

Rapid Response Volume 3

Delivery of Kerry Town Treatment Unit (KTTU)

Terms of Reference

1. Objective

- 1.1. DFID is seeking a service provider (“the Supplier”) to deliver the full operations and management (“the Services”) of the Kerry Town Ebola Treatment Unit for Healthcare Workers (KTTU), including support to the Public Health England-run laboratory and decommissioning of the site at closure.

2. Recipient

- 2.1. The recipients of the Services are eligible healthcare workers and international personnel with suspected EVD. See Annex A for the eligibility criteria. DFID is the contracting authority for the Services.

3 Duration

- 3.1 Service delivery will tentatively be from 30th June 2015 – 30th September 2015, including site closure and decommissioning. Service delivery may however be required beyond 30th September 2015.

4 Location

- 4.1 Kerry Town Ebola Treatment Unit for Healthcare Workers (KTTU) - Kerry Town, Freetown, Sierra Leone.

5 Contract components

- 5.1 The Supplier must submit a proposal for delivering all the responsibilities set out below, but must also set out a plan for delivering each component separately if required. DFID and the supplier will review the requirement monthly and may choose to continue delivery of some components only, or to close the project. Any change to the requirement would be agreed with a 30 day notice period.

Responsibilities

6 Operation of an Assessment and Treatment Unit

Clinical Care and Operational Delivery

- 6.1 The Supplier must maintain sufficient capacity to support up to 8 patients at one time, in line with the eligibility criteria in place (at Annex A).
- 6.2 The Supplier must ensure plans and capacity are in place to scale up to 12 beds within a week if required.
- 6.3 KTTU must always have suitable capacity to safely and comfortably individually isolate or treat an international healthcare worker.

- 6.4 KTTU must provide safe individual isolation, assessment and treatment to conclusion for all confirmed, suspected or asymptomatic EVD cases admitted.
- 6.5 KTTU must have suitable capacity to provide early treatment for international staff with suspected or confirmed EVD, such as rehydration, provision of post-exposure prophylaxis (PEP) in a safe and comfortable environment. This could be for a short period while the patient awaits medevac, or for longer term treatment if medevac is delayed.
- 6.6 KTTU must have suitable capacity to provide treatment to conclusion for any patients for whom medevac is not available or appropriate.
- 6.7 The Supplier is responsible for managing the delivery of clinical care at KTTU to both the minimum clinical standards and protocols set by the WHO, and the established higher standard UK protocols. This care must be akin to that which would be provided within a UK hospital and includes provision of pharmacology in line with the treatment regimes that would be used within the NHS and in line with any relevant National Institute of Clinical Excellence (NICE) guidance.
- 6.8 The Supplier's responsibility for managing the delivery of clinical care at KTTU includes appropriate infection prevention and control within KTTU; ensuring appropriate staffing at all levels; and adequate training for all clinical and non-clinical staff.
- 6.9 The Supplier must provide consultant-led care and ensure high levels of team cohesion, i.e. staff trained together to work as teams, using exactly the same PPE, equipment and protocols.
- 6.10 The Supplier must ensure all clinical staff are qualified and registered in their field, in line with the General Medical Council standards. The Supplier must also ensure that all clinical staff are fluent English speakers and the entire team is able to communicate in this common language.
- 6.11 The Supplier must ensure that the clinical lead appointed to the unit is an established English-speaking consultant of an appropriate discipline (i.e. infectious diseases, critical care) with appropriate training and experience to lead a clinical unit.
- 6.12 On-site clinical testing for conventional and EVD laboratory will be provided through the onsite laboratory which is staffed and managed by Public Health England. This provides EVD and malaria testing, haematology, clinical chemistry, coagulation, HIV and dengue lateral flow tests, blood culture analysis and multiplex PCR for respiratory and gastrointestinal pathogens.
- 6.13 The Supplier must ensure the clinical environment is maintained to a standard that is clean, safe, appropriately equipped and presentable to provide a good clinical working environment which assists the medical staff and supports the patient in their time of need.

- 6.14 The Supplier must ensure the site meets best practice with regards to water, sanitation and hygiene at all times and must comply with WHO guidelines as the minimum standard.
- 6.15 The Supplier must engage with the WHO/ PHE and any other relevant authorities to conduct quality assurance assessments as required.
- 6.16 The Supplier must report to the Sierra Leone Ministry of Health and Sanitation (MoHS) and other health and humanitarian coordination bodies as necessary and appropriate.
- 6.17 The Supplier must manage all operational requirements for KTTU, including Laundry services, hygienists/cleaners, WASH teams, waste management (including clinical waste).
- 6.18 The Supplier will need to maintain and oversee a decontamination/exit point for all their personnel on a 24 hour basis 7 days a week.

