:

- A. Submit with the bid complete manufacturer's brochures of the actual items being offered, including pictures and/or dimensional drawings.
- B. Proof, satisfactory to UMCSN, must be provided by Bidder to show that the product is equal to, or exceeds the bid specifications in design and performance.
- C. Equivalent items may be subject to performance testing.

19. RECYCLED PRODUCTS - PREFERENCE

In accordance with NRS 332.065.2 (a), UMCSN gives preference to Bidders who propose recycled products if the Bidder is found to be responsive and responsible, the recycled product meets all of the requirements in this bid document, and costs no more than a comparable non-recycled product. Bidders shall note in their bid submittal if a recycled product is being offered. Bidders may be requested to submit the appropriate documentation to validate that the recycled product meets all of the requirements defined in this document within one (1) calendar day(s) of UMCSN's request.

20. ADDITIONAL BIDS

Bidders may submit more than one bid as long as all such bids comply with, or exceed, the bid terms, conditions and specifications.

21. DEVIATIONS TO TERMS AND CONDITIONS

Any additional agreements, terms, conditions, or exceptions to the bid requirements that are submitted with Bidder's Bid Form may be considered substantial deviations from the bid requirements and be cause for rejection.

22. DURATION OF OFFER

All offers (bids) submitted in association with this Invitation to Bid shall be considered firm offers for a minimum of 90 calendar days after the date of bid opening in order to allow UMCSN to evaluate and consider award, unless the offer is further extended in writing and agreed upon by both parties.

23. BIDDER'S REPRESENTATION

Each Bidder, by submitting a bid, represents that it has read and understands the bidding documents and that the bid is made in accordance therewith, and that it has familiarized itself with the local conditions, laws and regulations under which the work is to be performed and have correlated this knowledge with the requirements of the bidding documents.

Bidder has visited the project site and is familiar with the local conditions under which the work is to be performed.

Prior to submission of the bid, Bidder shall ascertain that it has received all Addenda issued. Bidder shall acknowledge receipt of each Addendum by completing the acknowledgment space provided on the Bid Form. Failure to acknowledge receipt of all addenda and use the correct bid form as required may result in rejection of bid.

24. BID COSTS

There shall be no obligation for UMCSN to compensate Bidder(s) for any costs of responding to this bid.

25. WITHDRAWAL OF BID

A. Before Bid Opening

Bidders may request withdrawal of a posted, sealed bid prior to the scheduled bid opening time, provided the request for withdrawal is submitted to the Designated Contact in writing, or a bid release form has been properly completed and submitted to the Purchasing and Contracts Division reception desk. Withdrawn bids must be re-submitted and time-stamped in accordance with this bid document in order to be accepted.

B. After the Bid Opening

All responsive and responsible bids received are considered firm offers for a period of ninety (90) calendar days. Bidder's offer will expire after ninety (90) calendar days unless the offer is further extended in writing by Bidder and agreed upon by both parties. If Bidder intended for award requests that its bid be withdrawn, that Bidder may be deemed non-responsible if responding to future invitations to bid or may be required to forfeit its bid bond (if applicable).

26. LOWEST RESPONSIVE AND RESPONSIBLE BIDDER

All bids will be awarded to the lowest responsive and responsible Bidder. The determination of the lowest responsive and responsible Bidder may be judged on all or some of the following factors: price, conformity to specifications, facilities and equipment, availability of repair parts, experience, terms of payment, qualifications, past performance, performance or delivery dates, quality and utility of services, supplies, materials or equipment offered and the adaptability of those services, supplies, materials or equipment to the required purpose of the contract, and other objective and accountable factors which are reasonable. UMCSN has the option to accept additional promotional specials, discounts and/or trade-in allowances offered by the successful Bidder during the term of the contract but these offers will not be part of the determination for award of this bid unless otherwise specified. UMCSN may award a multiple contract for this commodity group if deemed in the best interest of the hospital.

In accordance with NRS 332.065.3, UMCSN may re-award this contract if the successful Bidder is found to be in breach of the contract. Re-awarding the contract by UMCSN is not a waiver of any liability of the initial Bidder awarded the contract.

27. REJECTION OF BID

UMCSN reserves the right to reject any and all bids received by reason of this request. UMCSN reserves the right to waive any minor informality or irregularity.

28. DISQUALIFICATION OF BIDDERS

Bidders may be disqualified and their bids may be rejected for any of, but not limited to, the following causes:

- A. Failure to use the specified Bid Form furnished by UMCSN.
- B. Lack of signature by an authorized representative.
- C. Failure to properly complete the Bid Form.
- D. Evidence of collusion among Bidders.
- E. Unauthorized alteration to content of the Bid Form.
- F. Failure to acknowledge all addenda issued.

29. TIE-BIDS

A tie-bid is defined as an instance where bids are received from two (2) or more Bidders who are the low Bidders, and their offers are identical. Bids must be identical in all evaluation areas; e.g., price, quality, delivery, terms, and ability to supply, etc. If any of these areas are not identical, it is not considered a tie-bid, and UMCSN can justify awarding to the Bidder with the lowest responsive and responsible bid.

The procedure for tie-bids is to hold a public drawing and award the bid to the winner of the draw in accordance with the Method of Award clause in the General Conditions. When a drawing is necessary, the Bidders involved will be contacted with the time and place of the drawing. Attendance is not mandatory for the drawing. An impartial witness will be present at the drawing.

30. NOTIFICATION OF INTENT TO AWARD

UMCSN will issue to all Bidders a formal letter of "Notification of Intent to Award". This notice will confirm UMCSN's determination of the lowest responsive and responsible Bidder.

31. PROTESTS

- A. Any Bidder who submits a bid and is allegedly aggrieved in connection with this solicitation or award of this contract may protest. The letter of protest must, at a minimum, contain a written statement setting forth with specificity the reasons the person filing the notice believes that the applicable provisions of the law were violated and be accompanied by required bond. The protest must be submitted in writing to April Reynolds, UMCSN's Designated Contact, within five (5) calendar days after UMCSN issued a "Notification of Intent to Award" letter. If a written protest is received within the time frame specified and is not resolved by mutual agreement, the Designated Contact will promptly issue a decision in writing to the protestor. Within three (3) business days of receipt of the decision, a protestor **MUST** submit to the Designated Contact its written notice of intent to appeal the decision to the GB. The Designated Contact will notify the protestor of the date they may appear to present their appeal to the GB. Protestor must submit to the Designated Contact 15 copies of any documents protestor intends to present to the GB and all documents must be submitted ten (10) calendar days prior to the GB Meeting. The decision of the GB will be final. The GB need not consider protests unless this procedure is followed.
- B. Bidder filing the protest shall be required, to post a bond with a good and solvent surety authorized to do business in this state, or submit other security, defined as a cashiers check, money order or certified check, to UMCSN who shall hold the bond or other security until a determination is made on the protest. A bond posted or other security submitted with the protest must be in an amount equal to the lesser of:
- i. 25% of the total value of the bid submitted by the Bidder filing the notice of protest;
 - or
 - ii. \$250,000
- C. The notice of protest filed in accordance with the provisions of this section operates as a stay of action in relation to the awarding of contract until the GB makes a determination on the protest.
- D. A Bidder who submits an unsuccessful bid may not seek any type of judicial intervention until the GB has made a determination on the protest and awards the contract.
- E. Neither the GB nor its authorized representative is liable for any costs, expenses, attorney's fees, loss of income or other damages sustained by a Bidder who submits a bid, whether or not the person files the protest pursuant to this section.
- F. If the protest is upheld by the GB, the bond posted or other security submitted with the notice of protest must be returned to the Bidder who posted the bond or submitted the security. If the protest is rejected by the GB, UMCSN may make a claim against the bond or other security in an equal amount to the expenses incurred by UMCSN because of the unsuccessful protest. Any money remaining after the claim has been satisfied must be returned to the person who posted the bond or submitted the security.

32. INSURANCE

The successful Bidder shall carry Commercial General Liability and Automobile Liability Insurance, in the amount of no less than \$1,000,000 per occurrence, \$2,000,000 aggregate during the term of this contract.

The successful Bidder shall obtain and maintain for the duration of this contract, a work certificate and/or a certificate issued by an insurer qualified to underwrite workers' compensation insurance in the State of Nevada, in accordance with Nevada Revised Statutes Chapters 616A-616D, inclusive, unless Bidder is a Sole Proprietor and shall be required to submit an affidavit (**Attachment 2**) indicating that it has not elected to be included in the terms, conditions and provisions of Chapters 616A-616D, inclusive, and is otherwise in compliance with those terms, conditions and provisions.

The successful Bidder shall include the cost of the insurance coverages in its bid price(s). The successful Bidder shall provide UMCSN with proof of insurance as specified within 10 calendar days after UMCSN's request.

The successful Bidder shall obtain and maintain the insurance coverages required in **Attachment 1**, incorporated herein by this reference. The successful Bidder shall comply with the terms and conditions set forth in **Attachment 1**. All Bidders shall include the cost of the insurance coverages in their bid price(s).

33. LIQUIDATED DAMAGES - INSURANCE / PERFORMANCE BOND SUBMITTAL

If the successful Bidder does not provide the insurance submittal on or before the 10th calendar day, the successful Bidder will pay over to UMCSN the amount of \$200.00 per calendar day as liquidated damages. If the successful Bidder does not keep the insurance policy in effect or allows them to lapse, the successful Bidder will pay over to UMCSN the amount of \$200.00 per calendar day as liquidated damages.

34. STATE OF NEVADA LEGAL HOLIDAYS

Successful Bidder is advised that below there are ten (10) firm legal holidays and eleven (11) when December 31st falls on Friday.

- Martin Luther King's Birthday
- Presidents' Day
- Memorial Day
- Independence Day
- Labor Day
- Nevada Admission Day
- Veteran's Day
- Thanksgiving Day and the Friday After
- Christmas Day
- New Year's Day

Successful Bidder is required to verify dates with UMCSN'S representative prior to the commencement of work.

35. DISCLOSURE OF OWNERSHIP/PRINCIPALS FORMS

Any Bidder recommended for award of a contract by the Board of County Commissioners or the Governing Board is required to provide the information on the attached "Disclosure of Ownership/Principals" form. Failure to fill out the subject forms by the Bidder may be cause for rejection of the bid (**Attachment 3**).

36. FEDERAL, STATE, LOCAL LAWS

All Bidders will comply with all Federal, State and local laws relative to conducting business in Clark County. The laws of the State of Nevada will govern as to the interpretation, validity, and effect of this bid, its award, and any contract entered into.

37. TAXES

UMCSN is a political subdivision of the State of Nevada and under the provisions of Nevada Revised Statute (NRS) 372.325 is exempt from the payment of Sales and Use Tax (Employee Identification Number 88-6000028). A copy of the tax exempt letter is available on request. The price(s) bid must be net, exclusive of these taxes.

38. COLLECTION AND PAYMENT OF SALES TAX

In accordance with NRS 372.123, any Bidder that sells tangible personal property to any commercial business in the State of Nevada is required to possess a Nevada Sales Tax Permit and shall collect and pay the taxes as defined in NRS Chapters 372 and 374. Permit information can be obtained by contacting the Nevada State Department of Taxation at (702) 486-2300.

39. ADDITIONAL BID SUBMITTALS

Any additional agreements, terms, conditions, or exceptions to the bid requirements that are submitted with the Bidders Bid Form may be considered substantial deviations from the bid requirements and be cause for rejection.

40. DESCRIPTIVE LITERATURE

Bidder may submit with its bid the latest printed specifications and/or advertising literature on the product(s) offered on its Bid Form.

41. DELIVERY REQUIREMENTS

A. PRODUCT DELIVERY

Any Product should be shipped to UMCSN within ten (10) days after receipt of order.

B. LOCATION AND HOURS

Deliveries shall be made to UMCSN, 1800 West Charleston Blvd., Las Vegas, NV 89102, Monday through Friday (excluding UMCSN's holidays), between the hours of 7 a.m. to 3 p.m.

C. FORCE MAJEURE

The successful Bidder shall be excused from performance hereunder during the time and to the extent that it is prevented from obtaining, delivering, or performing, by acts of God, fire, war, loss or shortage of transportation facilities, lockout or commandeering of raw materials, products, plants or facilities by the government. The successful Bidder shall provide UMCSN satisfactory evidence that non performance is due to cause other than fault or negligence on its part.

D. F.O.B. DESTINATION - FREIGHT PRE-PAID AND INCLUDED

The successful Bidder shall pay all freight charges. The successful Bidder shall file all claims and bears all responsibility for the products from the point of origin to UMCSN's destination. Title to the goods shall pass to UMCSN at time of delivery to UMCSN dock. All prices shall include delivery, as well as any necessary unloading.

E. PARTIAL SHIPMENTS

Partial shipments will be permitted.

F. FAILURE TO DELIVER

In the event that the successful Bidder fails to deliver the product and/or service in accordance with the terms and conditions of the contract, UMCSN shall have the option to either terminate the contract or temporarily procure the product and/or service from another supplier. If the product and/or service is procured from another supplier, the successful Bidder shall pay to UMCSN any difference between the bid price and the price paid to the other supplier.

G. DAMAGED OR DEFECTIVE PRODUCTS

The successful Bidder shall replace, at no cost to UMCSN, damaged or defective products within ten (10) calendar days after notice. This shall include freight and any and all other associated costs. Failure to do so will cause such products to be procured from another supplier. If the product is procured from another supplier, the successful Bidder shall pay UMCSN any difference between the bid price and the price paid to the other supplier.

42. BUSINESS LICENSE REQUIREMENTS

CLARK COUNTY BUSINESS LICENSE / REGISTRATION

Prior to award of this Bid, other than for the supply of goods being shipped directly to a UMCSN facility, the successful Bidder, upon proper determination, may be required to obtain a Clark County business

license or register annually as a limited vendor business with the Clark County Business License Department.

A. Clark County Business License is Required if:

- i. A business is physically located in unincorporated Clark County, Nevada.
- ii. The work to be performed is located in unincorporated Clark County, Nevada.

B. Register as a Limited Vendor Business Registration if:

- i. A business is physically located outside of unincorporated Clark County, Nevada
- ii. A business is physically located outside the state of Nevada.

The Clark County Department of Business License can answer any questions concerning determination of which requirement is applicable to your firm. It is located at the Clark County Government Center, 500 South Grand Central Parkway, 3rd Floor, Las Vegas, NV or you can reach them via telephone at (702) 455-4252 or toll free at (800) 328-4813.

You may also obtain information on line regarding Clark County Business Licenses by visiting the website at www.clarkcountynv.gov , go to "Business License Department" (http://www.clarkcountynv.gov/Depts/business_license/Pages/default.aspx)

II – GENERAL CONDITIONS
BID NO. 2016-15
Low Voltage Conduit/Cable Installation

1. METHOD OF AWARD

Award will be made to the lowest responsive and responsible Bidder on a grand total basis contingent upon the submission of all requested documents after award within the timelines specified, unless an extension is approved by UMCSN. Bidders must bid on all items to be considered responsive.

2. NOTICE OF AWARD

Award of this bid will be by “Notice of Award” issued by the Chief Executive Officer and the issuance of a purchase order. The contract shall include this bid document, any associated Addendums, and the Bid Form as signed by the successful Bidder.

3. PRE-BID CONFERENCE

A MANDATORY pre-bid conference is being held for this bid. The intent of the pre-bid conference is to review the entire bid document and answer any questions that the Bidders may have.

4. INITIAL TERM

The initial term of this contract shall be from date of award through expected time of completion as noted in section III. Special Conditions.

5. CONTRACT RENEWAL

UMCSN reserves the option to renew this contract for an additional one (1) year period from its expiration date.

6. CONTRACT EXTENSION

UMCSN reserves the option to temporarily extend this contract for up to three (3) months from its expiration date for any reason. The current contract pricing shall remain in effect through the contract extension period.

7. OPEN-END CONTRACT

It is understood that the successful Bidder shall consider this bid as an open-end contract for all items offered. In the event UMCSN requires additional items or replacement items, it is understood that the successful Bidder agrees to furnish items as per the terms of this bid from the date of award through contract expiration.

8. ASSIGNMENT OF CONTRACTUAL RIGHTS

The successful Bidder will not assign, transfer, convey or otherwise dispose of the contract or its right, title, or interest in, or to the same, or any part thereof, without previous written consent of UMCSN and any sureties.

9. AUDITS

The performance of this contract by the successful Bidder is subject to review by UMCSN to insure contract compliance. The successful Bidder agrees to provide UMCSN any and all information requested that relates to the performance of this contract. All requests for information will be in writing to the successful Bidder. Time is of the essence during the audit process. Failure to provide the information requested within the timeline provided in the written information request may be considered a material breach of contract and be cause for suspension and/or termination of the contract.

10. AUTHORITY

UMCSN is bound only by UMCSN agents acting within the actual scope of their authority. UMCSN is not bound by actions of one who has no apparent authority to act for UMCSN. The acts of UMCSN agents which exceed their contracting authority do not bind UMCSN.

12. PUBLIC RECORDS

UMCSN is a public agency as defined by state law, and as such, it is subject to the Nevada Public Records Law (Chapter 239 of the Nevada Revised Statutes). Under that law, all of UMCSN's records are public records (unless otherwise declared by law to be confidential) and are subject to inspection and copying by any person. However, in accordance with NRS 332.061(2), a bid document that is still under review by UMCSN's ad hoc committee may not be disclosed until the bid document is recommended for award of a contract. Bidder(s) are advised that once a bid document is received by UMCSN, its contents will become a public record and nothing contained in the bid document will be deemed to be confidential except proprietary information. Bidder(s) shall not include any information in their bid document that is proprietary in nature or that they would not want to be released to the public. Bid documents must contain sufficient information to be evaluated and a contract written without reference to any proprietary information.

