

REQUEST FOR PROPOSALS
(COMPETITIVE SEALED PROPOSALS)

**Design–Build Renovations to Receive New
Imaging Equipment and Refrigeration
Upgrades**

RFP No: 26-0306

for

**Hawaii Health Systems Corporation
West Hawaii Region
Kona Community Hospital**

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<http://www.kch.hhsc.org/Procurement>
An Agency of the State of Hawaii

Date: February 24, 2026

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SECTION 1 ADMINISTRATION

1.0 INTRODUCTION

HHSC invites proposals from qualified and experienced licensed Design-Build Contractors to provide pre-construction, design, GMP development, permitting support, construction, commissioning, and closeout services for renovations to multiple imaging suites (Fluoroscopy, CT, and Diagnostic X-ray) and replacement of cafeteria walk-in refrigeration/freezer systems and the morgue refrigerator.

Imaging equipment will be provided under separate Owner-furnished contracts. The Design-Build Contractor shall provide complete, code-compliant, vendor-coordinated, ready-to-receive facilities that maintain hospital operations throughout construction.

This Request for Proposals (hereinafter "RFP") is issued by the Hawaii Health Systems Corporation West Hawaii Region Kona Community Hospital (hereinafter "HHSC"), a public body corporate and politic and an instrumentality and Agency of the State of Hawaii. This solicitation is governed by the applicable provisions of Hawaii Revised Statutes ("HRS") and implementing policies. All procedures and processes will be in accordance with applicable HRS Chapters including, but not limited to, 323F. To the extent this solicitation contains any terms or provisions inconsistent with applicable HRS Chapters and implementing policies, the statutes and the policies will control.

Thank you for your interest in submitting a proposal for this solicitation. The rationale for this competitive sealed RFP is to promote and ensure the fairest, most efficient means to obtain the **most qualified contractor** to HHSC, i.e. the proposal offering the greatest overall combination of quality of work and service and pricing. Hereinafter, organizations interested in submitting a proposal in response to this RFP shall be referred to as "OFFEROR".

As an offeror, you are expected to submit proposals that are accurate, complete, and contain all terms and conditions which you feel are necessary. If, after submitting your proposal, you find changes are necessary, you may change or withdraw your proposal any time up to the time of the proposal opening. However, after the opening, the proposal may not be changed or altered in any way.

In order for HHSC to evaluate OFFEROR'S response in a timely manner, please thoroughly read this RFP and follow instructions as presented.

1.1 RFP TIMETABLE

The timetable as presented represents HHSC’s best estimated schedule. If an activity of the timetable, such as “Closing Date for Receipt of Qualifications” is delayed, the rest of the timetable dates may be shifted. OFFEROR will be advised, by addendum to the RFP, of any changes to the timetable. Contract start date will be subject to the issuance of a Notice to Proceed.

No.	Activity	Planned Date
1.	RFP Public Announcement	February 24, 2026
1A	Pre-Proposal Conference at Kona Community Hospital Tour of Hospital Facilities. Reservation form (Appendix G) and signed Confidentiality Agreement (Appendix H) must be received no later than 12:00pm HST Monday, March 2, 2026 This meeting IS mandatory for all Offerors. See Appendix F for Agenda.	Tuesday, March 3, 2026 12:00 pm – 1:30 pm HST
2.	Closing Date for Receipt of Questions	Friday, March 6, 2026 12:00pm HST
3.	Addendum for HHSC Response to OFFEROR's Questions	Wednesday, March 11, 2026
4.	Closing Date for Receipt of Qualifications	Friday, March 20, 2026 10:00am HST
5.	Mandatory Requirements Evaluation	Friday, March 20, 2026
6.	Proposal Evaluations (including short list selection)	March 23 - 30, 2026
	Short List Notification	March 31, 2026
9.	Interviews	April 6-7, 2026
7.	Commercial Proposals Due	Due April 14, 2026
11.	Contractor Selection/Award Notification (on/about)	Tuesday April 21, 2026
12.	Contract Execution Period	April 21 – April 30, 2026
13.	Contract Tentative Award Date	April 30, 2026

Figure 1. Procurement Schedule

1.2 AUTHORITY

This RFP is issued under the provisions of the applicable Hawaii Revised Statutes (HRS). All OFFERORS are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any OFFEROR shall constitute admission of such knowledge on the part of such OFFEROR.

1.2.1 RFP ORGANIZATION

This RFP is organized into five Sections:

- SECTION 1: ADMINISTRATIVE**
Provides information regarding administrative requirements.
- SECTION 2: SCOPE OF SERVICES**
Provides a detailed description of goods and/or services to be

provided and delineates HHSC and CONTRACTOR responsibilities.

SECTION 3:

PROPOSALS

Describes the required format and content for submission of a proposal.

SECTION 4:

EVALUATION

describes how proposals will be evaluated and lists the “value weight percentages” of the evaluation categories.

SECTION 5:

AWARD OF CONTRACT

Describes procedures for selection and award of contract.

1.3 REGIONAL CHIEF EXECUTIVE OFFICER (RCEO)

The RCEO for HHSC West Hawaii Region, or designee, is authorized to execute any and all Agreements (Contracts), resulting from this RFP.

The RCEO for this RFP is:

Clayton R. McGhan
West Hawaii Region
Hawaii Health Systems Corporation
79-1019 Haukapila Street
Kealahou, HI 96750

Figure 2. RCEO – Regional Chief Executive Officer

1.4 DESIGNATED OFFICIALS

The officials identified in the following paragraphs have been designated by the RCEO as HHSC’s procurement officials responsible for execution of this RFP, award of Agreement and coordination of CONTRACTOR’s satisfactory completion of contract requirements.

1.4.1 ISSUING OFFICER

The Issuing Officer and her designee are responsible for administering/facilitating all requirements of the RFP solicitation process and are the **only points of contact** for OFFEROR from date of public announcement of the RFP until the selection of the successful OFFEROR. The Senior Issuing Officer will also serve as the Senior Contract Manager responsible for contractual actions throughout the term of the contract. The Issuing Officers are:

Yvonne S. Taylor, Sr. Contracts Manager
West Hawaii Region
Email WHRContractsMgmt@hhsc.org
Direct (808) 365-2415
AND
Loretta Buasriyottiya, Office Asst V (designee)
Email WHRContractsMgmt@hhsc.org
Direct (808) 322-6992

Figure 3. Issuing Officer

1.5 HHSC ORGANIZATIONAL INFORMATION

1.5.1 CHARTER

HHSC is a public body corporate and politic and an instrumentality and agency of the State of Hawaii. HHSC is administratively attached to the Department of Health, State of Hawaii and was created by the legislature with passage of Act 262, Session Laws of the State of Hawaii 1996. Act 262 affirms the State's commitment to provide quality health care for the people in the State of Hawaii, including those served by small rural facilities.

1.5.2 STRUCTURE AND SERVICES

HHSC oversees the operation of nine public health facilities throughout the Hawaiian Island chain, including Oahu, Kauai and Hawaii. In addition to the nine HHSC facilities, Kahuku Medical Center, Hawaii Health Systems Foundation, and Alii Community Care are wholly owned subsidiaries.

HHSC is organized into five operational regions and provides a broad range of healthcare services including acute, long term, rural and ambulatory health care services. As the fourth largest public health system in the country, HHSC is the largest provider of healthcare in the Islands, other than on Oahu, and is the only acute care provider on the Islands of Maui and Lanai. In fiscal year 2009, HHSC had a total of 3,892 full time employees, operating 1,260 licensed beds, located on five different islands, with approximately 22,378 in-patient admissions.

HHSC West Hawaii Region has two hospitals: Kohala Hospital and Kona Community Hospital.

Kona Community Hospital is a 94-bed full-service acute care hospital with 24-hour emergency services, proudly serving the West Hawaii community. For nearly 100 years Kona Community Hospital has been caring for the people of West Hawaii. Adding more and more services, Kona Community Hospital has constantly improved our abilities to serve our residents and visitors whenever they are in need.

The Kona Community Hospital staff includes over 400 highly skilled employees and 100 medical staff practitioners, many who have been with our hospital for over 20 years. Along with our professional and experienced staff, Kona Community Hospital has many volunteers and affiliates that support our hospital. Kona Community Hospital also is one of the largest employers in West Hawaii.

1.5.3 MISSION

The mission of HHSC is to provide and enhance accessible, comprehensive health care services that are quality-driven, customer-focused and cost-effective.

1.6 FACILITY INFORMATION

Detailed information pertaining to HHSC facilities is located at <http://www.hhsc.org>.

1.7 SUBMISSION OF QUESTIONS

Relevant questions must be submitted in writing via electronic mail, facsimile or post mail to the Issuing Officer no later than the "Closing Date for Receipt of Questions", identified in Figure 1 in order to generate an official answer. All written questions will receive an official written response from HHSC and become addenda to the RFP.

HHSC reserves the right to reject or deny any request(s) made by OFFEROR.

Responses by HHSC shall be due to the OFFEROR no later than the dates for initial questions and final questions stipulated in Figure 1.

Impromptu, un-written questions are permitted and verbal answers may be provided during pre-proposal conferences and other occasions, but are only intended as general direction and will not represent the official HHSC position and/or represent a modification in the design or specifications. The only official position of HHSC is that which is stated in writing and issued in the RFP as addenda thereto.

No other means of communication, whether oral or written, shall be construed as a formal or official response/statement and may not be relied upon.

Send relevant questions to:

Email: WHRContractsMgmt@hpsc.org

Figure 4. Contact for Relevant Questions

1.8 RFP REVIEW

OFFEROR should carefully review this RFP for defects and questionable or objectionable matter. Comments concerning RFP's defects and questionable or objectionable matter, including requests to revise the General or Special Conditions, must be made in writing and should be received by the Issuing Officer, Yvonne Taylor, no later than the "Closing Date for Receipt of Questions" as identified in Figure 1. This will allow issuance of any necessary amendments to the RFP.

1.9 RFP AMENDMENTS

HHSC reserves the right to amend the RFP any time prior to the ending date for the proposal evaluation period. RFP Amendments will be in the form of addenda and posted on the KCH Procurement website and well as electronically mailed to all bidders who have requested a RFP package.

1.10 CANCELLATION OF RFP

The RFP may be canceled at any time for any reason when it is determined to be in the best interests of HHSC.

1.11 GRIEVANCE

It is the policy of the West Hawaii Region to work cooperatively with all vendors to the end of fair and fiscally sound procurement decisions. In the event a vendor or prospective vendor feels that a procurement decision has been made or is about to be made that is not in accordance with applicable law or policies, the vendor is encouraged to proceed as follows:

Request a debriefing in writing by the Issuing Officer.

If the debriefing does not satisfy the vendor, a meeting may be requested with the Issuing Officer who may invite others to participate as needed.

If the Issuing Officer does not resolve the issue, the vendor may request a meeting with the RCEO. The RCEO is the last recourse for disputes relating to procurement decisions and all decisions made by the RCEO shall be final.

A grievance based upon the content of the RFP shall be submitted in writing within five (5) working days **after** the aggrieved individual/business knows or should have known of the facts; provided further that the grievance shall not be considered unless it is submitted in writing prior to and not later than the "Closing Date for Receipt of Questions" identified in Figure 1.

Such grievances of an award or proposed award shall be submitted within five (5) working days after the posting of award of the contract. The notice of award, if any, resulting from this solicitation shall be posted on the Kona Community Hospital website:

<http://www.kch.hhsc.org/Procurement/>

Figure 5. Website for all Procurement Activities

SECTION 2 SCOPE OF SERVICES

2.0 SCOPE OF SERVICES

This Design–Build project includes renovation of imaging suites (Fluoroscopy, CT, and Diagnostic X-ray), replacement of cafeteria walk-in refrigeration/freezer systems, and replacement of the morgue refrigerator at Kona Community Hospital. The Design–Build Contractor shall provide full pre-construction, design, GMP development, permitting support, construction, commissioning, training, and closeout services. All scope requirements are fully defined in this Section 2 and Division 1 – General Requirements.

The Design–Build Contractor shall provide full pre-construction, design, GMP development, permitting support, construction, commissioning, training, and closeout services, while maintaining uninterrupted hospital operations.

The Contractor represents that, prior to submitting a response to this Request for Proposal, they have carefully reviewed the enclosed documents and inspected the site of the proposed work. In addition, they are fully informed of the conditions under which the work is to be performed. The Contractor further represents that they have satisfied themselves to the actual conditions of the premises, existing construction, actual elevations site logistics, local code restrictions, and any other conditions affecting the completion of the intended work. It being hereby understood and agreed that no considerations will be allowed subsequently to the Contractor's submission of their response to the Request for Proposal by reason of error, or oversight, on the part of the Contractor or, on account of, interference by other Contractor's activities. The Contractor's Proposal shall include, as a minimum, the following Scope of Services.

Division 1 – General Requirements, as provided in DIVISION 1_General Requirements_FINAL.docx, is incorporated by reference and establishes administrative, coordination, phasing, infection control, scheduling, quality, commissioning, and closeout requirements.

A. Pre-Construction Phase Services

The Contractor shall perform pre-construction services necessary to support successful design development, GMP establishment, permitting, and construction readiness, including the following:

1. Ensure that each employee who will spend more than ten (10) hours per week onsite inside a KCH building has completed all requirements contained in the Contractor Guidelines Handbook (Appendix L) no less than two (2) weeks prior to beginning work. Employees who have not completed all requirements shall not be permitted onsite.
2. Coordinate with the Hospital Technical Representative / Construction Supervisor to verify proper sequencing of work, phasing, and access requirements to maintain uninterrupted hospital operations.
3. Coordinate with the Architect of Record, engineering consultants, and Authorities Having Jurisdiction (AHJ) to support permitting activities. After permit approval,

the Contractor shall retrieve all issued permits. Permit fees will be paid by the Owner.

4. Identify, evaluate, and commit qualified subcontractors with appropriate healthcare and imaging experience.
5. Develop, finalize, and submit a detailed CPM schedule for review and approval by HHSC, coordinated with hospital operations, long-lead procurement items, imaging vendor requirements, and utility shutdown constraints.
6. Obtain and submit original Performance and Payment Bonds to the Contracts Department within thirty (30) days of execution of the Agreement.
7. Obtain all required insurance coverages and submit certificates to the Contracts Department within thirty (30) days of execution of the Agreement.
8. Prepare and submit a project-specific Infection Control Risk Assessment (ICRA) and Interim Life Safety Measures (ILSM) plan for KCH review and approval. Coordinate directly with KCH Infection Control as required.
9. Verify receipt, condition, and readiness of any Owner-Furnished Contractor-Installed (OFICI) equipment.
10. Review Owner-Furnished Owner-Installed (OFOI) equipment layouts to confirm all required rough-ins, blocking, shielding, utilities, clearances, and access are fully coordinated.
11. Perform all additional pre-construction activities required to ensure a successful project and compliance with applicable laws, codes, and HHSC requirements.

B. Design Development Phase & Owner Coordination

In conjunction with pre-construction services, the Contractor shall provide full design services through a qualified Architect of Record and engineering team experienced in active healthcare and imaging environments. **Architects without active healthcare and imaging suite design experience will not be considered.** Design services shall include programming, design development, construction documentation, and regulatory approvals necessary to support GMP establishment and construction.

1. User Group and Stakeholder Coordination

The Contractor shall plan, conduct, document, and manage structured coordination meetings with KCH staff throughout design, including but not limited to:

- Functional programming meetings with affected clinical departments
- Imaging equipment vendor coordination meetings (CT, Fluoroscopy, X-ray).

All imaging vendor requirements shall be fully integrated into programming, design development documents, construction documents, and construction activities, including commissioning and turnover.

- Facilities and Maintenance coordination meetings
- Infection Control and Life Safety coordination meetings
- Dietary Department coordination for cafeteria refrigeration systems
- Laboratory and clinical leadership coordination for CT and future mammography areas

2. Design Deliverables and Reviews

The Contractor shall submit design documents for KCH review at the following minimum milestones:

- Programming / Basis-of-Design

- 30% Design
- 60% Design
- 90% Design
- Issued for Construction (IFC)

Each submission shall incorporate written responses to Owner comments.

3. Vendor and Regulatory Coordination
The Contractor shall coordinate continuously with imaging equipment vendors to integrate all equipment, shielding, power, cooling, IT, and anchorage requirements into the design. The Contractor shall prepare and submit radiation shielding designs and calculations for Department of Health review and coordinate all AHJ permitting activities.
4. Design Quality, Risk, and Cost Control
The Contractor shall maintain a documented design QA/QC process, update cost estimates and risk registers at each design milestone, and identify constructability risks and mitigation strategies to support GMP development.
5. GMP Development and Pricing
 - a. The Guaranteed Maximum Price (GMP) shall be established following completion and Owner acceptance of design development, anticipated between the 60 percent and 90 percent design milestones.
 - b. The GMP proposal shall be submitted on an open-book basis using a detailed, line-item Schedule of Values in the format provided in Attachment 1.
 - c. The GMP shall clearly identify direct costs, indirect costs, General Conditions, allowances, contingency, and the Design-Build Contractor's fee.
 - d. Use of contingency funds shall require prior written approval by the Owner and shall be documented in accordance with HHSC requirements.
 - e. The Owner reserves full audit rights for all GMP cost components in accordance with applicable HHSC and State of Hawai'i requirements.

C. Construction Phase Services

C.1 Construction Management and Execution

The Contractor shall provide full construction services and site management, including:

1. Furnish, coordinate, and supervise all construction work in accordance with approved documents, codes, and regulatory requirements.
2. Construction shall be executed in conformity with imaging vendor coordination requirements established during the Design Development Phase.
3. Regulate, control, and coordinate all subcontractors and suppliers.
4. Manage work sequencing and coordination to meet the approved schedule and minimize impacts to hospital operations.
5. Implement a project-specific Quality Control program.
6. Review, coordinate, and manage all shop drawings, submittals, and product data prior to submission to the design team and maintain a complete submittal log.
7. Coordinate daily construction activities, deliveries, storage, and access with the Construction Supervisor.
8. Conduct weekly Owner-Architect-Contractor (OAC) meetings, prepare agendas, and distribute meeting minutes.
9. Comply with KCH standard working hours of Monday through Friday, 7:00 a.m. to 3:30 p.m., unless otherwise approved in writing.

C.2 Cost Control, Accounting, and Labor Compliance

1. Develop and maintain a detailed Schedule of Values consistent with GMP requirements.
2. Review monthly progress payment applications and provide recommendations to the Construction Supervisor.
3. Submit monthly invoices in accordance with the Contract Documents.
4. Review subcontractor change order requests and prepare independent evaluations of cost and schedule impacts.
5. No change order shall proceed without written Owner approval.
6. Comply with all State of Hawai'i prevailing wage requirements and certified payroll laws.
7. Submit weekly certified payroll reports for all Contractor and subcontractor employees as required by KCH.

D. Post-Construction and Closeout Services

The Contractor shall perform complete closeout and turnover services, including:

1. Coordinate punch list walkthroughs with the Owner and design team and complete all punch list items within thirty (30) days of acceptance unless otherwise agreed in writing.
2. Assemble and deliver complete closeout documentation, including warranties, guarantees, operation and maintenance manuals, and training materials, in both hard-copy and digital formats within thirty (30) days of acceptance.
3. Coordinate and submit subcontractor care, maintenance, and warranty manuals with certifications of completeness.
4. Obtain and verify all required releases of claims prior to final payment.
5. Prepare and submit complete record drawings (architectural and engineering) in PDF and native formats within thirty (30) days of acceptance.
6. Provide documentation confirming all permit requirements have been satisfied and closed.
7. Provide Certificates of Occupancy and final inspection approvals, as applicable.

