



ADDENDUM NO. 1

18th August 2020

In response to questions raised by Potential Bidders the attention of Proponents submitting proposals for the Project is called to the following ADDENDUM to the REQUEST FOR PROPOSAL PACKAGE:

Item 1 – 1.5 RFP Timetable

The following dates are now applicable to the submission process:

Deadline for Questions Monday 7th September 2020

Deadline for Issuing Addenda Wednesday 9th September 2020

Submission Deadline Wednesday 11th September 2020

Item 2 – Answer to Question

Question: Would the submission of a previous Proposal for the Business Case for Water, Wastewater and the development of a Recovery Resource Utility preclude a submission for the Regulatory/Technical RFP?

Answer: Proponents are not excluded from submitting both RFP's.

Item 3 – Clarification -p27 Overview of the impact to existing and future systems

The intention is the Proponent would undertake a formal regulatory impact assessment, in line with best practice followed in the United Kingdom, Caribbean and similar jurisdictions

Item 4 – Answer to Question

Question: As part of the effluent quality standards, are you seeking for the consultant to define rules governing how septic tanks, e.g. licensing requirements and the like?

Answer: Proponents are expected to recommend specific licencing standards for all elements of the Water; Effluent Reuse; & Wastewater systems

Item 5 -Answer to Question

Question: Should a Proponent provide a statement confirming that “We, the proponent, will carry out all works in strict accordance with the Bermuda Occupational Safety & Health Act, 1982 and Occupation Safety and Health Regulations of 2009. We also acknowledge the Alcohol, Smoke and Drug-Free Policy: All Government buildings and work sites are designated as alcohol, smoke, and drug-free”?

Answer: The Proponent is expected to submit details of the organizations Health & Safety Policies and Procedures as well as acknowledge that they intend to follow the Bermuda Public Service’s Alcohol, Smoke and Drug-Free Policies. The Policies are attached for information.

Item 6-Answer to Question

Question: For the Staffing Rates on p59 we would like to use our standard hourly rates which cover salaries, inclusive overheads, etc. Could you kindly confirm if this approach will be suitable?

Answer: The Proponent may submit rates inclusive of overheads etc and confirm in the schedule they included in the rates.

Item 7-Answer to Question

Question: Is MPW/BHC’s expectation that proponents should be experienced in developing drafting instructions for the Government of Bermuda (and/or other jurisdictions) or are you seeking legal services?

Answer: The Proponent is not expected to produce drafting instructions for the Government of Bermuda. It is intended that the Proponent will produce outlines for needed legislation quoting examples from other jurisdictions that have enacted such legislation. Specific legal services are not a pre-requisite of the proposal.

END OF ADDENDUM #1

AN ALCOHOL- AND DRUG-FREE WORKPLACE POLICY FOR THE BERMUDA PUBLIC SERVICE

I STATEMENT OF NEED

Bermuda has a strong commitment to the health, safety and welfare of all of its residents and visitors.

The abuse of drugs and alcohol may create a variety of workplace problems. These include increased injuries on the job, increased absenteeism, increased financial burden on health and benefit programmes, decreased employee morale, decreased productivity and a decline in the quality of the work and services provided.

Drug use affects users and non-users. Employees who use drugs present a danger not only to themselves but also to their fellow employees and the public.

Applicants and workers will sign a commitment agreeing to the policy.

II THE GOAL

The Government, as employer, will commit the resources necessary to achieve and maintain a drug- and alcohol-free environment. It is Bermuda's goal to eliminate hazards to health, job safety and performance created by alcohol and other drug use.

The primary goal of the programme is not to detect substance abusers but to set in place an atmosphere and a programme that will deter drug use, convincing experimental and casual users to cease their use. Opportunities for rehabilitation will be provided for those who are chemically dependent.

The full support of this policy by all employees is expected.

III NOTICE

This written policy shall be distributed to employees and be available for review by prospective employees.

IV THE SCOPE

This policy applies to all Government workers while on the job and to all external contractors providing services to the Government. This policy does not replace the drug-free workplace policy already in effect for the Public Transportation Board.