13. BIDS ARE NOT TO CONTAIN CONFIDENTIAL / PROPRIETARY INFORMATION

Bid documents must contain sufficient information to be evaluated without reference to any confidential or proprietary information. Bidder(s) shall not include any information in their bid document that they would not want to be released to the public. Any bid document submitted that is marked "Confidential" or "Proprietary," or that contains materials so marked, will be returned to Bidder and may not be considered for award.

14. UMCSN'S PROPERTY

All property owned by UMCSN and furnished to successful Bidder for the purpose of performance under this Bid will be identified and marked as UMCSN's property and adequately insured by successful Bidder for UMCSN's protection. In the event that UMCSN's property becomes lost or damaged to any extent while in successful Bidder's possession from any cause, including faulty workmanship or negligent acts by successful Bidder, its agents or its employees, successful Bidder agrees to replace such property or reimburse UMCSN for the value or expense of replacement, whichever is greater in accordance with UMCSN request.

15. COLLUSION AND ADVANCE DISCLOSURES

Pursuant to NRS 332.165, replaced by NRS 332.820 in 2003, any evidence of agreement or collusion among Bidder(s) and prospective Bidder(s) acting to illegally restrain freedom of competition by agreement to bid a fixed price, or otherwise, shall render the bids of such Bidder(s) void.

Advance disclosures of any information to any particular Bidder which gives that particular Bidder any advantage over any other interested Bidder(s), in advance of the bid opening, whether in response to advertising or an informal request for bids, made or permitted by a member of the governing body or an employee or representative thereof, shall operate to void all bid documents received in response to that particular bid project.

16. CONSUMPTION ESTIMATES

The quantities appearing in the Bid Form are approximate only and are prepared for the solicitation of bids. Payment to the successful Bidder will be made only for the actual quantities of items furnished in accordance with the bid and it is understood that the scheduled quantities of items to be furnished may be increased, decreased or omitted without, in any way, invalidating bid prices.

17. CONTRACT AMENDMENTS

Notwithstanding any provision herein to the contrary, and pursuant to NRS 104.2306, and recognizing the constraints inherent in public bidding, UMCSN reserves the right to request modification at any time to the scope, frequency, estimated quantities or the timing of the successful Bidder's obligations under this contract, in whatever manner UMCSN determines, in good faith, to be reasonably necessary and to be in the best interests of the public. Both parties agree that, should any modifications to the contract be made during the contract term, a written amendment detailing those elements shall be executed by the successful bidder and UMCSN.

18. DRUG-FREE WORKPLACE

Successful Bidder agrees to comply with all applicable state and federal laws regarding a drug-free workplace. Successful Bidder shall make a good faith effort to ensure that all of its employees, while working on UMCSN property, will not purchase, use, be under the influence of, or possess illegal drugs or alcohol or abuse prescription drugs in any way.

19. EMPLOYMENT OF UNAUTHORIZED ALIENS

In accordance with the Immigration Reform and Control Act of 1986, the successful Bidder agrees that it will not employ unauthorized aliens in the performance of this contract.

20. FALSE CLAIMS ACT

A. The state and federal False Claims Act statutes prohibit knowingly or recklessly submitting false claims to the Government, or causing others to submit false claims. Under the False Claims Act, a provider may face civil prosecution for knowingly presenting reimbursement claims: (1) for services or items that the provider knows were not actually provided as claimed; (2) that are based on the use of an improper billing code which the provider knows will result in greater reimbursement than the proper code; (3) that the provider knows are false; (4) for services represented as being performed by a licensed professional when the services were actually performed by a non-licensed person; (5) for items or services furnished by individuals who have been excluded from participation in federally-funded programs; or (6) for procedures which the provider knows were not medically necessary. Violation of the civil False Claims Act may result in fines of up to \$11,000 for each false claim, treble damages, and possible exclusion from federally-funded health programs. Accordingly, all employees, volunteers, medical staff members, vendors, and agency personnel are prohibited from knowingly submitting to any federally or state funded program a claim for payment or approval that includes fraudulent information, is based on fraudulent documentation or otherwise violates the provisions described in this paragraph.

B. UMCSN is committed to complying with all applicable laws, including but not limited to Federal and State False Claims statutes. As part of this commitment, UMCSN has established and will maintain a Corporate Compliance Program, has a Corporate Compliance Officer, and operates an anonymous 24-hour, seven-day-a-week compliance Hotline. Successful Bidder is expected to immediately report to UMCSN's Corporate Compliance Officer directly at (702) 383-6211, through the Hotline (888) 691-0772, or the website at <http://umcsn.alertline.com>, or in writing, any actions by a medical staff member, UMCSN vendor, or UMCSN employee which successful Bidder believes, in good faith, violates an ethical, professional or legal standard. UMCSN shall treat such information confidentially to the extent allowed by applicable law, and will only share such information on a bona fide need to know basis. UMCSN is prohibited by law from retaliating in any way against any individual who, in good faith, reports a perceived problem.

21. BUDGET ACT AND FISCAL FUND OUT

In accordance with the Nevada Revised Statutes (NRS 354.626), the financial obligations under this Agreement between the parties shall not exceed those monies appropriated and approved by UMCSN for the then current fiscal year under the Local Government Budget Act. This Agreement shall terminate and UMCSN's obligations under it shall be extinguished at the end of any of UMCSN's fiscal years in which UMCSN's governing body fails to appropriate monies for the ensuing fiscal year sufficient for the payment of all amounts which could then become due under this Agreement. UMCSN agrees that this section shall not be utilized as a subterfuge or in a discriminatory fashion as it relates to this Agreement. In the event this section is invoked, this Agreement will expire on the 30th day of June of the current fiscal year. Termination under this section shall not relieve UMCSN of its obligations incurred through the 30th day of June of the fiscal year for which monies were appropriated.

22. GOVERNING LAW/VENUE OF ACTION [GOODS, SERVICES]

Contract shall be construed and enforced in accordance with the laws of the State of Nevada. Any action at law or other judicial proceeding for the enforcement of any provision shall be instituted in the County of Clark, State of Nevada.

23. INDEMNITY

The successful Bidder agrees, by entering into this contract, regardless of the coverage provided by any insurance policy, to pay all costs necessary to indemnify, defend, and hold UMCSN harmless from any and all claims, demands, actions, attorney's fees, costs, and expenses based upon or arising out of any acts, errors, omissions, fault or negligence of the successful Bidder or its principals, employees, subcontractors or other agents while performing services under this contract. The successful Bidder shall indemnify, defend, and hold harmless UMCSN for any attorney's fees or other costs of defense, even if the allegations of the claim are groundless, false or fraudulent.

24. INVOICING

Invoicing for bid items are to be sent to the location as identified in the purchase order(s). Invoices are to be sent within 90 calendar days of the delivery of the product or completion of the work. Invoices for payment not submitted within this time period will not be considered for payment. Payment of invoices will be made within 45 calendar days, unless otherwise specified, after receipt of an accurate invoice that has been reviewed and approved by the applicable department's authorized representative. In accordance with NRS 244.250, UMCSN shall not provide payment of any invoice if successful Bidder submits after six (6) months from the date of successful Bidder provides goods, performs services, or provides deliverables or milestones.

All invoices should include the following information:

- A. Company Name
- B. Complete Address (including street, city, state, and zip code)
- C. Telephone Number
- D. Contact Person
- E. Itemized description of products delivered (including quantities) or services rendered (including dates)
- F. UMCSN Purchase Order Number
- G. Company's Tax Identification Number
- H. Bid Number
- I. Itemized pricing and total amount due (excluding Sales and Use Tax)
- J. Percentage Discounts/ Payment Terms (if offered)
- K. Company's Invoice Number

The successful Bidder is responsible to insure that all invoices submitted for payment are in strict accordance with the price(s) offered on the Bid Form. If overcharges are found, UMCSN may declare the successful Bidder in breach of the contract, terminate the contract, and designate the successful Bidder as non-responsible if responding to future invitations to bid.

25. INVOICE AUDITS

The successful Bidder shall provide to UMCSN, within ten (10) calendar days of the UMCSN's request, a report to validate that the price(s) charged are in accordance with the price(s) offered on the successful Bidder's Bid Form. The format of the report will depend on the pricing structure provided on the Bid Form. The report shall be subject to review and approval by UMCSN's using department(s) and Internal Audit Department. Discrepancies found in the report will require the successful Bidder to update the report no later than five (5) calendar days after notification by UMCSN. In the event that the successful Bidder undercharged UMCSN, UMCSN shall reimburse the successful Bidder within 14 calendar days. In the event that the successful Bidder overcharged UMCSN, the successful Bidder shall reimburse UMCSN within 14 calendar days. If overcharges are found, UMCSN may declare the successful Bidder in breach of the contract, terminate the contract, and designate the successful Bidder as non-responsible if responding to future invitations to bid.

26. PARTIAL PAYMENTS

Partial payment requested will be accepted only at the sole discretion of UMCSN.

27. PURCHASE ORDERS

UMCSN will issue a purchase order(s) which will authorize the successful Bidder to deliver and invoice for the product(s) and/or service(s) offered.

28. ADDITIONAL REQUIREMENTS

Although particular UMCSN departments may be identified in the solicitation, unless otherwise documented in contract, other UMCSN departments may utilize the resulting contract upon approval by UMCSN Contracts Management Department. Each UMCSN Department will issue a separate identifying Purchase Order.

29. NON-DISCRIMINATION

The GB is committed to promoting full and equal business opportunity for all persons doing business in Clark County. The successful Bidder acknowledges that UMCSN has an obligation to ensure that public funds are not used to subsidize private discrimination. The successful Bidder recognizes that if they or their subcontractors are found guilty by an appropriate authority of refusing to hire or do business with an individual or company due to reasons of race, color, religion, sex, sexual orientation, gender identity or expression, age, disability, national origin, or any other protected status, UMCSN may declare the successful Bidder in breach of the contract, terminate the contract, and designate the successful Bidder as non-responsible.

30. NON-ENDORSEMENT

As a result of the selection of successful Bidder to supply goods or services, UMCSN is neither endorsing nor suggesting that successful Bidder's service is the best or only solution. Successful Bidder agrees to make no reference to UMCSN in any literature, promotional material, brochures, sales presentations, or the like, without the express written consent of UMCSN.

31. NON-EXCLUDED HEALTHCARE PROVIDER

Successful Bidder represents and warrants to UMCSN that neither it nor any of its affiliates (a) are excluded from participation in any federal health care program, as defined under 42 U.S.C. §1320a-7b (f), for the provision of items or services for which payment may be made under such federal health care programs and (b) has arranged or contracted (by employment or otherwise) with any employee, contractor or agent that such party or its affiliates know or should know are excluded from participation in any federal health care program, to provide items or services hereunder. Successful Bidder represents and warrants to UMCSN that no final adverse action, as such term is defined under 42 U.S.C. §1320a-7e (g), has occurred or is pending or threatened against such successful Bidder or its affiliates or to their knowledge against any employee, contractor or agent engaged to provide items or services under this Agreement (collectively "Exclusions / Adverse Actions").

32. OUT OF STATE SUPPLIERS

Out of state suppliers shall accept collect calls or provide a toll free telephone number for the placement of orders.

33. PATENT INDEMNITY

A. Successful Bidder hereby indemnifies and shall defend and hold harmless UMCSN, its officers, employees, agents, its officers, and employees, respectively, from and against all claims, losses, costs, damages, and expenses, including attorney's fees, incurred by UMCSN, respectively, as a result of or in connection with any claims or actions based upon infringement or alleged infringement of any patent and arising out of the use of the equipment or materials furnished under contract by successful Bidder, or out of the processes or actions employed by, or on behalf of successful Bidder in connection with the performance of contract. Successful Bidder shall, at its sole expense, promptly defend against any such claim or action unless directed otherwise by UMCSN; provided that UMCSN or its designee shall have notified successful Bidder upon becoming aware of such claims or actions, and provided further that successful Bidder's aforementioned obligations shall not apply to equipment, materials, or processes furnished or specified by UMCSN.

B. Successful Bidder shall have the right, in order to avoid such claims or actions, to substitute at its expense non infringing equipment, materials, or processes, or to modify such infringing equipment, materials and processes so they become non infringing, or obtain the necessary licenses to use the infringing equipment, material or processes, provided that such substituted and modified equipment, materials and processes shall meet all the requirements and be subject to all the provisions of contract.

34. RIGHT OF INSPECTION AND REJECTION

All goods and services purchased under this bid will be subject to inspections, tests and approval/acceptance by UMCSN. It is acknowledged that many of the goods contained in closed packages may not be inspected until such time as they are used, and that the inspections and rejection rights will continue until those packages are opened and inspected, notwithstanding prior payment. If specifications or warranties are not met, material and equipment will be returned at successful Bidder's expense. Nonconforming goods may be returned to successful Bidder's freight collect at which time risk

of loss will pass to successful Bidder upon UMCSN'S delivery to common carrier or retrieved by successful Bidder at which time risk of loss will pass to successful Bidder at time of retrieval.

35. SEVERABILITY

If any terms or provisions of contract shall be found to be illegal or unenforceable, then such term or provision shall be deemed stricken and the remaining portions of contract shall remain in full force and effect.

36. SUSPENSION BY UMCSN FOR CONVENIENCE

A. UMCSN may, without cause, order successful Bidder in writing to suspend, delay or interrupt the work in whole or in part for such period of time as UMCSN may determine.

B. In the event UMCSN suspends performance of successful Bidder for an aggregate period in excess of sixty (60) calendar days, successful Bidder shall be entitled to an equitable adjustment of the compensation payable to successful Bidder under this Bid to reimburse successful Bidder for additional costs occasioned as a result of such suspension of performance by UMCSN. Equitable adjustment shall be based on appropriated funds and approval by UMCSN.

C. No equitable adjustment will be made if performance is, was or would have been so suspended, delayed or interrupted by another cause for which successful Bidder is responsible.

37. TERMINATION FOR CAUSE

If the successful Bidder fails to perform in accordance with the agreed terms, conditions, or warranties applicable to this contract, UMCSN may **immediately** terminate all or part of the contract upon written notice of intent to terminate without any liability by UMCSN to the successful Bidder. In the event of termination for cause, UMCSN may cancel any delivery or service and purchase the product or service elsewhere on such terms or in such manner as UMCSN may deem appropriate; and successful Bidder shall be liable to UMCSN for any excess cost or other expenses incurred by UMCSN.

38. TERMINATION FOR CONVENIENCE

UMCSN reserves the right to terminate the contract in whole or part at any time whenever UMCSN shall determine that such a termination is in the best interest of UMCSN without penalty or recourse upon 30 calendar days written notice of intent to terminate. In the event that UMCSN elects to terminate the contract, the termination request will be submitted to the GB or UMCSN Administration for approval.

39. TITLE AND RISK OF LOSS

The title and risk of loss of material or service shall not pass to UMCSN until material is delivered to the specific location, quantities are verified, and the material is inspected for damage or service is completed as specified.

40. USE BY OTHER GOVERNMENT ENTITIES

Nevada Revised Statutes 332.195 allows local governments to join or use the contacts of other local governments or the State of Nevada, with the authorization of contracting vendor.

41. WARRANTY

Successful Bidder warrants that the goods and services covered under this bid will conform to applicable specifications, instructions, drawings, data and samples, will be merchantable and of good material and workmanship, free from defects and will be fit and sufficient for the purposes intended. Successful Bidder shall guarantee all workmanship, materials, and equipment they have furnished for a period of one (1) year after the final acceptance of the equipment or materials or for the length of the current manufacturer's warranty, whichever is longer. If during the guarantee period, any defect or faulty materials are found, it shall immediately, upon notification by UMCSN, proceed at its own expense to replace and repair same, together with any damage to all finishes, fixtures, equipment, and furnishings that may be damaged as a result of this defective equipment or workmanship. Acceptance or receipt of payment for goods or services shall not constitute a waiver of any warranty.

42. SAMPLES

UMCSN may request, at no cost to UMCSN, that the apparent low Bidder provide a sample of the products offered, if applicable. Any product found not meeting the minimum requirements of these specifications will not be considered for award of this bid. UMCSN will make the final determination as to acceptability of all products and quality of service.

43. VENDOR'S STOCK

The successful Bidder shall agree to maintain access to sufficient stock of any item awarded in this bid. The lead time(s) for such stock shall not exceed the time period(s) as specified in this bid.

44. TERMS OF PAYMENT

Terms of payment shall be **Net 45 Calendar Days from receipt of invoice or delivery of product, whichever is later.**

III - SPECIAL CONDITIONS
BID NO. 2016-15
Low Voltage Conduit/Cable Installation

1. DOCUMENTATION SUBMITTAL REQUIRED BY APPARENT LOW BIDDER

Apparent low Bidder shall furnish the following document upon UMCSN's request:

- A. Copy of current Clark County Business License or Vendor Registration, if applicable.

2. PRODUCT QUALITY

- A. Products furnished under these provisions and specifications shall meet the quality and conditions set forth in this solicitation. No substitution will be permitted without prior approval of UMCSN.