Items listed above in this section are not all-inclusive and it is expected that the CONTRACTOR know and perform all appropriate activities at the appropriate times during the renovation process.

Any questions or clarifications the CONTRACTOR may have shall be brought to the Construction Supervisor's attention in a timely manner so as to not delay the progress of the project.

*Additional specifics regarding the Scope of Services may be discussed at the Pre-Bid meeting and documented in writing via Addendum to the RFP. **The Pre-Bid meeting is mandatory for all OFFERORS.***

SECTION 3 PROPOSALS

3.0 INTRODUCTION

One of the objectives of the RFP is to make proposal preparation easy and efficient, while giving OFFEROR ample opportunity to highlight their proposal. When an OFFEROR submits a proposal, it shall be considered a complete plan for accomplishing the requirements described in this RFP.

3.1 PROPOSAL PREPARATION

OFFEROR shall prepare a written proposal in accordance with requirements of this Section. Proposals shall include all data and information requested to qualify proposals for evaluation and consideration for award. Non-compliance may be deemed sufficient cause for disqualification of a proposal. Examples of Non-Compliance are, but not limited to, no-bidding any section of RFP, quoting non-approved alternates or not submitting Sub Contractor information. The development of overly elaborate proposals and presentation material, not required and/or related to RFP requirements, is HIGHLY DISCOURAGED. Email your proposal to both Yvonne Taylor and Michelle Gray before Proposal due date as stated in section 1.1 RFP Timetable. Emailed proposals must contain pages for the mandatory tabs, as stated below in section 3.1.1 so different sections can be identified easily. If you would prefer, you may submit your response via hard copy. Loose bound 3 ring binders or binder clips are preferred. If you are going to mail/overnight your response, notify Yvonne Taylor and Michelle when it is sent so we can let the receiving department know.

3.1.1 MANDATORY PROPOSAL TABS

The following tabs must be used in the OFFEROR's proposal:

Mandatory Tabs	
PHASE 1	
1.	PROPOSAL TRANSMITTAL COVER LETTER
2.	TECHNICAL SECTION (QUALIFICATIONS)
	SUMMARY
	FIRM EXPERIENCE
	KEY PERSONNEL & TEAM QUALIFICATIONS
	TECHNICAL APPROACH & METHODOLOGY
	SAFETY RECORD & COMPLIANCE
	PAST PERFORMANCE / REFERENCES
3.	CONFIDENTIALITY AGREEMENT (Appendix H)
4.	SUBCONTRACTOR TABLE (Appendix I)
5.	REQUIREMENTS (see section 3.9)
6.	REQUIRED DOCUMENTATION / COMPLIANCE DOCUMENTS
	CERTIFICATE OF VENDOR COMPLIANCE (CURRENT WITHIN LAST 30 DAYS)
	W-9
	VENDOR TERMS AND CONDITIONS (if any)
	GENERAL EXCISE LICENSE (copy)
	GENERAL CONTRACTOR LICENSE (copy)
	LETTER FROM SURETY COMMITTING TO PROVIDE PAYMENT AND PERFORMANCE BOND
7.	PROPOSAL SUBMISSION CHECKLIST
PHASE 2	
1.	COMMERCIAL PROPOSAL
	COMMERCIAL TERMS & FEES
	COST BY SUITE / AREA
	ASSUMPTIONS, EXCLUSIONS AND ALLOWANCES

Figure 6. Mandatory Proposal Tabs

Appendix I – Subcontractor Table shall be completed and submitted as Tab #4. The Subcontractor Table shall not be embedded within the Technical Section narrative.

Appendices included in this RFP are provided for reference unless expressly stated otherwise. Only documents identified as Required Documentation or Attachments shall be completed and submitted by the OFFEROR.

Relevant material should be placed in the appropriate tabbed area. Greyed in areas in the Mandatory Proposal Tabs (Figure 6) indicate category titles and separate sections. Inapplicable material or material placed in the incorrect tabbed area may not be evaluated.

3.2 COSTS FOR PROPOSAL PREPARATION

Any and all costs incurred in the development of proposals, i.e. preparing and submitting, on-site product/service demonstrations, on-site visits, oral presentations, travel and lodging, etc. shall be the sole responsibility of OFFEROR.

3.3 DISQUALIFICATION OF PROPOSALS

HHSC reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in the RFP and which demonstrate an understanding of the Scope of Services. HHSC reserves the right to ask for clarification of any item in the proposal.

An OFFEROR will be disqualified and the proposal automatically rejected for any one or more of the following reasons:

Proof of collusion among OFFERORS, in which case all proposals involved in the collusive action will be rejected.

The OFFEROR'S lack of responsibility and cooperation as shown by past work or services.

The proposal shows any noncompliance with applicable law.

The proposal is conditional, incomplete, or irregular in such a way as to make the proposal incomplete, indefinite, or ambiguous as to its meaning.

The proposal has any provision reserving the right to accept or reject award, or to enter into a contract pursuant to an award, or provisions contrary to those required in the solicitation.

Proof of exclusion from participation in federal health care programs, as defined in the Social Security Act (Section 1128 and 1128A), and other federal laws and regulations relating to health care.

3.4 SUBMISSION OF PROPOSALS

Each OFFEROR may submit only one (1) proposal (response). Alternate proposals will not be accepted. The Issuing Officer must receive one (1) proposal via electronic mail no later than the "Closing Date for Receipt of Proposals", identified in Figure 1. **Proposals received after this time/date may be rejected.**

Proposals transmitted via email shall have the following information in the subject line:

Proposal for RFP #26-0306 Design–Build Renovations to Receive New Imaging Equipment and Refrigeration Upgrades_ YOUR COMPANY NAME

3.5 PROPOSAL TRANSMITTAL COVER LETTER

OFFEROR is required to submit proposal with a transmittal cover letter. The transmittal cover letter must be on the OFFEROR'S official business letterhead; signed by an individual authorized to legally bind the OFFEROR and minimally include information, as written/requested, on the "sample" letter in APPENDIX A.

3.6 PUBLIC INSPECTION

Proposals shall not be opened publicly, but shall be opened in the presence of two or more procurement officials. The register of proposals and OFFERORS' proposals shall be open to public inspection after the contract is executed by all parties, subject to the nondisclosure provisions of HRS Chapter 92F.

OFFEROR shall request in writing the nondisclosure of designated trade secrets or other proprietary data to be confidential. Such data shall accompany the proposal and shall be readily separable from the proposal in order to facilitate eventual public inspection of the non-confidential portion of the proposal. The proposals are subject to disclosure rules set forth in Chapter 92F, H.R.S. The OFFEROR bears the burden of establishing that the designated data is exempted from the disclosure requirements set forth in Chapter 92F.

All proposals and other material submitted by OFFEROR become the property of HHSC and may be returned only at HHSC's option.

3.7 TECHNICAL SECTION

Any proposal offering a significantly non-compliant Technical Section may be disqualified without further notice.

3.7.1 SUMMARY

Clearly, concisely and briefly summarize and highlight the contents of the technical proposal in such a way to provide HHSC with a broad understanding and the unique, most promising aspects of the proposal. Summary should not exceed 1 page in length.

3.7.2 PROPOSER QUALIFICATIONS AND EVALUATION CRITERIA

Firm Experience

OFFEROR shall demonstrate relevant experience performing work of similar scope, size, and complexity to this project. Submittals should highlight recent and comparable projects, the OFFEROR's role and responsibilities, and the outcomes achieved. Experience with public agencies, healthcare, specifically imaging, projects and work in Hawai'i or comparable environments should be clearly identified.

Key Personnel & Team Qualifications

OFFEROR shall identify key personnel proposed for this project and describe their qualifications, experience, and specific roles and demonstrate that the proposed team has the appropriate technical expertise, professional credentials, and experience necessary to successfully deliver the required services. OFFEROR should clearly identify the Project Manager and key technical leads and describe their availability and commitment to the project.

Technical Approach & Methodology

OFFEROR shall describe its technical approach, methodology, and understanding of the project objectives and requirements. This section should demonstrate the OFFEROR's ability to effectively plan, manage, and execute the work, including proposed strategies, tools, and quality control measures. The approach should reflect a clear understanding of project constraints, risks, and coordination requirements.

Safety Record & Compliance

OFFEROR shall provide information regarding its safety record and safety management practices. Submittals should demonstrate compliance with applicable federal, state, and local safety regulations and standards. OFFEROR should describe its safety program, training practices, and commitment to maintaining a safe work environment for employees, partners, and the public.

Past Performance / References

OFFEROR shall provide references for recent projects of similar scope and complexity. References should include client contact information and a brief description of the services provided. Past performance information should demonstrate the OFFEROR's ability to deliver quality work on schedule, within budget, and in a collaborative manner.

HHSC Policies and Campus Requirements

The selected Contractor and all subcontractors shall comply with all applicable HHSC, hospital, and facility policies, including but not limited to Infection Control During Construction and Renovation (ICRA), Interim Life Safety Measures (ILSM), Safety and Security requirements, Identification Badging, Alcohol-Free and Drug-Free Workplace, Non-Harassment, and Workplace Disruptive Behavior policies, as provided in Attachment 6. Compliance with these policies is mandatory and will be enforced throughout the duration of the project.

Demonstrated understanding of and experience complying with these requirements may be considered as part of the Safety Record & Compliance and Technical Approach evaluation criteria.

The information provided in this section will be used to evaluate the Proposer's qualifications, experience, and overall capability to successfully perform the required services.

3.7.3 PERSONNEL

Provide key personnel narrative in this section. Appendix I (Subcontractor Table) shall be submitted as an attachment under Required Documentation / Compliance Documents.

3.8 PRICE PROPOSAL

3.8.1 PRICE

During Phase 2, OFFERORS shall submit a Commercial Terms Proposal only. The Commercial Terms Proposal shall address proposed fee structure, general conditions, allowances, assumptions, exclusions, and other commercial terms required to evaluate overall value. No Guaranteed Maximum Price (GMP) is required or permitted at the RFP phase.

For avoidance of doubt, Commercial Proposal pricing is evaluated at the project and phase level (design and construction) and shall not be interpreted as allocating design-build fees, general conditions, or other commercial terms to individual suites or work areas; suite-level cost

information is provided solely for comparative evaluation of construction scope and shall not establish GMP pricing or contractual cost allocation.

Any State of Hawaii funded projects over \$50,000.00 are required to have contract performance and payment bonds, the costs of which shall be included in the Offeror's price proposal.

3.8.2 DATE OF COMMENCEMENT AND SUBSTANTIAL COMPLETION

The Time of Performance is the number of calendar days available to the Contractor to substantially complete the Work.

The date of commencement shall be identified in the Notice to Proceed. The Notice to Proceed will be issued by KCH. KCH considers the fully executed Agreement to be the Contractor's Notice to Proceed.

Subject to adjustments of the Time of Performance as provided in the Contract Document, the Contractor shall provide KCH with a project schedule, within thirty (30) days of contract award, for approval by KCH.

3.8.3 REQUIREMENTS

The following disclosures are intended solely to identify exceptions or dependencies and shall not restate RFP requirements already defined elsewhere.

- A. **Non Applicable Requirements.** Excluding HHSC General and Special Terms and Conditions, and any objectionable or defective RFP matters, if any proposal requirement, as described in this Section, is not applicable to the OFFEROR and therefore will/cannot be provided, list what the requirement(s) are and why the requirement(s) are not applicable. If none, state "none".
- B. **Non Acceptance of any RFP Requirement.** If any RFP requirement, as described in this RFP, is not acceptable to the OFFEROR, list what the requirement(s) are and why the requirement(s) are not acceptable. Should you have an alternate solution submit it. If none, state "none".
- C. **HHSC Furnished Items.** If the OFFEROR's proposal requires any goods, services, equipment, third-party vendor support, or anything of value to be provided by HHSC, these items must be clearly detailed and stated in the OFFEROR's proposal. If none, state "none".

HHSC reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in the RFP.

3.9 REQUIRED DOCUMENTATION/COMPLIANCE DOCUMENTS

In addition to the requirements outlined in this RFP, OFFEROR must submit the following documentation with Phase 2 response:

- A. CERTIFICATE OF VENDOR COMPLIANCE (CURRENT WITHIN LAST 30 DAYS)
- B. W9
- C. VENDOR TERM'S AND CONDITIONS (IF ANY)
- D. CONFIDENTIALITY AGREEMENT (APPENDIX H)
- E. GENERAL EXCISE LICENSE (COPY)
- F. GENERAL CONTRACTOR'S LICENSE (COPY)
- G. LETTER FROM SURETY COMMITTING TO PROVIDE PERFORMANCE & PAYMENT BONDS

3.10 PROPOSAL SUBMISSION CHECKLIST

The proposal submission checklist is provided by HHSC and is designed to be used as a tool to ensure that all required documents and information are being submitted with OFFEROR's proposal. HHSC recommends the OFFEROR go through the checklist before submitting the response. The proposal submission checklist is in Appendix B and is required to be returned as a part of your Phase 1 response.

SECTION 4 EVALUATIONS

4.0 INTRODUCTION

The evaluation of proposals shall be conducted comprehensively, fairly, and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

4.1 PROPOSAL EVALUATION COMMITTEE

An evaluation committee will be selected from HHSC to perform all evaluation requirements. The committee will be composed of individuals with experience in, knowledge of, and program responsibility for the requirements identified in the RFP. HHSC reserves the right to request information from OFFEROR to clarify the OFFEROR's proposal.

4.2 EVALUATION PHASES

Evaluation of proposals shall be conducted in accordance with the RFP Timetable set forth in Section 1.1 and shall consist of the following phases::

Phase	Phase Description
Phase 1	Qualifications-Based Shortlisting (Pass/Fail + Scored)
Phase 2	Commercial Proposal Price Evaluation (Short-Listed Offerors Only)
Phase 3	Interviews / Discussions (if conducted)
Phase 4	Recommendation for Contract Award

Figure 7. Proposal Evaluation Phases

4.2.1 PHASE 1 QUALIFICATIONS-BASED SHORTLISTING (PASS/FAIL + SCORED)

Phase 1 evaluation shall be conducted on a Pass/No Pass + Scoring basis to determine whether each OFFEROR is responsive and responsible and eligible for further evaluation.

This phase shall confirm, at a minimum, that:

- All mandatory proposal requirements and forms have been submitted;
- Required documentation and certifications are provided;
- The OFFEROR demonstrates the capability to perform the Scope of Services; and
- The proposal complies with the administrative and submission requirements of the RFP.

Failure to meet any mandatory requirement shall result in the proposal being deemed non-responsive and disqualified from further consideration.

Evaluators during Phase 1 shall also score the proposals in accordance with Section 4.3.

4.2.2 PHASE 2 COMMERCIAL PROPOSAL PRICE EVALUATION

Following completion of Phase 1, HHSC shall evaluate the Commercial Price Proposals submitted by short-listed OFFERORS.

Phase 2 evaluation focuses on comparative commercial structure, pricing approach, and value, and does not include GMP validation or audit-level cost review.

Evaluation shall be conducted using the evaluation categories, value weight percentages, and scoring methodology set forth in Sections 4.3 and 4.4, and consistent with the RFP Timetable in Section 1.1.

Only OFFERORS identified as short-listed following Phase 1 shall advance to Phase 2.

4.2.3 PHASE 3 INTERVIEWS / DISCUSSIONS (IF CONDUCTED)

At HHSC's discretion, short-listed OFFERORS may be invited to participate in interviews and/or proposal discussions as identified in the RFP Timetable.

Interviews and discussions may be used to:

- Clarify aspects of the Technical Proposal;
- Confirm understanding of the project scope, phasing, and constraints; and
- Evaluate the OFFEROR's team, approach, and ability to perform the Work.

HHSC reserves the right to accept proposals with or without conducting interviews or discussions.

4.2.4 PHASE 4 RECOMMENDATION FOR CONTRACT AWARD

Following completion of all evaluation phases, the Evaluation Committee shall prepare a written evaluation summary and ranking of OFFERORS and submit a recommendation for contract award to the Regional Chief Executive Officer (RCEO) in accordance with HHSC procurement requirements.

Contract award shall be made in accordance with Section 5 – Award of Contract and the RFP Timetable.

4.3 EVALUATION CATEGORIES AND VALUE WEIGHT PERCENTAGES

Evaluation criteria and scoring methodology shall be conducted in accordance with Division 0, Section 00110 – Evaluation Criteria and Scoring Methodology:

Phase 1 – Qualifications-Based Shortlisting (Pass/Fail + Scored)

Evaluation Category	Value Weight Percentages	Points
Firm Experience (Design-Build, Healthcare)	25%	25
Key Personnel & Team Qualifications	25%	25
Technical Approach & Methodology	20%	20
Safety Record & Compliance	10%	10
Past Performance / References	10%	10
Total	100%	100

Phase 2 – Technical Proposal and Commercial Terms Evaluation

Evaluation Category	Value Weight Percentages	Points
Technical Proposal (Design & Construction Plan)	20%	20
Commercial Price Proposal (Open-Book)	20%	20
Schedule & Ability to Meet Project Milestones	15%	15
Value Engineering & Innovation	10%	10
Risk Management Plan	10%	10
Compliance with HHSC Conditions	10%	10
Interview / Presentation (if conducted)	10%	10
Total	100%	100

Figure 8. Evaluation Categories and Value Weight Percentages

4.4 EVALUATION SCORING SYSTEM

The maximum number of points available for scoring is one hundred (100) per evaluator. The proposal receiving the highest cumulative number of points is considered statistically the best proposal to HHSC; and will be recommended for award of contract, unless otherwise determined and justified by the evaluation committee.

Each Evaluation Committee Member shall review OFFEROR proposals that pass Phase 1 Evaluation of Mandatory Requirements. The Evaluation Committee Members shall determine the score for each Evaluation Category for each OFFEROR in accordance with Figure 11. The OFFEROR'S total score will be the sum of all scores by all evaluators.

Proposals will be evaluated on clarity, completeness, and demonstrated understanding of the project; excessive marketing content will not result in higher scores.

SECTION 5 AWARD OF CONTRACT

5.0 AWARD OF CONTRACT

Award of contract shall be made to the most responsible and responsive OFFEROR whose proposal is determined by the Evaluation Committee to provide the best value to HHSC, considering all evaluation reviews and results.

5.1 CONTRACT AWARD NOTIFICATION

The notice of award, if any, resulting from this solicitation shall be posted on the Kona Community Hospital website: <http://www.kch.hhsc.org/Procurement/>. This will serve as the official notification to all OFFERORS. In addition, the Issuing Officer will inform the successful OFFEROR of contract award selection by an official “notice of award” letter.

At its discretion and as a courtesy to the OFFEROR the Issuing Officer may issue a “Notice of Posting of Award” or “Notice of Non-Award” to the unsuccessful OFFERORS. However a delay in issuing the notice or the inadvertent omission of such courtesy notice will not extend the grievance filing time.

5.2 CONTRACT AWARD DEBRIEFING

If requested by unsuccessful OFFEROR, HHSC shall provide a contract award debriefing. The purpose of a debriefing is to inform the non-selected OFFEROR of the basis for the source selection decision and contract award. A written request to the Issuing Officer for a debriefing shall be made within three (3) working days after receipt of non-award letter from HHSC and/or posting of the award of the contract.

