



## ADDENDUM TO THE CONTRACT

for the

### BRH ASU-11 Fans Replacement & Endoscopy Workroom Ventilation Improvements Contract No. BE21-124

**ADDENDUM NO.:** ONE

**CURRENT DEADLINE FOR BIDS:**

November 10, 2020

**PREVIOUS ADDENDA:** NONE

**ISSUED BY:** City and Borough of Juneau  
ENGINEERING DEPARTMENT  
155 South Seward Street  
Juneau, Alaska 99801

**DATE ADDENDUM ISSUED:** November 5, 2020

The following items of the contract are modified as herein indicated. All other items remain the same. This addendum has been issued and is posted online. Please refer to the CBJ Engineering Contracts Division webpage at: <http://www.juneau.org/engineering ftp/contracts/Contracts.php>

#### **INFORMATION ITEM:**

Item No. 1 See attached BRH Non-Employee Health Requirements document (6 pages)

#### **CLARIFICATIONS:**

Question: *"In SECTION 015221C PERSONNEL IMMUNIZATION REQUIREMENTS, PART 1-GENERAL, it was stated at the pre-bid meeting, employees of less than 7 days will not need this if wearing a mask at all times. Can this be confirmed?"*

Response: Refer to the attached Non-Employee Health Requirements document for requirements.

Question: *"In lieu of documentation there are tests that can be administered or vaccinations, please confirm testing to be used."*

Response: The Non-Employee Immunization Requirements form in SECTION 015221C Appendix A will be required to be completed by the contractor.

Question: *"At the pre-bid meeting it was said that, considering how small the project was, Submittals and show, and BIM drawings will not be required. Please confirm."*

Response: Submittals and shop drawings (where applicable) will be required. A BIM drawing will not be required.

Question: *“Regarding the ICRA plan and how we are to install the 2" and 1-1/2" conduits through the 2nd floor. We have previously installed conduit through 2'x4' personal, mobile containment units. This was for 1/2" and 3/4" conduits and was difficult enough. What is your plan for ICRA containment through these areas? Do I need to account for this in my proposal?”*

Response: The use of mobile containment units as have been used on previous projects is acceptable. Alternatively, temporary polyethylene sheet (minimum 10 mil thickness, fire resistive) enclosures may be used.

Question: *“Single line diagram on sheet E1.0 indicates a new feed to an existing MCC PTE. Is it correct to assume that this MCC has presently a feed from some other source that needs to be removed?”*

Response: Correct. The existing feeder for MCC PTE is presently routed from the EDP (which is an existing, older distribution panel located in the basement medical gas compressor room behind maintenance) and consists of 1-1/4", 4 No. 4, 1 No. 8 GND.

Question: *“What coordination steps need to be accounted for in order to perform a shut down of PTE in order to install the new feeders, as well as the required circuit breakers for equipment? Or, is it expected that this new feed will be a parallel source, and is to be installed while the other feed is in operation? Note the question of shut down above would also affect Panel 2PTE, although specific loads out of that panel are unknown.”*

Response: Retain existing feeders until new feeders are installed. Coordinate shutdown period with owner. Remove existing feeders from existing conduit and abandon conduit in place after MCC PTE is energized by new feeders.

See attached photos of panel 2PTE, including the panel schedule. Coordinate shutdown period with owner.

Question: *“It has been reported from vendors that the MCC PTE is old enough to not have replacement parts readily available. The desire for new circuit breakers to power the new fan equipment is not tenable. Possible solutions could be refurbished circuit breakers, however there is no 40amp readily available as depicted for RF-11.”*

Response: HAI has confirmed with Kodiak Breakers that the 15/3 and 50/3 circuit breakers are available. All circuit breakers shall be replaced per the contract drawings.

Question: *“Please advise on how to proceed if a 40amp breaker is truly not available. Would it be acceptable to install a 50amp breaker in the MCC, and then limit current with a separate fuse assembly, whether in the breaker bucket or as a remote OCPD?”*

Response: This is an acceptable method.

Question: *“Can you confirm that abatement is not required?”*

Response: Tested for ACM during design phase; no abatement required. Test report on file.

**PROJECT MANUAL:**

- Item No. 1 SECTION 011000 - SUMMARY, PART 1 - GENERAL, Article 1.7, WORK RESTRICTIONS, **Delete** Paragraph C.  
(SECTION 0110001 Article 1.6, A.2 shall govern utility interruptions).
- Item No. 2 SECTION 230510 - GENERAL MECHANICAL - HVAC, PART 1 - General, Article 1.1, WORK INCLUDED, **Delete** Paragraph C.  
(Refer To SECTION 017300 – EXECUTION, 3.7 COORDINATION WITH OWNER for ASU-11 shutdown).