Although the Government has no intention of intruding into the private lives of its workers, it is recognized that involvement with alcohol and/or other drugs may have a negative impact on job performance. In the interest of all employees, their fellow workers, employers and others on the Island, it is mandatory that all employees report to work on time in condition to perform their duties safely and efficiently.

V PROHIBITIONS

- A The use, possession, manufacture, distribution, storage, dispensation or sale of illegal drugs in or on Government premises or vehicles and during working hours is prohibited.
- B The use of alcohol in or on Government premises or vehicles and during working hours is prohibited and constitutes a violation of policy. Employees are expected to be able to perform their functions safely and efficiently at all times. The provisions of this clause do not impact upon the authority of the Police Recreation Club and the Prison Officers' Club to operate as at present.
- C It is prohibited to have a positive drug or alcohol test as defined in the policy. It is prohibited to substitute or adulterate a specimen. If, when requested, an employee refuses to submit a sample for testing under this policy, it will be assumed and considered that his result is positive.
- D If an employee in a safety-sensitive or testing-designated position refuses to accept a referral for treatment through the EAP, then [an immediate consequence to be defined] will follow. However, if an employee in a non-safety-sensitive or testing-designated position refuses to accept a referral for treatment through the EAP and his or her performance continues to be impaired, then [an immediate consequence to be defined] will follow.

VI TRAINING AND EDUCATION

Supervisor training and employee education will be provided on the subject of alcohol and other drug abuse and on the specifics of this policy.

- A Employee Education. All employees are required to take a course provided by the Department of Personnel. The course will include information on this policy and on the dangers associated with alcohol abuse and the illegal use of drugs. It will also include information on where to go for help.
- B Supervisor Training. In addition to the employee education requirement, all supervisors will be required to take a course provided by the Department of Personnel to teach them the signs of impaired behaviour and performance that might possibly be due to drug and alcohol use and to teach them the steps to follow when impairment is suspected.

VII IMPLEMENTATION

- A Timetable. The provisions of this policy will take effect on 1 April 1999. Drug and alcohol testing under this policy will not commence before 1 July 1999.
- B Grace Period. This 90-day grace period has been granted before drug and alcohol testing commences on 1 July 1999. This grace period has been granted to allow:
- Completion of employee education and supervisor training programmes;
 - Employees time to cease current drug use and have time for the drugs eliminated from their system; and
 - Workers who are unable to quit on their own to seek confidential consultation and, if needed, referral to the Employee Assistance Programme of Bermuda (EAP).

VIII AUTHORIZED USE OF PRESCRIBED MEDICINE

An employee undergoing medical treatment that includes the use of a prescribed medication must advise his/her doctor of the nature of their work and ask if the treatment or medication being prescribed might impair their physical or mental capability on the job. If so, they must provide a medical certificate to their supervisor so that a determination can be made in consultation with the physician regarding possible temporary re-assignment if appropriate.

IX DRUG AND ALCOHOL TESTING

The Government of Bermuda has established a testing programme for drugs and controlled substances for workers and applicants and may from time to time propose changes in the requirements, extent and frequency of testing. The following sections describe the testing occasions, collection procedures, analysis procedures and review of results. Applicants and workers subject to testing must, prior to testing, sign a Drugs Don't Work Here committee-approved form agreeing to the testing and authorizing the release of the test results to the Director of Personnel and only positive results to the EAP.

- A Testing Occasions. Employees will be subject to drug and alcohol testing as follows:

- 1 *Pre-employment*. All employment offers for safety-sensitive positions are made on the condition that the applicant must pass an alcohol and drug test.

Applicants for safety-sensitive positions testing positive for illegal drugs will not be offered a job.

All tentatively selected or shortlisted applicants will be required to sign a pledge to remain alcohol- and drug-free while on the job. No other consequences other than those contained in the policy will apply if someone who has signed the pledge is then found to not be alcohol- or drug-free. If a tentatively selected or shortlisted applicant does not sign the pledge, then they are liable to not be offered a position.