5.2.1 CONTRACT DOCUMENT

The contract will be awarded by executing an “Agreement for Goods or Services Based Upon Competitive Sealed Proposals” (hereinafter “CONTRACT”) by HHSC and the successful OFFEROR (hereinafter “CONTRACTOR”). This document will serve as the official, legal contractual instrument between both parties and as the project’s Notice to Proceed. This document will incorporate (by attachments or reference) the RFP, with any and all addendums; 1999 INTERIM GENERAL CONDITIONS and any SPECIAL CONDITIONS; and the CONTRACTOR’s accepted proposal, with any and all addendums, changes, negotiated agreements, all of which becomes part and whole of the CONTRACT.

A “sample” CONTRACT is located as Appendix C. **DO NOT complete or execute the “sample” CONTRACT.**

5.2.2 GENERAL EXCISE/USE TAX

Work to be performed under this solicitation is a business activity taxable under Chapter 237, Hawaii Revised Statutes (HRS), and Chapter 238, HRS, where applicable. Both out-of-state and Hawaii CONTRACTOR are advised that the gross receipts derived from this solicitation are subject to the general excise tax imposed by Chapter 237, HRS, and where applicable to tangible property imported into the State of Hawaii for resale, subject to the use tax imposed by Chapter 28, HRS.

Pursuant to Section 237-9, HRS, the CONTRACTOR is required to obtain and/or possess a valid General Excise Tax License from the Hawaii State Department of Taxation (DOTAX) prior to executing a contractual agreement with a State Agency (Reference the GENERAL CONDITIONS - NON-PHYSICIAN HEALTHCARE SERVICES, APPENDIX D).

The General Excise Tax License shall be obtained from the DOTAX offices in the State of Hawaii or the DOTAX Web Site and by mail or FAX.

5.3 CONTRACT EXECUTION

Upon receipt of the CONTRACT document, the CONTRACTOR shall have five (5) business days to execute and return the CONTRACT to the Issuing Officer. A copy of the fully executed CONTRACT will be provided the CONTRACTOR within five (5) business days of CONTRACT execution.

Award of CONTRACT may be withdrawn if the CONTRACTOR is unable to meet CONTRACT execution requirements.

5.4 CONTRACT COMMENCEMENT DATE

No work is to be undertaken by the CONTRACTOR prior to the commencement date specified in the **Fully Executed Contract**. HHSC is not liable for any work, contract, costs, expenses, loss of profits, or any damages whatsoever incurred by the CONTRACTOR prior to the official, notice to proceed "Commencement" date stated in the **Fully Executed Contract**.

APPENDIX A

SAMPLE PROPOSAL TRANSMITTAL COVER LETTER

Dear Yvonne Taylor:

(Name of Business) proposes to provide any and all goods and services as set forth in the "Request for Proposals for Competitive Sealed Proposals" to provide "**Kona Community Hospital – Imaging and Refrigerator/Freezer Upgrade Projects RFP # HHSC 26-0306**, for which fees/costs have been set. The fees/costs offered herein shall apply for (Please insert applicable period of time).

It is understood and agreed that (Name of Business) have read HHSC's Scope of Services described in the RFP and that this proposal is made in accordance with the provisions of such Scope of Services. By signing this proposal, (Name of Business) guarantees and certifies that all items included in this proposal meet or exceed any and all such Scope of Services.

(Name of Business) agrees, if awarded the contract, to provide the goods and services set forth in the RFP; and comply with all terms and conditions indicated in the RFP; and at the fees/costs set forth in this proposal. The following individual(s) may be contacted regarding this proposal:

Other information:

Business Phone #:		Federal Tax ID #:	
Facsimile #:		Hawaii GET Lic. ID #:	
E-mail address:			

(Name of Business) is a: Sole Proprietor Partnership Corporation Joint Venture
Other (Specify) _____

State of Incorporation is: (Specify) _____

The exact legal name of the business under which the contract, if awarded, shall be executed is (must match W9):

(Authorized Bidder's Signature, Printed Name/Title)

APPENDIX B

PHASE 1 PROPOSAL SUBMISSION CHECKLIST

***IF SPECIFIC ITEM(S) IS NOT APPLICABLE, MARK WITH "N/A"---DO NOT LEAVE BLANK.**

Please
Check Off

**OFFEROR
Submitted**

HHSC Use

Proposal Items

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Proposal Received "On-Time" |
| <input type="checkbox"/> | <input type="checkbox"/> | One (1) Electronic Proposal |
| | | Proposal Transmittal Cover Letter: |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Official Business Letterhead |
| <input type="checkbox"/> | <input type="checkbox"/> | ii. Authorized Signature |
| <input type="checkbox"/> | <input type="checkbox"/> | iii. Required Information |
| | | Technical Proposal |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Summary |
| <input type="checkbox"/> | <input type="checkbox"/> | ii. Firm Experience |
| <input type="checkbox"/> | <input type="checkbox"/> | iii. Key Personnel & Team Qualifications |
| <input type="checkbox"/> | <input type="checkbox"/> | iv. Technical Approach & Methodology |
| <input type="checkbox"/> | <input type="checkbox"/> | v. Safety Record & Compliance |
| <input type="checkbox"/> | <input type="checkbox"/> | vi. Past Performance / References |
| <input type="checkbox"/> | <input type="checkbox"/> | Confidentiality Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontractor Table |
| <input type="checkbox"/> | <input type="checkbox"/> | Requirements |
| <input type="checkbox"/> | <input type="checkbox"/> | Required Documentation/Compliance Documents |
| <input type="checkbox"/> | <input type="checkbox"/> | i. Certificate of Vendor Compliance (Current within last 30 days) |
| <input type="checkbox"/> | <input type="checkbox"/> | ii. W-9 |
| <input type="checkbox"/> | <input type="checkbox"/> | iii. General Excise License (copy) |
| <input type="checkbox"/> | <input type="checkbox"/> | iv. General Contractor License (copy) |
| <input type="checkbox"/> | <input type="checkbox"/> | v. Letter from Surety Committing to Provide Payment and Performance Bond |
| <input type="checkbox"/> | <input type="checkbox"/> | Proposal Submission Checklist |

APPENDIX C

SAMPLE

**HAWAII HEALTH SYSTEMS CORPORATION
AGREEMENT FOR GOODS OR SERVICES
BASED UPON
COMPETITIVE SEALED PROPOSALS**

**AGREEMENT #: SAMPLE
SAMPLE**

THIS AGREEMENT, executed on the respective dates of the signatures of the parties shown hereafter, is effective as of **xxx**, between **Kona Community Hospital**, a division of **Hawaii Health Systems Corporation** (hereinafter "HHSC"), by its Regional Chief Executive Officer, (hereinafter "CEO"), whose address is 79-1019 Haukapila Street, Kealahou, HI 96750, and [**CONTRACTOR NAME**] (hereinafter "CONTRACTOR"), a **sole proprietor**, under the laws of the State of **Hawaii**, whose business address is [**CONTRACTOR ADDRESS**] and FEIN No [**CONTRACTOR FEIN**].

RECITALS

- A.** The HHSC is in need of the goods or services, or both, described in this Agreement and its attachments.
- B.** The HHSC has issued a request for competitive proposals, and has received and reviewed proposals submitted in response to the request.
- C.** The CONTRACTOR has been identified as the responsible and responsive OFFEROR whose proposal is the most advantageous for the HHSC, taking into consideration price and the evaluation factors set forth in the request.

D. The HHSC desires to retain and engage the CONTRACTOR to provide the goods or services, or both, as the case may be, and the CONTRACTOR is agreeable to providing said goods or services, or both.

NOW, THEREFORE, in consideration of the promises contained in this Agreement, the HHSC and the CONTRACTOR agree as follows:

2. **TIME OF PERFORMANCE.** The performance required of the CONTRACTOR under this Agreement shall be executed in accordance with the time period set forth in the Attachment 1 Time of Performance, which is made a part of this Agreement.

3. **COMPENSATION.** The CONTRACTOR shall be compensated for services performed under this Agreement pursuant to the provisions as set forth in Attachment 2 Compensation, which is hereby made a part of this Agreement..

4. **BONDS.** The CONTRACTOR (is) or (is not) required to provide a performance bond.

5. **STANDARDS OF CONDUCT DECLARATION.** The Standards of Conduct Declaration of the CONTRACTOR is attached and is made a part of this Agreement.

6. **OTHER TERMS AND CONDITIONS.** The General Conditions and any Special Conditions are attached hereto and made a part of this Agreement (or, Any Special Conditions are attached hereto and made a part of this Agreement). In the event of a conflict between the General Conditions and the Special Conditions, the Special Conditions shall control. In the event of a conflict among the documents, the order of precedence shall be as follows: (1) Agreement, including all attachments and addenda; (2) Request, including all attachments and addenda; and (3) Proposal.

7. **LIQUIDATED DAMAGES.** Liquidated damages are applicable.

The Contract with the successful Offeror will require that it be mutually understood and agreed between the parties to the Contract that time shall be an essential part of the Contractor to complete the Contract within the time specified and agreed upon, the Owners will be damaged thereby; and the amount of said damage being difficult, if not impossible, of definite ascertainment and proof, shall be estimated, agreed upon, and fixed at the sum of One Thousand Dollars (\$500.00) for each and every calendar day the Contractor shall delay in the completion of the Contract after the date specified in the contract for the completion of the work; and the Contractor shall agree to pay the Owner as liquidated damages and not by way of penalty such total sum as shall be due for such delay, computed as aforesaid, and this sum shall be deducted from any payment due or to become due to the Contractor.

8. TECHNICAL REPRESENTATIVE. The Technical Representative shall have the right to oversee the successful completion of contract requirements, including monitoring, coordinating and assessing performance; and, approving completed work/services with verification of same on invoices. The Technical Representative also serves as the point of contact for the CONTRACTOR for "Technical" matters (non-contractual) from award to contract completion. The Technical Representative is:

Mr. Robert Hollandsworth, Bldg Operations Manager
Kona Community Hospital
79-1019 Haukapila Street
Kealahou, HI 96750
Telephone 808-322-4555
Email: rhollandsworth@hhsc.org

9. NOTICES. Any written notice required to be given by any party to this Agreement shall be (a) delivered personally, or (b) sent by United States first class mail, postage prepaid. Notice required to be given to the CEO shall be sent to: **Kona Community Hospital, 79-1019 Haukapila Street, Kealahou, HI 96750.** Notice to the

CONTRACTOR shall be sent to the CONTRACTOR'S address as indicated in this Agreement. A notice shall be deemed to have been received three (3) days after mailing or at the time of actual receipt, whichever is earlier. The CONTRACTOR is responsible for notifying the HHSC in writing of any change of address.

SAMPLE ONLY

IN VIEW OF THE ABOVE, the parties execute this Agreement by their signatures,
on the dates below, to be effective as of the date first above written.

HHSC

SIGNATURE: _____

PRINTED NAME: _____

TITLE: Regional CEO, West Hawaii
Region _____

DATE: _____

CONTRACTOR * [____ CONTRACTOR NAME____]

SIGNATURE: _____

PRINTED NAME: _____

TITLE: _____

DATE: _____

SAMPLE ONLY

STANDARDS OF CONDUCT DECLARATION

For the purposes of this declaration:

"Controlling interest" means an interest in a business or other undertaking which is sufficient in fact to control, whether the interest is greater or less than fifty percent (50%).

"Employee" means any nominated, appointed, or elected officer or employee of the State or HHSC, including members of boards, commissions, and committees, and employees under contract to the State or of the constitutional convention, but excluding legislators, delegates to the constitutional convention, justices, and judges.

On behalf of [CONTRACTOR NAME], CONTRACTOR, the undersigned does declare, under penalty of perjury, as follows:

1. CONTRACTOR IS or IS NOT a legislator or an employee or a business in which a legislator or an employee has a controlling interest.*
2. CONTRACTOR has not been assisted or represented by a legislator or employee for a fee or other compensation to obtain this Agreement and will not be assisted or represented by a legislator or employee for a fee or other compensation in the performance of the Agreement, if the legislator or employee had been involved in the development or award of the Agreement.
3. CONTRACTOR has not been assisted or represented for a fee or other compensation in the award of this Agreement by a State or HHSC employee or, in the case of the Legislature, by a legislator.
4. CONTRACTOR has not been represented or assisted personally on matters related to the Agreement by a person who has been an employee of the State or HHSC within the preceding two (2) years and who participated while in state office or employment on the matter with which the Agreement is directly concerned.
5. CONTRACTOR has not been represented or assisted on matters related to this Agreement, for a fee or other consideration by an individual who, within the past twelve (12) months, has been a State or HHSC employee, or in the case of the Legislature, a legislator.
6. CONTRACTOR has not been represented or assisted in the award of this Agreement for a fee or other consideration by an individual who, 1) within the past twelve (12) months, served as a State or HHSC employee or in the case of the Legislature, a legislator, and b) participated while an employee or legislator on matters related to this Agreement.

CONTRACTOR understands that the Agreement to which this document is attached is voidable on behalf of the State or HHSC if this Agreement was entered into in violation of any provision of chapter 84, Hawaii Revised Statutes, commonly referred to as the Code of Ethics, including the provisions which are the source of the declarations above. Additionally, any fee, compensation, gift, or profit received by any person as a result of a violation of the Code of Ethics may be recovered by the State or HHSC.

CONTRACTOR

SIGNATURE: _____

Print Name: _____

Title: _____

Date: _____

TIME OF PERFORMANCE

1. The CONTRACTOR shall provide the services required under this Agreement for a period from **XX** to and including **XX**, unless sooner terminated or extended as provided.

-OPTIONAL-

2. **OPTION TO EXTEND:** The TIME OF PERFORMANCE of this Agreement may be extended for XX () additional XX () month intervals, subject to mutual written agreement between HHSC and the CONTRACTOR, prior to the end of the current contract period. A Supplemental Agreement will be executed by the CONTRACTOR and HHSC to exercise extensions.

SAMPLE ONLY

ATTACHMENT 2

COMPENSATION AND PAYMENT SCHEDULE

In full consideration for the services to be performed by the CONTRACTOR under this Agreement, the HHSC agrees, subject to appropriation and allotments, to pay to the CONTRACTOR a total sum of money not to exceed **XXX AND NO/100 DOLLARS (\$XXX.00)** including all applicable taxes and expenses incurred, and in accordance with the following:

Item	Price
Materials and all labor	\$
Permit(s) and inspections*	\$
GE Tax 4.712%*	\$
Performance and Payment Bonds*	\$
Subtotal	\$
Contingency (includes taxes)	\$
GRAND TOTAL**	\$
*The price is an estimate. Item to be billed at actual cost.	

The CONTRACTOR shall submit monthly progress invoices for approval and payment to the Hospital's "Technical Representative(s)" in accordance with provisions of section 8.4 of the State of Hawaii 1999 Interim General Conditions. Invoices shall reference the Agreement number and include, at a minimum, an itemized account of all compensation due.

A. Total Contract Award. This Total Sum shall include any and all taxes, shipping and handling and other miscellaneous costs to complete the work required in the Scope of Services.

B. Invoicing Schedule. Contractor shall invoice Hospital in accordance with the following:

1. This is a Fixed Price Agreement.
2. The contractor is paid according to monthly progress invoices.
3. Travel costs are not allowable.
4. If the not-to-exceed value is insufficient to complete all phases of the Project, Hospital may, at their sole discretion, issue a separate agreement in accordance with their procurement policies for the remainder of the work or complete the work with Hospital personnel.
5. HHSC will work with the CONTRACTOR to determine a reasonable construction schedule, milestone schedule and completion date.

C. Payment Guidelines

6. Company shall provide W-9 and Certificate of Insurance upon Contract Award.
- 7. The Contract Number (XX-XXXX) and Payment Milestone Number must appear on every Invoice.**
8. The "Invoice To" must be "Kona Community Hospital".
9. The "Remit To" name on your invoice must match your company name as you are registered with the State of Hawaii and the name stated in Contract.
10. If the "Remit To" address on the invoice is different from the address stated on the face of the Contract, we must state the "Remit To" address in Contract.
11. Invoice shall be transmitted (electronically is preferred) to:

Robert Hollandsworth
Kona Community Hospital
79-1019 Haukapila Street
Kealahou, HI 96750
Telephone 808-322-4555
Email: rhollandsworth@hhsc.org

****** If your invoice does not contain your contract number, it may be rejected and payment delayed. ******

APPENDIX D

1999 DAGS INTERIM GENERAL CONDITIONS

LOCATED AT: [HTTPS://KCH.HHSC.ORG/PROCUREMENT/](https://kch.hhsc.org/procurement/)

(NOT PHYSICALLY ATTACHED TO RFP
BUT WILL BE ATTACHED TO AGREEMENT)

APPENDIX E

HHSC POLICIES

- HHSC-Maintenance.-Standards-of-Dress-Grooming-and-Related-Behaviors
- HHSC-Alcohol-Free-and-Drug-Free-Work-Environment-and-Campus
- HHSC-Non-Harassment-Policy
- HHSC-Workplace-Disruptive-Behavior-No-Tolerance
- Identification-Badges-Hospital-Issued
- Infection-Control-During-Construction-and-Renovation
- Interim-Life-Safety-Measures
- PhotographyVideo-Audio-and-Electronically-Recorded-Data
- Smoke-Free-and-Tobacco-Free-Campus

*Policies are located at: <https://kch.hhsc.org/procurement/>

APPENDIX F

AGENDA FOR PRE-PROPOSAL CONFERENCE WITH TOUR OF HOSPITAL FACILITIES

General Information	
Date	Tuesday, March 3, 2026
Location	Kona Community Hospital TBD 79-1019 Haukapila Street Kealakekua, HI 96750 Map is below
Point of Contact	Contracts Management Loretta Buasriyottiya West Hawaii Region Email whrcontractsmgmt@hhsc.org Direct (808) 322-6992
Agenda	
11:50 am - 12:00 pm	Meet in front of the Special Services Building & get your visitor badges
12:00 pm to 12:45 am	Briefing, project overview and questions
12:45 pm to 1:30 pm	Project site tour
	
Map of Kona Community Hospital	

APPENDIX G

RFP CONFERENCE RESERVATION FORM

Submit completed forms to Issuing Officer by 12:00PM HST Monday, March 2, 2026.

Conference Information	
RFP No:	26-0306
RFP Title:	Kona Community Hospital – Imaging and Refrigerator/Freezer Upgrade Projects
	Date and Time: Tuesday, March 3, 2026, 12:00 pm – 1:30pm HST

OFFEROR Information		
Business Name		
Street Address		
City		
State		Zip code

Priority	Attendee Name, Title	Email Address	Role in Procurement	Will Attend Meeting & Hospital Tour
1				<input type="checkbox"/>
2				<input type="checkbox"/>

Due to space constraints and to avoid disruption to Hospital operations, it is necessary to limit the number of attendees to two per company. Please limit Hospital Tour participants to those individuals that have a need to view the work areas in order to prepare the OFFEROR's proposal.

An executed Confidentiality Agreement (Appendix H) is necessary to participate in Hospital Tour.

Please bring a copy of the RFP and drawings with you to the meeting. Extra copies WILL NOT be available at the meeting.

**SUBMIT RESERVATION FORM AND SIGNED CONFIDENTIALITY AGREEMENT
AT LEAST 24 HOURS PRIOR TO THE MEETING**

APPENDIX H

MANDATORY HOSPITAL TOUR CONFIDENTIALITY AGREEMENT

I understand that while on hospital property, I may hear patients discussing their health information and I may see someone I know. During the normal course of my business I may encounter Protected Health Information (“PHI”) and agree to use only the minimum amount of PHI necessary to accomplish my business. I understand that I cannot disclose this confidential information to friends, relatives, co-workers or anyone else.