**DRAWINGS:**

- Item No. 1 **Add** the attached Drawing Cover Sheet.
- Item No. 2 **Add** the attached SHEET M100 – Overall Plans.
- Item No. 3 SHEET M300, 2. Products, 2.A.8. Operating Sequences, **Add** the following paragraph: "SF-11A and SF-11B must act redundantly and be capable of individually supplying the CFM and pressure requirements of the system in the instance that one of the fans fails."

By:   
\_\_\_\_\_  
Greg Smith,  
Contract Administrator

Total number of pages contained within this Addendum: 14

## **Bartlett Regional Hospital**

Non-Employee Health Requirements

Employee Health:

### **PURPOSE:**

1. To establish that non-employed healthcare personnel, and other groups that need access to the hospital and patient care areas, are free from communicable disease and will not jeopardize the healthcare personnel's health or that of others.
2. To document and track health status of personnel that are on campus and in the hospital.

### **DEFINITIONS:**

**Healthcare Personnel/Worker (HCP):** HCP are defined as all paid and unpaid persons working in health-care settings who have the potential for exposure to patients and/or to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. HCP might include (but are not limited to) physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual staff not employed by the health-care facility, and persons (e.g., clerical, dietary, housekeeping, laundry, security, maintenance, administrative, billing, and volunteers) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from HCP and patients.

**Physician/ Provider:** A person who has received a degree of doctor of medicine (MD) or doctor of osteopathy (DO), and who is licensed to practice medicine in the state of Alaska

**Licensed Independent Provider (LIP):** Any individual permitted by law and by the organization to provide care and services, without direction or supervision, within the scope of the individual's license and consistent with individually granted clinical privileges. Usually refers to MD, PA, and NP.

**Contract Worker:** An individual employed by an external agency, retained by BRH for a predetermined time and pay.

**Student:** An individual enrolled in school. One who is studying in public school or in university.

**Volunteer:** An individual who freely offers their services, usually on a part time basis.

**Chaplain:** A member of the clergy, attached to a chapel, church or religious order, who offers prayer and religious services within the hospital.

**Allied Health Professional (AHP):** A healthcare professional, specifically trained and licensed, employed by a community health partner in or of Juneau Alaska, who agrees to share their expertise in the continuity of care of patients within the healthcare system of Juneau and the region.

**Job Shadow:** either a student of trainee interested in learning more about a specific health care occupation.

**Continuous Masking:** the act of wearing a barrier face mask with the intention to protect both the wearer and the people they interact with, against highly contagious circulating respiratory viruses such as the flu. Required for those HCP that are unable to be vaccinated against the flu and during times of pandemic mitigation such as with COVID-19.

**Patient care areas:** All areas of the hospital where direct patient care is rendered or diagnostic or treatment procedures are performed upon a patient.

**POLICY:**

- A. Required immunizations, proof of immunity and screenings is the responsibility of non-employee health care personnel to obtain.
- B. For short term visitation, *less than one week*, requirements are as follows:
  - B.1. Flu Shot (during October 16<sup>th</sup> through March 31<sup>st</sup>) or Continuous Masking.
  - B.2. Proof of up to date Tdap or Td, MMR, Varicella **is recommended. But not required.**
  - B.3. Those personnel will adhere to common sense infection control practices such as hand hygiene, respiratory etiquette and staying home when ill. (please refer to Employee Health Program Section G “Work Restrictions when ill”)
- C. For those healthcare personnel that will be entering patient care units;
  - C.1. This includes:
    - LIPs
    - Chaplains
    - Students
    - Volunteers
    - Job Shadows

- Medical Device/ Product Representatives/ Product Maintenance

C.2. The following requirements must be met prior to arriving to the hospital:

C.3. For volunteers, chaplains, AHP, MDs, LIPs: Employee Health offer:

C.3.1. Flu Vaccination

C.3.2. Tb Screening Test

C.3.3. Hep B Titer

C.3.4. Hep B Vaccination

C.4. Travelers, Contract, Product Reps, Product Maintenance, Students, Job Shadows must obtain requirements on their own.