3. STANDARDS

- A. UMCSN Operating Room Data and Power requirement standards:

- Each operating rooms will require for use by IT (non-clinical) equipment to maximize availability and flexibility of equipment in the room and workflow:
- 4 data outlets available located on each wall of an operating room at an approximate height of 48" - 60" from the floor
- 4 power outlets available located on each wall of an operating room at an approximate height of 48" - 60" from the floor
- A minimum of 1 wireless access point and 2 data runs, or multiples of APs, as per engineered for an enterprise Wi-Fi solution, ceiling mounted.
- Anesthesia booms and overhead towers/arms will include (two) wired data ports
- All data runs must be home run to the identified or proximate IDF / data closet, terminated, tested and labeled in a standard patch panel.
- Power specified for IT equipment should be on isolated circuits from clinical devices and machinery and on emergency or redundant power sources
- A new IDF will be constructed in the current "Vendor storage room" outside of the current ground-floor OR scheduling room
- Including 2 x 220v 30a
- Including HVAC
- All new runs from the existing ground-floor ORs will be terminated to this location unless specified otherwise for the most proximate IDF.
- All existing runs from the existing ground-floor ORs will be extended from the patch panel inside the scheduling room to the new IDF until such time as a full-reconstruction is possible to properly and completely re-engineer existing circuits.

- B. Infrastructure Cabling and Wiring Standards:

Any contractors installing fiber optic and network cabling at a UMC facility must follow the Standards outlined in this document.

The following information is provided to inform and guide Hospital staff, consultants, contractors, and third-party personnel involved in any actions affecting or impacting UMCSN's telecommunications and network critical physical infrastructure.

Use of this Standard is intended to increase the value of the system owner's investment in the infrastructure by reducing the labor expense of maintaining the system, by extending the useful economic life of the system, and by providing effective service to users. Adherence will also ensure UMCSN is in compliance with regulatory standards, and is capable of supporting UMC's mission and vision for growth.

1. General guidelines
 - A. 1.1 Major renovation and new construction
 - B. 1.2 Minor renovation and new construction
 - C. 1.3 Telecommunications room planning (IDF)
2. Specific guidance
 - A. 2.1 General planning guidance for UMC work areas
3. Documentation
 - A. 3.1 Installation, testing, and maintenance records
 - B. 3.2 Cable plant records
 - C. 3.3 Labeling requirements
 - D. 3.4 Wireless Access Point (WAP) installation
 - E. 3.5 Appropriate use of wireless networks

1 General Guidelines

Information Technology Services is responsible for designing, maintenance and administration of all UMC campus telecommunications and network critical physical infrastructure. This responsibility includes ensuring that each building's infrastructure is planned to support adequate telecommunications rooms, ductwork, cabling and wiring within the buildings, and cabling between buildings to support UMC's diverse requirements for voice, data, multi-media, surveillance, electronic control, and monitoring systems.

1.1 Major renovation and new construction

The architect/engineer for major renovation and new construction projects shall work very closely with the end user, Information Technology Services, and Physical Plant during the initial (Schematic, Preliminary) planning stage. Close coordination between the architect/engineer and these departments is essential to protect the hospital's initial capital investment and to minimize operating support costs associated with the project. Ensuring requirements are clear and standards are incorporated in the design phase significantly reduces the risk of costly revisions later. These departments are key stakeholders in helping the end user ensure their requirements are understood and met, that applicable codes and standards are appropriately reflected in the design phase, and the resulting project is sustainable over the course of its planned lifecycle.

1.2 Minor renovation and new construction

Information Technology Services personnel shall be consulted during the planning stages of any building construction or building renovation to identify the impact of new uses/requirements on current telecommunications distribution facilities, and assess what needs to be done to accommodate changes in the use of building space.

1.3 Telecommunications room planning (IDF)

Space for connection of the building communication cable to the outside plant must be provided as a separate room and not shared with other utility services, particularly the electrical service. When possible, this room will not be adjacent to the electrical distribution room. The room needs to have two disparate 20 amp electrical circuits with twist lock connectors (L5 20P) for independently powering a 20 amp PDU and 20 amp UPS, and two 20 amp 110 volt circuits with 4 electrical outlets per wall plate. The room needs to have 60 square feet of space to allow for both rack space and adequate room to work on both sides of the racks. If possible, the room should be at least 10' by 6'. Adequate cooling must be

provided to ensure the room does not overheat. Ideally the temperature should be kept at or below 74 degrees Fahrenheit.

2 Specific Guidance

2.1 General planning guidance for UMC work areas

This section is intended to convey the most current information technology infrastructure guidelines for the work areas typically found at a hospital. These are the minimum initial planning requirements to design and build the appropriate infrastructure to support the foreseeable use of the intended facility. For each type of work area listed in this section, the end user shall consult with Information Technology Services to help determine the specific configuration necessary to meet work area requirements. The use of a Multi-Use Telecommunications Outlet Assembly (MUTOA) is encouraged wherever it is possible to consolidate data and voice wiring into one location.

Exam/Patient/Triage Rooms

Each Exam, Patient and Triage Room will require a minimum of two 2-port outlets. One 2-port outlet on the door wall, and one 2-port outlet on an additional wall.

Multi-Patient Rooms or Areas

In Multi-Patient rooms or Areas (Observation, Pre Surgery, Post Anesthesia, etc.) Each bed space will require a minimum of one 4-port outlet (per bed).

Nurse Workstation - Pyxis Machine

Each Pyxis machine by the Nurse Workstations will require one 2-port outlet.

Nurse Workstation

Each Nurse workstation will require a minimum of one 4-port data outlet proximate to each workstation, plus two additional 4-port data outlets in the area behind the nurse workstations for a communal printers/devices.

Office Workstation

Each Office space will require a minimum of two 4-port outlets. If the space will be used by multiple staff, each workstation will require one 4-port outlet proximate to the workstation.

Conference Room/Table

Each Conference Room will require a minimum of two 4-port data outlets, one on one wall, and the other on a different wall to allow for flexibility in conference room use.

Reception/Admitting area Workstations

One wall-phone communication outlet for each room over 500 square feet and one additional phone outlet for each additional 2000 square feet are required. The Reception area will require an analog line proximate to the copier/printer.

X-Ray Tech Workstation

The X-ray Tech room will require two 4-port data outlets.

X-Ray Room

The X-ray Tech room will require two 4-port data outlets.

Lab Tech Room

The Lab Tech room will require three 4-port data outlets spaced evenly along the lab wall. The Lab Tech room will require 1 x 1 analog port.

Break Room

The Break room will require two 2-port data outlets, one on one wall, and the other on a different wall (to support future growth or needs).

Camera(s)

Cameras for future IP based systems. Cabling with additional slack will be tagged and placed at the approximate identified locations for future deployment.

Lobby Area

One 2-port data outlet per kiosk and display location dedicated to Epic workflow.

3 Documentation

3.1 Installation, testing, and maintenance records

All initial installation and modifications to cable paths, backbone cabling, cross-connects, fire stops, horizontal wiring, termination and testing is to be documented.

3.2 Cable plant records

All cable and station wiring that is to be connected to, or disconnected from, the campus communication network must be reported to Information Technology Services for approval. This must be submitted in writing so that accurate infrastructure records can be maintained.

3.3 Labeling requirements

All the information to label wall plates, horizontal cabling, patch panels and distribution frames shall be included in Information Technology Services cable management records system. The naming and labeling conventions in this section identify specific methods of implementing ANSI/TIA-606-B Standard. The 606-B identifiers are shown in italics.

Each character in the identifier represents a key piece of information.

- f = alpha-numeric character(s) designating the floor
- s = alpha-numeric character(s) uniquely identifying the telecommunications space
- x = alpha-numeric character(s) uniquely identifying the row of the rack or cabinet
- y = numeric digit(s) uniquely identifying the rack or cabinet within the telecommunications space
- r = Two numerical digits indicating the location of the top of the patch panel in rack units (U) from the bottom of the usable space in the cabinet/rack
- p = two to four numeric characters designating the port

Identification and naming

Jack locations are identified upon entering each room through its main entrance and sequentially numbering them, 1, 2, n, from left to right (clockwise), and vertically from

top to bottom, around the room. Each jack position on every wall plate is sequentially lettered A, B, , left to right, then top to bottom. Room identifiers frrr can be 3 or 4-character unique alphanumeric designators (i.e., 103, 206T, B09) within the building (first character matching floor identifier, i.e. 1st floor, 2nd floor, Basement, respective to these examples).

Jack/wall-plate labeling

Each room’s data, telephone, and MUTOA wall plates are to be labeled so as to show the horizontal link identifier (fs.xy-r:p). This consists of the originating telecommunications space (TS), designated by (fs) and patch panel port (xy-r:p) where the link originates. UMC also requires the work area identifier, wall plate, and jack identifier be labeled where the horizontal link is terminated. These are mandatory data elements to be included in cable records systems. See ANSI/TIA-606-B Section 5.2 for a list of horizontal link records requirements.

Port labeling — Data

The UMC data port labeling convention is fsss.xy-r:pp JP-frrr, where fsss represents the originating TS identifier, xy-r:pp represents the originating rack, patch panel and port number, JP represents the room’s data Jack and Port location, and frrr is the destination floor/room identifier. For instance the label “202.A1-35:04-1A-206T” would identify TS (wiring closet) Room 202, patch panel A1-35, port 04, connecting jack location/position 1A in room 206T. Note that room identifiers typically use the first character(s) position to specify floor(s).

- J = one to two numeric characters designating jack location within the work space
- P = one alpha character to represent the jack position within the wall plate
- frrr = one to four alphanumeric characters to uniquely identify the work space

3.4 Wireless Access Point (WAP) installation

Wireless access point installation locations shall be documented on plans. Each wireless access point shall have two Category 6 wiring pulled back to the floor’s wiring closet.

3.5 Appropriate use of wireless networks

Wireless networks shall be installed only as extensions or additions to hard-wired networks, and not as a replacement for cabled data, telephone, or CATV networks.

4. PROJECT TIMELINE

Bidder must be able to meet the aggressive timeline listed below. Failure of a Bidder to comply with this timeline may result in its bid being rejected. (See Section 5 Liquidated Damages)

Location	Start Date	End Date
Quick Cares (7)	11/15/2016	2/28/2017
Primary Cares (6)	11/15/2016	2/28/2017
Wellness Outpatient AIDS Clinic	11/15/2016	2/28/2017
Main Campus	3/1/2017	7/28/2017

5. LIQUIDATED DAMAGES

In the event that Bidder fails to complete the services within the time specified in the Bid, or with such additional time(s) as may be granted in writing by UMCSN or fails to prosecute the work, or any

separable part thereof, with such diligence as will insure its completion within the time specified in the Agreement or any extensions thereof, Bidder shall pay to UMCSN as liquidated damages the sum of \$1000 for each calendar day of delay until such reasonable time as may be required for final completion of the work, together with any increased costs incurred by UMCSN in completing the work.

IV – TECHNICAL SPECIFICATIONS

BID NO. 2016-15

Low Voltage Conduit/Cable Installation

Name of Firm	
--------------	--

INTENT:

It is the intent of these specifications to provide Low Voltage Conduit/Cable Installation that will conform to the specifications, and be suitable for continuous use by UMCSN. The installation of the low voltage conduit/cable shall conform to the specifications provided below and **on the cd/dvd provided**.

These specifications shall be construed as minimum requirements. Should the manufacturer's current published data or specifications exceed these, they shall be considered as minimum and be furnished by the Bidder.

BIDDERS MUST RETURN THE ORIGINAL OR A PHOTOCOPY OF THIS FORM AND MAKE AN ENTRY FOR EACH SPECIFICATION IN THE SPACE PROVIDED OPPOSITE THE SPECIFICATIONS, INDICATING ANY VARIANCES IN THE SPECIFICATION. IF THERE IS NOT ENOUGH SPACE, ATTACH AN ADDITIONAL SHEET OF PAPER.

SPECIFICATIONS NO. 1 – UMCSN MAIN CAMPUS

Low Voltage Scope of Work for Main Campus Upgrade

Summary

In support of the wireless and wired network upgrades in support of the Epic EMR implementation and future state needs, low voltage data cabling is required to be procured and installed across the main campus of approx. 800,000 sq/ft

Scope

- To pull, install and terminate Cat6e data cabling from logical IDFs to **(See Attachment 7)**
 - o All identified wireless access points including mounting of the APs and cabinets
 - o All patient areas
 - o All Operating Rooms
 - o Locations as identified
- To procure and install data patch panels, face plates, 2/3/4 Cat6 jacks or modular plugs, conduit and cable management as required **(See Attachment 7)**
- To provide data port documentation (mapping), including labeling and certification of all ports.
- To provide a designated project manager to coordinate with UMCSN resources, including a UMCSN project manager to coordinate communication and scheduling of installations and rooms interruptions.

Requirements/Inclusions

- Inclusion of 40% Infection Control rate for installation
- Inclusion of an estimated 30% of APs will require cabinets to be installed
- All cabling to be plenum on j-hooks.
- Firewall patching
- Required permitting
- Required vendor supplied equipment for access, termination of cabling.
- UMCSN is expecting there to be no more that 5% contingency for the Main Campus
- Some work may be required to be completed after business hours
- All work must follow the guidelines as stated in **Attachments 7 & 8**
- All wires will be installed in minimum of 1" conduit
- Orthogonal wire may be acceptable with prior approval plenum rated
- Conduit must be ran high and follow existing paths
- Permits should always be obtained

- 3rd party inspection will be required if installer is not a local approved contractor for penetration going through fire rated assemblies
- Flex maybe used in existing walls only

Wireless

- Two data pull to each of approx. 462 wireless access points across the main campus.
- Terminate to modular plugs at the WAP.
- Mounting of APs
- Installation of up to 30% AP Cabinets – Estimated at 150 Cabinets

[**Reference: Extreme Wireless WAP locations floorplans]

Wired

Patient Rooms

- For each patient room or bed, a standard of 4 data ports need to be pulled and terminated
- UMCSN is a 550 bed facility

Operating rooms, including Main ORs, Trauma, L&D, ASU

- For each room, 4 data ports on each of a minimum of 3 walls
- For each overhead boom or arm, 2 data ports
- OR Scheduling Room – see Reference
- All net-new cabling will be pulled to a newly designated IDF
- Existing cabling will be extended (via patch) to the newly designated IDF, adjacent to existing location
- ORs Estimated at 570 data pulls

[**Reference: UMCSN Main Campus floorplans]

[**Reference: OR Data and Power]

Estimated summary of scope

The below are customer estimates based on previous scoping exercises. Below should be used as a guideline and not as a final estimate and is not fully inclusive of all hardware that may be required for completion of the scope.

Wireless APs:	Estimated 924 data pulls
Wired data ports to Patient Rooms/OR:	Estimated total 2840 data pulls
48 port Cat6 Patch Panel	75
Wire Manager, Horz	75
Wire Manager, Vert	15
Ladder rack, 10 ft	15
2 post, 7ft Rack	15

[**Reference: UMCSN installation standards]

Exclusions

- Wireless and wired architecture and design
- Network hardware including switches
- Electrical

****References**

Reference: Extreme Wireless WAP locations floorplans

Reference: UMCSN Main Campus floorplans

Reference: OR Data and Power

Reference: UMCSN IT Data installation standards

Reference: UMCSN Engineering Data installation standards

SPECIFICATIONS NO. 2 – UMCSN CLINICS

Low Voltage Scope of Work for Ancillary Locations

Summary

In support of the wireless and wired network upgrades in support of the Epic EMR implementation and future state needs, low voltage data cabling is required to be procured and installed at (8) UMCSN ancillary locations referenced.

Scope

- To pull, install and terminate Cat6e data cabling from logical IDFs to
 - o All identified wireless access points including mounting of the APs and cabinets
 - o All patient rooms
 - o Locations as identified
- To procure and install data patch panels, face plates, 2/3/4 Cat6 jacks or modular plugs, cable management as required
- To provide data port documentation (mapping), including labeling and certification of all ports.
- To provide a designated project manager to coordinate with UMCSN resources, including a UMCSN project manager to coordinate communication and scheduling of installations and rooms interruptions.
- Requirements/Inclusions
- Inclusion of an estimated 30% of APs will require cabinets to be installed
- All cabling to be plenum on j-hooks.
- Firewall patching
- Required permitting
- Required vendor supplied equipment for access, termination of cabling.
- All work to be performed between 7:00 pm – 5:00 am PST

Locations

- UMCSN Ancillary locations
 - o Enterprise Quick Care 1700 Wheeler Peak Dr
 - o Nellis Quick Care 61 N Nellis Blvd
 - o Peccole Ranch Quick Care 9320 W Sahara Ave
 - o Rancho Quick Care 4231 N Rancho Dr
 - o Spring Valley Quick Care 4180 S Rainbow Blvd
 - o Summerlin Quick Care 2031 N Buffalo Dr
 - o Sunset Quick Care 525 Marks St
 - o Wellness Center 701 Shadow Lane, Suite 201
- Wireless Requirements
- Two data pulls to each wireless access points
- Terminate to modular plugs at the WAP.
- Mounting of APs
- Installation of up to 30% Cabinets

[**Reference: Extreme Wireless WAP locations floor plans]

Wired Requirements

Patient Rooms

- For each patient room or bed, a standard of 4 data ports need to be pulled and terminated

[**Reference: UMCSN Ancillary floor plans]

Estimated summary of scope

Below are customer's estimates based on previous scoping exercises. Below should be used as a guideline and not as a final estimate and is not fully inclusive of all hardware that may be required for completion of the scope.