If I violate this agreement, I may be subject to adverse action up to and including termination of my ability to work at Kona Community Hospital.

I have read and understand the above and agree to be bound by it.

OFFEROR

Name: _____

Title: _____

Company: _____

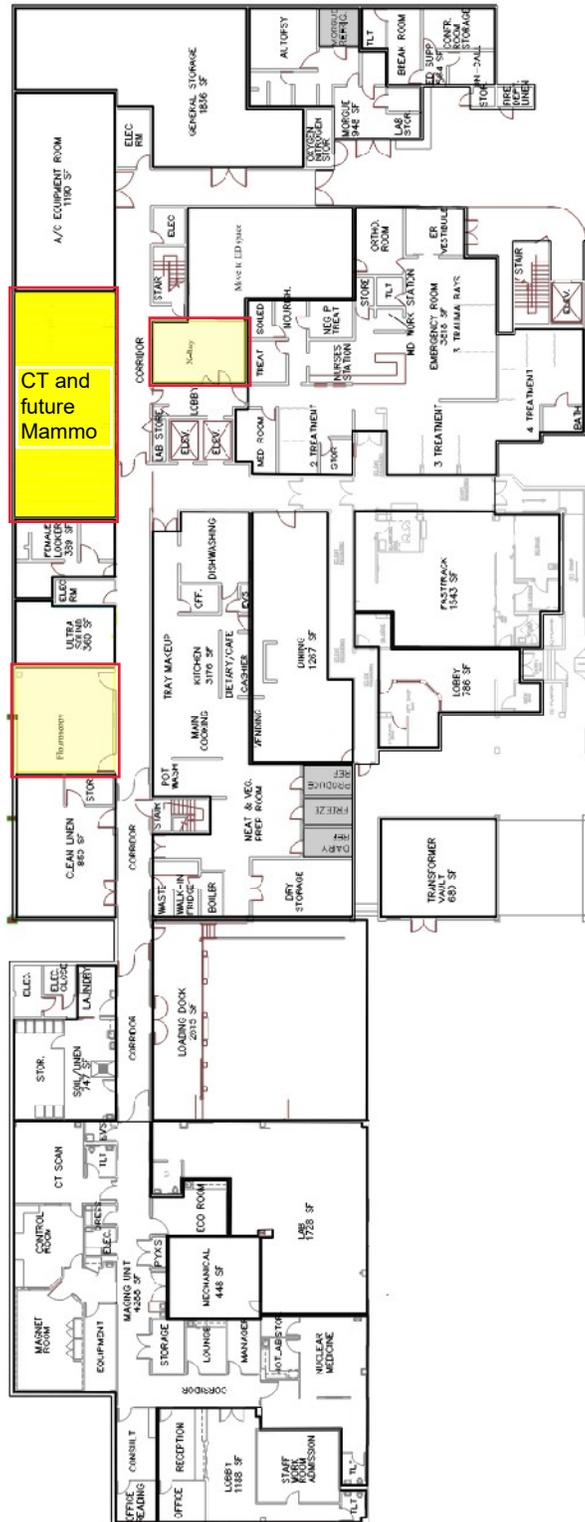
Signature: _____

Date: _____

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APPENDIX J

DRAWING



APPENDIX K

CONTRACTORS HANDBOOK

See following pages.



Contractor Guidelines



**KONA
COMMUNITY HOSPITAL**

Care You Can Count On

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Introduction

This Contractor Guidelines Booklet is designed for contractors and sub-contractors who provide services to Kona Community Hospital.

This booklet provides requirements and expectations of the contractors and sub-contractors that are contracted to perform work in the hospital.

Contractors and sub-contractors working in the hospital must successfully complete all requirements listed in the booklet prior to any project work beginning on-site at Kona Community Hospital.

Each General / Primary Contractor is responsible for any of their Sub-contractors activities and is expected to ensure compliance with all applicable regulatory or compliance guidelines set out in this booklet.

Failure to comply with the requirements of this booklet may result in the halting of the project and/or termination of the contract.

To ask questions about the booklet or its contents or to obtain additional copies please contact:

KCH Maintenance at 808-322-4592

Important Phone Numbers

Human Resources	322-4458
Employee Health	322-4478
Infection Prevention	322-4478
Facility Director	322-4495
Maintenance Clerk	322-4592
Risk Manager	322-6976
Hospital Supervisor	322-4594
Patient Access (Admitting)	322-5803
Security	322-4525
Maintenance Supervisor	322-4566
Housekeeping	322-4521
ICU Manager	322-5824
Emergency Room Manager	322-4484
Medical/Surgical Manager	322-4477
Surgical Services (OR) Manager	322-6909
First Floor Acute Manager	322-4407
Behavior Health Manager	322-4573
Obstetrics Manager	322-4598
Imaging Manager	322-5872
Pharmacy Manager	322-4402
Clinical Labs Manager	322-4422
Dietary Manager	322-4415
Administration (CEO, CNE)	322-6970
IT Department	322-5887
Contracts Management	322-4442

Human Resource Requirements

Contact Human Resources to schedule an appointment to pick up and review documents listed below:

- ♣ Read the Contractor Guideline booklet. Return **Contractor Guidelines Confirmation of Understanding** to Human Resources.
- ♣ **Drug Screening:** Each contractor / sub-contractor will have to complete a five panel drug screen within six months of the project start date. Negative drug screening results are to be submitted to Human Resources. Additionally, if management has a reasonable individualized suspicion that a contractor is currently violating the Hospital Drug Free workplace policy, a urine drug screen may be requested. Arrangements to complete a drug screening can be made through Human Resources at a fee of \$17.00 per person. Contact Human Resources to schedule an appointment (page 4).
- ♣ **State and Federal Criminal History Record Check:** Each contractor / sub-contractor will have to complete a State and Federal criminal background check within six months of project start date. Background check results are to be submitted to Human Resources. Persons with any criminal charges pending or with any felony convictions shall not be eligible to work in the Hospital. Arrangements to complete a background check can be made through Human Resources at a fee of \$50.00 per person. Contact Human Resources to schedule an appointment (page 4).
- ♣ Complete **Request for State Federal Criminal History Record Check** form
- ♣ Complete and return the **Acknowledgement and Understanding.**
- ♣ Camera Surveillance and Image Recording form. Initial, sign, and date **Appendix A.** Policy is for your records.

Employee Health Requirements

Contact Employee Health / Infection Control to review documents listed below: All documents can be picked up at Human Resources.

- ♣ Complete the following forms:
 - Contractor Health Evaluation**
 - Immunization Declination Requirements for Maintenance and Construction Contractors**
- ♣ Submit a completed two-step Tuberculosis test. Arrangements to complete a TB test can be made through your primary care physician or contact the Hawaii Department of Health at 808-322-1522.
- ♣ Completion of an annual influenza vaccine (or declination form) during the flu season of October through March.



Request for Records and Documentation

Contractor will cooperate with and make available to Kona Community Hospital any records and documentation required by such authorities within eight (8) hours upon request. Kona Community Hospital will make such requests during normal business hours.

Confidentiality

At Kona Community Hospital, privacy of patients is valued and protected by law. Although contractor employees will never have reason to use private health information, they may come into contact with documents and computer screens, or overhear conversations that contain private information. Please remember that this information is protected and private and should not be discussed or shared.

Not all areas of the hospital are open to the public for reasons of safety or privacy. If contractors are required to work in clinical areas they must observe specific HIPPA security/confidentially rules.

General Safety

Kona Community Hospital is committed to the safety of employees, students, visitors, and patients. All employees, including contractor employees, are expected to take safety seriously and follow good safety practices. If there is any doubt regarding the safety of a job or task, notify the Facilities Director.

If you are feeling ill stay home. You are more prone to germs from others and more likely to spread your germs to patients who are already sick and have little defenses left to use against them. You will get better faster and you won't get anyone else sick either.

Kona Community Hospital has adopted and follows a safety plan designed to provide a safe environment. The goal of this plan is to create a workplace that is free from hazards and where risks of injuries to employees, patients, visitors, and contractors is at a minimum.

Since safety is a team effort, everyone working at Kona Community Hospital must look out for themselves and each other by watching for unsafe practices and correcting or reporting them if encountered.

Contractor Check-In

Upon the daily arrival of a contractor to Kona Community Hospital, the contractor is required to check-in and sign-in at the Maintenance Office. Contractors must also check-out and sign-out daily at the Maintenance Office. Hours of normal operations are 0600 to 1430 Mondays thru Fridays. Any off shift , holiday and weekend work requires prior approval and 48 hours notice arranged with the Facilities Director. Arrangements for card access to project areas requires 48 hours notice.

Identification Badges and Basic Security

All contractor employees must wear a KCH badge (permanent / temporary). Badges are issued from HR after all HR and Employee Health requirements are completed. Badges are signed out and back in daily through the Maintenance Department. The badge must be worn above the waist. Contractor employees without badges will be asked to check in at the Maintenance Department. Off shift, holiday and weekend arrangements will be made with the Maintenance Clerk and approval of the Facilities Director to have the badges sent to Patient Access to be signed in and returned at end of shift.

Parking

Parking at Kona Community Hospital is at a premium. Contractors must park in areas designated by the facility.

Smoking and Tobacco Use

Kona Community Hospital is a Smoke and Tobacco Free Campus. Use of tobacco products including cigarettes, chew and electronic cigarettes is not allowed on campus.

Personal Appearance

- ♣ A shirt displaying the contractor's name is preferred. Long work pants or jeans and covered shoes are required
- ♣ Identification badge must be worn above the waist.
- ♣ Not allowed are slippers, shorts and sleeveless shirts with holes, and / or offensive language and / or artwork.

Appropriate Behavior

Kona Community Hospital promotes a healthy work environment and expects appropriate behavior by everyone on campus.

Reports of inappropriate behavior will be investigated and disciplinary action may result.

Whistling, inappropriate language and any other gesture that is perceived to be offensive to Kona Community Hospital employees and guests will not be tolerated and will be cause for dismissal.

All contractors are responsible for adhering to these guidelines and must report inappropriate actions to the Nursing Supervisor, Facilities Director, or Risk Manager.

Workplace Violence Prevention

Violence, threat of violence, intimidation, harassment or coercion is not tolerated on the KCH campus.

Contractor employees are responsible for adhering to these guidelines and for reporting disruptive or violent behavior to Security, Nursing Supervisor, Facilities Director or the Risk Manager.

Interacting with Patients and Hospital Staff

The employees of Kona Community Hospital are proud of their facilities and are always careful to ensure the comfort and welfare of patients, visitors and co-workers. Even if only temporarily, contractor employees will become part of the KCH work force and may even be viewed as KCH employees by patients, guests or visitors.

All contact with patients, staff and visitors must demonstrate respect for the individual. Any action or words that suggest bias or prejudice are not appropriate.

Healthcare Personal Protective Equipment Requirements

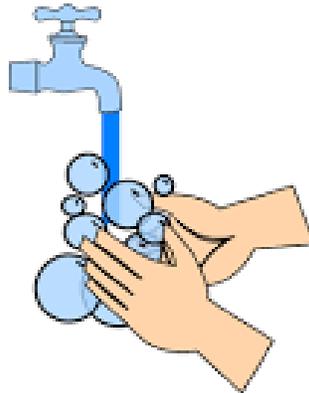
Personal protective equipment (PPE) is provided in an assortment of sizes and includes the following examples: gloves, isolation gown, mask, face shield, shoe covers and jumpsuits. Observe sterile work zone requirements and restrictions. Do not enter sterile corridors or rooms without appropriate attire required (ie. Scrubs, hats, booties, face mask, etc.) Do not wear this clothing out of the sterile area and re-enter, if you have exited area replace with clean PPE's prior to re-entry into area. You must coordinate with unit manager if you are unsure of appropriate attire or procedure required.



Hand-washing and Disinfection

In the Hospital setting any surfaces (phones, elevator buttons, tool handles etc.) can become a breeding ground for germs. Anyone that comes into contact with these surfaces can then transmit the germs to other areas in the hospital and potentially to our vulnerable patients. Every year thousands of people die from infections acquired at the hospital. The best defense against germs is hand washing; frequent hand washing in a healthcare setting will keep patients, staff and you safe from potential life threatening germs and spread of disease. KCH has alcohol hand washing stations throughout the facility for your convenience; to use just apply the foam/gel to your hands and rub until dry. If you like the traditional soap and water method please remember to scrub your hands for at least 20 seconds and use a paper towel to dry your hands and another one to turn off the faucet. Hand washing is expected during the following activities:

- ♣ When entering and exiting the facility and construction locations
- ♣ Before and after working on hospital equipment/locations
- ♣ When entering and exiting patient care areas
- ♣ Before applying and immediately after removing personal protective equipment.
- ♣ After removing gloves
- ♣ After using the restroom
- ♣ Before eating meals



Clothing and Construction Personal Protective Equipment

While working at KCH, your personal protective equipment protects you as a worker, but also alerts our patients and staff to potential hazards in the area. To maintain the healing environment, please ensure all clothing is clean and dust free and is in a respectful condition.

While working at KCH the following OSHA guidelines must be followed:

- 29 CFR 1926 Construction Industry
- 1926 Subpart C, General safety and health provisions
- 1926.28, Personal protective equipment
- -1926 Subpart E, Personal protective and life saving equipment
 - 1926.95, Criteria for personal protective equipment
- 1926.96, Occupational foot protection
- 1926.100, Head protection
- 1926.101, Hearing protection
- 1926.102, Eye and face protection
- 1926.103, Respiratory protection
- 1926.104, Safety belts, lifelines, and lanyards
- 1926.105, Safety nets
- 1926.106, Working over or near water
- 1926.107, Definitions applicable to this subpart
- 1926 Subpart M, Fall protection [related topic page]
- 1926.500, Scope, application, and definitions applicable to this subpart

Clothing and Construction Personal Protective Equipment

- 1926.501, Duty to have fall protection
- 1926.502, Fall protection systems criteria and practices
- 1926.503, Training requirements
- 1926 Subpart P, Excavations [related topic page]
- 1926.651, Specific excavation requirements
- 1926.652, Requirements for protective systems

First Aid

Contractors must provide adequately stocked first aid kits on their job sites for use by their employees and any injury requiring more than on site first aid must be reported to the Facilities Director as soon as possible.



Entering Patient Rooms

Non– healthcare contract workers may enter patient rooms only after making arrangements with the Facilities Director and the Maintenance Supervisor. They will coordinate with the nursing staff as applicable.

Patients on Special Precautions

Sometimes there are patients who are on special precautions such as Contact, Droplet, Airborne, GI Contact, and Neutropenic. If so, color coded signage will be posted outside their door. **You must wear** specific personal protective equipment to protect yourself, other patients and staff from potential infections. **YOU MUST** coordinate entry and exit from these rooms with the unit manager. Wear all required protective equipment (gloves, gown and/or mask) prior to entering rooms and remove all equipment before you leave the room. Most importantly be sure to perform good hand washing upon exiting the room. (Images of these signs are located on pages **33 - 35**)

Contractor employees must be aware that patients with suppressed immune systems may be found just about anywhere in the buildings. To these individuals, a simple virus could be very serious. For this reason all employees, contractor and staff, are expected to observe basic infection control procedures.

Contractor employees must protect patients by following standard precautions at all times. These include hand washing, wearing of gloves, gowns, masks, and shoe covers as appropriate. The Hospital Maintenance Department, or nursing staff will assist you in selecting the appropriate personal protection.

Designated Entrance and Exit Routes

The Facilities Director shall define entrance and exit routes for contractors that provide the least amount of interference with activities in that area. These routes must accommodate the safe transport of construction equipment/debris, construction workers, staff, patients, and guests. No egress can be blocked or restricted without the approval and coordination with the Facilities Director. Any routes blocking egress must have signage and alternative egress pathways incorporated.

Workplace Set-up

All work areas must be marked off with cones, tape, barriers, or other traffic diverters. More than 50 percent of the width of a hallway may never be blocked without making arrangements with the Facilities Director.

No impairments to the fire alarm, fire suppression, or egress routes can be made unless approved by the Facilities Director three working days in advance.

Tools and materials must be safely secured or packaged when unattended. Items must not be left in a way that could injure staff, patient(s), or visitor(s).

Tools and materials must also be safeguarded in such a manner to minimize the risk to everyone. The responsibility for safeguarding all materials/equipment from theft is the responsibility of every individual.

Patients, staff, and public areas must be protected from dust, dirt, and other construction-related contamination. The use of non-combustible dust barriers and air filtration systems with HEPA filters may be required. Transport of tools, equipment and construction debris must be done in a way to minimize dust and dirt. **All transported materials must be covered and secured at all times.**

Traffic Control

When a project includes motorized and pedestrian traffic control the Facilities Director and Contractor will determine the safest routes and procedures to facilitate this traffic. Whistles and other devices used to control traffic shall be used respectfully, and for the purpose of traffic control only. **Three (3) days notice must be give prior to restriction of any roadway at KCH & must be coordinated through the Facilities Director and KCH Security Department.**

Housekeeping & Waste Disposal

Contractor employees are expected to maintain an orderly and safe jobsite. Daily cleanup of the jobsites is required. Temporary storage of construction waste can not exceed 50 Cubic feet of materials.

Keep floors and walkways clear by cleaning up spilled liquids, and keeping cords and other obstacles out of the way of pedestrian traffic. Continually sweep and mop as necessary per requirements in the infection control risk assessment/permit. Remove construction debris daily in the following manner: during transport of materials, both in and out of the facility ensure they are properly secured and covered, ensure all dump carts (including wheels) are cleaned up prior to entering patient care areas. Transport of materials in and out of work areas should occur at the beginning and end of shifts whenever possible. **NEVER** clean up an unidentified spill; notify housekeeping immediately if you believe there may be a hazardous (body fluid) or chemical spill.

All entry ways need sticky mats, sticky mats need to be changed frequently and upon the discovery that the sticky mats are no longer sticky. Contractors are responsible for their own waste hauling receptacles. Reference Hawaii County waste hauling guidelines and separation of solid wastes. Contractors are responsible for removing and disposing of their hazardous waste via a certified hazardous waste hauler. A manifest is required for disposal and evidence to KCH the waste was disposed of properly.



Hot Work Permits

Any work that involves use of an open flame, such as torch smoldering, welding, grinding or cutting requires a Hot Work Permit. To obtain a hot work permit the welding/cutting equipment and the individuals performing the work must be on the job site. A serviceable 10 pound ABC fire extinguisher must be at each location. Please contact the Facilities Director to request a Hot Work Permit. Example of permit is located on page 43-44.

An individual will be dispatched to issue the permit.

Torches: No Liquefied Petroleum Gas , Mapp Gas or oxygen acetylene bottles over 5 lbs of volume are allowed in the facility.

Smoke detectors will require a manufacturers cover to be applied during work & cover will be removed after the project is completed for the day. A Interim Life Safety Deficiency Form must be created. See attached form and policy on pages 46 - 47.

Fire Sprinkler Heads: Must be protected when working within 4 feet of a head. Contact the Facilities Director.

If the fire sprinkler is impaired an Interim Safety Life Measure (page 46 - 47) must be created.

Smoke detectors: The following procedures apply;

1. Use a zip lock bag and cut the bottom of the bag off.
2. Use blue painter's tape to secure the bottom of the zip lock bag to the base of smoke detector. **Bag must be dated and contractors name listed.**
3. At the start of each shift the zip lock bag is closed and at the end of the shift the bag either removed or the zip lock is opened.

NOTE: Hot Work Permits CAN NOT be issued if fire suppression systems are not functional. If hot work must be performed a fire watch is required.