- 2 *Reasonable Cause.* Whenever a supervisor has reasonable cause to suspect that an individual has used drugs or engaged in controlled substance abuse, based on performance, the Government, in consultation with a second supervisor of one rank higher than the supervisor observing the behaviour, may require the individual to submit to a drug or alcohol test.

Information obtained from sources other than direct supervisor observation, such as fellow workers or family, will be considered “hearsay” evidence and will not be usable as a reason for “reasonable cause” testing, except if it triggers an assessment of employee behaviour and performance that suggests impairment that may be drug and/or alcohol related.

- 3 *Random.* All employees in safety-sensitive posts are subject to unannounced testing based on random selection. The list of safety-sensitive posts, attached as Attachment A to this document, includes persons whose job functions have an immediate and significant impact upon the safety and security of the public and of fellow employees.

The random selection programme will be administered by an objective third party using a computerized system.

- 4 *Return to Duty.* An employee in a non-safety-sensitive post, who returns to work after treatment for substance abuse or after failing a previous drug or alcohol test, will be placed in a random pool for testing for up to two years. Employees who are in safety-sensitive positions will remain in the random pool.

B Urine Collection Procedures for Drugs other than Alcohol. Urine collections shall conform with established forensic collections procedures that include:

- 1 Using trained collectors.
- 2 Keeping specimen in sight of the donor and the collection site person until sealed and ready for shipment.
- 3 Privacy when providing a specimen, except when previously:
 - a The employee presents a specimen that is outside the accepted temperature range and the employee refuses to have an oral body temperature measurement or if the body temperature measurement varies by more than 1°C from the specimen temperature.
 - b The collector observes the employee attempting to adulterate or substitute the specimen.
 - c The employee provided a specimen determined to be “not suitable” for testing by the laboratory.
 - d The employee who has tested positive will be observed for two specimens following the positive test.

- 4 A well-documented custody and control (chain of custody form).
- 5 “Shy bladder”. In the event that a donor is unable to donate an adequate 45 millilitres (ml) of urine when asked to do so, the following protocol shall be followed:
 - a The individual will be given no more than three hours and no more than 240 ml of oral fluids in which to produce an adequate specimen.
 - b If unable to complete the collection within three hours, the collector will call off the collection effort and report the case a “shy bladder” case.
 - c Pre-employment and random testing. The employer, and the union in the case of random testing, will select a physician to examine the individual and the individual’s medical records to determine if there is a legitimate medical explanation for their inability to produce a specimen. The physician’s report will be sent to the Medical Review Officer (MRO) who will make the final determination which may be either:
 - i Legitimate “shy bladder” and a cancelled test, or
 - ii A refusal to test with the same consequences as a failed test.
 - d Testing for reasonable cause. The employer and union will agree on a physician to examine the individual and the individual’s medical records to determine if there is a legitimate medical explanation for their inability to produce a specimen. The physician’s report will be sent to the MRO who will make the final determination which may be either:
 - i Legitimate “shy bladder” and a referral to the EAP, or
 - ii A refusal to test with the same consequences as a failed test.

C Laboratory Analysis. Laboratory analysis shall conform to strict specifications and be performed in a laboratory that has been certified for workplace toxicology testing and by technicians who are competent. At a minimum, each specimen will be screened with an accepted immuno-assay method. Those that screen positive will be tested further using gas chromatography and mass spectrometry. No test will be reported as positive unless it is reported as positive on both the screening and the confirmatory analysis.

D Alcohol Testing

- 1 Alcohol screening tests will be performed using an approved saliva alcohol testing method or an approved breath alcohol testing device.

- 2 If the result is less than 0.02, it is considered negative and no further testing is required. If the result of the screening test is 0.02 or above, a second test must be performed for confirmation after a waiting period not to exceed 20 minutes.
- 3 The confirmation test will be conducted using an approved evidential breath testing device (EBT). Individuals awaiting confirmation testing will be instructed not to eat, drink or put objects or substances in their mouth and, to the extent possible, not belch during the waiting period before the confirmatory test.
- 4 An alcohol testing form will be completed by the technician performing the testing in the presence of the donor to ensure that the results are recorded properly.