C.4.1. Tuberculosis Screening

C.4.1.1. Two options available: Skin testing (TST) or IGRA blood test

C.4.1.2. 2 step TST if a skin test has not been done within the previous 12 months

C.4.1.3. IGRA Blood Testing

C.4.2. Measles (Rubeola) Immunity

C.4.3. Tetanus or Tdap (with Pertussis) immunization

C.4.3.1. Td is recommended every 10 years and Tdap should replace one every ten-year booster for adults.

C.4.4. Chicken Pox (Varicella Zoster Virus) Immunity

C.4.5. Flu Vaccination (between 10/16 and 3/31 annually)

C.4.5.1. Those that decline flu vaccination will be trained on continuous masking.

C.4.6. Hepatitis B Immunity or Declination

D. For those healthcare personnel that will not be entering patient care areas, but in the hospital for longer than a week:

D.1. This may include:

\*contract maintenance workers

\*construction workers

D.2. Flu vaccination (during flu season, October 1 through March 31<sup>st</sup>)

D.2.1. If flu vaccination is declined, continuous masking is required.

D.3. Pertussis Immunity

D.3.1. Tdap documented at least once

D.4. Tetanus

D.4.1. Tetanus (Td) is recommended every 10 years

D.5. Measles Immunity

D.5.1. Titers showing immunity

D.5.2. Shot record showing 2 shots

E. For those HCW that will be entering patient care units but will not be entering patient care rooms or having direct contact with patients.

E.1. This includes:

\*Medical Device or product reps or product service personnel

- E.2. Minimum requirements:
  - E.2.1. Flu Vaccination (during flu season, October 1 through March 31)
    - E.2.1.1. If flu vaccination is declined, they will submit to continuous masking.
  - E.2.2. Measles immunity
    - E.2.2.1. Titers showing immunity
    - E.2.2.2. Shot record showing 2 shots
  - E.2.3. Pertussis Immunity
- E.3. Pertussis Immunity
  - E.3.1. Tdap documented at least once as an adult.
  - E.3.2. Td or Tdap is recommended every 10 years
  
- F. Annually, all non-employee HCP that have an ongoing contract with BRH, shall be required to have:
  - F.1. Tuberculosis Screening and Education. Accomplished through:
    - F.1.1. Tb symptom screen
  - F.2. Flu Vaccination (if on campus during flu season, October 1 through March 31)
- G. All non-employees will show health screening requirements through Human Resources, or by using RepTracks.
  - G.1. All local contracted maintenance workers will be notified as to how use rep tracks
  - G.2. RepTracks is used to track specific groups of HCP.
  - G.3. Students, Volunteers, Job Shadows and Chaplains are monitored and assisted through the process by HR and EH.
    - G.3.1. Employee health will assist with the screening of Students, volunteers and Chaplains
    - G.3.2. EH is only able to do annual health requirements for these groups.
      - G.3.2.1. Volunteers, Chaplains
      - G.3.2.2. AHP, Students and job shadows are responsible for providing all of the required information by filling out the student requirements form.
  
- H. Maintenance of non-employee health screening records is the responsibility of the EH nurse. The employee health department will maintain confidential files of screening and prevention activities. Non-employee files will be kept up to 3 years, if that person is not continuing in their role at BRH.
  
- I. Failure to comply with this policy will be subject to disciplinary action up to and including termination of agreement between BRH and the HCP.

**SCOPE:** All Bartlett Regional Hospital non-employed healthcare personnel; this includes licensed independent providers (MDs, Pas, NPs), volunteers, chaplains, allied health professionals, students, contract workers.

**PROCEDURE:**

- A. Non-employees starting a relationship with Bartlett Regional Hospital will be given a list of required health screenings or immunizations.
- B. Non-employee will turn in list, completed by their primary care provider (PCP), and signed by PCP.
- C. A signed report from the state vaccine registry will suffice.
- D. Tuberculosis Testing:
  - a. Non employees will be screened for TB by IGRA blood testing or Tb skin test.
    - i. New converters must complete a TB surveillance questionnaire.
    - ii. If asymptomatic will be referred for a chest x-ray and referred to Juneau Public Health and/or a private physician for follow-up.
    - iii. If symptomatic, will be referred for a chest x-ray, will be required to submit three (3) sputum specimens for AFB culture and smear, and referred to Juneau Public Health and a private physician for follow-up and clearance to work.
  - b. The Employee Health (EH) RN or IP can order a chest x-ray for volunteers or chaplains if screening tests are positive.
  - c. Those who give a history of reacting to TB skin testing (PPD) (Positive Responders) will be screened using IGRA blood test.
  - d. Referrals will be made as outlined above.
  - e. New converters with signs/symptoms of active disease, or those refusing tests will automatically be referred to their personal physician, and Alaska State TB Control as appropriate.
- E. Measles (Rubeola) Mumps and Rubella (MMR) Immunity
  - a. 2 shots given 28 days apart is recommended.
  - b. A titer showing immunity will substitute.
- F. All volunteers and chaplains who have never completed the Hepatitis B vaccination series will be offered the vaccine after completion of training in Standard Precautions and within one week of start.
  - a. Hepatitis B Vaccination is provided free of charge to all volunteers, and chaplains.
    - i. The employee health nurse or infection prevention nurse will administer vaccinations.
- G. Tetanus, Diphtheria and Pertussis
  - i. Td or Tdap boosters are given every ten years.
  - ii. Tdap is recommended at least 1 time as an adult.