A fire watch is defined as:

1. The assignment of a person or persons to the area for the express purpose of notifying the Fire Department, the building occupants, or both, of an emergency.
2. Preventing a fire from happening.
3. Extinguishing small fires.
4. Protecting the public from fire or life safety dangers.

This/ these personnel must be specially trained in fire prevention techniques, and they should understand the particular fire safety situation. All fire watch(es) must be coordinated prior to the event with the Facilities Director.

Fire Blankets/Welding Pads/Smoke Eaters: May be required depending on the area that work is being performed in.

Infection Control Permits

Infection Control is taken very seriously and applies to all areas of the KCH facility. It applies both to how construction projects affect our patients as well as how our patients and the environment affect you. To ensure we are providing a safe healing environment for our patients and staff the following requirements shall be strictly followed:

You will be required to obtain an Infection Control Permit from Maintenance prior to performing construction related tasks within all patient care, laboratory or any other areas where the services rendered are directly related to patient care. There are four types of construction that are associated with four risk levels. This information defines the criteria for an Infection Control Permit.

You may **not** begin your work until the appropriate authorization has been completed and the permit is posted at/near the entrance of the worksite. Posting of this permit is required over the construction period. Please see Facilities Director to determine if a permit is required for your tasks.

All Infection Control requirements will be followed at all times as defined by the Infection Control Permit. Daily Infection Control compliance surveys will be completed by KCH maintenance staff. If at any time contractors are not meeting infection control risk assessment/permit requirements the job site can be shut down until the proper requirements are satisfactorily met. Repeat offenses can result in KCH stopping contractors work on the project. Example of Infection Control Risk Assessment and permit can be viewed on pages 37 - 40.

Dust Containment:

Negative Air Machines with HEPA filters are required in all construction areas.

- ♣ Sticky mats must be placed outside of the construction area and changed frequently.
- ♣ Plastic zip wall and/or temporary barriers must be in place prior to start of project.
- ♣ Coveralls must be worn over any soiled/contaminated clothing.
- ♣ Dusty or contaminated shoes must be covered with paper booties.
- ♣ Appropriate PPE and/or jumpsuits/scrubs will be used when entering “clean or sterile” work areas such as OR suites.
- ♣ All negative air exhaust shall be exhausted outside of the building unless circumstances deem this impossible/unreasonable. Discharge of exhaust air within the facility is a last resort and must be pre-approved by the Facilities & Infection Prevention Directors.
- ♣ Discharge of negative air exhaust into the hospital HVAC system is strictly prohibited.
- ♣ You may inspect ceiling spaces by removing one 2x2 tile or one 2x4 tile. If multiple tiles removed or any work is completed a containment unit (ie: Aire Guardian) and ladder permit (example page 42) must be in place. You are responsible for immediate clean up of any debris resulting in tile removal.

Dust Contamination:

- ♣ HEPA filters and pre-filters will be supplied by the contractor. A written log must be kept with the contractor owned air scrubber. Pre filters must be changed when visually dirty and at the beginning of each new project.
- ♣ Discharge of exhaust is required and must be pre-approved by the Facilities and Infection Control Directors.



Fire and Smoke Barrier Penetration Permits

All fire and smoke barriers must be sealed as specified in the construction documents. When working within KCH any cutting, opening, or otherwise penetrating **ANY** wall requires a wall penetration permit (Example on page 41) from the Maintenance Department. Never penetrate any walls without coordinating with the Facilities Director to obtain a permit.

Dig Permits

Prior to beginning excavation, a utility line locator firm shall be employed to physically locate the utility lines in order to avoid unplanned outages that can result from accidental damage.

No Digging may take place with out the direct involvement of the Facilities Director.

To begin a project that requires digging, call the utility line locator that is responsible for your work area to ask for the location and voltage of underground utility lines and tell them where and when you are working in that area.

Advise co-workers before you start digging and mark on your blueprints or plan the exact location of the utility lines. Then place warning signs along the route, if they are not already posted.

Protect your self by working with another person who can be a spotter or signaler, and can call for assistance in an emergency. Always keep equipment, workers, materials well outside the minimum safety distance.

If a power line has been severed, have someone call the KCH Maintenance Department immediately to shut off the electricity. If you are sitting on earth-moving or other riding equipment, stay on the equipment—don't attempt to jump off unless the machine is on fire and your life is in immediate danger.

Move the equipment away from the power source if it is at all possible. Keep others away from the accident, don't let anyone attempt to attach a winch line or approach the machinery in any way.

Security of Doors

Every individual is responsible for ensuring the job site and facility is secure.

- ♣ Do not allow another person to “tailgate” through badge entry door. If that person should have access they will have badge access.
- ♣ Do not leave doors unlocked or prop open locked doors.
- ♣ Ensure all doors are again secured when you exit.

Weekly Safety Meeting

All contractors are required to have a weekly safety meeting and documentation of meeting highlighting different OSHA standards and guidelines. The presenter needs to have the 30 hour OSHA safety training and provide documentation to KCH of completion prior to commencement of work.



Ladder Safety

Contractors must follow OSHA guidelines 3124-12R-2003.
Example of permit on page 42

Electrical Safety

All power tools must be UL approved and have a three prong grounded plug. Two prong plugs are not permitted. No three receptacle cord adaptors are allowed. Limit extension cords. No plug strip to plug strip power extenders. Manage cords safely in corridors and use approved cord covers. No extension cords or power tool cords can be repaired with electrical tape if frayed. A new cord or cord end must be installed. Lock out / Tag out procedures shall be followed per OSHA guidelines 23 CFR 1910.147. Consult with Facilities Director for KCH specific guidelines. Lock out / Tag out is not only applicable to electric work it is also applicable to plumbing, medgas, vacuums, reheat, steam, and chilled water systems.

Red Receptacle Outlets

Red receptacle outlets are located throughout KCH and are not to be used by contractors.

These red receptacle outlets are connected to the emergency power systems and will provide power even during an outage. Red receptacle outlets are not to be used for non-emergencies. Never unplug equipment from red receptacle outlets as they are used for critical patient care equipment only.

Emergency Preparedness

Kona Community Hospital requires that all employees and contractor employees must be familiar with the basic requirements of the Emergency Plans before they begin work.

Reporting an Emergency

To report an emergency at Kona Community Hospital please call the Hospital Operator at 322-9311 or dial 0 from hospital phone.

Emergency Response

In the event that emergency procedures are announced (Page Codes) check immediately with your Supervisor or the nearest KCH staff member to ask what is expected in this situation. You may be asked to leave the area.

Page Codes

Kona Community Hospital uses a color code system to notify employees, vendors and contractor employees of emergency situations. These codes will be given verbally over the public address system. These codes are:

For example, if there is a fire, there will be a page over the public address system stating: "Code Red" followed by the location.

If employees wait until an emergency is actually occurring before attempting to determine what is expected of them they may be too late because time is a very valuable commodity during an emergency.

Code Black	Severe Weather
Code Blue	Cardiac Arrest/Medical Emergency
Code Gray	Security Assistance
Code Green	Bomb Threat
Code Orange	Hazmat/ Bioterrorism
Code Pink	Infant Abduction
Code Red	Fire
Code Silver	Adult Elopement
Code Active Shooter	Active Shooter
Code Triage	Disaster Activation

Code Red—Fire Plan

Everyone working in Kona Community Hospital must always be aware of the locations of the nearest fire alarm pull station, the nearest fire extinguisher and the nearest exit.

When the fire alarm sounds everyone needs to leave the building.

R.A.C.E

R - Rescue

Rescue anyone in danger. Protecting of life is paramount.

A - Activate

Activate the nearest fire alarm station by pulling down the lever.

Dial # 40 on telephone handset and announce loudly 3 times “Code Red and location of fire (example code red electrical room first floor)”.

Assist others who may need assistance.

C - Confine

Close all doors, windows or openings in the room or corridor area where smoke and/or fire are present to isolate the condition.

Remember that smoke is also very dangerous, many victims of fires succumb to smoke.

If a closed door is hot, this may mean that there is fire on the other side.
DO NOT OPEN a hot door.

E - Extinguish: Secure fire extinguishers for use.

Fire extinguishers may be used only for small fires that are getting started, do not attempt to use a fire extinguisher on a fire that is too large or dangerous.

Only the respiratory therapy department or nursing may turn off medical gasses.

If you elect to extinguish the fire remember:

When using a fire extinguisher, remember the word “P.A.S.S”.
Each letter represents a step for using the fire extinguisher.

P– Pull the pin from the fire extinguisher.

A– Aim the hose at the base of the fire.

S- Squeeze the handle (lasts 20 seconds)

S- Sweep from side to side.

Evacuation—General Guidelines

- ♣ Keep Calm
- ♣ Leave lights on
- ♣ Do not use elevators (unless directed by Fire Dept.)
- ♣ Do not use telephones (unless directed by Fire Dept.)
- ♣ Keep all corridors clear at all times.
- ♣ Do not block the fire extinguishers or fire hoses.
- ♣ Do not block or lock any designated exits
- ♣ Know the location of fire extinguishers and pull stations.

Fire Safety General Guidelines—DO

- ♣ Obtain a Hot Work Permit prior to performing any hot work, including welding, soldering, torch cutting, or any work using an open flame.
- ♣ Participate in fire drills.
- ♣ Follow Interim Life Safety Measures (ILSM’s) implemented due to construction. Refer to attached policy (page 46)
- ♣ Place ceiling tiles back in place when completed with above ceiling.
- ♣ Protect penetrations through fire rated walls in accordance with UL System requirements.

Fire Safety General Guidelines—DON'T

- ♣ Do not remove or tamper with any fire protection or life safety equipment, including: smoke detectors, fire alarm speaker/strobes, fire alarm pull stations, fire sprinklers, and fire extinguishers
- ♣ Do not prop open fire rated or smoke barrier doors, especially stairwell doors.
- ♣ Do not tamper with the latch on fire rated doors (to prevent the door from latching).
- ♣ Do not store equipment or supplies in the corridor or the stairwells.
- ♣ Do not block any exit or egress.

Hazardous Materials

Materials in use in Kona Community Hospital:

Hazardous Materials are present and in use at KCH. These chemicals may include flammables, toxics, corrosives, biohazards or radioactive. Safety Data Sheets (SDS) for these chemicals are available through the SDS line located on a label affixed to every KCH phone.

Read all warning labels carefully. If the warning label is missing from a suspected hazardous chemical, notify a Supervisor or the Facilities Director.

Chemicals Brought by Contractor:

Safety Data Sheets (SDS) must be submitted to the Facilities Director for approval. All chemicals must be labeled in accordance with 29 CFR 1910.1200 (Hazard Communication).

Hazardous Material Spills:

If you discover a spill believed to be hazardous or questionable, contact:

♣ Housekeeping at 322-4521.

In addition, notify your supervisor and the Facilities Director.

Exposure to Human Blood or Body Fluids

The OSHA Blood Borne Pathogen Standard (1992) is to protect workers that have a reasonable anticipated risk of an occupational blood or body fluid exposure on their job. Typically contractors do not fall into this category however anyone working with in a healthcare facility can be at risk for blood and body fluid exposure. Some of the potential blood borne disease includes HIV and Hepatitis.

Needles and other sharp instruments are used throughout KCH and patient blood and body fluids are transported throughout the campus. Our expectation is that these are contained appropriately; however, exposures can still occur and KCH has developed a plan of action to address any exposure that does occur.

Contractors experiencing an exposure such as being pricked by a “sharp” or splashed (eyes, mouth, or skin) by body fluids while on the KCH campus, should immediately stop what you are doing and wash the area thoroughly with soap and water. Proceed directly to the KCH Emergency Department for a post exposure work up. Time is very important with exposure injuries so **DO NOT DELAY** in reporting injury and seeking evaluation in the Emergency Room. The incident must also be reported to your supervisor by the end of the shift.

**BLOODBORNE
PATHOGENS**
Require Caution

Noise and Vibration

Noise and vibration can have severe impact on our patients and their ability to heal, staff ability to provide safe and proper care and KCH's ability to provide a harm free work environment for our employees.

All construction activities resulting in potential harmful noise levels will be pre authorized by the Facilities Director and communicated prior to the beginning work with unit managers that may be impacted by the noise/vibrations. If excessive noise levels are reported the construction work will be halted and alternative construction methods or noise barriers will be required.

Medical Equipment

Medical Equipment such as ventilators and heart monitors are found throughout KCH.

Only authorized individuals may operate or change settings on medical equipment. Contractor employees involved in construction are not authorized to operate, move, or change settings on any medical equipment. All issues regarding medical equipment must be referred to nursing staff or the Facilities Director. **Never unplug equipment that is plugged into a RED outlet.**

Utility Systems

Kona Community Hospital depends on uninterrupted delivery of utilities to operate equipment that is crucial to daily operations. Any utility shutdown must be coordinated with the Facilities Director to avoid interruption of any utility service. **NO contractor shall turn off any valve, circuit or switch.**

English Proficiency Guidelines

For safety and general information purposes, contract workers with limited English proficiency shall be assigned within close proximity to contract workers that have a fluency in English.

Confined Space

Many workplaces contain spaces that are considered “confined” because their configurations hinder the activities of employees who must enter, work in, and exit them. A confined space has limited or restricted means for entry or exit, and it is not designed for continuous human occupancy. Confined spaces include, but are not limited to underground vaults, tanks, storage bins, manholes, pits, silos, process vessels, and pipelines. Contractors must follow the OSHA guideline standard for Confined Space 1940.146 subpart A, B, C, D, E and F. A confined entry permit must be approved by the Facilities Director, as well as, 48 hours prior notice of the confined space being entered.

Signage

Kona Community Hospital maintains signage in the buildings. Construction or renovation contractors, however, must ensure that proper signage remains posted as facilities are modified or new construction is added.

Infection Control Containment Systems

Containment units such as Aire Guardian, Hepacart and Zip Wall Systems are the responsibility of the contractor to procure and maintain. The plastic vinyl sheeting used on the containment units must be flame resistant and UL labeled to support flammability standards. The contractor is responsible for the proper use, setup, and the disinfection of the cubes daily and more frequently if needed and required by the infection control risk assessment/permit. Primary filtration on HEPA units must be replaced as needed when observed to be clogged or dirty. HEPA filters are to be changed every 2 years or as needed. Record keeping is required on filter change outs.



The following five Infection Control Isolation Signs are used in the facility to indicate serious and potentially infectious conditions. Personal Protective Equipment and specific disinfection procedures are REQUIRED to enter/exit these areas safely. You MUST work with nursing on appropriate procedures prior to entering these rooms.



CONTACT Precautions



Standard Precautions: (Required Precautions to be checked off by health care providers)


GLOVES


EYE PROTECTION
Eye protection must be worn


WASH HANDS


MASK


GOWN


PRIVATE ROOM

Contact Precautions: (Required Precautions to be checked off by health care provider)

- Limit movement & transport, if necessary patient must wear clean gown & wash hands
- If transport necessary, patient must wear mask
- Wear mask when entering room
- Change gloves & gown after contact with infective materials
- Discard gown, gloves, and mask **BEFORE** leaving room

Other Specifications from Hospital Guidelines:

VISITORS: Speak with the nurse BEFORE entering the room



DROPLET PRECAUTIONS



Standard Precautions: (Required Precautions to be checked off by health care Provider)


GLOVES


EYE PROTECTION
Eye protection must be worn


WASH HANDS


MASK


GOWN


PRIVATE ROOM

DROPLET PRECAUTIONS: (Required Precautions to be checked off by provider)

- Limit movement and transport of patient
- If transport is necessary, Patient must wear mask
- All staff and visitors must wear a surgical type mask when entering room
- Discard gown, gloves and mask after each use before leaving room

Other specifications from Hospital Guidelines:

VISITORS: Speak with the nurse BEFORE entering the room

STOP CONTACT GI PRECAUTIONS STOP

**CONTACT
GI
PRECAUTIONS**

Standard Precautions: (Required Precautions to be checked off by health care provider)

					
GLOVES	EYE PROTECTION <small>Eye protection must be worn</small>	WASH HANDS	MASK	GOWN	PRIVATE ROOM

Contact Precautions: (Required Precautions to be checked off by health care provider)

- Limit movement and transport of patient
- If transport is necessary, patient must wear clean gown & wash hands
- Wear gown & gloves when entering room, mask if risk of splashing
- Change gloves and gown after contact with infective materials
- Discard gown, gloves, and mask before leaving room
- WASH HANDS WITH SOAP & WATER, ALCOHOL GEL INEFFECTIVE**

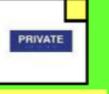
Other Specifications from Hospital Guidelines:

VISITORS: Speak with the nurse BEFORE entering the room

STOP AIRBORNE Precautions STOP

**AIRBORNE
Precautions**

Standard Precautions: (Required Precautions to be checked off by health care Provider)

					
GLOVES	EYE PROTECTION <small>Eye protection must be worn</small>	WASH HANDS	N-95 Respirator Or use PAPR	GOWN	NEGATIVE PRESSURE Keep Door Closed

AIRBORNE PRECAUTIONS: (Required Precautions to be checked off by provider)

- Staff must wear respiratory protection (N-95 Respirator or PAPR)
- If you have not been fitted with N-95 or PAPR Respirators **DO NOT ENTER**
- Limit movement and transport of patient
- If transport necessary, patient must wear surgical mask
- Limit visitors & family to those that are immune or have already been exposed

Other specifications from Hospital Guidelines:

VISITORS: Speak with the nurse BEFORE entering the room

INFECTION CONTROL RISK ASSESSMENT

Matrix of Precautions for Construction and Renovation

<p>STEP ONE: Using the following table identify: Type of Construction Project Activity--Type A-D</p>	
Type A	<p>Inspection and Non-invasive Activities</p> <p>Includes, but not limited to: Removal of ceiling tiles for visual inspection-limited to 1 tile per 50 square feet. Painting, but not sanding; and wall covering, electrical trim work, minor plumbing, and activities that do not generate dust, require cutting of walls or access to ceilings other than for visual inspection.</p>
Type B	<p>Small Scale, Short Duration Activities that Create Minimal Dust</p> <p>Includes, but not limited to: Installation of telephone and computer cabling; access to chase spaces; and cutting of walls or ceiling where dust migration can be controlled.</p>
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 not limited to: 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 and any activity that cannot be completed within a single work shift.</p>
Type D	<p>Major Demolition and Construction Projects</p> <p>Includes, but not limited to: Activities that require consecutive work shifts; Requires heavy demolition or removal of a complete cabling system; and new construction.</p>

STEP TWO:
Using the following tables identify: Patient Risk Groups that will be affected. If more than one group select the higher risk group.