Wireless APs:	Estimated 120 data pulls
Wired data ports to rooms:	Estimated total 2533 data pulls
48 port Cat6 Patch Panel	22

Wire Manager, Horz	8
Ladder rack, 10 ft	3 (For new IDFs in Rancho, Summerlin and Sunset)
2 post, 7ft Rack	6 (For new IDFs in Rancho, Summerlin and Sunset)
Fiber enclosure w/12 pack	6 (For new IDFs in Rancho, Summerlin and Sunset)

This is to include creating a new IDF room and connecting it to the old IDF room in three locations: Sunset QC, Summerlin QC, and Rancho QC, as the existing rooms are too small. The Cox fiber and cable modem equipment will remain in the old room and a fiber and a Cat6 copper cross connect will be installed in the new room. All existing and new Cat6 pulls will terminate in the new room, and the Cox equipment (both fiber and copper will cross connect from the old room to the new room).

[**Reference: UMCSN installation standards]

Exclusions

- Wireless and wired architecture and design
- Network hardware including switches
- Electrical
- No conduit required in clinic/business settings

****References**

- Reference: Extreme Wireless WAP locations floor plans
- Reference: UMCSN Main Campus floor plans
- Reference: OR Data and Power
- Reference: UMCSN IT Data installation standards
- Reference: UMCSN Engineering Data installation standards

V – BID FORM
BID NO. 2016-15
Low Voltage Conduit/Cable Installation

Name of Firm	
---------------------	--

This bid is submitted in response to UMCSN's Invitation to Bid and is in accordance with all conditions and specifications in this document.

Bid price should be a specific amount. Price range responses will not be accepted.

Please answer all fields to be considered responsive or if No Charge, state "N/C" or "0".

UMCSN is allowing a 10% contingency for both phases (split by Main Campus and Clinics) of the project and this amount must be included in the bidder's Total Project Cost.

Location	Total Cost (Per Location)
Main Campus	\$
Main Campus Contingency (10%)	ADD 10% of Total Main Campus Cost here: \$
Enterprise Quick Care	\$
Nellis Quick Care/Primary Care	\$
Peccole Quick Care/Primary Care	\$
Rancho Quick Care/Primary Care	\$
Spring Valley Quick Care/Primary Care	\$
Summerlin Quick Care/Primary Care	\$
Sunset Quick Care/Primary Care	\$
Wellness	\$
Clinics Contingency (10%)	ADD 10% of Total Clinics Cost here: \$
TOTAL PROJECT COST:	\$

RECYCLED PRODUCTS:

The product that I am offering is considered a recycled product. Yes No

<p>BUSINESS DESIGNATION GROUP: Indicate if the entity is a Minority Owned Business Enterprise (MBE), Women-Owned Business Enterprise (WBE), Small Business Enterprise (SBE), or Physically-Challenged Business Enterprise (PBE). This is needed in order to provide utilization statistics to the Legislative Council Bureau, and will be used only for such purpose.</p> <p style="text-align: center;"> <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> PBE <input type="checkbox"/> SBE <input type="checkbox"/> NBE </p>
--

ATTACHMENTS TO BID FORM

FAILURE TO SUBMIT REQUIRED ATTACHMENTS AS LISTED BELOW MAY RESULT IN REJECTION OF BID.

- Attachment 1**, Certificate of Insurance, is attached.
- Attachment 2**, Affidavit, is attached.
- Attachment 3**, Disclosure of Ownership/Principals Form, is attached.
- Attachment 4**, Subcontractor Information, is attached.
- Attachment 5**, I-179 Policy, is attached.
- Attachment 6**, I-66 Policy, is attached.
- Attachment 7**, IC 7.2 Construction Appendix A – ICRA (Infection Control Risk Assessment) 12.2015, is attached.
- Attachment 8**,

The Bidder is responsible to ascertain the number of Addenda issued and hereby acknowledges receipt of the following Addendum: FAILURE TO ACKNOWLEDGE ALL ADDENDA ISSUED AND USE THE CORRECT BID FORM AS REQUIRED, MAY RESULT IN REJECTION OF BID.

Addendum No. _____, dated _____ Addendum No. _____, dated _____
Addendum No. _____, dated _____ Addendum No. _____, dated _____
Addendum No. _____, dated _____ Addendum No. _____, dated _____

DEVIATIONS TO BID

Bidder hereby offers and agrees to furnish the material(s) and service(s) in compliance with all terms, conditions, specifications, and amendments in the Invitation to Bid and any written exceptions in the offer. We understand that the items in this Invitation to Bid, including, but not limited to, all required attachments are fully incorporated herein as a material and necessary part of the contract.

The undersigned hereby states, under penalty of perjury, that all information provided is true, accurate, and complete, and states that he/she has the authority to submit this bid, which will result in a binding contract if accepted by Clark County, Nevada.

I certify, under penalty of perjury, that I have the legal authorization to bind the firm hereunder:

SIGNATURE OF AUTHORIZED REPRESENTATIVE

LEGAL NAME OF FIRM

NAME AND TITLE OF AUTHORIZED REPRESENTATIVE (PRINT OR TYPE)

ADDRESS OF FIRM

PHONE NUMBER OF AUTHORIZED REPRESENTATIVE

CITY, STATE, ZIP

EMAIL ADDRESS

DATE

BUSINESS LICENSE INFORMATION

CURRENT STATE: LICENSE NO.

ISSUE DATE: EXPIRATION DATE:

CURRENT COUNTY: LICENSE NO.

ISSUE DATE: EXPIRATION DATE:

CURRENT CITY: LICENSE NO.

ISSUE DATE: EXPIRATION DATE:

CUSTOMER'S INSURANCE REQUIREMENTS

TO ENSURE COMPLIANCE WITH THE BID DOCUMENT, BIDDER SHOULD FORWARD THE FOLLOWING INSURANCE CLAUSE AND SAMPLE INSURANCE FORM TO THEIR INSURANCE AGENT PRIOR TO BID SUBMITTAL.

Format/Time: The successful Bidder shall provide UMCSN with Certificates of Insurance, per the sample format (page 2-1), for coverages as listed below, and endorsements affecting coverage required by this bid within **10 calendar days** after the award by UMCSN. All policy certificates and endorsements shall be signed by a person authorized by that insurer and who is licensed by the State of Nevada in accordance with NRS 680A.300. All required aggregate limits shall be disclosed and amounts entered on the certificate of insurance, and shall be maintained for the duration of the contract and any renewal periods.

Best Key Rating: UMCSN requires insurance carriers to maintain during the contract term, a Best Key Rating of A.VII or higher, which shall be fully disclosed and entered on the certificate of insurance.

Owner Coverage: UMCSN, its officers and employees must be expressly covered as additional insured except on workers' compensation insurance coverages. The Provider's insurance shall be primary as respects to UMCSN, its officers and employees.

Endorsement/Cancellation: The Provider's general liability insurance policy shall be endorsed to recognize specifically the Provider's contractual obligation of additional insured to UMCSN. All policies must note that UMCSN will be given thirty (30) calendar days advance notice by certified mail "return receipt requested" of any policy changes, cancellations, or any erosion of insurance limits.

Deductibles: All deductibles and self-insured retentions shall be fully disclosed in the Certificates of Insurance and may not exceed \$25,000.

Aggregate Limits: If aggregate limits are imposed on bodily injury and property damage, then the amount of such limits must not be less than \$2,000,000.

Commercial General Liability: Subject to Paragraph 6 of this Exhibit, the Provider shall maintain limits of no less than \$1,000,000 combined single limit per occurrence for bodily injury (including death), personal injury and property damages. Commercial general liability coverage shall be on a "per occurrence" basis only, not "claims made," and be provided either on a Commercial General Liability or a Broad Form Comprehensive General Liability (including a Broad Form CGL endorsement) insurance form.

Automobile Liability: Subject to Paragraph 6 of this Exhibit, the Provider shall maintain limits of no less than \$1,000,000 combined single limit per occurrence for bodily injury and property damage to include, but not be limited to, coverage against all insurance claims for injuries to persons or damages to property which may arise from services rendered by Provider and any auto used for the performance of services under this Contract.

Workers' Compensation: The Provider shall obtain and maintain for the duration of this contract, a work certificate and/or a certificate issued by an insurer qualified to underwrite workers' compensation insurance in the State of Nevada, in accordance with Nevada Revised Statutes Chapters 616A-616D, inclusive, provided, however, a Provider that is a Sole Proprietor shall be required to submit an affidavit (**Attachment 2**) indicating that the Provider has elected not to be included in the terms, conditions and provisions of Chapters 616A-616D, inclusive, and is otherwise in compliance with those terms, conditions and provisions.

Failure To Maintain Coverage: If the Provider fails to maintain any of the insurance coverages required herein, UMCSN may withhold payment, order the Provider to stop the work, declare the Provider in breach, suspend or terminate the Contract, assess liquidated damages as defined herein, or may purchase replacement insurance or pay premiums due on existing policies. UMCSN may collect any replacement insurance costs or premium payments made from the Provider or deduct the amount paid from any sums due the Provider under this Contract.

Additional Insurance: The Provider is encouraged to purchase any such additional insurance as it deems necessary.

Damages: The Provider is required to remedy all injuries to persons and damage or loss to any property of UMCSN, caused in whole or in part by the Provider, their subcontractors or anyone employed, directed or supervised by Provider.

Cost: The Provider shall pay all associated costs for the specified insurance. The cost shall be included in the price(s).

Insurance Submittal Address: All Insurance Certificates requested shall be sent to the University Medical Center of Southern Nevada, Attention: Contracts Management. See the Submittal Requirements clause in the General Provisions section for the appropriate mailing address.

Insurance Form Instructions: The following information must be filled in by the Provider's Insurance Company representative:

- 1) Insurance Broker's name, complete address, phone and fax numbers.
- 2) Provider's name, complete address, phone and fax numbers.
- 3) Insurance Company's Best Key Rating
- 4) Commercial General Liability (Per Occurrence)
 - (A) Policy Number
 - (B) Policy Effective Date
 - (C) Policy Expiration Date
 - (D) General Aggregate (\$2,000,000)
 - (E) Products-Completed Operations Aggregate (\$2,000,000)
 - (F) Personal & Advertising Injury (\$1,000,000)
 - (G) Each Occurrence (\$1,000,000)
 - (H) Fire Damage (\$50,000)
 - (I) Medical Expenses (\$5,000)
- 5) Automobile Liability (Any Auto)
 - (J) Policy Number
 - (K) Policy Effective Date
 - (L) Policy Expiration Date
 - (M) Combined Single Limit (\$1,000,000)
- 6) Workers' Compensation
- 7) Description: Bid Number and Name of Contract (must be identified on the initial insurance form and each renewal form).
- 8) Certificate Holder:

University Medical Center of Southern Nevada
c/o Contracts Management
1800 West Charleston Boulevard
Las Vegas, Nevada 89102

THE CERTIFICATE HOLDER, UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA, MUST BE NAMED AS AN ADDITIONAL INSURED.
- 9) Appointed Agent Signature to include license number and issuing state.

CERTIFICATE OF INSURANCE					ISSUED DAY (MM/DD/YY) <input style="width: 50px; height: 15px;" type="text"/>	
1. PRODUCER INSURANCE BROKER'S NAME ADDRESS PHONE & FAX NUMBERS		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
2. INSURED INSURED'S NAME ADDRESS PHONE & FAX NUMBERS		COMPANIES AFFORDING COVERAGE				
		COMPANY LETTER	A			
		COMPANY LETTER	B			
		COMPANY LETTER	C			
		COMPANY LETTER	D			
		COMPANY LETTER	E			
COVERAGES						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
3.	GENERAL LIABILITY	(A)	(B)	(C)	GENERAL AGGREGATE	\$(D) 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG.	\$(E) 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY	\$(F) 1,000,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE	\$(G) 1,000,000
	<input type="checkbox"/> UNDERGROUND COLLAPSE & EXPLOSION				FIRE DAMAGE (Any one fire)	\$(H) 50,000
	<input type="checkbox"/> INDEPENDENT CONTRACTOR				MED. EXPENSE (Any one person)	\$(I) 5,000
4.	AUTOMOBILE LIABILITY	(J)	(K)	(L)	COMBINED SINGLE LIMIT	\$(M) 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> HIRED AUTOS				EACH OCCURRENCE	\$
	<input type="checkbox"/> NON-OWNED AUTOS				AGGREGATE	\$
	<input type="checkbox"/> GARAGE LIABILITY					
EXCESS LIABILITY					STATUTORY LIMITS	
<input type="checkbox"/> UMBRELLA FORM					EACH ACCIDENT	\$
<input type="checkbox"/> OTHER THAN UMBRELLA FORM					DISEASEcPOLICY LIMIT	\$
5.	WORKER'S COMPENSATION				DISEASEcEACH EMPLOYEE	\$
					AGGREGATE	\$
	PROFESSIONAL LIABILITY					
6. DESCRIPTION OF CONTRACT: NUMBER AND NAME OF CONTRACT						
7. CERTIFICATE HOLDER UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA 1800 WEST CHARLESTON BOULEVARD LAS VEGAS, NV 89102 The Certificate Holder is named as an additional insured.			CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,			
			8. APPOINTED AGENT SIGNATURE INSURER LICENSE NUMBER _____ ISSUED BY STATE OF _____			

ATTACHMENT 2
(not needed if Certificate of Insurance is NOT included in Bid)

AFFIDAVIT
(ONLY REQUIRED FOR A SOLE PROPRIETOR)

I, _____, on behalf of my company, _____, being
(Name of Sole Proprietor) (Legal Name of Company)
duly sworn, depose and declare:

1. I am a Sole Proprietor;
2. I will not use the services of any employees in the performance of this contract, identified as Bid No. 2016-15, entitled Low Voltage Conduit/Cable Installation;
3. I have elected to not be included in the terms, conditions, and provisions of NRS Chapters 616A-616D, inclusive; and
4. I am otherwise in compliance with the terms, conditions, and provisions of NRS Chapters 616A-616D, inclusive.

I release Clark County from all liability associated with claims made against me and my company, in the performance of this contract, that relate to compliance with NRS Chapters 616A-616D, inclusive.

Signed this _____ day of _____, _____.

Signature

State of Nevada)
)ss.
County of Clark)

Signed and sworn to (or affirmed) before me on this _____ day of _____, _____,
by _____ (name of person making statement).

Notary Signature
STAMP AND SEAL

ATTACHMENT 3

INSTRUCTIONS FOR COMPLETING THE DISCLOSURE OF OWNERSHIP/PRINCIPALS FORM

Purpose of the Form

The purpose of the Disclosure of Ownership/Principals Form is to gather ownership information pertaining to the business entity for use by the University Medical Center of Southern Nevada Governing Board ("GB") in determining whether members of the GB should exclude themselves from voting on agenda items where they have, or may be perceived as having a conflict of interest, and to determine compliance with Nevada Revised Statute 281A.430, contracts in which a public officer or employee has interest is prohibited.

General Instructions

Completion and submission of this Form is a condition of approval or renewal of a contract or lease and/or release of monetary funding between the disclosing entity and the appropriate Clark County government entity. Failure to submit the requested information may result in a refusal by the GB to enter into an agreement/contract and/or release monetary funding to such disclosing entity.

Detailed Instructions

All sections of the Disclosure of Ownership form must be completed. If not applicable, write in N/A.

Business Entity Type – Indicate if the entity is an Individual, Partnership, Limited Liability Company, Corporation, Trust, Non-profit Organization, or Other. When selecting 'Other', provide a description of the legal entity.

Non-Profit Organization (NPO) - Any non-profit corporation, group, association, or corporation duly filed and registered as required by state law.

Business Designation Group – Indicate if the entity is a Minority Owned Business Enterprise (MBE), Women-Owned Business Enterprise (WBE), Small Business Enterprise (SBE), or Physically-Challenged Business Enterprise (PBE). This is needed in order to provide utilization statistics to the Legislative Council Bureau, and will be used only for such purpose.

Minority Owned Business Enterprise (MBE):

An independent and continuing business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more minority persons of Black American, Hispanic American, Asian-Pacific American or Native American ethnicity.

Women Owned Business Enterprise (WBE):

An independent and continuing business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more women.

Physically-Challenged Business Enterprise (PBE):

An independent and continuing business for profit which performs a commercially useful function and is at least 51% owned and controlled by one or more disabled individuals pursuant to the federal Americans with Disabilities Act.

Small Business Enterprise (SBE):

An independent and continuing business for profit which performs a commercially useful function, is not owned and controlled by individuals designated as minority, women, or physically-challenged, and where gross annual sales does not exceed \$2,000,000.

Business Name (include d.b.a., if applicable) – Enter the legal name of the business entity and enter the "Doing Business As" (d.b.a.) name, if applicable.

Corporate/Business Address, Business Telephone, Business Fax, and Email – Enter the street address, telephone and fax numbers, and email of the named business entity.

Local Business Address, Local Business Telephone, Local Business Fax, and Email – If business entity is out-of-state, but operates the business from a location in Nevada, enter the Nevada street address, telephone and fax numbers, point of contact and email of the local office. Please note that the local address must be an address from which the business is operating from that location. Please do not include a P.O. Box number, unless required by the U.S. Postal Service, or a business license hanging address.

Number of Clark County Nevada Residents employed by this firm.