Staffing

- 6.19 The Supplier must take full responsibility for the provision, training and management of appropriately qualified and, where appropriate, registered clinical and non-clinical staff to maintain operational readiness as specified above.
- 6.20 Any local staff required must be employed in line with agreed salary rates and the Government of Sierra Leone's hazard pay policy, where relevant.
- 6.21 The Supplier must take full responsibility for the training and preparation of their staff, as well as for their deployment, support whilst in country and any psychosocial support required in country or upon return to their home country.
- 6.22 The Supplier must ensure arrangements for the transport and accommodation of their international staff deployed to the facility.

Coordination with Ebola Response

- 6.23 The Supplier must maintain agreed arrangements for referrals and admissions to the in collaboration with the National Ebola Response Centre, the District Ebola Response Centre, the MoHS and other Ebola Treatment Centres and International Organisations.
- 6.24 The Supplier must coordinate with the relevant District Ebola Response Centres to facilitate contact tracing.
- 6.25 The Supplier must provide MoHS Survivor Certificates to patients discharged.
- 6.26 The Supplier must maintain arrangements for safe burials.

6.27 The Supplier must carry out communications and awareness-raising activities with the local population and others with access to the unit such as international partners, NGOs and foreign medical teams.

7 Support for Medevac

7.1 For international staff the Supplier must work with the government of the individual's country of origin, the WHO, EU and any others necessary to initiate the medevac process, as quickly as possible, where that is required.

7.2 The Supplier will provide a clinical assessment to the WHO/ EU and any other international or NGO partners where appropriate to support decisions on medevac. In cases being medevaced to the UK, DH and NHS England will work together to provide advice on suitability for medevac from the Royal Free. Where appropriate NHS England will arrange a call between the Supplier's clinician and the Royal Free to provide UK clinical advice on Ebola care for international staff if that is required.

7.3 When required the Supplier must provide a safe and appropriate isolation space for international patients awaiting medevac.

7.4 The Supplier must provide safe, efficient and timely medical transport from the KTTU to Lungi International Airport for suspected, confirmed or higher risk international patients who are being medevaced for treatment. This support should include preparation, transport, any reasonable in-transit care required and patient handover to the medevac provider following the established Standard Operating Procedure.

8 Site and Facilities Management

Procurement, logistics and stock management

8.1 DFID will continue to procure and deliver medical material (both consumable and non-consumable).

8.2 The Supplier will be responsible for issuing stock to Kerry Town Treatment Unit and the Laboratory, and is entirely responsible for the security and good utilisation of equipment/stock.

8.3 KTTU will be fully supplied with appropriate medical equipment on handover. The Supplier must provide any other replacement medical items if required (such as trolleys, beds and specific medical equipment).

8.4 The supplier will be responsible for management of the stock supply system, including pharmaceuticals, on- and off- site warehousing, and placing requests to the DFID supply chain for the Kerry Town Treatment Unit and the Laboratory. The supplier must meet DFID deadlines for requests to the supply chain to guarantee delivery.

8.5 The Supplier will be responsible for establishment of a Pharmacy capability and for the supply and management of all pharmaceuticals. The Supplier must put in place measures to ensure the safe and secure storage of pharmaceuticals as needed.

8.6 The Supplier must follow DFID's guidance on stock donations and reallocation where relevant.

Site Security

8.7 The Supplier must provide 24-7 security for the entire site. This should include on site and external perimeters and front gate. Security personnel should conduct bag searches to prevent theft.

8.8 The Supplier should provide an Incident Response Team who are trained in PPE protocols and to handle infectious cases and/or equipment

8.9 The Supplier should ensure that an adequate barrier system and sentry post/control point is maintained at the main entry to the site and that appropriate guard huts and communications are maintained for personnel at all other key access control points.

8.10 The Supplier is to ensure 24-7 manning by a competent Duty Officer.

8.11 The Supplier must provide safety checks for all personnel accessing the site, including those accessing KTTU. On entry to the site this must include body temperature checks and the recording of body temperatures against all individual names/organisations to allow tracking over time. On exit of the site only body temperature checks are required.

8.12 The Supplier must make provision for hand washing at the main gate and at any other entry points to the facility.

Site Operations

8.13 The supplier must provide a 24-hr operations room function and support for the entire site.

8.14 The Supplier must provide a 24-hr Site Access Control Room to provide security, access monitoring, and other operational support (e.g. fire response) to the whole site including KTTU and the Laboratory.

8.15 Non-clinical services provided on site may be sub-contracted and will fall under the management of the Supplier.

8.16 The Supplier must operate a Transport Management System for its personnel and Public Health England Laboratory staff.