LOW RISK	MEDIUM RISK	HIGH RISK	HIGHEST RISK
Office Areas	Cardiology Echo– Cardiography Endoscopy Nuclear Med Rehab Therapy Radiology/MRI Respiratory Therapy	Critical Care Emergency Dept Labor & Delivery Newborn Nursery Laboratory Surgery Pharmacy Pediatrics Post Anesthesia Care Unit Surgical Units	Any area caring for Immuno compromised Burn Units Cardiac Cath Lab Oncology Central Sterile Supply Intensive Care Units Medical Units Negative pressure isolation rooms Operating rooms C-Section rooms

STEP THREE:
Match:
Construction Project Type – A, B, C or D
Patient Risk Groups – Low, Medium, High or Highest

Class of Precautions
 I, II, III, or IV will determine the level of infection control activities required for your construction project.
Class I-IV or Color-coded Precautions

IC Matrix—Class of Precautions Construction Project by Patient Risk				
PATIENT RISK GROUP	CONSTRUCTION PROJECT TYPE			
	Type A	Type B	Type C	Type D
LOW Risk	I	II	II	III/IV
MEDIUM Risk	I	II	III	IV
HIGH Risk	I	II	III/IV	IV
HIGHEST Risk	II	III/IV	III/IV	IV

	During Construction Project	Upon Completion of Project
Class I	Execute work by methods to minimize dust from construction operations. Immediately replace a ceiling tile displaced for visual inspection.	
Class II	Provide active means to prevent airborne dust from dispersing into air. Water mist work area to control dust while cutting. Seal unused doors with duct tape. Isolate & seal air vents. Place sticky mat at entrance & exit of work area. Remove or isolate HVAC system in areas where work is being performed.	Wipe all surfaces with disinfectant. Contain construction waste & transport in tightly covered containers. Wet mop &/or vacuum with a HEPA filtered vacuum prior to leaving work area. Clean & disinfect containment units. Remove isolation of HVAC system in areas that work is being performed.
Class III	Isolate HVAC to prevent contamination of duct system. Construct critical barriers (sheet rock, plywood, zip wall) sealing area or implement containment unit with HEPA filtration prior to start of project. Maintain negative air pressure at work site with HEPA air-filtration. Contain construction waste & equipment before transport in tightly covered containers. Cover transport container or carts & tape covering, unless solid cover.	Do not remove barriers from area until completed project is inspected by Maintenance or Infection Control & is thoroughly cleaned by Environmental Services. Remove barrier material carefully after wiped with disinfectant to minimize the spread of construction dirt & debris. Vacuum area with HEPA filtered vacuum. Wet mop area with disinfectant. Remove isolation of HVAC system in work areas. Disinfect containment units.
Class IV	Isolate HVAC to prevent contamination of duct system. Construct critical barriers (sheet rock, plywood, zip wall) sealing area or implement containment unit with HEPA filtration prior to start of project. Maintain negative air pressure at work Site with HEPA air-filtration. Seal holes pipes/conduits & punctures properly. Construct anteroom all workers pass through to be vacuumed off using HEPA vacuum before exiting area, or they must wear jumpsuits that are removed each time they exit work site. Shoe covers required when entering work site & must be changed each time worker exits area. Do not remove barriers from area until completed project is inspected by Maintenance or Infection Control & thoroughly cleaned by Environmental Services.	Remove barrier material carefully after wiped with disinfectant to minimize the spreading of construction dirt & debris. Contain construction waste & transport in tightly covered containers. Cover transport receptacle or cart & tape covering, unless solid cover. Vacuum work area with HEPA filtered vacuum & wet mop area with disinfectant. Remove isolation of HVAC system in areas where work is being performed. Clean & disinfect containment units.

INFECTION CONTROL CONSTRUCTION PERMIT					
Location of Construction:			Permit No.: _____		
Project Coordinator:			Project Start Date:		
Contractor Performing Work:			Est. Time of Completion:		
Supervisor:		Telephone:	Permit Expiration Date:		
YES	NO	CONSTRUCTION ACTIVITY	YES	NO	RISK GROUP
		TYPE A Inspection, non-invasive			GROUP 1 Low Risk
		TYPE B Small scale short duration minimal dust			GROUP 2 Medium Risk
		TYPE C Mod/high dust, multiple shifts demolition.			GROUP 3 Medium/High Risk
		TYPE D Major demolition construction multiple shift			GROUP 4: Highest Risk
CLASS I		Minimize dust from construction operations. Immediately replace ceiling tiles displaced for visual inspection. Minor demolition for remodeling.			
CLASS II		Provides active means to prevent airborne dust from dispersing into air. Water mist work surfaces to control dust while cutting. Seal unused doors. Block off & seal air vents. Wipe surfaces with disinfectant. Contain construction waste for transport in tightly covered containers. Wet mop &/or vacuum with HEPA filtered vacuum prior to leaving area. Place sticky mat at entrance & exit. Isolate HVAC to prevent contamination of duct system. Construct containment barriers. Clean containment cubicles daily.			
CLASS III		Block HVAC prevent contamination of duct system. Construct containment barriers. Negative air pressure & HEPA air-filtration. Do not remove barrier until project inspected & cleaned . Vacuum with HEPA filters & wet mop with disinfectant. Remove barrier minimizing spread of dirt & debris. Contain waste before transport in tightly covered carts & tape covering if not secure. Clean containment units & disinfect daily.			
CLASS IV		Block HVAC prevent contamination of duct system. Construct containment barriers. Negative air pressure & HEPA air-filtration. Seal holes, pipes, conduits, & punctures. Construct anteroom all workers pass through to be vacuumed off with HEPA vacuum prior to exiting, or can wear jumpsuit that is removed each time they exit work site. When entering work site shoe Covers required. Barriers remain up until project is inspected & thoroughly cleaned by ES. Vacuum area with HEPA filtered vacuum & wet mop with disinfectant. Remove barrier minimizing spread of dirt and debris. Contain waste before transport in tightly covered carts & tape covering if not secure. Clean containment units & disinfect daily.			
Additional Requirements:					
Date: _____			Initials: _____		
Date: _____			Initials: _____		
Permit Requested By: _____			Date: _____		
Date: _____			Permit Authorized By: _____		
Date: _____			Date: _____		

FIRE OR SMOKE BARRIER PENETRATION PERMIT

Contractor _____ In House Work _____ Date Issued: _____

Penetration Permit is required for work that will, or has potential to; disrupt the integrity of any floor, wall or ceiling which serves as a smoke or fire barrier by drilling, cutting, boring, destruction or other means. PERMIT must be completed if a Work Permit has been requested which includes penetration.

Permit **MUST** be signed by the Facilities staff **PRIOR** to the ceiling tiles being replaced. Failure to return this signed permit may prohibit payment until you are in compliance with this policy.

This permit **MUST** be posted on the ladder or in the immediate area of work.

Briefly Describe Scope of Work and provide a time table:

Type of Penetration	Location	Purpose	Expected Complete Date

CRITERIA	CONSIDERATIONS	Accept
Is wall, ceiling or floor a fire or smoke barrier?	If not smoke/fire barrier, no permit is required	
Does current fire stopping exist or is this a new penetration?	Current fire stop material to be evaluated for integrity post re-penetration work	
Is the fire stop to be used approved by the hospital?	Only approve fire stop may be used. Fire Stop Approved for this project:	
Has documented training for the application of fire stop been done?	Any person applying fire stop MUST be trained on application	
Must review existing plans/drawings for any concealed hazards?	Find energized sources, cables, wires, conduits, piping, gas lines.	
Are UL Specifications available?	Attach proper UL Specifications.	

TO BE COMPLETED BY FACILITY STAFF APPROVED DENIED

Facilities Representative _____

SPECIAL INSTRUCTIONS/CONDITIONS FOR PERMIT: _____

WORK APPROVED (Before Ceiling Tile Replacement)

Facilities Representative: _____ Date: _____ Print

Name: _____

COMPLETED PERMIT MUST BE RETURNED TO FACILITIES & POSTED AT WORK SITE.

PORTABLE LADDER USE PERMIT

Note: This permit, which must be accessible during performance of the work, is to be used when performing work from a portable ladder where a fall exposure of 6 feet or greater exists & an approved conventional fall protection system is not available or creates a greater hazard.

Project & Job Location: _____ Issue Date: _____

PORTABLE LADDER USE JUSTIFICATION

SELECT CONTROLS TO BE USED TO REDUCE FALL HAZARD

Safety Monitor Assigned* 3 Point contact maintained during task

Secure ladder to fixed object Short Duration Task (less 10 mins)

Light Duty Task (material being handled weighs less than 5 lbs)

Use of special instructions (Describe): _____

Selection of Special Work Methods: _____

APPROVALS

Prepared By: Print: _____ Sign: _____ Date: _____

Approved By: Print: _____ Sign: _____ Date: _____

(Field Work Supervisor)

Approved By: Print: _____ Sign: _____ Date: _____

(Project Safety Representative)

UF HOT WORK PERMIT

This Hot Work Permit is required for any operation involving open flames or producing heat and/or sparks and must be completed by a Competent Hot Work Supervisor (CHWS) and posted at the site. Hot Work includes, but is not limited to: Brazing, Torch Cutting, Grinding, Soldering, and Welding. If the required precautions cannot be met, Hot Work is not permitted.

HOT WORK DONE BY		
<input type="checkbox"/> CONTRACTOR		
DATE:	WO #	
BUILDING NAME, BLDG #, ROOM #, LOCATION		
NATURE OF JOB		
NAME OF HOT WORK OPERATOR		
I verify the above location has been examined, the precautions checked on the Required Precautions Checklist have been taken to prevent fire, and permission is authorized for work.		
NAME OF COMPETENT HOT WORK SUPERVISOR (CHWS)		
Contact #	Fax #	
PERMIT REQUEST	DATE	TIME <input type="radio"/> AM <input type="radio"/> PM
PERMIT EXPIRES	DATE	TIME <input type="radio"/> AM <input type="radio"/> PM
SIGNATURE OF CHWS		
EH&S Approval		

REQUIRED PRECAUTIONS CHECKLIST

Approved
Expiration Date
Notes:

- Available sprinklers, hose streams, and extinguishers are in service/operable.
- Hot work equipment in good repair.
- Requirements within 35ft of work**
- Flammable liquids, dust, lint and oil deposits removed.
- Explosive atmosphere in area eliminated.
- Floors swept clean of combustibles.
- Combustible floors wet down,

- Combustible floors wet down, covered with damp sand or fire-resistant sheets.
- Remove other combustibles where possible. Otherwise protect with fire-resistant tarpaulins, screens or shields.
- All wall and floor openings covered.
- Fire-resistant tarpaulins suspended beneath elevated hot work.

Work on walls or ceilings/enclosed equipment

- Construction is noncombustible and without combustible covering or insulation.
- Combustibles on other side of walls moved away.
- No danger exists by conduction of heat into another room or area.
- Enclosed equipment cleaned of all combustibles.
- Containers purged of flammable liquids and vapors.

Fire watch/hot work area monitoring.

- Fire watch will be provided during and continuously for 30 minutes after work, including during any work breaks.
- Fire watch is supplied with suitable extinguishers.
- Fire watch is trained in use of this equipment and in sounding alarm.
- Fire watch may be required for adjoining areas, above and below.
- Hot work area inspected 30 minutes after job is completed.

Other precautions Taken

- Confined space entry permit required.
- Area is protected with smoke or heat detection.
- Ample ventilation to remove smoke/vapor from work area.
- Lockout/tagout required.

Comments:

FAX TO EH&S @352-392-6367 PRIOR TO 8:00AM OF PERMIT REQUEST DATE

This Permit was developed for compliance with:

EH&S HOT WORK SAFETY POLICY UFEHS-SAFE1-07/22/2003

WARNING

HOT WORK IN PROGRESS WATCH FOR FIRE

PART 2

INSTRUCTIONS

1. Person doing Hot Work: Indicate time started and post permit at Hot Work location.
After Hot Work, indicate time completed and leave permit posted for fire watch.
2. Fire Watch: Prior to leaving area, do final inspection and sign permit.
3. Return completed permit to Project Manager or Risk Management before leaving campus.

HOT WORK BEING DONE BY:

- EMPLOYEE _____
DEPARTMENT _____
- CONTRACTOR _____
SITE FOREMAN _____
- PROJECT MANAGER _____

DATE _____

LOCATION / BUILDING & FLOOR _____

NATURE OF JOB _____

Required safety precautions have been done.

Signature of responsible person _____

Permission is given to do this work, provided required precautions have been done.

SIGNED: (EHS) _____

PERMIT EXPIRES:

DATE _____ TIME _____

TIME STARTED: _____ TIME FINISHED: _____

FIRE WATCH SIGNOFF

Work area and all adjacent areas to which sparks and heat might spread were inspected during the fire watch period and were found fire safe.

SIGNED: _____

REQUIRED PRECAUTIONS CHECKLIST

- # _____
- Available sprinklers, hose streams and extinguishers are in service.
 - Hot Work equipment in good repair.

WITHIN 35 FEET OF WORK

- Flammable liquids, dust, lint and oily deposits removed.
- Explosive atmosphere in area eliminated.
- Floors swept clean of combustibles.
- Combustible floors wet down, covered with damp sand, metal or fire-resistant tarpaulins.
- Remove other combustibles or protect with fire-resistant tarpaulins or metal shields.
- All wall and floor openings covered.
- Fire-resistant tarpaulins suspended beneath work to collect sparks.

WORK ON WALLS OR CEILINGS

- Construction noncombustible and without combustible covering.
- Combustibles moved away from other side of walls.

WORK ON ENCLOSED EQUIPMENT

- Equipment cleaned of all combustibles.
- Containers purged of flammable vapors.

FIRE WATCH

- Fire watch to be provided during and for 60 minutes after work.
- Fire watch to be provided for 4 hours after work in areas without smoke detection.
- Supplied with suitable extinguishers
- Trained in the use of equipment and in sounding fire alarm.
- Fire watch may be required for adjoining areas above and below.

OTHER PRECAUTIONS TAKEN _____

WARNING!

HOT WORK IN PROGRESS

WATCH FOR FIRE

IN CASE OF AN EMERGENCY

CALL: CHHANY: 430-2588

ERIC:854-5583

WARNING!

 KONA COMMUNITY HOSPITAL Policies and Procedures	Category: Administration	Policy No.: 123-2
	Issued By: Environment of Care	Revised: Oct 8, 2009
Subject: INTERIM LIFE SAFETY MEASURES	Approved By: <hr/> Assistant Administrator	Effective Date: April 17, 2002
		Supersedes Policy:
		Page: 1 of 1

PURPOSE:

Interim Life Safety Measures (ILSMs) are required to temporarily compensate for the hazards posed by existing life safety code (LSC) deficiencies or construction activities. ILSM shall apply to all personnel, including construction workers.

POLICY:

Each interim life safety measure must be documented. Implementation of ILSM must begin upon project development, and continuously be enforced through to project completion. Inspection, testing and monitoring and evaluation actions shall be reported monthly at the hospital safety committee meeting. ILSM consists of the actions listed below.

PROCEDURES:

- A. Ensure daily inspection of exits to provide free and unobstructed egress. Personnel shall receive training if alternative exits must be designated.
- B. Ensure free and unobstructed access to emergency department or services, and for emergency forces.
- C. Ensure that fire alarm, detection, and suppression systems are not impaired. Provide a temporary, but equivalent system when any fire system is impaired.
 - 1. Notify the Fire Department and alarm company when the alarm system is not working.
 - 2. Announce *every hour*: "interim safety measures are in place." After hours, the supervisor notifies all units that ILSMs are in place.
- D. Ensure temporary partitions are smoke-tight and built on noncombustible materials.
- E. Develop and enforcing smoking policies and procedures in excess of JCAHO standards. Smoking shall be prohibited in or adjacent to all construction areas.
- F. Develop and enforce storage, housekeeping, and debris removal policies and procedures that reduce the flammable and combustible fire load to the lowest level necessary for daily operations.
- G. Conduct at least two fire drills per shift, per quarter. When temporary systems are in place, inspect, test and document readiness of temporary systems daily.
 - 1. Visually inspect existing sprinklers and extra fire extinguishers daily.
 - 2. Inspect audible system battery-operated smoke detectors daily.
- H. Increase hazard surveillance of buildings, grounds, and equipment with special attention to excavating, construction areas, storage, and field offices.
- I. Train personnel when structural features of fire safety are compromised, such as compartmentation change.
- J. Conduct organization-wide-safety-education programs to ensure awareness of any LSC deficiencies, construction hazards and ILSMs.

Life Safety Deficiency - ILSM Decision Matrix

Location: _____

Deficiency: _____

Assessed By: _____

Assessment Date: _____ Date applicable ILSM initiated (if required): _____

Work Order Number: _____

Deficiency Description	Interim Life Safety Measures						
	ILSM not required. Risk is considered negligible under existing conditions	Emergency forces notification	Fire watch initiated	Signage for alternate exits	Inspect exits on a daily basis	Test temporary systems monthly.	Additional fire fighting equipment
Protection Deficiencies							
Lacking a code compliant smoke barrier (small hole)							
Lacking a code compliant smoke barrier (large hole)							
Large penetrations in fire barriers							
Small penetrations in fire barriers							
Suspended ceilings do not prevent the passage of smoke in corridors							
Major renovation of an occupied floor							
Significantly modifying smoke or fire barrier walls							
Hazardous areas not properly protected							
Exit Deficiencies							
Blocking off an approved exit							
Egress path width reduced							
Door Deficiencies							
Door does not close or latch							
Door and frame not labeled							
Door does not prevent the passage of smoke							
Fire Alarm and Sprinkler Deficiencies							
Fire alarm (out-of-service more than 4 hours)							
Sprinkler (out-of-service more than 4 hours)							
Installing sprinkler system (1 zone out-of-service)							
Disconnecting alarm device (1 at a time)							
Blocked access to the fire department connection							
Other Deficiencies							
Blocked Hall							
Minimal Deficiency-corrected within 48 hours							
Notes:							

Provide education - awareness of building deficiencies, construction hazards, and temporary measures implemented and train those affected.

Conducting 2 fire drills per shift per quarter in affected areas

Enforce housekeeping, storage and debris removal practices that reduce the flammable and combustible load to the lowest feasible level

Increased hazard surveillance

Temporary construction barriers

Additional fire fighting equipment

Test temporary systems monthly.

Provide temporary fire protection systems. Test temporary systems monthly.



**Kona Community
Hospital
79-1019 Haukapila Street
Kealahou, HI 96750**

Revised January 2016

**Contractor Guidelines
Confirmation of Understanding**

By signing this page, I acknowledge that I:

- a. Have read and understand the contents of the contractor Guidelines Booklet.
- b. Responsible for my safety, and will abide by the safety rules of KCH and my employer.

Name (Print): _____

Signature: _____ Date: _____

Employer: _____

Project Name: _____

General Contractor: _____

APPENDIX M

INFECTION CONTROL REQUIREMENTS

See following page.

INFECTION CONTROL RESPONSIBILITIES

KCH will provide and initially install:

- all barriers,
- air scrubbers/negative air machines,
- sticky mats,
- filters and plastic necessary to fulfill the infection control requirements designated by the infection control risk assessment performed internally by KCH prior to the beginning of construction

The contractor will be responsible for disposable items such as:

- trash bags,
- cleaning supplies
- bunny/tyvek suits to be used in demo

Contractor will also be responsible for the daily maintenance/cleanliness of the space in accordance with the contractor handbook to maintain infection control compliance. This will include:

- cleaning/mopping of the construction area,
- changing air scrubber filters,
- pulling up sticky mat layers,
- disposing of rubbish daily as well as any other contractor requirements referenced in the contractor handbook.

KCH will provide a dumpster located at the current Maintenance shop location for contractor use. Please notify KCH maintenance if dumpster is full. KCH has designated an approved entrance and exit route for contractor use to minimize impact to clinical services. Map is attached for reference.

APPENDIX N

THIS APPENDIX IS PROVIDED FOR REFERENCE ONLY AT THE TIME OF RFP ISSUANCE.