List of Owners/Officers – Include the full name, title and percentage of ownership of each person who has ownership or financial interest in the business entity. If the business is a publicly-traded corporation or non-profit organization, list all Corporate Officers and Directors only.

For All Contracts – (Not required for publicly-traded corporations)

- 1) Indicate if any individual members, partners, owners or principals involved in the business entity are a Clark County full-time employee(s), or appointed/elected official(s). If yes, the following paragraph applies.
In accordance with NRS 281A.430.1, a public officer or employee shall not bid on or enter into a contract between a government agency and any private business in which he has a significant financial interest, except as provided for in subsections 2, 3, and 4.

- 2) Indicate if any individual members, partners, owners or principals involved in the business entity have a second degree of consanguinity or affinity relation to a Clark County full-time employee(s), or appointed/elected official(s) (reference form on Page 2 for definition). If **YES**, complete the Disclosure of Relationship Form. Clark County is comprised of the following government entities: Clark County, University Medical Center of Southern Nevada, Department of Aviation (McCarran Airport), and Clark County Water Reclamation District. Note: The Department of Aviation includes all of the General Aviation Airports (Henderson, North Las Vegas, and Jean).

A professional service is defined as a business entity that offers business/financial consulting, legal, physician, architect, engineer or other professional services.

Signature and Print Name – Requires signature of an authorized representative and the date signed.

Disclosure of Relationship Form – If any individual members, partners, owners or principals of the business entity is presently a Clark County employee, public officer or official, or has a second degree of consanguinity or affinity relationship to a Clark County employee, public officer or official, this section must be completed in its entirety.

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
Business Designation Group (Please select all that apply)						
<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
Number of Clark County Nevada Residents Employed:						
Corporate/Business Entity Name:						
(Include d.b.a., if applicable)						
Street Address:			Website:			
City, State and Zip Code:			POC Name:			
			Email:			
Telephone No:			Fax No:			
Nevada Local Street Address:			Website:			
(If different from above)						
City, State and Zip Code:			Local Fax No:			
Local Telephone No:			Local POC Name:			
			Email:			

All entities, with the exception of publicly-traded and non-profit organizations, must list the names of individuals holding more than five percent (5%) ownership or financial interest in the business entity appearing before the Board.

Publicly-traded entities and non-profit organizations shall list all Corporate Officers and Directors in lieu of disclosing the names of individuals with ownership or financial interest. The disclosure requirement, as applied to land-use applications, extends to the applicant and the landowner(s).

Entities include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
_____	_____	_____
_____	_____	_____
_____	_____	_____

This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes No

1. Are any individual members, partners, owners or principals, involved in the business entity, a University Medical Center of Southern Nevada full-time employee(s), or appointed/elected official(s)?
 - Yes No (If yes, please note that University Medical Center of Southern Nevada employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)

2. Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-law or brother/sister, half-brother/half-sister, grandchild, grandparent, related to a University Medical Center of Southern Nevada full-time employee(s), or appointed/elected official(s)?
 - Yes No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the University Medical Center of Southern Nevada Governing Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.

Signature	Print Name
Title	Date

DISCLOSURE OF OWNERSHIP/PRINCIPALS

List any disclosures below:
(Mark N/A, if not applicable.)

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF UMCSN* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO UMCSN* EMPLOYEE/OFFICIAL	UMCSN* EMPLOYEE'S/OFFICIAL'S DEPARTMENT

* UMCSN employee means an employee of University Medical Center of Southern Nevada

“Consanguinity” is a relationship by blood. “Affinity” is a relationship by marriage.

“To the second degree of consanguinity” applies to the candidate’s first and second degree of blood relatives as follows:

- Spouse – Registered Domestic Partners – Children – Parents – In-laws (first degree)
- Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)

For UMCSN Use Only:

If any Disclosure of Relationship is noted above, please complete the following:

Yes No Is the UMCSN employee(s) noted above involved in the contracting/selection process for this particular agenda item?

Yes No Is the UMCSN employee(s) noted above involved in any way with the business in performance of the contract?

Notes/Comments:

Signature

Print Name
Authorized Department Representative

ATTACHMENT 4

SUBCONTRACTOR INFORMATION

It is our intent to utilize the following MBE, WBE, PBE, SBE, and NBE subcontractors in association with this Contract:

- 1. Subcontractor Name: _____
Contact Person: _____ Telephone Number: _____
Description of Work: _____
Estimated Percentage of Total Dollars: _____
Business Type: MBE WBE PBE SBE NBE

- 2. Subcontractor Name: _____
Contact Person: _____ Telephone Number: _____
Description of Work: _____
Estimated Percentage of Total Dollars: _____
Business Type: MBE WBE PBE SBE NBE

- 3. Subcontractor Name: _____
Contact Person: _____ Telephone Number: _____
Description of Work: _____
Estimated Percentage of Total Dollars: _____
Business Type: MBE WBE PBE SBE NBE

- 4. Subcontractor Name: _____
Contact Person: _____ Telephone Number: _____
Description of Work: _____
Estimated Percentage of Total Dollars: _____
Business Type: MBE WBE PBE SBE NBE

- 5. Subcontractor Name: _____
Contact Person: _____ Telephone Number: _____
Description of Work: _____
Estimated Percentage of Total Dollars: _____
Business Type: MBE WBE PBE SBE NBE

- 6. Subcontractor Name: _____
Contact Person: _____ Telephone Number: _____
Description of Work: _____
Estimated Percentage of Total Dollars: _____
Business Type: MBE WBE PBE SBE NBE

- 7. Subcontractor Name: _____
Contact Person: _____ Telephone Number: _____
Description of Work: _____
Estimated Percentage of Total Dollars: _____
Business Type: MBE WBE PBE SBE NBE

No MBE, WBE, PBE, SBE, NBE subcontractors will be used.

ATTACHMENT 5

**UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
ADMINISTRATIVE POLICY AND PROCEDURE MANUAL**

SUBJECT: Vendor: Roles, Responsibilities and Credentialing		ADMINISTRATIVE APPROVAL:
EFFECTIVE: 7/09	REVISED: 03/11, 01/2012, 04/2015	
POLICY #: I-179		
AFFECTS: OrganizationalWide		

PURPOSE:

To Provide guidance for the selection, credentialing, and performance of UMCSN Vendors, Vendor Representatives, clinical and non-clinical service providers, and to establish a protocol for onsite visitation.

POLICY:

All Vendors will render services and/or conduct their business in such a manner as to not interfere with UMCSN's normal operations and comply with institutional and federal requirements regarding safety and the confidentiality of information. Vendor will adhere to all applicable UMCSN policies and procedures, and will abide by federal and state laws, regulations, and standards of practice. Information to specific UMCSN Department policies, procedures, and regulatory agency responsibilities can be found in the Attachments associated with this policy.

Vendors visiting multiple departments within UMCSN will be registered at their maximum competency level as determined by UMCSN. Competency levels are outlined and Vendor Access Level Definitions are found in Attachment A, to this policy. It is the responsibility of the credentialed Vendor and requesting Department to monitor and assure that the Vendor is compliant with these guidelines as written.

Unless specifically exempted by their access level and/or Department Manager, Vendors must be accompanied by a UMCSN employee or UMCSN-credentialed medical staff member while in patient care areas and are required to register with approved and authorized 3rd party Vendor management service-provider.

SCOPE:

This policy is applicable to all Vendors seeking access to any UMCSN facility for any purpose. This policy directly applies to Vendors that provide and are directly involved in providing services to UMCSN and/or interacting with UMCSN's patients.

PRIOR TO FIRST VISIT:

Prior to coming to UMCSN for business purposes, Vendor must:

1. Register with the approved and authorized 3rd Party Vendor Management service providing evidence of competency for their desired/required level of access; and
2. Complete any required orientation, testing, and/or paperwork for Department Specific Requirements (Attachment B).

REGISTRATION:

Vendors will be classified into 1 to 22 categories based on the Vendor's access to patient areas, clinical/non-clinical services being provided, supplies, products and/or product offerings. There are certification requirements specific to each category. Regardless of a Vendor's ultimate classification, all Vendors must acknowledge and abide by the following principles to conduct business with or at UMCSN.

- i. Conflict of Interest. Vendors must provide a full disclosure about any conflicts or interests that exist.
- ii. Corporate Compliance. Vendor acknowledges and abides by UMCSN's Corporate Compliance Program, agrees

to disseminate information about the Corporate Compliance Program to its employees, and require that its employees abide by the same.

- iii. HIPAA. The discussion, release, or use of any patient-related information or other personally identifiable confidential information that is viewed or overheard must only be used in compliance with patient privacy laws.
- iv. Confidential business or Other Proprietary Information. Any information generated in connection with UMCSN's health operations must not be accessed, downloaded, discussed, used, or disclosed for any purpose other than to conduct business with, or in furtherance of Vendor's business purposes at UMCSN.
- v. Conduct & Interactions with UMCSN Staff. Vendors understand and agree that:
 - a. Conversations with staff in patient care areas should be professional and case-related only.
 - b. Patient education materials must be evaluated by UMCSN's Director, Nursing Practice, Clinical Education & Research and/or Human Resources prior to their use.
 - c. Guidelines for providing gifts, meals, and education to UMCSN's staff must be followed.
 - d. Procedure rooms may be entered only at the request of, and as directed by, the physician(s). While in the procedure room, Vendors may not touch any equipment, carts, or sterile equipment. And, Vendors must follow the instructions of the Circulating Nurse at all times.

CREDENTIALING/COMPETENCY:

All Vendors must register and maintain a current file with UMCSN's approved 3rd Party Vendor Credentialing Agency. This information to be provided will be based on Access Level Definitions/Required Vendor Documentation included herein as Attachment A. UMCSN contemplates that the approved 3rd Party Vendor Credentialing Agency will be used by those Vendors who demonstrate a routine or pattern to their conduct of business at UMCSN. Those Vendors who conduct business at UMCSN as needed, sporadically or in response to technical/equipment service matters can register with the approved 3rd Party Vendor Credentialing Agency as a "Base Account".

Information relating to credentialing and authorized Vendors is available via the approved 3rd Party Vendor Credentialing Agencies web site. Online access will be made available to all Patient Service Leaders and their designees upon request to Materials Management.

POST REGISTRATION ACCESS:

Upon entering UMCSN's campus, Vendors must go directly to the approved 3rd Party Credentialing Kiosk (anyone of three) to obtain their badge on a daily basis. Under no circumstances is a Vendor to enter UMCSN's campus and go directly to a patient care, ancillary, or administrative department, without appropriate badge access, or the following approval:

- a. Pharmaceutical Representatives: Department of Pharmacy
 - b. Engineering / Facilities Representative: Department of Plant Management/Operations
 - c. Surgical Services Representative: Department of Surgical Services
 - d. Clinical Engineering Representatives: Department of Clinical Engineering
 - e. Case Management
 - f. Social Services
 - g. Radiology
 - h. Ambulatory Care Services
 - i. Information Technologies
 - j. All other Representatives: Department of Materials Management
1. Unless otherwise expressly permitted by the affected Department Manager, it is strongly recommended and encouraged that Vendors are seen by appointment only.
 2. Temporary badges are not issued at this time.
 3. Volunteers must complete a Volunteer Request Form and be processed by Human Resources.

EDUCATIONAL PROGRAMS:

1. Sponsoring education: Vendors shall not sponsor educational programs without approval of the CME office or Organizational Development.
2. Program attendance: Vendors shall not attend programs intended specifically for medical students, house staff, faculty or staff without prior approval.
3. Vendors shall not attend programs in which specific patients are identified or when QA or Risk Management issues are discussed.

INFORMED CONSENT:

The patient must be notified of the presence and purpose of the Vendor representative in the procedural area and/or patient care area and must give written informed consent to the Vendors continued presence and/or interaction. The patient's consent regarding the Vendor must be included in the permanent medical record.

CROSS REFERENCES:

Administrative Policies:

- Temporary Staffing / Third-party Equipment (I-66)
- Patient/Visitor/employee Parking (III-3)
- Ethical Standards (Article XV)
- Conflicts of Interest (I-1.2.C)
- Government Inquiries and Investigations (VI-3)
- Loaned/Consigned Instrument Trays (SPD 107)
- Medical Device Tracking; Guidance for Industry and FDA Staff (January 25, 2010)

Attachments:

- Attachment A: Vendor Access Level Definitions & Required Documentation
- Attachment B: Departmental Specific Requirements

ATTACHMENT A
I-179 Vendor: Roles, Responsibilities, and Credentialing

VENDOR ACCESS LEVEL DEFINITIONS
REQUIRED VENDOR DOCUMENTATION

1. Sales Representatives with access to OR

- a. Vaccination & Medical Credentials Required
 - i. Chicken Pox
 - ii. Hepatitis B (Declination Available)
 - iii. Seasonal Flu Vaccine
 - iv. MMR – Measles, Mumps and Rubella
 - v. Tdap – Tetanus/Diphtheria/Pertussis
 - vi. TB – Tuberculosis (2-Step Process)
- b. Insurance & Legal Credentials Required
 - i. Proof of Employer General Liability Coverage
- c. Certification & Training Credentials Required
 - i. O.R. Protocol Training
 - ii. Evidence of Employer Product/Service Competency
 - iii. UMCSN Confidentiality Statement
 - iv. UMCSN HIPAA Training
 - v. UMCSN Aseptic Techniques Training
 - vi. UMCSN Bloodborne Pathogens Training (NEO)
 - vii. UMCSN Fire Safety (NEO)
 - viii. UMCSN Electrical Safety (NEO)
 - ix. UMCSN Non-Employee Orientation
- d. Background Check Credentials Required
 - i. Criminal Background Check
 - ii. Excluded Parties List System Check (EPLS)
 - iii. Office of Inspector General Check (OIG)
 - iv. Proof of Drug Screen (10 Panel)

2. Vendor Rep with access to Invasive Labs

- a. Vaccination & Medical Credentials Required
 - i. Chicken Pox
 - ii. Hepatitis B (Declination Available)
 - iii. Seasonal Flu Vaccine
 - iv. MMR – Measles, Mumps and Rubella
 - v. Tdap – Tetanus/Diphtheria/Pertussis
 - vi. TB – Tuberculosis (2-Step Process)
- b. Insurance & Legal Credentials Required
 - i. Proof of Employer General Liability Coverage
- c. Certification & Training Credentials Required
 - i. O.R. Protocol Training
 - ii. Evidence of Employer Product/Service Competency
 - iii. UMCSN Confidentiality Statement
 - iv. UMCSN HIPAA Training
 - v. UMCSN Aseptic Techniques Training

- vi. UMCSN Bloodborne Pathogens Training (NEO)
 - vii. UMCSN Fire Safety (NEO)
 - viii. UMCSN Electrical Safety (NEO)
 - ix. UMCSN Non-Employee Orientation
- d. Background Check Credentials Required
- i. Criminal Background Check
 - ii. Excluded Parties List System Check (EPLS)
 - iii. Office of Inspector General Check (OIG)
 - iv. Proof of Drug Screen (10 Panel)

3. Vendor Representative with access to Patient Care Areas/Patient Care Labs

- a. Vaccination & Medical Credentials Required
- i. Chicken Pox
 - ii. Hepatitis B (Declination Available)
 - iii. Seasonal Flu Vaccine
 - iv. MMR – Measles, Mumps and Rubella
 - v. Tdap – Tetanus/Diphtheria/Pertussis
 - vi. TB – Tuberculosis (2-Step Process)
- b. Insurance & Legal Credentials Required
- i. Proof of Employer General Liability Coverage
- c. Certification & Training Credentials Required
- i. Evidence of Employer Product/Service Competency
 - ii. UMCSN Confidentiality Statement
 - iii. UMCSN HIPAA Training
 - iv. UMCSN Aseptic Techniques Training
 - v. UMCSN Bloodborne Pathogens Training (NEO)
 - vi. UMCSN Fire Safety (NEO)
 - vii. UMCSN Electrical Safety (NEO)
 - viii. UMCSN Non-Employee Orientation
- d. Background Check Credentials Required
- i. Criminal Background Check
 - ii. Excluded Parties List System Check (EPLS)
 - iii. Office of Inspector General Check (OIG)
 - iv. Proof of Drug Screen (10 Panel)

4. Vendor Representative with access to Administration Offices / Purchasing / Information Technologies

- a. RepTrax Base Account

5. Vendor Representative with access to Laboratories

- a. RepTrax Base Account

6. Service Tech/Manage with access to Lab Admin Offices

- a. RepTrax Base Account

7. Service Tech/Manager with access to Admin Office/Purchasing

- a. RepTrax Base Account

8. Delivery Person with access to Hospital

- a. RepTrax Base Account

9. Tissue/Bone Representative with access to OR/Invasive Labs

- a. Vaccination & Medical Credentials Required
 - i. Chicken Pox
 - ii. Hepatitis B (Declination Available)
 - iii. Seasonal Flu Vaccine (Declination Available)
 - iv. MMR – Measles, Mumps and Rubella
 - v. Tdap – Tetanus/Diphtheria/Pertussis
 - vi. TB – Tuberculosis (2-Step Process)
- b. Insurance & Legal Credentials Required
 - i. Proof of Employer General Liability Coverage
- c. Certification & Training Credentials Required
 - i. American Association of Tissue Banks Certification
 - ii. Tissue/Bone Rep FDA Registration/Approval
 - iii. Evidence of Employer Product/Service Competency
 - iv. UMCSN Confidentiality Statement
 - v. UMCSN HIPAA Training
 - vi. UMCSN Aseptic Techniques Training
 - vii. UMCSN Bloodborne Pathogens Training (NEO)
 - viii. UMCSN Fire Safety (NEO)
 - ix. UMCSN Electrical Safety (NEO)
 - x. UMCSN Non-Employee Orientation
- d. Background Check Credentials Required
 - i. Criminal Background Check
 - ii. Excluded Parties List System Check (EPLS)
 - iii. Office of Inspector General Check (OIG)
 - iv. Proof of Drug Screen (10 Panel)