- 8.17 The Supplier must provide catering services to its personnel, PHE Laboratory staff, and patients on site. The Supplier is responsible for ensuring that any catering subcontractor meets Food Hygiene requirements.
- 8.18 The Supplier must establish a First Aid point for all personnel and visitors on-site, and will be responsible for onward referral if required.
- 8.19 The Supplier must recruit 2 x Interpreters to support clinical delivery at KTTU.

9 Support to Kerry Town Treatment Unit and Laboratory

Laboratory Operations

- 9.1 The Supplier must provide operational support, facilities management and security to the laboratory operator and staff.
- 9.2 The Supplier must facilitate specimen transfer on-site.
- 9.3 The Supplier must ensure that pre-departure medical assessments are carried out for Public Health England laboratory staff, and arrange their flights, medical insurance (including repatriation), in-country familiarisation, accommodation, transport, food and in-country medical and pastoral care for Public Health England laboratory staff

10 Facilities Management

- 10.1 The Supplier must provide the following capability to enable the effective operation of the Laboratory and KTTU. It is required that capability is provided on a 24 hour basis 7 days a week and on call support is available.
- 10.2 The Supplier will deliver a Planned Preventative Maintenance programme for the entire site, specifically:
- 10.2.1 Maintain power assets on site to ensure continuity of power supply (all testing and certification documentation will be made available to the Supplier)
 - 10.2.2 Maintain and perform all necessary service intervals to maintain optimal operation of systems.
 - 10.2.3 Maintain the site water supply system to the designed service level at the point of commission. Commissioning and testing information will be provided as per item 1.
 - 10.2.4 Planned preventative maintenance (PPM) of the water storage, pump pressurisation units, pipework and connection to the building.
 - 10.2.5 PPM of the raw water storage tanks.
 - 10.2.6 PPM of treated water storage tanks.
 - 10.2.7 PPM for the distribution system such as repair of leaks, mechanical damage

- 10.3 The Supplier will provide adequate stock levels of both 0.5% and 0.05% chlorinated water to perform all relevant WASH protocols for the site, and ensure adequate stock levels of chlorine are maintained at all times.
- 10.4 The Supplier will provide preventative and reactive maintenance of site infrastructure such as, but not limited to, fencing, barriers, light fittings, doors, Rubb halls, warehousing and the fabric of all wards and supporting structures.
- 10.5 The Supplier will procure of all spare parts for infrastructure, assets and equipment, and management of stocks.
- 10.6 The Supplier will conduct any major works required e.g. as a result of a collision or storm damage, and remedial works to ensure site functionality during the rainy season.
- 10.7 The Supplier will carry out operations and maintenance of the incinerators and burn pit, including safe disposal of all waste (including clinical waste) from the site in line with WHO guidance on waste management.
- 10.8 The Supplier will be responsible for Pest Control for the whole site.
- 10.9 The Supplier will establish a secure fuel supply and monitor fuel levels and usage; inspection of fuel system.
- 10.10 The Supplier will deliver fire awareness training for all on site personnel including regular fire extinguisher training for all Red Zone staff. The Supplier is expected to provide refresher training and develop fire awareness on site, and is responsible for procurement and maintenance of fire extinguishers.
- 10.11 The Supplier will ensure optimisation of communications and IT services on site.
- 10.12 Should a maintenance activity be beyond the capability of the Supplier's team, such as in the event of a major mechanical failure to a power generator, the Supplier will arrange repair to be undertaken locally in Freetown, where possible and practicable.
- 10.13 Response times for reaction to any event at KTTU may be determined by the Supplier.
- 10.14 The Supplier's reactive out-of-hours maintenance team must have capacity to make safe any fault or re-power but not carry out in-depth repairs unless the fault is with a critical asset.

11 Handover of site

- 11.1 The earliest date the new Supplier will commence operations will be 30th June 2015. Handover will take place for up to four weeks before this date. The length of the handover required is to be determined between the Supplier and the current operators.
- 11.2 The Supplier must ensure all of the above functions are in place before the date on which operations commence.
- 11.3 The handover will take place on 29 June. The Supplier must participate in a “Board of Officers” process with the current operating partners and DFID to agree handover of the site.
- 11.4 Where any remedial work is outstanding on the handover date, the Supplier will be undertaken the works required.
- 11.5 The Supplier must fully participate with the current operating partners and DFID to agree and manage a successful handover of the site.

12 Site Closure

- 12.3 Should a decision be taken on closing down part of the facility, a joint decision will be taken between DFID and the Supplier on what facilities management capacity is required to continue.
- 12.4 If the facility is to be closed, DFID will specify the state to which the site should be returned. The Supplier must restore the site to the state specified by DFID, including taking down tents and destroying permanent structures should this be required
- 12.5 The Supplier must fully decontaminate the site and gain sign-off from the relevant authorities that the site has been decontaminated in line with WHO protocols.
- 12.6 The Supplier will be responsible for making the septic tank safe and/or disposing of waste in line with WHO guidance.
- 12.7 The Supplier is responsible for disposal of red zone items in line with WHO guidance.
- 12.8 The Supplier must provide a detailed record of all assets, equipment, infrastructure and consumables remaining at the point of closure including those returned to DFID and those destroyed.