H. Chicken Pox (Varicella)

- a. Immunizations are recommended for all adults born after 1980.
- b. 2 shots given 28 days apart is considered immune
- c. If no shot record, a titer showing immunity will substitute.

**AGE SPECIFIC CONSIDERATIONS:** None

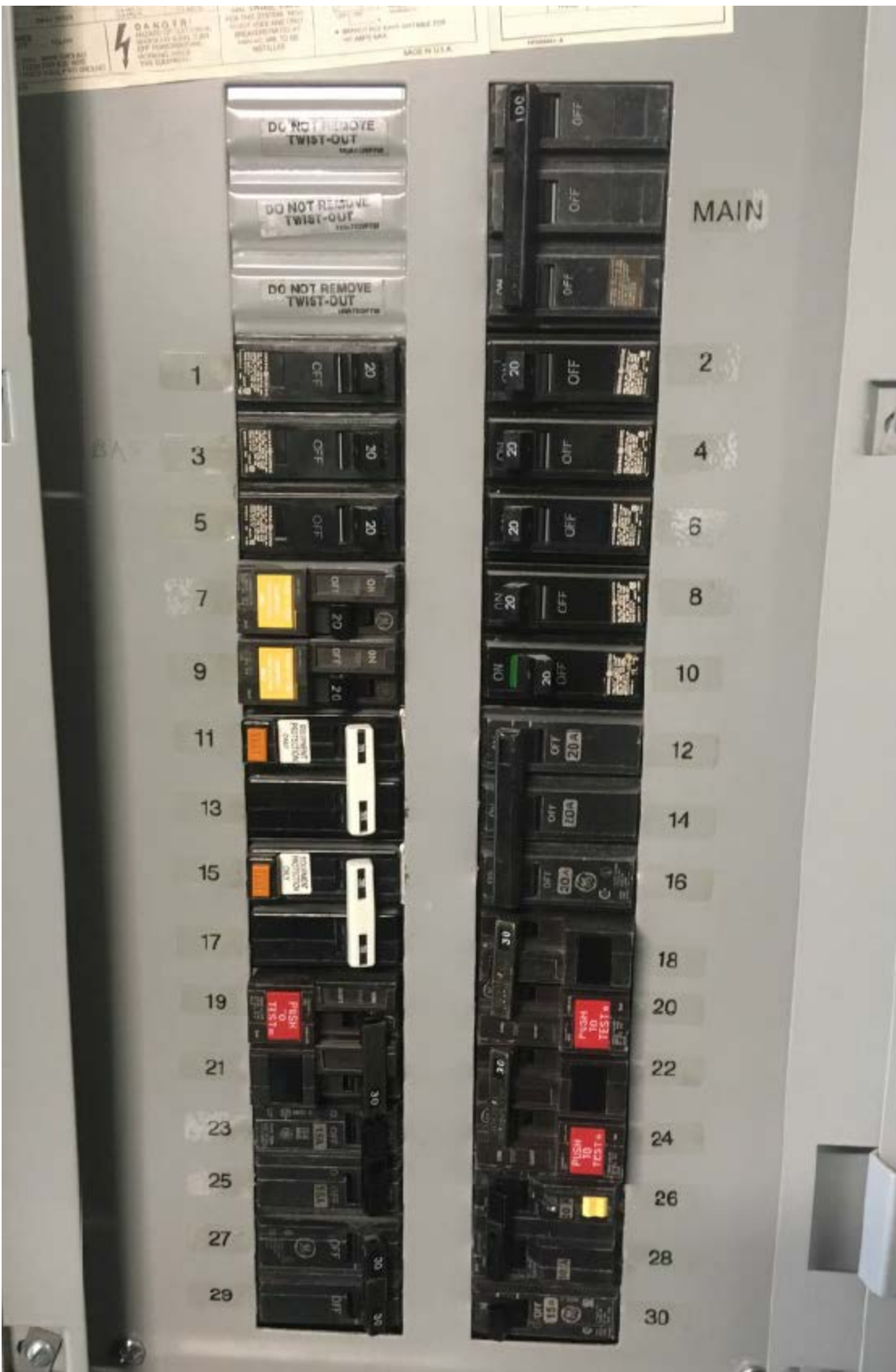
**REFERENCES:**

Centers for Disease Control and Prevention (1998) Guideline for Infection Control in Health Care Personnel. As retrieved <https://stacks.cdc.gov/view/cdc/11563> Aug 13, 2019

Centers for Disease Control and Prevention (2011) Immunization of Health-Care Personnel. ACIP. As retrieved from <https://www.cdc.gov/mmwr/pdf/rr/rr6007.pdf> on Aug 13 2019.

Havers FP, Moro PL, Hunter P, Hariri S, Bernstein H. (2020) Use of Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis Vaccines: Updated Recommendations of the Advisory Committee on Immunization Practices — United States, 2019. MMWR Morb Mortal Wkly Rep 2020; 69:77–83. DOI: <http://dx.doi.org/10.15585/mmwr.mm6903a5>





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Always use proper  
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CAUTION  
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when the cover is removed.  