10. Pharmaceutical Rep/Manager with access to Hospital (Meeting Generator Required)

- a. Vaccination & Medical Credentials Required
 - i. Chicken Pox
 - ii. Hepatitis B (Declination Available)
 - iii. Seasonal Flu Vaccine (Declination Available)
 - iv. MMR – Measles, Mumps and Rubella
 - v. TB – Tuberculosis (2-Step Process)
- b. Insurance & Legal Credentials Required
 - i. Proof of Employer General Liability Coverage
- c. Certification & Training Credentials Required
 - i. Evidence of Employer Product/Service Competency
 - ii. UMCSN Confidentiality Statement
 - iii. UMCSN HIPAA Training
 - iv. UMCSN Aseptic Techniques Training
 - v. UMCSN Bloodborne Pathogens Training (NEO)
 - vi. UMCSN Fire Safety (NEO)
 - vii. UMCSN Electrical Safety (NEO)
 - viii. UMCSN Non-Employee Orientation
- d. Background Check Credentials Required
 - i. Criminal Background Check
 - ii. Excluded Parties List System Check (EPLS)
 - iii. Office of Inspector General Check (OIG)
 - iv. Proof of Drug Screen (10 Panel)

11. Distributor Rep with access to OR/Invasive Labs/Patient Care Areas

- a. Vaccination & Medical Credentials Required
 - i. Chicken Pox
 - ii. Hepatitis B (Declination Available)
 - iii. Seasonal Flu Vaccine (Declination Available)
 - iv. MMR – Measles, Mumps and Rubella
 - v. TB – Tuberculosis (2-Step Process)
- b. Insurance & Legal Credentials
 - i. Proof of Employer General Liability Coverage
- c. Certification & Training Credentials Required
 - i. O.R. Protocol Training
 - ii. Evidence of Employer Product/Service Competency
 - iii. UMCSN Confidentiality Statement
 - iv. UMCSN HIPAA Training
 - v. UMCSN Aseptic Techniques Training
 - vi. UMCSN Bloodborne Pathogens Training (NEO)
 - vii. UMCSN Fire Safety (NEO)
 - viii. UMCSN Electrical Safety (NEO)
 - ix. UMCSN Non-Employee Orientation
- d. Background Check Credentials Required
 - i. Criminal Background Check
 - ii. Excluded Parties List System Check (EPLS)
 - iii. Office of Inspector General Check (OIG)
 - iv. Proof of Drug Screen (10 Panel)

Facilities Management with access to Hospital (May require additional training based on project scope)

- e. RepTrax Base Account

12. Service Technician/Manager with access to OR

- a. Vaccination & Medical Credentials Required
 - i. Chicken Pox
 - ii. Hepatitis B (Declination Available)
 - iii. Seasonal Flu Vaccine (Declination Available)
 - iv. MMR – Measles, Mumps and Rubella
 - v. Tdap – Tetanus/Diphtheria/Pertussis
 - vi. TB – Tuberculosis (2-Step Process)
- b. Insurance & Legal Credentials Required
 - i. Proof of Employer General Liability Coverage
- c. Certification & Training Credentials Required
 - i. O.R. Protocol Training
 - ii. Evidence of Employer Product/Service Competency
 - iii. UMCSN Confidentiality Statement
 - iv. UMCSN HIPAA Training
 - v. UMCSN Aseptic Techniques Training
 - vi. UMCSN Bloodborne Pathogens Training (NEO)
 - vii. UMCSN Fire Safety (NEO)
 - viii. UMCSN Electrical Safety (NEO)
 - ix. UMCSN Non-Employee Orientation
- d. Background Check Credentials Required

- i. Criminal Background Check
- ii. Excluded Parties List System (EPLS) Check
- iii. Office of Inspector General (OIG) Check
- iv. Proof of Drug Screen (10 Panel)

13. Service Tech/Manager with access to Invasive Labs

- a. Vaccination & Medical Credentials Required
 - i. Chicken Pox
 - ii. Hepatitis B (Declination Available)
 - iii. Seasonal Flu Vaccine
 - iv. MMR – Measles, Mumps and Rubella
 - v. Tdap – Tetanus/Diphtheria/Pertussis
 - vi. TB – Tuberculosis (2-Step Process)
- b. Insurance & Legal Credentials Required
 - i. Proof of Employer General Liability Coverage
- c. Certification & Training Credentials Required
 - i. O.R. Protocol Training
 - ii. Evidence of Employer Product/Service Competency
 - iii. UMCSN Confidentiality Statement
 - iv. UMCSN HIPAA Training
 - v. UMCSN Aseptic Techniques Training
 - vi. UMCSN Bloodborne Pathogens Training (NEO)
 - vii. UMCSN Fire Safety (NEO)
 - viii. UMCSN Electrical Safety (NEO)
 - ix. UMCSN Non-Employee Orientation
- d. Background Check Credentials Required
 - i. Criminal Background Check
 - ii. Excluded Parties List System Check (EPLS)
 - iii. Office of Inspector General Check (OIG)
 - iv. Proof of Drug Screen (10 Panel)

14. Service Tech/Manager with access to Patient Care Areas/Patient Care Labs

- a. Vaccination & Medical Credentials Required
 - i. Chicken Pox
 - ii. Hepatitis B (Declination Available)
 - iii. Seasonal Flu Vaccine
 - iv. MMR – Measles, Mumps and Rubella
 - v. Tdap – Tetanus/Diphtheria/Pertussis
 - vi. TB – Tuberculosis (2-Step Process)
- b. Insurance & Legal Credentials Required
 - i. Proof of Employer General Liability Coverage
- c. Certification & Training Credentials Required
 - i. O.R. Protocol Training
 - ii. Evidence of Employer Product/Service Competency
 - iii. UMCSN Confidentiality Statement
 - iv. UMCSN HIPAA Training
 - v. UMCSN Aseptic Techniques Training
 - vi. UMCSN Bloodborne Pathogens Training (NEO)
 - vii. UMCSN Fire Safety (NEO)
 - viii. UMCSN Electrical Safety (NEO)
 - ix. UMCSN Non-Employee Orientation
- d. Background Check Credentials Required

- i. Criminal Background Check
- ii. Excluded Parties List System Check (EPLS)
- iii. Office of Inspector General Check (OIG)
- iv. Proof of Drug Screen (10 Panel)

15. Service Technician with access to General Hospital Grounds

- a. RepTrax Base Account

16. Delivery Person with access to General Hospital Grounds

- a. RepTrax Base Account

17. Facility Management with access to General Hospital Grounds

- a. RepTrax Base Account

18. Clinical Contract Provider with access to OR/Patient Care Areas

- a. Vaccination & Medical Credentials Required
 - i. Chicken Pox
 - ii. Hepatitis B (Declination Available)
 - iii. Seasonal Flu Vaccine (Declination Available)
 - iv. MMR – Measles, Mumps and Rubella
 - v. Tdap – Tetanus/Diphtheria/Pertussis
 - vi. TB – Tuberculosis (2-Step Process)
- b. Insurance & Legal Credentials Required
 - i. Proof of Employer General Liability Coverage
- c. Certification & Training Credentials Required
 - i. O.R. Protocol Training
 - ii. Evidence of Employer Product/Service Competency
 - iii. UMCSN Confidentiality Statement
 - iv. UMCSN HIPAA Training
 - v. UMCSN Aseptic Techniques Training
 - vi. UMCSN Bloodborne Pathogens Training (NEO)
 - vii. UMCSN Fire Safety (NEO)
 - viii. UMCSN Electrical Safety (NEO)
 - ix. UMCSN Non-Employee Orientation
- d. Background Check Credentials Required
 - i. Criminal Background Check
 - ii. Excluded Parties List System Check (EPLS)
 - iii. Office of Inspector General Check (OIG) Proof of Drug Screen (10 Panel)

19. Durable Medical Equipment Provider with access to Patient Care Areas

- a. Vaccination & Medical Credentials Required
 - i. Chicken Pox
 - ii. Hepatitis B (Declination Available)
 - iii. Seasonal Flu Vaccine
 - iv. MMR – Measles, Mumps and Rubella
 - v. Tdap – Tetanus/Diphtheria/Pertussis
 - vi. TB – Tuberculosis (2-Step Process)
- b. Insurance & Legal Credentials Required
 - i. Proof of Employer General Liability Coverage
- c. Certification & Training Credentials Required

- i. O.R. Protocol Training
 - ii. Evidence of Employer Product/Service Competency
 - iii. UMCSN Confidentiality Statement
 - iv. UMCSN HIPAA Training
 - v. UMCSN Aseptic Techniques Training
 - vi. UMCSN Bloodborne Pathogens Training (NEO)
 - vii. UMCSN Fire Safety (NEO)
 - viii. UMCSN Electrical Safety (NEO)
 - ix. UMCSN Non-Employee Orientation
- d. Background Check Credentials Required
- i. Criminal Background Check
 - ii. Excluded Parties List System Check (EPLS)
 - iii. Office of Inspector General Check (OIG)
 - iv. Proof of Drug Screen (10 Panel)

20. Post Acute Care Provider with access to Patient Care Areas

- a. Vaccination & Medical Credentials Required
- i. Chicken Pox
 - ii. Hepatitis B (Declination Available)
 - iii. Seasonal Flu Vaccine
 - iv. MMR – Measles, Mumps and Rubella
 - v. Tdap – Tetanus/Diphtheria/Pertussis
 - vi. TB – Tuberculosis (2-Step Process)
- b. Insurance & Legal Credentials Required
- i. Proof of Employer General Liability Coverage
- c. Certification & Training Credentials Required
- i. O.R. Protocol Training
 - ii. Evidence of Employer Product/Service Competency
 - iii. UMCSN Confidentiality Statement
 - iv. UMCSN HIPAA Training
 - v. UMCSN Aseptic Techniques Training
 - vi. UMCSN Bloodborne Pathogens Training (NEO)
 - vii. UMCSN Fire Safety (NEO)
 - viii. UMCSN Electrical Safety (NEO)
 - ix. UMCSN Non-Employee Orientation
- d. Background Check Credentials Required
- i. Criminal Background Check
 - ii. Excluded Parties List System Check (EPLS)
 - iii. Office of Inspector General Check (OIG)
 - iv. Proof of Drug Screen (10 Panel)

21. Sales Representative with access to Patient Care Areas

- a. Vaccination & Medical Credentials Required
- i. Chicken Pox
 - ii. Hepatitis B (Declination Available)
 - iii. MMR – Measles, Mumps and Rubella
 - iv. Tdap – Tetanus/Diphtheria/Pertussis
 - v. TB – Tuberculosis (2-Step Process)
- b. Insurance & Legal Credentials Required
- i. Proof of Employer General Liability Coverage
- c. Certification & Training Credentials Required

- i. Evidence of Employer Product/Service Competency
- ii. UMCSN Confidentiality Statement
- iii. UMCSN HIPAA Training
- iv. UMCSN Aseptic Techniques Training
- v. UMCSN Bloodborne Pathogens Training (NEO)
- vi. UMCSN Fire Safety (NEO)
- vii. UMCSN Electrical Safety (NEO)
- viii. UMCSN Non-Employee Orientation

d. Background Check Credentials Required

- i. Criminal Background Check
- ii. Excluded Parties List System Check (EPLS)
- iii. Office of Inspector General Check (OIG)
- iv. Proof of Drug Screen (10 Panel)

ATTACHMENT B
I-179 Vendor: Roles, Responsibilities and Credentialing

DEPARTMENTAL SPECIFIC REQUIREMENTS

SURGICAL SERVICES

Criteria for Implants, Devices or Procedures

PURPOSE:

To ensure that hospital departments and Vendors are aware of UMCSN procedures when entering the facility with products specific to an individual patient or at the request of a member of the medical staff.

POLICY:

1. The Vendor or Vendor's office is to contact the UMCSN Surgery department as soon as possible, but at least three (3) working days prior to any scheduled surgical case or procedure involving a patient. Should the Vendor be required in the room, have product that is not routine for UMCSN use during the case or procedure, the Vendor / Physicians scheduler is to notify the UMCSN scheduler at this time. Hospital department (OR Scheduling) will complete the Implant, Device or Procedure form and send to Managed Care office.
2. Managed Care Staff will review the Vendor's request in order to evaluate UMCSN's capability to both provide the service and ensure appropriate payment sources. Managed Care will contact the Surgical Scheduling Department prior to the procedure with payment information and consent to treat. Should the case be postponed, the Surgical Scheduling department will notify the physician's office that is scheduling the case; the Vendor will be notified by the Surgical Departments Materials department.
3. Once approved all loaned instruments/sets or implants, must be received by Sterile Processing at least 8 hours prior to the start time of the scheduled surgery. Emergent deliveries will be handled on a case-by-case basis through Sterile Processing and the OR Charge Nurse. On arrival all loaned instruments/sets will be considered contaminated whether received wrapped and sterilized from another facility or delivered unwrapped, and must undergo cleaning and sterilization on campus at UMCSN. Prior to arrival it is the responsibility of the manufacturer's representative to inspect instruments for damage and insure they are free of all visible bioburden.
4. The Vendor will complete necessary implant documentation furnished by UMCSN (Universal Packing List) at the conclusion of the case for products that were brought directly to the procedural area by the Vendor and are expecting to be reimbursed for by UMCSN. This will include the following but not limited to (available by sticker or hand written). These requirements are necessary and required by the FDA:
 1. Lot numbers for implanted items
 2. Model numbers for implanted items
 3. Serial numbers for implanted items
 4. Expiration dates for implanted items that are manufacturer sterilized
5. Vendor leave an invoice/shipping document referencing the case (not leaving requested paperwork will delay processing / payment). Processing of paperwork and approvals, prior to issuance of a Purchase Order from Materials Management is usually a three to four (3-4) day turnaround. UMCSN Department Materials Management team will handle product that has been ordered in advance or is part of UMCSN inventory for patient charging and replenishment.
6. In the event that UMCSN identifies any billing or procedural irregularities with Vendors documentation and or product, it is the discretion of UMCSN to suspend vendor from any of the UMCSN campuses/facilities. Upon investigation, if it is found that the billing or procedural irregularities warrant further action, vendor may be permanently barred from selling said products to UMCSN and its affiliates.

Please Note:

All surgical implants, devices and procedures must have prior approval for use in any Procedural Department within the facility. Infractions of this can result in non-payment, suspension of Vendor credentials without re-appointment, and product suspension for use at UMCSN.

Access: After normal business hours or in emergency situations, utilization of UMCSN's 3rd Party Credentialing "Kiosk" is required. System will issue an access badge if Vendor is approved for access (when access is denied, see below). Approved and completed credentialing will be the responsibility of the Vendor. Vendor is to maintain approved credentialing for access. A Vendor identification Badge will be issued and will be worn at all times within the UMCSN facility. A new badge will be required for each visit to UMCSN.

Upon arrival during normal visiting hours, all Vendors will utilize check in "Kiosk" for 3rd Party Vendor Access for verification and valid credentialing. System will issue an access badge if Vendor is approved for access (when access is denied, see below). Approved and completed credentialing will be the responsibility of the Vendor. Vendor is to maintain approved credentialing for access.

In both instances: when access is denied by 3rd Party System, Security, and Administrator on Duty along with departmental Charge Nurse(s) will validate the appropriateness for Vendor access. Security will document in Vendors portfolio the conditions of the access for further action by System Administrator.

New Technology Approval

New technology inclusive of implants, devices or procedures must go before the Value Analysis Committee (VAC) of UMCSN. The VAC will prioritize and move request to the appropriate committee within the UMCSN network:

- Anesthesia Committee
- Surgical Services Value Analysis Team
- Nursing Value Analysis Team
- Operations Value Analysis Team
- Medication Safety Evaluation Committee and Therapeutic Committee
- Other Committees involvement as pertinent to product and it's utilization

Vendor is responsible to utilize the Supply Chain / Value Analysis documentation that can be obtained via the Materials Management Department, VAT Coordinator, for product review submission.

No new technology or products associated with a procedure may be used without the approval of the VAT; the VAT must approve any routine medical or surgical products for use. Pending the appropriate committee approval, the VAT can allow case-by-case approval for product utilization. Documentation can be obtained for "Fast Track" through the Materials Management Department at UMCSN.

It is the responsibility of the entire UMCSN organization to support these procedures house-wide. Criteria for Equipment Trial and Evaluation

Appropriate Training

1. Appropriate training must be provided to personnel in the area where the evaluation takes place. The new technology form must be completed and signed, and approved by VAC. Contact with Clinical Education will be necessary for access to appropriate staffs for training.
2. An approved and credentialed Vendor must do scheduling and conduct in-service training. This can be accomplished by accessing utilizing UMCSN's 3rd Party Vendor Credentialing Service.
3. Supplies and equipment are never left for evaluation or sample purposes without specific permission of the Value Analysis Facilitator and Cost Center Department Director/Manager. Before any piece of patient related or laboratory equipment is purchased, leased, loaned or accepted as a donation, it must be evaluated by UMCSN's Clinical Engineering Department and written permission must be granted by the Hospital Administration for final approval. A no charge purchase order will be issued once all criteria have been met. As per Hospital safety requirements, no equipment is to be used without safety inspection and evidence of preventative maintenance.