GMP BID PROPOSAL FORM (POST-RFP / DESIGN DEVELOPMENT PHASE ONLY)

THE BID PROPOSAL FORM CONTAINED IN SECTION 00400 OF THE SPECIFICATIONS SHALL BE USED EXCLUSIVELY FOR SUBMISSION OF THE GUARANTEED MAXIMUM PRICE (GMP) FOLLOWING COMPLETION OF DESIGN DEVELOPMENT, ANTICIPATED BETWEEN SIXTY PERCENT (60%) AND NINETY PERCENT (90%) DESIGN COMPLETION, AND ONLY UPON REQUEST BY HHSC. **THIS FORM SHALL NOT BE COMPLETED OR SUBMITTED AS PART OF THE RFP RESPONSE.**

DURING THE RFP PHASE, OFFERORS SHALL SUBMIT A COMMERCIAL TERMS PROPOSAL ONLY, IN ACCORDANCE WITH SECTION 3.8.1, ADDRESSING PROPOSED FEE, MARKUPS, GENERAL CONDITIONS, ALLOWANCES, ASSUMPTIONS, EXCLUSIONS, AND OTHER COMMERCIAL TERMS NECESSARY FOR EVALUATION. NO GMP PRICING IS REQUIRED OR PERMITTED AT THE RFP STAGE.

(Design-build/GMP)

Project: KONA COMMUNITY HOSPITAL — Design–Build Renovations to Receive New Imaging Equipment and Refrigerator/Freezer Upgrades

Owner: Hawaii Health Systems Corporation, Kona Community Hospital (KCH)

Address: 79-1019 Haukapila Street, Kealahou, Hawai'i 96750

Attention: Yvonne S. Taylor, Senior Contracts Manager (ytaylor@hhsc.org)

RFP No.: 26-0306

1. Bidder's Proposal

The undersigned, having examined the procurement documents, performance-based scope, and all attachments, proposes to provide Design–Build services for the Imaging & Clinical Lab Renovations and Cafeteria and Morgue Refrigerator/Freezer Upgrades on a Guaranteed Maximum Price (GMP) basis, with open-book accounting.

2. Contract Type and Audit Provisions

- **GMP Contract (Open-Book):** The GMP is the not-to-exceed amount for the defined scope. Bidder shall provide transparent cost backup (labor, materials, equipment, subcontractor invoices, general conditions, allowances, contingencies, fees).
- **Audit Rights:** Owner may audit any direct or indirect cost supporting invoices, timecards, subcontracts, and supplier agreements. Shared savings, if any, will be allocated per the Agreement.
- **Allowances & Contingencies:** Use only for Owner-approved scope; reallocation requires owner approval and written authorization.
- **Price Protection:** Unit rates and markups shall remain consistent per contract terms.

DIVISION 0 – PROCUREMENT & CONTRACTING REQUIREMENTS

Project: Kona Community Hospital – Imaging and Refrigerator/Freezer Upgrade Projects

Owner: Hawaii Health Systems Corporation (HHSC)

Location: 79-1019 Haukapila Street, Kealahou, HI 96750

RFP No.: 26-0306

Date: 2-23-26

Contact: Yvonne S. Taylor, Senior Contracts Manager, whrcontractsmgmt@hhsc.org

Section 00100 – Instructions to Proposers

1. General Overview

This RFP is for a Design-Build (DB) contract for the KCH Imaging Suites and Refrigerator/freezer Upgrade Projects. Procurement will follow a two-phase, qualifications-based selection process with a Guaranteed Maximum Price (GMP) contract structure. All work must comply with HHSC, DAGS, and State of Hawaii requirements.

2. Two-Phase DB Selection Process

Phase 1: Qualifications-Based Shortlisting

- Submit Statement of Qualifications (SOQ) addressing experience, team, technical approach, and past performance.
- Selection Committee scores SOQs using the published scoring matrix (see Section 00110).
- Highest-ranked teams (*anticipated to be 2–3, depending on the number and quality of SOQs received*) are shortlisted for Phase 2.

Phase 2: Technical Proposal & Commercial Terms Proposal

- Shortlisted teams shall submit a detailed Technical Proposal and Commercial Terms Proposal in accordance with the RFP. No Guaranteed Maximum Price (GMP) shall be submitted during the RFP phase..

- Proposals are evaluated using the scoring matrix (see Section 00110), including interviews if required.
- Highest-scoring team is recommended for contract award.

Interviews

- At HHSC's discretion, shortlisted teams may be invited to interviews/presentations as part of Phase 2 scoring.

Award

- Award is made to the proposer with the highest combined score (qualifications, technical, price, schedule).
 - HHSC reserves the right to negotiate with the highest-ranked proposer and to reject any or all proposals.
-

3. Scoring *See Section 00110 for detailed evaluation criteria and scoring methodology.*

4. Bid Security

- Bid security shall be in the amount of five percent (5%) of the proposed Commercial Terms Proposal, in the form of a bid bond, certified check, or cashier's check, if required by HHSC.
 - Failure to provide bid security will result in rejection of the proposal.
-

5. Subcontractor Listing

- Submit a Subcontractor Listing Form with your proposal, listing all major subcontractors (mechanical, electrical, plumbing, refrigeration, shielding, etc.).
 - Changes to the listed subcontractors after submission are not permitted without HHSC approval.
-

6. Addenda Acknowledgment

- Acknowledge receipt of all addenda on the Addenda Acknowledgment Form included in the proposal.

- Failure to acknowledge all addenda may result in disqualification.
-

7. Alternates, Allowances, and Unit Prices

- Include pricing for all alternates, allowances, and unit prices as identified in the Bid Form and Schedule of Values (SOV).
 - HHSC reserves the right to accept or reject alternates and to adjust the contract sum accordingly.
 - Allowances and unit prices will be used for scope adjustments as required.
-

8. Order of Precedence for Contract Documents

In the event of a conflict, the following order of precedence shall apply:

1. Executed Agreement (including all attachments and addenda)
 2. HHSC Special Conditions
 3. DAGS General Conditions (latest edition)
 4. Division 0 – Procurement & Contracting Requirements
 5. Division 1 – General Requirements
 6. Technical Specifications (Divisions 2–33)
 7. Drawings
 8. Contractor’s Proposal (as accepted by Owner)
 9. Other referenced documents
-

9. Proposal Submission Requirements

- Submit proposals in the format and by the deadline specified in the RFP cover letter.
- Late or incomplete proposals will not be considered.
- Include all required forms (bid security, subcontractor listing, addenda acknowledgment, alternates/allowances/unit prices, SOV).

Any references in this Section to unit prices, Schedule of Values (SOV), or detailed pricing apply only to post-award contract administration and Guaranteed Maximum Price (GMP) development, and do not modify the Phase 2 Commercial Proposal requirements defined in the RFP.

10. Questions and Clarifications

- Submit all questions in writing to the HHSC Contracts Manager by the deadline specified in the RFP.
 - Responses will be issued via addendum to all registered proposers.
-

11. Rights Reserved by HHSC

- HHSC reserves the right to reject any or all proposals, waive informalities, and negotiate with the highest-ranked proposer.
 - HHSC may request additional information or clarifications from any proposer.
-

12. Project Management System by HHSC

- Following contract award, the Design-Build Contractor shall utilize the Owner-approved project management system identified in Attachment 1 for administration of submittals and RFIs during the performance of the Work.
-

SECTION 00110 – EVALUATION CRITERIA AND SCORING METHODOLOGY

1. OVERVIEW

This Section describes the evaluation criteria and scoring methodology for the Kona Community Hospital Design-Build Imaging and Refrigerator/Freezer Upgrade Projects. The evaluation process is designed to ensure a fair, transparent, and auditable selection of the Design-Build team that provides the **best overall value** to Hawaii Health Systems Corporation (HHSC), considering qualifications, technical approach, commercial terms, schedule, and risk.

Evaluation shall be conducted in accordance with the two-phase selection process described in the RFP and applicable HHSC and State of Hawai'i procurement requirements.

The evaluation will be conducted in the following phases:

- **Phase 1 – Qualifications-Based Shortlisting**
- **Phase 2 – Technical Proposal and Commercial Proposal Evaluation**
- **Phase 3 – Interviews / Discussions (if conducted)**
- **Phase 4 – Recommendation for Contract Award**

2. PHASE 1 – QUALIFICATIONS-BASED SHORTLISTING

2.1 Phase 1 Evaluation Objective

Phase 1 is intended to identify the most qualified and capable Design-Build teams based on experience, personnel, and demonstrated ability to perform the Work. Only Offerors determined to be responsive and responsible during Phase 1 will advance to Phase 2.

2.2 Phase 1 Evaluation Criteria

Each Statement of Qualifications (SOQ) will be evaluated and scored using the following criteria:

Evaluation Category	Weight	Maximum Points
Firm Experience (Design-Build, Healthcare)	25%	25
Key Personnel & Team Qualifications	25%	25
Technical Approach & Methodology	20%	20

Safety Record & Compliance	10%	10
Past Performance / References	10%	10
Total	100%	100

2.3 Phase 1 Scoring Methodology

Each evaluator shall assign a score for each category based on the following qualitative scale:

- **Exceptional (90–100%)** – Exceeds all requirements; outstanding strengths and no weaknesses
- **Good (75–89%)** – Meets all requirements; strengths outweigh minor weaknesses
- **Acceptable (60–74%)** – Meets most requirements; some weaknesses, no major deficiencies
- **Marginal (40–59%)** – Significant weaknesses or deficiencies
- **Unacceptable (0–39%)** – Fails to meet requirements

Evaluators shall provide brief written justification for each score.

2.4 Phase 1 Shortlisting

The highest-scoring Offerors, as determined by the Evaluation Committee, will be shortlisted and invited to submit Phase 2 proposals. HHSC anticipates shortlisting two (2) to three (3) Offerors, but reserves the right to shortlist a different number based on the quality of submissions received.

3. PHASE 2 – TECHNICAL PROPOSAL AND COMMERCIAL PROPOSAL EVALUATION

3.1 Phase 2 Evaluation Objective

Phase 2 is intended to evaluate the shortlisted Offerors' proposed technical approach, commercial structure, schedule, risk management, and overall value. **Phase 2 does not include submission or evaluation of a Guaranteed Maximum Price (GMP).**

3.2 Phase 2 Evaluation Criteria

Phase 2 proposals will be evaluated using the following criteria:

Evaluation Category	Weight	Maximum Points
Technical Proposal (Design & Construction Plan)	20%	20

Commercial Proposal (Commercial Terms & Pricing)	20%	20
Schedule & Ability to Meet Project Milestones	15%	15
Value Engineering & Innovation	10%	10
Risk Management Plan	10%	10
Compliance with HHSC Conditions	10%	10
Interview / Presentation (if conducted)	15%	15
Total	100%	100

3.3 Commercial Proposal Evaluation (Phase 2)

The Commercial Proposal is submitted **for evaluation purposes only** and shall be evaluated on a **comparative basis**. Commercial Proposals shall be assessed for:

- Reasonableness and clarity of proposed commercial structure
- Transparency and completeness of pricing information
- Consistency with the Scope of Services and project constraints
- Allocation of construction costs by suite/area for comparative evaluation
- Assumptions, exclusions, and risk posture

Commercial Proposals do not constitute a Guaranteed Maximum Price (GMP) and shall not be interpreted as establishing contractual pricing, cost allocation, or GMP commitments. No detailed cost backup, Schedule of Values, unit pricing, or audit-level pricing is required or evaluated during Phase 2.

3.4 Phase 2 Scoring Methodology

Each evaluator shall independently score each Phase 2 proposal using the same qualitative scoring scale described in Section 2.3. Written justification shall be provided for each score.

The Evaluation Committee may meet to discuss scores and develop consensus ratings in accordance with HHSC procurement procedures.

4. PHASE 3 – INTERVIEWS / DISCUSSIONS (IF CONDUCTED)

At HHSC's discretion, shortlisted Offerors may be invited to participate in interviews and/or proposal discussions. Interviews may be used to:

- Clarify aspects of the Technical Proposal
- Confirm understanding of project phasing, constraints, and hospital operations
- Evaluate the Offeror's team, communication, and problem-solving approach

Interview scores, if conducted, will be incorporated into the Phase 2 evaluation as identified in Section 3.2.

5. PHASE 4 – RECOMMENDATION FOR CONTRACT AWARD

Following completion of all evaluation phases, the Evaluation Committee shall prepare a written evaluation summary and ranking of Offerors and submit a recommendation for contract award to the Regional Chief Executive Officer (RCEO) in accordance with HHSC procurement requirements.

Contract award shall be based on the Offeror determined to provide the **best overall value** to HHSC.

6. GUARANTEED MAXIMUM PRICE (POST-AWARD)

The Guaranteed Maximum Price (GMP) shall be developed **only after contract award** and following completion of Design Development, anticipated between sixty percent (60%) and ninety percent (90%) design completion, in accordance with the Contract Documents, Division 1, Appendix N, and the State of Hawai'i 1999 Interim General Conditions.

No GMP pricing is submitted, evaluated, or scored as part of the RFP process.

7. EVALUATION RECORDS AND CONFIDENTIALITY

All evaluation materials, including score sheets, written justifications, and interview records, shall be maintained as part of the procurement record and treated as confidential in accordance with applicable law.

[END OF SECTION 00110]

Section 00400 – Bid Proposal Form

(Design-build/GMP)

Project: KONA COMMUNITY HOSPITAL — Design-Build Renovations to Receive New Imaging Equipment and Refrigerator/Freezer Upgrades

Owner: Hawaii Health Systems Corporation, Kona Community Hospital (KCH)

Address: 79-1019 Haukapila Street, Kealahou, Hawaii 96750

Attention: Yvonne S. Taylor, Senior Contracts Manager (ytaylor@hhsc.org)

RFP No.: 26-0306

1. Bidder's Proposal

The undersigned, having examined the procurement documents, performance-based scope, and all attachments, proposes to provide Design-Build services for the Imaging & Clinical Lab Renovations and Cafeteria and Morgue Refrigerator/Freezer Upgrades on a Guaranteed Maximum Price (GMP) basis, with open-book accounting.

2. Contract Type and Audit Provisions

- GMP Contract (Open-Book): The GMP is the not-to-exceed amount for the defined scope. Bidder shall provide transparent cost backup (labor, materials, equipment, subcontractor invoices, general conditions, allowances, contingencies, fees).
- Audit Rights: Owner may audit any direct or indirect cost supporting invoices, timecards, subcontracts, and supplier agreements. Shared savings, if any, will be allocated per the Agreement.
- Allowances & Contingencies: Use only for Owner-approved scope; reallocation requires owner approval and written authorization.
- Price Protection: Unit rates and markups shall remain consistent per contract terms.

3. Procurement Plan & Schedule

HHSC will use a two-phase, qualifications-based selection process consistent with Design-Build best practices. Phase 1 will shortlist the most qualified teams; Phase 2 will evaluate GMP proposals and technical approach. The schedule below supports contract execution by April 30, 2026.

Milestone	Target Date
Finalize RFP & RFQ documents	Feb 23, 2026
Issue RFQ/RFP	Feb 24, 2026
Closing date for receipt of questions	Mar 6, 2026
Pre-proposal Conference/KCH tour	Mar 10, 2026
Addendum Issued (Responses to Questions)	Mar 11, 2026
Receipt of Qualifications due (Phase 1)	Mar 20, 2026
Shortlist & Invite Phase 2	Mar 31, 2026
Interviews (if conducted)	Apr 6-7, 2026
Phase 2 BAFO Commercial Proposals Due	Apr 14, 2026
Evaluation & Selection	Apr 21, 2026
Contract Award	Apr 21, 2026
Deadline for Execution	Apr 30, 2026

4. Schedule of Values (SOV) - Submission Format

The Schedule of Values (SOV) shall be submitted in conjunction with the GMP during the Design Development Phase and is not required as part of the RFP Commercial Terms Proposal.

Proposers shall complete and submit [Attachment 2 HHSC_KCH_RFP26-0306_Phase2_Commercial_Proposal_Template_FINAL.xlsx] (Excel) using the line-item structure provided by Owner (including Programming Workshops & User Group Meetings, Design & Preconstruction, General Conditions, Imaging Construction, Refrigerator/Freezer Construction, Allowances, Contingency, Fee, Taxes/Insurance/Bonds). The Excel SOV will serve as the baseline for cost loading and monthly pay applications.

5. Payment Applications & Progress Tracking

Design/Preconstruction: Paid by percent-complete milestones (e.g., Programming 100%, 30% SD, 60% DD, 90% CD, Permit Issuance).

General Conditions: Paid monthly based on time-phased burn and documented staffing plans.

Construction: Paid by percent complete per SOV line with field progress verification.

Allowances: Draws only upon Owner's written authorization tied to a specific SOV line.

Contingency: No payment unless authorized via Change Authorization; recorded separately.

Fee: Billed proportionally to total cost progress (or per contract).

Taxes/Insurance/Bonds: As stipulated in Agreement.

6. Bidder Acknowledgments

The Bidder acknowledges that the Excel SOV (Attachment 2) will be used for baseline cost loading, schedule cost curves, and monthly pay applications. Any proposed revisions to the SOV structure require Owner approval prior to Contract execution.

Bidder (Design-Builder):

Company: _____

Authorized Signatory: _____

Title: _____ Date: _____

A. Bid Security Form

Project: Kona Community Hospital – Imaging & Refrigerator/Freezer Upgrade Projects

Bidder Name: _____

RFP No.: 26-0306

Bid Security Amount: 5% of GMP Proposal

Type of Security (check one):

Bid Bond Certified Check Cashier's Check

Issuer (if bond): _____

Bond Number: _____

Date Issued: _____

Authorized Signature: _____

Title: _____

Date: _____

C. Addenda Acknowledgment Form

Project: Kona Community Hospital – Imaging & Refrigerator/Freezer Upgrade Projects

Bidder Name: _____

RFP No.: 26-02306

The undersigned acknowledges receipt of the following addenda:

Addendum No.	Date Received	Initials

Authorized Signature: _____

Title: _____

Date: _____



D. Alternates/Allowances/Unit Price Form

Project: Kona Community Hospital – Imaging & Refrigerator/Freezer Upgrade Projects

Bidder Name: _____

RFP No.: 26-0306

Item Type	Description	Amount/Unit Price	Notes
Alternate			
Allowance			
Unit Price			

Authorized Signature: _____

Title: _____

Date: _____

E. Schedule of Values (SOV)

- See attached Excel file (Attachment 2 HHSC_KCH_GMP_SOV_by_Suite.xlsx).
-

Section 00800 – Special Conditions

(See attached HHSC Policies (Appendix E) and DAGS Special Conditions (Appendix D)

HHSC Policies and DAGS Special Conditions.

HHSC and KCH policies applicable to this Project are listed in Appendices E and are incorporated by reference. DAGS Special Conditions are incorporated by reference in Appendix D and will be provided with the executed Agreement, together with the DAGS General Conditions.

Section 00900 – Contractor Guidelines

(See attached Contractor Guidelines exhibit.)

Appendices

- **Appendix A:** Scoring Matrix and Evaluation Methodology
 - **Appendix B:** Sample Forms (Bid Security, Subcontractor Listing, Addenda Acknowledgment, Alternates/Allowances/Unit Prices)
 - **Appendix C:** Schedule of Values (Excel SOV)
-

Appendix A – Evaluation Score Sheets

A.1 – Phase 1: Qualifications-Based Shortlisting

RFP 26-0306

Proposer Name: _____

Evaluator Name: _____

Date: _____

Criteria	Weight	Score (0–100)	Weighted Score	Comments/Justification
Firm Experience (DB, Healthcare)	20%			
Key Personnel & Team Qualifications	20%			
Technical Approach & Methodology	15%			
Safety Record & Compliance	10%			
Past Performance/References	10%			
GMP Price Proposal	15%			
Schedule & Ability to meet Deadline	10%			
Total	100%			

Instructions:

- Assign a score (0–100) for each criterion.
 - Multiply the score by the weight to get the weighted score.
 - Provide brief written justification for each score.
 - Add up the weighted scores for the total.
-

A.2 – Phase 2: Technical Proposal & GMP Price Scoring Criteria

RFP 26-0306

Proposer Name: _____

Evaluator Name: _____

Date: _____

Criteria	Weight	Score (0–100)	Weighted Score	Comments/Justification
Technical Proposal (Design/Plan)	20%			
GMP Price Proposal	20%			
Schedule & Ability to Meet Deadline	15%			
Value Engineering & Innovation	10%			
Risk Management Plan	10%			
Compliance with HHSC Conditions	10%			
Interview/Presentation	10%			
Total	100%			

Instructions:

- Assign a score (0–100) for each criterion.
- Multiply the score by the weight to get the weighted score.
- For GMP Price, use the formula:
Score = (Lowest GMP / Proposer’s GMP) × 100
- Provide brief written justification for each score.
- Add up the weighted scores for the total.