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| 5  | SPARE M/R Exhaust FAN |
| 6  | CAT SCAW HEAT TRACE   |
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 CANTO  
 PTE  
 CIRCUIT DIRECTORY



# BARTLETT REGIONAL HOSPITAL ASU-11 FAN REPLACEMENT, ENDOSCOPY VENTILATION AND ELECTRICAL UPGRADES CBJ CONTRACT NO. BE21-124

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**FOR:**

**BARTLETT REGIONAL HOSPITAL  
JUNEAU, ALASKA**

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**PREPARED BY:**



**PLAN • DESIGN • CONSTRUCT**

**A R E S P E C C O M P A N Y**

9109 Mendenhall Mall Rd. Ste. 4, Juneau, AK 99801

907.780.6060 | AECC605

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## **MECHANICAL SHEET INDEX**

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| Sheet Number | Sheet Title                   |
|--------------|-------------------------------|
| M001         | SYMBOLS AND SCHEDULES         |
| M100         | OVERALL PLANS                 |
| M101         | FAN ROOM PLAN                 |
| M103         | SECOND FLOOR VENTILATION PLAN |
| M200         | CONTROLS DIAGRAMS             |
| M300         | MECHANICAL SPECIFICATIONS     |

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## **ELECTRICAL SHEET INDEX**