Surgical Services / Procedural Areas:

1. All Vendors must see "Front Desk" (Surgical Services), "Control Desk" (Cath Lab & Special Procedures), "Main Reception" (Labor and Delivery) to sign Vendor Log once signed in with Kiosk and 3rd Party Vendor Credentialing System approval.
2. Vendors must change into hospital provided scrub uniforms before entering ANY Procedural Area. Those Vendors that insist to not conform will be escorted out of the area and the facility pending review for future access.

- a. This is to include but not limited to:
 - i. Facility-issued scrub shirt
 - ii. Facility-issued scrub pant
 - iii. Disposable head covering (not to be worn outside of the surgical/procedural area)
 - iv. Mask, when and where required (not to be worn outside of the surgical/procedural area)
 - v. Shoe coverings (not to be worn outside of the surgical/procedural area)
3. Vendors do not “scrub-in” and do not participate directly in any procedure or procedural preparation of the patient, including providing assistance when asked to by a surgeon, anesthesiologist, physician or any clinical staff.
4. Vendors may not open sterile products, instruments, instrument sets, or adjust equipment including providing assistance when asked to by a surgeon, anesthesiologist, physicians, or any clinical staff.
5. Vendors will not retrieve products other than those that they have brought with them for a specified procedure.
6. Vendors will remain outside of the surgical/procedural suite until the patient is prepped and draped for the procedure. It is the nurse/technician’s responsibility to call for the vendor at the appropriate time.
7. Upon completion of the procedure, Vendor shall discard the used scrub uniform, and any other Personal Protective Equipment appropriately and safely

RADIOLOGICAL SERVICES

1. Vendors are responsible to train their staff in radiation safety and supply dosimetry badges to their employees in the event that they enter any area such that the does limits outlined in the NRS and NAC regulations could be met.
2. Protective equipment must be worn at all times as indicated in Radiological safety precautions Policy and Procedures
 - a. UMCSN will provide necessary protective aprons and must be worn when policy indicates.

CLINICAL ENGINEERING

1. All Vendor service personnel entering the facility are required to utilize UMCSN 3rd party credentialing service.
2. The Clinical Engineering Department is available for further check-in Monday through Friday, 6:30a – 4:30p. These visits will be documented in the Vendor control log, identifying the requesting department, equipment, date and time of the service.
3. Service reports will be delivered to the Clinical Engineering Department at the completion of the work order or in an agreed fashion.
4. All after hour visits will be of Emergency repair nature and will have been initiated by the manager of that department. In these cases, the outside service personnel will check in with the 3rd Party Credentialing “Kiosk”, Security and the appropriate supervisor. A Vendor service report is required to be left in all cases of invoicing at the department where service was rendered.
5. The service report should be forwarded to the Clinical Engineering Department after all visits.
6. No invoices will be paid for services, which are not accompanied by the service report.
7. The Clinical Engineering Department will monitor the quality and competency of the outside contractors along with the Manager of the respective departments.

HUMAN RESOURCES

Please refer to Temporary Staffing / Third-Party Equipment (I-66).

PHARMACY SERVICES

In order to meet the confidentiality requirements as mandated by Federal HIPAA guidelines, we request the following from all business contacts and sales representatives seen within the UMCSN facility:

1. Individuals will be seen by pre-approved appointment only, utilization of UMCSN 3rd Party Credentialing process is necessary to gain access. (Online Meeting Generator).
2. If you are booking an appointment with non-pharmacy personnel, this meeting must take place in non-patient

care areas and in an area that does not require travel in a patient care hallway or area. Suggestions are: off campus offices or offices not in a patient care zone; cafeteria; conference or meeting rooms not in a patient care zone; medical school offices, etc.

3. Pharmacy will not provide badges for non-Pharmacy appointments, as we are unable to supervise or take responsibility for ensuring confidentiality. If you are here under the authority or request of the Pharmacy Department, you will ensure that you are properly badged and/or obtain patient consent, as required.
4. UMCSN will be enforcing these regulations. Individuals who are found to be in violation of these guidelines will be referred to Public Safety and may be escorted off UMCSN property.

The following departments will require Vendors to register with 3rd Party Vendor Credentialing Provider as noted in this policy under “Credentialing”. Vendor will login at UMCSN Kiosk, retrieve Vendor Badge and proceed to respective department for further department specific sign-in:

- Information Technologies
- Health Information Management
- Nursing Administration
- Food and Nutritional Services
- Materials Management
- Laboratory Services
- Plant Operations
- Clinical Engineering
- Social Services
- Case Management
- Environmental Services (Housekeeping)

INSTITUTIONAL REVIEW BOARD (IRB)
Application and Approval Responsibilities

All investigational drug, device and procedure studies are under the auspices of the IRB and must have a Principal Investigator who is a member of the UMCSN Medical or Dental Staff. They must submit the application for review/comment/recommendation to the Medical Staff Department/IRB Coordinator and who will assume responsibility for ensuring the packet is complete and accurate for approval consideration by the Institutional Review Board (IRB) at University Medical Center (UMCSN).

Investigational drugs, devices, and procedures will be used only under the direct supervision of the Principal Investigator or Co-investigator who will be a member of the Active, Associate or Provisional staff category of the Medical Staff of University Medical Center. A Principal or Co- investigator may not exceed privileges approved on their individual Delineation of Privileges Form.

STATEMENT OF AGREEMENT

1. I agree and acknowledge that I will be under the supervision and direction of the UMCSN personnel including the Charge Nurse/Physician at all times. I will abide by and comply with all the UMCSN policies & guidelines / directives as written.
2. I have read and agreed to comply with University Medical Center's Policy and Procedure entitled "Roles, Responsibilities and Credentialing; Vendors". Failure to comply with UMCSN requirements is subject to loss of Business privileges at UMCSN. UMCSN reserves the right to restrict any representative and the company they represent from UMCSN property.
3. I agree and acknowledge that I am visiting UMCSN at my own risk and release UMCSN from any liability or claims related to my presence here. I further agree to indemnify UMCSN from and all claims related to my presence.
4. I understand that I am to consider all information regarding patient care and welfare, including the presence of the patient in the hospital, as privileged and confidential information. I acknowledge that I do not have access to Protected Health Information (PHI) unless a business contract specifically delineates such access or patient authorization has been obtained.
5. I commit to protecting the privacy of the patients of University Medical Center and will not divulge, release or share information, which is confidential, with any individual.
6. At the time of executing this Agreement, I declare that I am free of any infectious diseases and have no symptoms or concerns, which could be of an infectious nature. I understand that when entering University Medical Center that I must be free of any infectious diseases and I agree that I will not enter if I have any symptoms or concerns, which may be of an infectious nature.
7. I understand I must complete the online orientation process through UMCSN 3rd Party Credentialing Program prior to obtaining access to the UMCSN facilities.

Vendor/Sales Representative (Name)

Company

Date

ATTACHMENT 6

**UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
ADMINISTRATIVE POLICY AND PROCEDURE MANUAL**

SUBJECT: Contracted Non-Employees /Allied Health Non-Credentialed /Dependent Allied Health / Temporary Staff / Construction/Third Party Equipment		ADMINISTRATIVE APPROVAL:
EFFECTIVE: 9/96	REVISED: 6/99; 10/01; 4/07; 1/08; 3/11; 5/14, 5/16	
POLICY #: I-66		
AFFECTS: Organization wide		

PURPOSE:

To ensure that contractual agreements for the provision of services are consistent with the level of care defined by Hospital policy; and, to ensure the priority utilization of contracted services, staffing and equipment.

POLICY:

1. All entities providing UMCSN with personnel for temporary staffing and Allied Health Providers must have a written contract that contains the terms and conditions required by this policy. Dependent Allied providers working with credentialed physicians without a contract must also abide by the policy.
2. All credentialed Physicians, Physician Assistants, Nurse Practitioners and other credentialed Allied Health personnel will abide by the policies and procedures as set by the Medical Staff Bylaws.
3. All equipment provided and used by outside entities must meet the safety requirements required by this policy.
4. Contract(s) will be developed collaboratively by the department(s) directly impacted, the service agency and the hospital Contracts Management department.
5. Contract(s) directly related to patient care must be reviewed and evaluated by the Medical Executive Committee to ensure clinical competency.
6. Contract(s) must be approved by the Chief Executive Officer or applicable board prior to the commencement of services.

TEMPORARY STAFFING:

Contractual Requirements

Contractor must meet and adhere to all qualifications and standards established by Hospital policies and procedures (including Administrative, Infection Control/Employee Health Services, and Human resource related as applicable); The Joint Commission; and, all applicable regulatory and/or credentialing entities specific to services included in contract.

In the event a contractor contracts with an individual who is certified under the aegis of the Medical and Dental Staff Bylaws or Allied Health, the contract must provide contracted individuals applicable education, training and licensure as appropriate for the assigned responsibilities. The contracted individual must fulfill orientation requirements consistent with other non-employee staff members.

Records concerning the contracted individual shall be maintained by Hospital's Department of Human Resources (HR) and the clinical department directly impacted by the services provided. HR will provide Employee Health and Organizational Development departments with an ongoing list of these individuals and the department in which they work.

Laboratory Services

All reference and contracted laboratory services must meet the applicable federal regulations for clinical laboratories and maintain evidence of the same.

Healthcare Providers

In the event a service agency employs or contracts with an individual who is subject to the Medical and Dental Staff Bylaws, or the Allied Health Providers Manual, the contract must provide the individual's applicable education, training and licensure appropriate for his or her assigned responsibilities. The assigned individual must have an appropriate National Provider Identifier (NPI).

Clinical Care Services

Contractor may employ such Allied Health providers as it determines necessary to perform its obligations under the contract. For each such Allied Health provider, contractor shall be responsible for furnishing Hospital with evidence of the following:

1. Written job description that indicates:
 - a. Required education and training consistent with applicable legal and regulatory requirements and Hospital policy.
 - b. Required licensure, certification or registration as applicable.
 - c. Required knowledge and/or experience appropriate to perform the defined scope of practice, services and responsibilities.
2. Completed pre-employment drug screen and background check consistent with UMCSN's contracted background check protocol. Testing should include HHS Office of Inspector General (OIG), Excluded Party List System (EPLS), sanction checks and criminal background. If a felony conviction exists, UMCSN's HR department will review and approve or deny the Allied Health Practitioner's access to UMCSN Campus. UMCSN will be given authorization to verify results online by contractor.
3. The following medical information must be provided to UMCSN and outlined by UMCSN Employee Health Department.
 - a. Evidence of annual TB testing (within the last 2 years), a current 2 step TB skin test, or a current IGRA blood test. Current TB testing is TB testing that is from within the last 12 months. The 2 step TB skin test must be 2 TB tests done within the current year, at least 10 days apart. A Quantiferon TB test from within the last year. Individuals with a positive TB test must have proof of a past positive skin test,, a negative chest x-ray and a negative sign and symptom review completed. The sign and symptom review should be completed within 4 weeks of contract at UMCSN.
 - b. Documentation of the current seasons' Influenza vaccine or UMCSN's signed declination is required during Influenza season. All personnel will follow UMCSN's Influenza policy 6.5. (Influenza season is generally Oct-March 31st. Season is defined within policy by the Infection Control Department).
 - c. Tdap vaccination is required for any personnel with contact in PEDS, PICU, PEDS ER, NICU, Labor and Delivery, FRC and FBCC.
 - d. Hepatitis B vaccine series (3 vaccines), or titers showing immunity or a declination for all personnel in clinical areas.
 - e. Measles, Mumps and Rubella (MMR) series (2 vaccines),or titers showing immunity;
4. The following vaccines are highly suggested by UMCSN and the CDC for all healthcare workers and records are maintained and kept current at the agency. Contractor will provide UMCSN authorization to audit these files upon request.
 - a. Varicella vaccine series (2 vaccines), titer showing immunity or a history of disease;
 - b. Tdap vaccine (1 vaccine) for personnel not in areas listed above (3 c).
5. The contractor will complete a competency assessment of the individual (1) upon hire, (2) at the time initial service is provided, (3) when there is a change in either job performance or job requirements and (4) on an annual basis.
 - a. Competency assessments of Allied Health providers must clearly establish that the individual meets all

qualifications and standards established by Hospital policies and procedures, The Joint Commission and all other applicable regulatory and/or credentialing entities with specific application to the service provided.

- b. Competency assessments of Allied Health providers must clearly address the ages of the patients served by the individual and the degree of success the individual achieves in producing the results expected from clinical interventions.
 - c. Competency assessments must include an objective, measurable system and be used periodically to evaluate job performance, current competencies and skills.
 - d. Competency assessments must be performed annually, allow for Hospital input and be submitted to Hospital's HR department.
 - e. The competency assessment will include a competency checklist for each Allied Health provider position, which at a minimum addresses the individual's:
 - i. Knowledge and ability required to perform the written job description;
 - ii. Ability to effectively and safely use equipment;
 - iii. Knowledge of infection control procedures;
 - iv. Knowledge of patient age-specific needs;
 - v. Knowledge of safety procedures; and
 - vi. Knowledge of emergency procedures.
6. Contractor has conducted an orientation process to familiarize Allied Health providers with their jobs and with their work environment before beginning patient care or other activities at UMCSN inclusive of safety and infection control. The orientation process must also assess each individual's ability to fulfill the specific job responsibilities set forth in the written job description.
 7. Contractor periodically reviews the individual's abilities to carry out job responsibilities, especially when introducing new procedures, techniques, technology and/or equipment.
 8. Contractor has developed and furnishes ongoing in-service and other education and training programs appropriate to patient age groups served by Hospital and defined within the scope of services.
 9. Contractor submits to Hospital for annual review:
 - a. The level of competence of the contractor's Allied Health providers that meets UMCSN standards; and
 - b. The patterns and trends relating to the contractor's use of Allied Health providers.
 10. Contractor ensures that each Allied Health provider has acquired an identification badge from Hospital's HR department before commencing services at Hospital's facilities; and ensures badge is returned to HR upon termination of service.
 11. Contract requires the contractor, upon Hospital's request, to discontinue the employment at Hospital's facilities of an Allied Health provider whose performance is unsatisfactory, whose personal characteristics prevent desirable relationships with Hospital staff, whose conduct may have a detrimental effect on patients, or who fails to adhere to Hospital's existing policies and procedures. HR will be notified so appropriate action can be taken to remove access.

Non Clinical Short Term Temporary Personnel

Non clinical/short term personnel such as Engineering-related contractors or vendors and/or construction workers on site within the hospital for construction, remodeling or on property for new project implementation will be required to adhere to UMCSN Infection Control requirements as outlined below. "Short term" is defined as not more than 2 months. Original records are to be maintained by the contractor. A copy will also be available within the appropriate department at UMCSN.

1. Evidence of annual TB testing (2 years), a current 2 step TB test, or an IGRA blood test. Individuals with a positive TB test must have proof of a past positive skin test, a negative sign and symptom review and a negative chest x-ray.
2. Or, in-lieu of the above TB testing, contractor and subcontractor personnel may elect to complete weekly health screening forms and abide by any/all recommendations/requirements set forth by UMCSN's Infection Control Department.
3. Current seasons' Influenza vaccine is encouraged for all contractor/subcontractor personnel. However UMCSN's Infection Control Department reserves the right to require this vaccine at any time. All personnel will

follow UMCSN's EH6.5 Influenza Policy (Influenza season is generally November through March).

Non clinical/short term personnel such as Engineering-related vendors and/or construction workers working outside of the hospital are not required to meet any specific Infection Control/Employee Health Services requirements.

Non Clinical Personnel

Non Clinical personnel that are assigned to work at UMCSN by approved contracted agencies (banks, gift shops, etc.) will be required to follow basic on-boarding requirements like UMCSN application, background check, drug screening, medical screening as outlined and attend orientation prior to working on premises. Personnel files will be maintained in Human Resources until the person ceases working on property. All annual testing and requirements will be required of these personnel.

EQUIPMENT:

In the event Hospital contracts for equipment services, documentation of a current, accurate and separate inventory equipment list must be provided to appropriate department to be included in Hospital's medical equipment management program.

1. All equipment brought into UMCSN is required to meet the following criteria:
 - a. Electrical safety check which meets the requirements of Hospital's Clinical Engineering department.
 - b. Established schedule for ongoing monitoring and evaluation of equipment submitted to Hospital's Clinical Engineering department.
 - c. Monitoring and evaluation will include:
 - i. Preventive maintenance;
 - ii. Identification and recordation of equipment management problems;
 - iii. Identification and recordation of equipment failures; and
 - iv. Identification and recordation of user errors and abuse.
 - d. Results of monitoring and evaluation shall be recorded as performed and submitted to Hospital's department of Clinical Engineering.
2. Documentation on each contractor providing medical equipment to assure users of equipment are able to demonstrate or describe:
 - a. Capabilities, limitations and special applications of the equipment;
 - b. Operating and safety procedures for equipment use;
 - c. Emergency procedures in the event of equipment failure; and
 - d. Processes for reporting equipment management problems, failures and user errors.
3. Documentation on each contractor providing medical equipment to assure technicians maintaining and/or repairing the equipment can demonstrate or describe:
 - a. Knowledge and skills necessary to perform maintenance responsibilities; and
 - b. Processes for reporting equipment management problems, failures and user errors.