12.9 The Supplier must liaise with DFID's procurement agent to transport all unused or reusable consumables, equipment and assets to DFID's warehouse or another location as specified by DFID.

13 Reporting and Governance

13.1 During the handover period the Supplier will be required to participate in regular meetings with DFID and the current operating partners of KT ETC and KTTU to monitor progress. The current operator of KT ETC will maintain responsibility for the site until the date of handover.

13.2 The Supplier must hold regular on-site meetings with Laboratory personnel to discuss site issues.

13.3 The Supplier must provide the National Ebola Response Centre, the District Ebola Response Centre and DFID with daily and weekly reports on patient numbers and other in confidence clinical data. This should use the template already in place and specified by the NERC.

13.4 The Supplier must provide monthly expenditure reports to DFID, and must provide regular updates to DFID on site operations through sitreps or meetings.

13.5 The Supplier must provide assurance that records relating to staff and patients are kept securely.

13.6 The Supplier will provide an interim narrative and financial report after 2 months of operations, as well as a final report within one month of the end of the project.

14 Duty of Care

14.3 The Supplier is responsible for the safety and well-being of their personnel and third parties affected by their activities, including appropriate security arrangements. They will also be responsible for the provision of suitable security arrangements for their domestic and business property.

14.4 DFID will share available information with the Supplier on security status and developments in-country where appropriate.

14.5 The Supplier is responsible for ensuring appropriate safety and security briefings for all of their personnel and ensuring that their personnel register and receive briefing as outlined above. Travel advice is also available on the FCO website and the Supplier must ensure they (and their personnel) are up to date with the latest position.

- 14.6 This procurement will require the Supplier to operate in unstable areas facing high levels of EVD transmission, with associated risks to staff. The Supplier should be comfortable working in such an environment.
- 14.7 The Supplier is responsible for ensuring that appropriate arrangements, processes and procedures are in place for their personnel, taking into account the environment they will be working in and the level of risk involved in delivery of the Services (such as working in dangerous environments etc.). The Supplier must ensure their personnel receive safety in the field training prior to deployment if judged necessary.
- 14.8 Tenderers must develop their Tender on the basis of being fully responsible for Duty of Care in line with the details provided above and the initial risk assessment matrix developed by DFID (see below). They must confirm in their Tender that:
- 14.9 They fully accept responsibility for security and duty of care.
- 14.10 They understand the potential risks and have the knowledge and experience to develop an effective risk plan.
- 14.11 They have the capability to manage their duty of care responsibilities throughout the life of the contract.
- 14.12 Acceptance of responsibility must be supported with evidence of capability and DFID reserves the right to clarify any aspect of this evidence. In providing evidence Tenderers should consider the following questions:
- Have you completed an initial assessment of potential risks that demonstrates your knowledge and understanding, and are you satisfied that you understand the risk management implications (not solely relying on information provided by DFID)?
 - Have you prepared an outline plan that you consider appropriate to manage these risks at this stage (or will you do so if you are awarded the contract) and are you confident/comfortable that you can implement this effectively?
 - Have you ensured or will you ensure that your staff are appropriately trained (including specialist training where required) before they are deployed and will you ensure that on-going training is provided where necessary?
 - Have you an appropriate mechanism in place to monitor risk on a live / on-going basis (or will you put one in place if you are awarded the contract)?
 - Have you ensured or will you ensure that your staff are provided with and have access to suitable equipment and will you ensure that this is reviewed and provided on an on-going basis?

- Have you appropriate systems in place to manage an emergency / incident if one arises?

14.13 Notwithstanding the above, the UK will consider access to medevac on a case by case basis in line with eligibility criteria and medical advice current at the time of the requirement.

DFID Overall Project/Intervention - Summary Risk Assessment Matrix:

Project/intervention title:

Location: Sierra Leone

Date of assessment: 13 March 2015

Theme	DFID Risk score
Country/Region	Sierra Leone
OVERALL RATING¹	3
FCO travel advice	3
Host nation travel advice	N/A
Transportation	4
Security	3
Civil unrest	3
Violence/crime	3
Terrorism	3
War	1
Hurricane	1
Earthquake	1
Flood	2
Medical Services	4
Nature of Project/Intervention	

1 Very Low risk	2 Low risk	3 Med risk	4 High risk	5 Very High risk
Low		Medium	High Risk	

¹ The Overall Risk rating is calculated using the MODE function which determines the most frequently occurring value.