A.3 – Consensus Score Sheet

RFP 26-0306

Proposer Name: _____

Committee Consensus Date: _____

Criteria	Weight	Consensus Score (0–100)	Weighted Score	Consensus Comments
[List criteria as above]				
Total	100%			

A.4 – Written Justification Sheet

RFP 26-0306

Proposer Name: _____

Criterion: _____

Evaluator Name: _____

Date: _____

Score Assigned: _____

Written Justification:

A.5 – Interview/Presentation Score Sheet (if applicable)

RFP 26-0306

Proposer Name: _____

Evaluator Name: _____

Date: _____

Interview Question/Topic	Score (0–10)	Comments
Team Communication		
Understanding of Project Needs		
Problem-Solving/Innovation		
Schedule/Phasing Approach		
Q\&A Responses		
Total (out of 50)		

Instructions for Committee:

- Use these sheets for each proposer.
 - Keep all score sheets and written justifications for the audit record.
 - Ensure all evaluators sign/date their sheets.
-

Appendix B – Written Justification Sheet Template

Project: RFP 26-0306 Kona Community Hospital – Imaging & Refrigerator/Freezer Upgrade Projects

Proposer Name: _____

Evaluator Name: _____

Date: _____

Phase: Phase 1 (Qualifications) Phase 2 (Technical/Price)

Criterion: _____

Score Assigned: _____ (out of 100 or as applicable)

Written Justification

Summary of Evaluation:

(Briefly summarize the proposer’s response for this criterion.)

Strengths:

(List specific strengths observed in the proposer’s submission for this criterion.)

-
-
-

Weaknesses/Deficiencies:

(List specific weaknesses, gaps, or concerns for this criterion.)

-
-
-

Overall Rationale for Score:

(Explain why the assigned score is appropriate, referencing the scoring methodology and any relevant facts.)

Evaluator Signature: _____ **Date:** _____

Instructions for Use

- Complete one sheet per criterion per proposer.
 - Use clear, specific language; reference proposal content or interview responses.
 - Attach additional pages if more space is needed.
 - Retain all justification sheets for the audit record.
-

Appendix C – Interview/Presentation Score Sheet Template

Project: RFP 26-0306 Kona Community Hospital – Imaging & Refrigerator/Freezer Upgrade Projects

Proposer Name: _____

Evaluator Name: _____

Date: _____

Phase: Phase 2 (Interview/Presentation)

Interview/Presentation Evaluation Table

Interview Question/Topic	Score (0–10)	Comments/Justification
Team Communication & Leadership		
Understanding of Project Needs		
Problem-Solving/Innovation		
Schedule/Phasing Approach		
Risk Management & Safety		
Value Engineering/Cost Control		
Q\&A Responses		
Overall Presentation Quality		
Total (out of 80)		

Scoring Guidance

- **10:** Exceptional – Exceeds expectations, clear strengths, no weaknesses.
 - **8–9:** Good – Meets all expectations, minor weaknesses.
 - **6–7:** Acceptable – Meets most expectations, some weaknesses.
 - **4–5:** Marginal – Significant weaknesses.
 - **0–3:** Unacceptable – Major deficiencies.
-

Overall Impressions and Recommendations

Summary of Strengths:

Summary of Weaknesses/Concerns:

Recommendation for Award (circle one):

Strongly Recommend Recommend Recommend with Reservations Do Not Recommend

Evaluator Signature: _____ **Date:** _____

Instructions for Use

- Complete one sheet per proposer per evaluator.
- Use clear, specific language; reference presentation content and Q&A.
- Retain all score sheets for the audit record.

DIVISION 01 — GENERAL REQUIREMENTS

01 10 00 — SUMMARY OF WORK

1.1 PURPOSE

This Section defines the full scope of work required for the Design-Build (DB) Contractor, including design, permitting support, construction, commissioning, and project closeout. Work shall be performed in compliance with all applicable codes, authorities having jurisdiction (AHJ), HHSC/KCH policies, and the Contract Documents.

1.2 PROJECT DESCRIPTION

- A. Renovation of Imaging Suites including Fluoroscopy, CT, and X-ray rooms.
- B. Replacement of Cafeteria and Morgue refrigerator/freezer systems.
- C. Associated architectural, structural (as needed), mechanical, electrical, plumbing, IT/low-voltage, shielding, fire protection, and finishes work.

1.3 CONTRACTOR RESPONSIBILITIES

- A. Provide full DB services including Pre-Construction, design, coordination, procurement, construction, commissioning, and turnover.
- B. Maintain hospital operations with minimal disruption.
- C. Coordinate imaging vendor requirements, shielding design, and specialized MEP connections.

1.4 COMPLIANCE WITH HHSC POLICIES

- A. The Design-Build Contractor, its subcontractors, vendors, and all personnel working on or accessing Kona Community Hospital property shall comply with all applicable Hawaii Health Systems Corporation (HHSC) and Kona Community Hospital (KCH) policies issued with this RFP.
- B. These policies include, but are not limited to, requirements governing workplace conduct, non-harassment, disruptive behavior, substance use, tobacco use, identification and badging, photography and recording, dress and grooming standards, infection control, and interim life safety measures.
- C. Failure to comply with these policies may result in removal from the site, suspension of work, or other remedies available to the Owner under the Contract Documents.

01 14 00 — WORK RESTRICTIONS

1.1 GENERAL REQUIREMENTS

A. Contractor shall maintain uninterrupted hospital operations. Work shall comply with KCH operational, safety, and infection control requirements.

1.2 ACCESS & OCCUPIED AREA LIMITATIONS

A. Access to patient care areas is restricted and requires prior approval.

B. Work near sensitive clinical spaces shall be scheduled in coordination with KCH.

1.3 NOISE, VIBRATION, AND SHUTDOWN RESTRICTIONS

A. High-noise activities require advance approval and may be limited to off-hours.

B. Utility shutdowns require minimum 48-hour written notice and KCH approval.

01 31 00 — PROJECT MANAGEMENT & COORDINATION

1.1 PROJECT ADMINISTRATION

- A. Contractor shall manage all communication, coordination, documentation, and scheduling activities.
- B. Maintain current project information within the KCH-approved project management system (e.g., Procore).

1.2 COORDINATION

- A. Conduct weekly coordination meetings with KCH representatives.
- B. Coordinate RFIs, submittals, design progress, and imaging vendor requirements.

01 31 16 – Programming & Existing Conditions Verification

A. Contractor shall conduct programming meetings with KCH to refine clinical workflows, equipment requirements, phasing, and constraints.

B. Contractor shall perform field verification of existing conditions, including exploratory checks as necessary to validate routing and capacities.

C. Deliverables: meeting agendas/notes, updated room data sheets (if used), existing conditions verification log with photos, and a constraints/risk register.

01 31 20 — VENDOR & SUPPLIER COORDINATION

1.1 GENERAL REQUIREMENTS

- A. Coordinate all vendor, supplier, and manufacturer activities required for completion of the Work, including design support, site verification, equipment integration, delivery, installation, testing, and commissioning.
- B. Ensure vendor coordination aligns with HHSC/KCH operational requirements, safety protocols, infection control measures, and project constraints.
- C. Maintain up-to-date vendor correspondence, schedules, technical data, and installation requirements within the approved project management system (e.g., Procore).

1.2 COORDINATION WITH DESIGN & CONSTRUCTION

- A. Engage vendors early in design development to confirm system compatibility, power and utility requirements, equipment dimensions, structural/rigging needs, and environmental conditions.
- B. Coordinate vendor inputs with the Design-Build design team, ensuring documentation is reflected in drawings, specifications, and submittals.
- C. Schedule vendor participation in coordination meetings, field walks, and constructability reviews as required.

1.3 SITE VERIFICATION & PRE-INSTALLATION REQUIREMENTS

- A. Vendors shall perform field verification of dimensions, utilities, framing, penetrations, and environmental conditions prior to fabrication and delivery.
- B. Identify conflicts, discrepancies, or special installation constraints and notify KCH immediately.
- C. Submit pre-installation reports documenting readiness, required corrections, and any effects on schedule.

1.4 DELIVERY COORDINATION

- A. Provide a delivery plan for all major equipment, detailing access routes, rigging paths, staging areas, temporary protection, and infection control barriers.
- B. Deliveries shall be coordinated around hospital operations, including restrictions on timing, noise, and access to clinical areas.
- C. Confirm delivery dates with vendors at least 14 days in advance and notify KCH of final delivery schedule at least 72 hours prior.

1.5 INSTALLATION REQUIREMENTS

- A. Coordinate all vendor installation activities with project schedules, shutdowns, and clinical constraints.
- B. Provide required utilities, blocking, structural supports, and environmental conditions prior to

vendor arrival.

C. Ensure vendor technicians comply with HHSC/KCH safety, security, badging, and infection control procedures.

1.6 TESTING, STARTUP & COMMISSIONING COORDINATION

A. Coordinate vendor participation in testing, calibration, startup, training, and commissioning processes.

B. Ensure all required factory representatives, certifications, and testing equipment are available as needed.

C. Integrate vendor commissioning requirements with Section 01 77 00 and project commissioning plans.

1.7 DOCUMENTATION REQUIREMENTS

A. Maintain current records of all vendor approvals, installation requirements, test reports, and certifications.

B. Ensure vendor O&M manuals, warranty documents, and training materials are included in closeout submittals.

C. Track vendor-supplied equipment through procurement, delivery, installation, and commissioning.

1.8 TRAINING & TURNOVER

A. Coordinate vendor-led training for KCH staff, including system operations, maintenance, troubleshooting, and warranty procedures.

B. Provide training agendas, attendance records, and training materials in compliance with Section 01 77 00.

1.9 SPECIAL COORDINATION REQUIREMENTS

A. For imaging equipment vendors (CT, Fluoro, X-Ray), coordinate shielding requirements, rough-in locations, equipment interfaces, inspection requirements, and commissioning milestones.

B. Notify KCH immediately of any vendor issues affecting schedule, utility shutdowns, or installation feasibility.

01 32 00 — CPM SCHEDULING

1.1 REQUIREMENTS

- A. Provide CPM schedule showing all phases including design, procurement, shutdowns, construction, inspections, commissioning, and turnover.
- B. Submit baseline schedule within 14 days of Notice to Proceed (NTP). Monthly schedule updates are required.
- C. Provide monthly updates with payment contingent upon submission.

1.2 CRITICAL PATH MANAGEMENT

- A. Identify and track all critical path activities, including long-lead equipment and imaging system integration milestones.

01 32 30 — PHASING & LOGISTICS

1.1 GENERAL REQUIREMENTS

- A. Contractor shall plan, sequence, and execute the Work to maintain uninterrupted hospital operations and ensure compliance with HHSC/KCH Infection Control (ICRA) and Life Safety requirements.
- B. Phasing and logistics shall be fully coordinated with KCH clinical operations, access control policies, safety procedures, and utility shutdown protocols.
- C. Maintain an up-to-date Phasing & Logistics Plan in the KCH-approved project management system. Update the plan whenever work conditions or hospital requirements change.

1.2 PHASING PLAN

- A. Develop a detailed phasing plan identifying work areas, durations, access routes, temporary protections, interim life safety measures (ILSM), and ICRA categories.
- B. Provide phasing diagrams indicating:
 - 1. Construction zones and adjacent occupied areas.
 - 2. Required containment, negative air systems, and protection measures.
 - 3. Temporary egress routes and operational constraints.
- C. Obtain written KCH approval before initiating or transitioning between phases.

1.3 LOGISTICS PLAN

- A. Provide a Logistics Plan addressing all required activities including, but not limited to, material movement, staging, worker access routes, waste removal, rigging/crane requirements, and security procedures.
- B. Coordinate activities to avoid impacts to patient transport, emergency access, critical clinical pathways, and public circulation.
- C. Identify required work hours, off-hours operations, and hospital-restricted periods.

1.4 ICRA-INTEGRATED REQUIREMENTS

- A. Incorporate ICRA mitigation measures into all phases, including:
 - 1. Hard barriers, anterooms, and controlled access points.
 - 2. Negative air pressure, HEPA filtration, and continuous environmental monitoring.
 - 3.
 - A. Required daily cleaning and documentation.
 - B. Revise ICRA assessments when phasing, site conditions, or operational needs change.
 - C. Coordinate daily with KCH Infection Control for inspections, barrier verification, and review of pressure logs.

1.5 UTILITIES & SHUTDOWNS

- A. Identify all required utility shutdowns for each phase, including electrical, HVAC, plumbing, and medical gases.
- B. Provide minimum 48-hour written notice. No shutdown may proceed without written KCH approval.
- C. Provide temporary utilities and system bypasses as required to support continuous hospital operations.

1.6 TRANSITION BETWEEN PHASES

- A. Complete punchlist items, cleaning, and ICRA compliance verification prior to requesting transition.
- B. Conduct joint phase inspections with KCH to confirm:
 - 1. Barrier removal/relocation requirements.
 - 2. Life safety compliance.
 - 3. Readiness of the next phase.
- C. Proceed to the next phase only after receiving written KCH authorization.

01 33 00 — SUBMITTALS

1.1 GENERAL

- A. Provide submittals in accordance with HHSC/KCH standards.
- B. Submittals shall include shop drawings, product data, samples, mockups, commissioning plans, QA/QC procedures, operating and maintenance manuals, training documents, and schedules.
- C. All construction-phase submittals and Requests for Information (RFIs) shall be transmitted through the Owner-approved project management system defined in Section 01 31 00 Project Management & Coordination.

1.2 SUBMITTAL MANAGEMENT

- A. Identify deviations from the Contract Documents.
- B. Maintain a complete log of all submittals in the KCH project management platform.

01 40 00 — QUALITY REQUIREMENTS

1.1 QUALITY CONTROL PROGRAM

A. Provide a project-specific Quality Control (QC) Plan including inspections, testing, corrective action, and documentation.

1.2 REGULATORY COMPLIANCE

A. All work shall comply with applicable codes, AHJ requirements, and HHSC/KCH policies.

1.3 INSPECTIONS

A. Facilitate access for KCH, special inspectors, and AHJs.

01 50 00 — TEMPORARY FACILITIES & CONTROLS

1.1 TEMPORARY UTILITIES

A. Provide all required utilities including temporary power, water, lighting, HVAC, and communications systems as required for construction.

1.2 SITE BARRIERS AND PROTECTION

A. Install and maintain dust partitions, negative air systems, containment barriers, and controlled pathways.

1.3 SAFETY & SECURITY

A. Comply with KCH security, signage, and access control procedures.

01 57 23 — INFECTION CONTROL (ICRA)

1.1 GENERAL REQUIREMENTS

A. Contractor shall implement ICRA-compliant containment systems including anterooms, negative air pressure, HEPA filtration, and environmental monitoring.

1.2 CLEANING & MONITORING

A. Maintain daily cleaning logs, inspection reports, and corrective action documentation.

1.3 COMPLIANCE

A. All work shall conform to KCH Infection Control & ILSM policies.

01 73 00 — EXECUTION

1.1 GENERAL REQUIREMENTS

A. Execute work according to manufacturer instructions, industry standards, and KCH operational requirements.

1.2 PROTECTION

A. Protect existing facilities, equipment, utilities, and finishes from damage.

1.3 CUTTING & PATCHING

A. Perform cutting and patching neatly and restore finishes to match existing conditions.

01 77 00 — CLOSEOUT PROCEDURES

1.1 CLOSEOUT REQUIREMENTS

A. Complete punchlists, testing, certifications, permit closeout, and commissioning prior to substantial completion.

1.2 DOCUMENTATION

A. Provide O&M manuals, training, warranties, and as-built record drawings.

1.3 FINAL ACCEPTANCE

A. Turn over all systems fully operational and compliant with KCH requirements.

01 91 00 — COMMISSIONING REQUIREMENTS

1.1 GENERAL REQUIREMENTS

- A. Contractor shall support project commissioning (Cx) activities in accordance with the project Commissioning Plan, Contract Documents, manufacturer requirements, and HHSC/KCH standards.
- B. Provide coordination, documentation, and personnel required to support the Commissioning Authority (CxA).
- C. Integrate commissioning with imaging vendor requirements, life-safety system testing, and hospital operational constraints.

1.2 COMMISSIONING PLAN & SCHEDULE

- A. The Design-Build Contractor shall develop a Commissioning Plan covering all systems listed in Section 1.5.
- B. The Commissioning Plan shall include:
 - 1. Commissioning team organization, roles, and responsibilities.
 - 2. Commissioning schedule integrated with the project CPM schedule.
 - 3. Prefunctional and functional test procedures.
 - 4. Requirements for vendor participation (CT, Fluoroscopy, X-ray, refrigeration/freezer units, morgue refrigerator).
 - 5. Documentation formats, acceptance criteria, and turnover requirements.
 - 6. Coordination requirements with the Owner's facilities staff and any 3rd-party Cx agent (if assigned).
- C. Submit the Commissioning Plan at 60% design for review and comment; revise and resubmit at 90% design and prior to functional testing.
- D. Maintain the Commissioning Plan in Procore as a controlled document throughout the project.
- E. Prepare and maintain a commissioning schedule coordinated with the CPM schedule and major equipment delivery milestones.
- F. Identify all pre-functional checklists, functional performance tests, training requirements, and required shutdowns.
- G. Coordinate early with the CxA for field verification, procedure review, and required mock-ups.

1.3 CONTRACTOR RESPONSIBILITIES

- A. Provide qualified personnel, tools, calibrated test equipment, and required factory representatives to perform commissioning activities.
- B. Complete all pre-functional checklists prior to functional testing.
- C. Track and resolve all deficiencies; maintain a deficiency log until all items are corrected and verified by the CxA.

1.4 DOCUMENTATION REQUIREMENTS

A. Provide commissioning documentation including:

1. Pre-functional checklists.
2. Functional performance test results.
3. Test and balance (TAB) reports.
4. Equipment start-up and verification reports.
5. Vendor certifications and required factory documents.

B. Upload all commissioning documentation to the KCH-approved project management system.

1.5 SYSTEMS INCLUDED

Commissioning shall include, at minimum:

- A. HVAC systems, controls, and TAB.
- B. Electrical distribution, grounding, emergency power, UPS, and generators (where applicable).
- C. Plumbing systems including medical gases.
- D. Fire alarm, fire protection, and life-safety systems.
- E. Imaging equipment and associated shielding and MEP connections (in coordination with imaging vendors).
- F. Low-voltage and IT systems supporting clinical operations.

1.6 TRAINING

- A. Provide training for KCH staff covering system operation, maintenance, troubleshooting, and warranty requirements.
- B. Schedule and coordinate vendor-led training sessions for specialized and imaging equipment.
- C. Provide training agendas, sign-in logs, and required media (e.g., recordings) in accordance with Section 01 77 00.