MONITORING:

The contractor will provide reports of performance improvement activities at defined intervals. A contractor providing direct patient care will collaborate, as applicable, with Hospital's Performance Improvement Department regarding Improvement Organization Performance (IOP) activities.

Process for Allied Health Provider working at UMCSN Hospital Campus

1. All Allied Health and Dependent Allied Health Provider personnel from outside contractors monitored by HR (non-credentialed/licensed) working at UMCSN will have the following documentation on file in Department of Human Resources:
 - a. Copy of contract
 - b. Copy of Contractor's liability insurance (general and professional)

- c. Job description
 - d. Resume'
 - e. Copy of current Driver's License **OR** One 2x2 photo taken within two (2) years
 - f. Specialty certifications, Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), etc.
 - g. Current license verification/primary source verifications
 - h. Competency Statement/Skills Checklist (Contractor's and UMCSN's)
 - i. Annual Performance Evaluation(s)
 - j. UMCSN's "Department Specific Orientation" form
 - k. Attestation form/letter from Contractor completed for medical clearances except for TB test and Influenza vaccine.
 - l. Completion of Non-Employee specific orientation
2. The following documents may be maintained at Contractor's office:
- a. Medical Information to include: History and Physical (H&P), Physical examination or certification from a licensed physician that a person is in a state of good health (Clinical Personnel), Annual Tuberculosis (TB) test or Chest X-Ray, Immunizations, Hepatitis B Series or waiver, Measles/Mumps/Rubella Immunizations or adequate titers, Chicken Pox questionnaire, drug tests results and other pertinent health clearance records as required. The results of these tests can be noted on a one (1) page medical attestation form provided by UMCSN. TB test results and Influenza vaccine must be submitted to Human Resources.
 - b. Attestation form must be signed by the employee and contractor. The form can be utilized to update information as renewals or new tests. The form must be provided to Hospital each time a new employee is assigned to UMCSN. Once the above criteria are met, the individual will be scheduled to attend orientation, receive an identification badge and IT security access.
 - c. Any and all peer references and other clearance verification paperwork must be maintained in the contractor's office and be available upon request.

Non-Employee Orientation–Provided by the Organizational Development Department

- 1. Non-Employee orientation must occur prior to any utilization of contracted personnel.
- 2. Orientation may be accomplished by attendance at non-employee orientation; or, by completion of the "Agency Orientation Manual" if scheduled by the Organizational Development Department.
- 3. Nurses must complete the RN orientation manual before working if Per Diem and within one (1) week of hire if a traveler nurse. RN orientation will be scheduled by the appropriate responsible UMCSN Manager.
- 4. Each contracted personnel will have a unit orientation upon presenting to a new area. This must be documented and sent to Organizational Development department. Components such as the PYXIS tutorial and competency, Patient Safety Net (PSN), Information Technology Services (IT), Glucose monitoring as appropriate and any other elements specific to the position or department.

Contractor Personnel Performance Guidelines

- 1. Arrive at assigned duty station at the start of shift. Tardiness will be documented on evaluation.
- 2. Complete UMCSN incident reports and/or medication error reports, when appropriate, using the PSN. The contractual individual is to report to the Director of their employer all incidents and medication errors for which they are responsible. UMCSN will not assume this responsibility. UMCSN agrees to notify Agency when an employee(s) is known to have been exposed to any communicable diseases.

Agency Personnel Assignment Guidelines

- 1. Duties will be assigned by the Physicians, Department Manager, and Charge Nurse/Supervisor that

matches their skill level as defined on the competency checklist.

2. Administer care utilizing the standards of care established and accepted by UMCSN.
3. Be responsible to initiate update or give input to the plan of care on their assigned patients as defined in job description.
4. Will not obtain blood from the lab unless properly trained by the unit/department to do so. Training must be documented and sent to Organization Development department.
5. Administer narcotics as appropriate to position and scope of practice.

Infection Control Risk Assessment for Construction (ICRA)

Site:

Date of evaluation:

Step One:

Using the following table, identify the type of construction activity:

TYPE A	<p>Inspection and Non-Invasive Activities.</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> ▪ removal of ceiling tiles for visual inspection, limited to 1 tile per 50 square feet ▪ painting (but not sanding) ▪ wall covering, electrical trim work, minor plumbing, and activities which do not generate dust or require cutting of walls or access to ceilings other than for visual inspection.
TYPE B	<p>Small scale, short duration activities which create minimal dust</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> ▪ installation of telephone and computer cabling ▪ access to chase spaces ▪ cutting of walls or ceiling where dust migration can be controlled.
TYPE C	<p>Work that generates a moderate to high level of dust or requires demolition or removal of any fixed building components or assemblies</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> ▪ sanding of walls for painting or wall covering ▪ removal of floor coverings, ceiling tiles and casework ▪ new wall construction ▪ minor duct work or electrical work above ceilings ▪ major cabling activities ▪ any activity which cannot be completed within a single work shift.
TYPE D	<p>Major demolition and construction projects</p> <p>Includes, but is not limited to:</p> <ul style="list-style-type: none"> ▪ activities which require consecutive work shifts ▪ requires heavy demolition or removal of a complete cabling system ▪ new construction.

Step Two:

Using the following table, identify the patient risk groups that will be affected. If more than one risk group will be affected, select the higher risk group:

Low Risk	Medium Risk	High Risk	Highest Risk
<ul style="list-style-type: none"> ▪ Office areas ▪ Unoccupied Space 	<ul style="list-style-type: none"> ▪ Cardiology ▪ Echocardiography ▪ Endoscopy ▪ Nuclear Medicine ▪ Physical Therapy ▪ Radiology/MRI ▪ Respiratory Therapy 	<ul style="list-style-type: none"> ▪ CCU ▪ Emergency Room ▪ Labor & Delivery ▪ Laboratories (specimen) ▪ Newborn Nursery ▪ Outpatient Surgery ▪ Pediatrics ▪ Pharmacy ▪ Post Anesthesia Care Unit ▪ Surgical Units ▪ Maternity 	<ul style="list-style-type: none"> ▪ Any area caring for immunocompromised patients ▪ Cardiac Cath Lab ▪ Central Sterile Supply ▪ Intensive Care Units ▪ Medical Unit ▪ Negative pressure isolation rooms ▪ Oncology ▪ Operating rooms, including C-section rooms

Step Three:

Match the patient risk group (low, medium, high, highest) with the planned project type (A, B, C, D) on the following matrix, to find the level of infection control activities which are required. The color-coded precautions are delineated on the next page.

1. Construction Activity/Infection Control Matrix

Patient Risk Level	Construction Project Type			
	TYPE A	TYPE B	TYPE C	TYPE D
Low Risk Group	I	II	II	III/IV
Medium Risk Group	I	II	III	IV
High Risk Group	I	II	III/IV	IV
Highest Risk Group	II	III/IV	III/IV	IV

Note: Infection Control approval will be required when the Construction Activity and Risk Level indicate that Class III or Class IV control procedures are necessary.

Infection Control Precautions

	During Construction Project	Upon Completion of Project
CLASS I	<p>Execute work by methods to minimize raising dust from construction operations.</p> <p>Immediately replace a ceiling tile displaced for visual inspection</p>	
CLASS II	<ol style="list-style-type: none"> 1. Provide active means to prevent airborne dust from dispersing into atmosphere. 2. Water-mist work surfaces to control dust while cutting. 3. Seal unused doors with duct tape. 4. Block off and seal air vents. 5. Place dust mat at entrance and exit of work area. 6. Remove or isolate HVAC system in areas where work is being performed. 	<ol style="list-style-type: none"> 1. Wipe work surfaces with disinfectant. 2. Contain construction waste before transport in tightly covered containers. 3. Wet mop and/or vacuum with HEPA filtered vacuum before leaving work area. 4. Remove isolation of HVAC system in areas where work is being performed.
CLASS III	<ol style="list-style-type: none"> 1. Remove or Isolate HVAC system in area where work is being done to prevent contamination of duct system. 2. Complete all critical barriers, i.e. sheetrock, plywood, plastic, to seal area from non-work area or implement control cube method (cart with plastic covering and sealed connection to work site with HEPA vacuum for vacuuming prior to exit) before construction begins. 3. Maintain negative air pressure within work site, utilizing HEPA equipped air filtration units. 4. Contain construction waste before transport in tightly covered containers. 5. Cover transport receptacles or carts. Tape covering unless solid lid. 	<ol style="list-style-type: none"> 1. Do not remove barriers from work area until completed project is inspected by the owner's Safety Department and Infection Control Department and thoroughly cleaned by the owner's Environmental Services Dept. 2. Remove barrier materials carefully to minimize spreading of dirt and debris associated with construction. 3. Vacuum work area with HEPA filtered vacuums. 4. Wet mop area with disinfectant. 5. Remove isolation of HVAC system in areas where work is being performed.
CLASS IV	<ol style="list-style-type: none"> 1. Isolate HVAC system in area where work is being done to prevent contamination of duct system. 2. Complete all critical barriers, i.e. sheetrock, plywood, plastic, to seal area from non-work area, or implement control cube method (cart with plastic covering and sealed connection to work site with HEPA vacuum for vacuuming prior to exit) before construction begins. 3. Maintain negative air pressure within work site, utilizing HEPA equipped air filtration units. 4. Seal holes, pipes, conduits, and punctures appropriately. 5. Construct anteroom and require all personnel to pass through this room so they can be vacuumed using a HEPA vacuum cleaner before leaving work site, or they can wear cloth or paper coveralls that are removed each time they leave the work site. 6. All personnel entering work site are required to wear shoe covers. Shoe covers must be changed each time the worker exits the work area. 7. Do not remove barriers from work area until completed project is inspected by the owner's Safety Department and Infection Control Department and thoroughly cleaned by the owner's Environmental Services Department. 	<ol style="list-style-type: none"> 1. Remove barrier material carefully to minimize spreading of dirt and debris associated with construction. 2. Contain construction waste before transport in tightly covered containers. 3. Cover transport receptacles or carts. Tape covering unless solid lid 4. Vacuum work area with HEPA filtered vacuums. 5. Wet mop area with disinfectant. 6. Remove isolation of HVAC system in areas where work is being performed.

Step Four: Identify the areas surrounding the project area, assessing potential impact.

Unit Below	Unit Above	North	South	East	West
Risk Group -					

Step Five: Identify specific site of activity, e.g. Patient room, medication room, etc.

Step Six: Identify issues related to ventilation, plumbing, electrical – in terms of the possible/probable occurrences of outages:

Step Seven: Identify containment measures, using prior assessment. What types of barriers? (e.g. solid wall barriers) Will HEPA filtration be required?

(Note: Renovation/construction area shall be isolated from the occupied areas during construction and shall be negative with respect to surrounding areas.)

Step Eight: Consider potential risk of water damage. Is there a risk due to compromising structural integrity? (e.g. wall, ceiling, roof)

Step Nine: Work hours: Can or will the work be done during non-patient care hours?

Step Ten: Do plans allow for adequate number of isolation/negative airflow rooms?

Step Eleven: Do the plans allow for the required number & type of hand washing sinks?

Step Twelve: Does the infection control staff agree with the minimum number of sinks for this project?

Step Thirteen: Does the infection control staff agree with the plans relative to clean and soiled utility rooms?

Step Fourteen: Plan to discuss the following containment issues with the project team. (examples: traffic flow, housekeeping, debris removal (how & when))

Note: Identify and communicate the responsibility for project monitoring that includes infection control concerns and risks. The ICRA may be modified throughout the project. Revision must be communicated to the Project Manager.



Contractor Acknowledgement of UMC Procedures & Practices

Check In/Check Out Procedures

All outside contractors/vendors performing work at UMC are required to sign in upon entering the hospital and receive either a visitor's badge or temporary sticker badge. Prior to leaving the hospital, the contractor/vendor is required to sign out of the Vendor's Log and, if issued, return the visitor's badge. All badges will be worn at eye level and be prominently displayed. Failure to wear a badge could result in you being asked to leave the property immediately.

Parking

Parking is to be in designated areas only. You can, and will be towed if you park in any reserved parking spot. Parking in front of either loading docks is strictly prohibited unless prior arrangements have been made with receiving department personnel. UMC is not responsible for any parking violations received (i.e. expired parking meter fines, fire lanes, etc.) Vehicles are towed at owner's expense. Talk to any maintenance supervisor if special parking requirements are needed.

System/Utilities Shutdown Notification

Due to the nature of our business, any required interruptions of service to this facility, including but not limited to: Water, Power, Medical Gas, Natural Gas, etc., with the exception of emergencies, and Fire Safety System outages longer than 4 hours, must be made at least 14 days prior to the start of the job. Failure to notify us of interruptions could result in loss of patient life. Engineering must be notified at least 1 hour in advance to have fire alarms, smoke detectors, or sprinkler systems temporarily disabled.

Structural Fire Proofing

At no time will structural fireproofing (i.e. monokote) be removed from any I-beams or support braces without prior authorization from the Director of Engineering, or designee.

Hot Work

A Hot Work Permit is required for all temporary operation involving open flame or producing heat and/or sparks. This includes, but not limited to: Brazing, Cutting, Grinding, Soldering, Thawing Pipe, Torch Applied Roofing, Welding. Permits are available in the Engineering Department office. All requirements and guidelines listed on the Hot Work Permit shall be followed. UMC Safety Manager or designee will conduct an inspection of location prior to commencement of Hot Work. Fire watch shall be initiated upon completion of Hot Work. Contractor shall have fully charged and serviceable fire extinguisher at Hot Work location at all times when engaged in Hot Work. Flammables and combustibles shall be removed prior to work. Current Hot Work Permit is mandatory If performing any of the above-mentioned duties. If observed engaged in Hot Work without required permit work will be stopped immediately in addition to removal of offending contractor from property.

Above the Ceiling Work

Work of any kind of work being performed above the ceiling level must be reported to Engineering Department and be issued a contractor badge with red dot. This badge with red dot is your “permit”. If you are performing any work above the ceiling are not displaying a badge, you will be to told to stop all work and may be asked to leave the property immediately.

Wall Penetrations

Any penetrations into a firewall must be reported to the Engineering Department. Unless there are other arrangements made, it is your responsibility to ensure that any penetrations are properly patched using industry standard fire caulking material by certified installer in compliance with a UL listed penetration detail. Upon completion of the work an Engineering Maintenance Supervisor, or designee, will inspect the area and sign off on the job. If you are unsure whether the wall is a firewall, ask a supervisor.

Accident Reporting

Accidents happen and are to be reported to the Engineering Department immediately. Failure to notify the Engineering Department immediately can result in a contractor/vendor or contractor/vendor employee being permanently banned from working at this facility. Any contractor/vendor or their employee found to be working in an unsafe manner can be asked to leave the property immediately.

Infection Control

The following precautions should be taken to maintain safety: Isolate HVAC system to prevent contamination of duct system; construct anteroom and require all personnel to pass through this room so they can be vacuumed using a HEPA vacuum cleaner before leaving work site, or they can wear cloth or paper coveralls that are removed each time they leave the work site; all personnel entering work site are required to wear shoe covers or use sticky mats to trap dirt/dust, shoe covers must be changed each time the worker exits the work area or sticky mats changed whenever they lose their stickiness; contain construction waste before transport in tightly covered/taped containers; wet mop area with disinfectant; remove barrier material carefully to minimize spreading of dirt and debris associated with construction.

Construction Safety

All contractors engaged in construction activities to include renovations projects while commencing work on UMC property shall be in compliance with 29 CFR Part 1926 OSHA Construction Industry Safety and health Standards

Contractor – Safety

All emergencies – call Public Safety 24/7 - 383-2777 or 383-1810

Your emergency contact: Name: _____ Number: _____

Fire Codes - announcement via overhead paging system

- Code **Red Drill** – Fire drill
- Code **Red** - Actual Fire
- Code **Green** – all clear, you can resume work activities
- Contractor will provide their own fire extinguishers

Hospital Codes - announcement via overhead paging system

- o Code **Orange** – Hazardous Materials Spill
- o Code **Pink** – Pediatric/Infant Abduction
- o Code **Blue** – Cardiac arrest
- o Code **Black** – Bomb Threat
- o Code **Triage** – Disaster plan
- o Code **White** - Stroke

Emergency Exits

UMC Safety Manager/Engineering will show your representative emergency exits in the work area.

Partitions

Temporary construction partitions must be smoke tight and built of non-combustible materials.

Chemicals

- o Any chemicals brought on-site, UMC Safety Manager must have a MSDS/SDS
- o No flammable materials stored on-site
- o All containers must be properly labeled

Noise

UMC Safety Manager/Engineering must be notified if noise levels exceed 90 db inside the hospital

Electrical

Only UL approved electrical devices may be used at UMC. No frayed wiring or inappropriate use of extension cords. Use ground-fault circuit interrupters (GFCI's) as required.

Smoking

Smoking is prohibited on UMC property.

Waste

All waste and debris must be removed from premises at end of workday.

OSHA

Contractor shall have current OSHA 10 or 30 Hour card in their possession when engaged in work on UMC property

It is the responsibility of the General/Prime Contractor to provide and maintain documentation of UMC's Contractor's Procedures and Practices to all sub-contractors.

Print Employee Name

Signature

Date

Company