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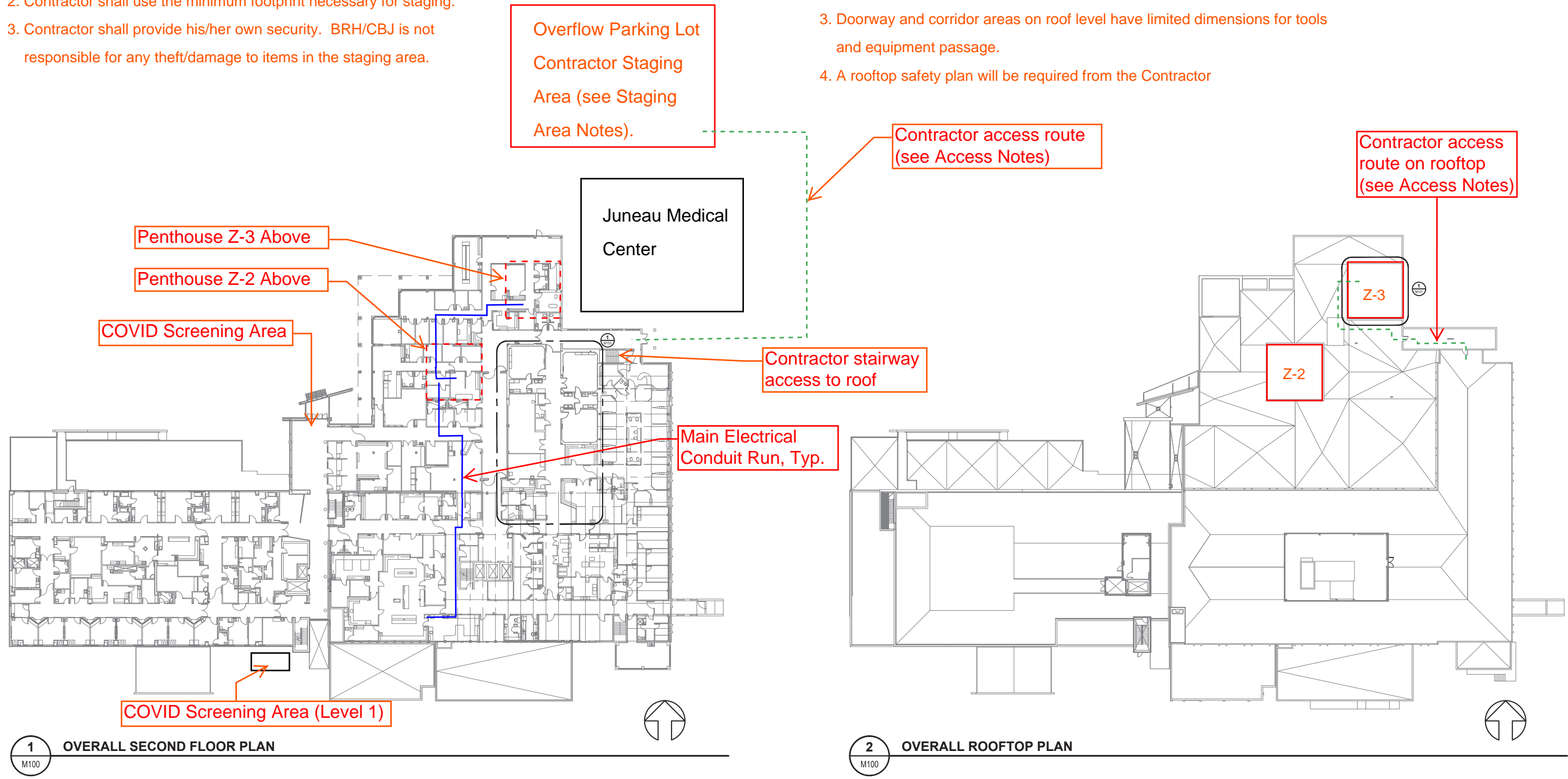
| Sheet Number | Sheet Title                              |
|--------------|--|
| E1.0         | LEGEND, SHEET INDEX, SINGLE LINE DIAGRAM |
| E1.1         | LEVEL 1 PARTIAL FLOOR PLAN - POWER       |
| E1.2         | LEVEL 2 PARTIAL FLOOR PLAN - POWER       |
| E1.3         | LEVEL 2 PARTIAL FLOOR PLAN - POWER       |
| E1.4         | LEVEL 2 PARTIAL FLOOR PLAN - POWER       |
| E1.5         | PENTHOUSES Z-2 & Z-3 FLOOR PLANS - POWER |
| E9.0         | ELECTRICAL SPECIFICATIONS                |
| E9.1         | ELECTRICAL SPECIFICATIONS                |

**Staging Area Notes:**

1. Contractor staging area is limited to the gravel parking lot.
2. Contractor shall use the minimum footprint necessary for staging.
3. Contractor shall provide his/her own security. BRH/CBJ is not responsible for any theft/damage to items in the staging area.

**Access Notes:**

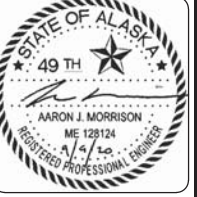
1. COVID screening will be required each day before entering the building.
2. Stay on designated rooftop walking tiles. Do not approach edges of roof.
3. Doorway and corridor areas on roof level have limited dimensions for tools and equipment passage.
4. A rooftop safety plan will be required from the Contractor



**1** OVERALL SECOND FLOOR PLAN  
M100

**2** OVERALL ROOFTOP PLAN  
M100

CONSULTANT:



PROJECT:  
**BARTLETT REGIONAL HOSPITAL  
 ASU-11 FAN REPLACEMENT, ENDOSCOPY  
 VENTILATION AND ELECTRICAL UPGRADES  
 CBJ CONTRACT NO. BE21-124  
 JUNEAU, ALASKA**

SHEET TITLE:  
**OVERALL PLANS**  
 Addendum 1

DESIGN AM  
 DRAWN DMC  
 CHECKED AM  
 DATE 07-09-2020

PROJECT No.  
**19089JM**  
 SHEET NUMBER  
**M100**

P:\2019\19089JM\ASU-11\_Schematic\02192008.MXD OVERALL PLANS Oct 13, 2020 2:40 PM