X MEDICAL REVIEW

- 1 All laboratory results will be reported to medical review officers (MRO's) employed and supervised by Employee Health Programs Inc.
- 2 The MRO is a licensed physician with knowledge of substance abuse and laboratory drug testing who is charged with the responsibility of conducting a final review of all drug and alcohol test results.

It is important to note that a positive test result does not automatically identify the donor as an illegal drug user. The MRO's primary responsibility is to review and assess test results to determine whether some medical reason exists for a positive test result. The MRO will look for and evaluate alternative medical explanations or system errors that could account for positive test results. Each worker will have five days in which to contact the MRO after they have been notified to do so or their drug test result may be called positive without their input.

At the time of the interview, the MRO will inform the individual of their right to have a portion tested at another laboratory. The charge for this testing will be paid by the individual requesting the re-analysis, except in the case of a re-analysis that fails to confirm the original test. In this case, the employer will pay.

The MRO will not consider as a legitimate medical explanation the use of someone else's prescription or the use of prescriptions that are over one year old.

All drug and alcohol test results will be reported to the Director of Personnel or their designee.

XI ASSESSMENT AND TREATMENT

A Assistance in Overcoming Substance Abuse

Early recognition and treatment of drug use or controlled substance abuse is important for successful rehabilitation, return to productive work and reduced personal, family and social disruption. The Government encourages the earliest

possible diagnosis and treatment for substance abuse and offers assistance in treatment efforts. The decision to seek diagnosis and accept treatment for alcohol, drug or controlled substance use or abuse must primarily be the individual responsibility of each worker. Employees who request assistance or enter treatment for alcohol, drug or controlled substance abuse problems do so without jeopardizing their continued employment. Employees may request assistance through the EAP or directly from treatment and counselling services, in which instance the employee assumes responsibility for notifying the employer if the prescribed treatment will require him/her to be absent from duty.

B The Employee Assistance Programme (EAP)

The EAP is a confidential assessment and referral service. It is available to employees free of charge.

Types of Referral:

Self-Referral. At his/her own initiative, an employee refers himself/herself for assistance.

Concerned Other. At the suggestion of a concerned friend, family member, colleague, supervisor or union representative.

Performance-Based. At the strongly encouraged recommendation of a supervisor for deteriorating or less than satisfactory performance in productivity, services, attendance or demeanour. The decision to seek treatment is the responsibility of the individual. Following a reasonable period for rehabilitation, continued poor performance will result in job action by the supervisor.

C EAP Case Management and Confidentiality of EAP Records

See Attachment C

D Drug Testing and the EAP

Any employee who fails a drug or alcohol test will be referred to the EAP for assistance and treatment referral. Before resuming work, an employee must receive a statement from the treatment provider, which states whether the employee has followed treatment and aftercare recommendations. This will be communicated through the EAP to the referring person/employer who has the final responsibility and decision regarding the employee's return to work. Persons employed in safety-sensitive positions undergo a higher level of clearance before they may resume their job. This may include a clearance through a Government/union approved doctor.

Employees receiving services through the EAP are not exempt from random and other drug testing programmes.

XII CONFIDENTIALITY

Applicants and workers subject to testing have agreed to sign, prior to testing, a *Drugs Don't Work Here* committee-approved form agreeing to the testing and authorizing the release of the test results to the Director of Personnel and only positive results to the EAP. The nature of this information must remain confidential and be used only in connection with Government business and pending disciplinary action. Any record of a positive alcohol or drug test held by the Director of Personnel or any other Government officer must be deleted following two years of negative alcohol or drug testing. Release of information to others outside the Government will occur only upon valid legal requests, legal proceedings and other situations deemed appropriate to protect the interests of the public.

XIII APPEALS

Any employee, having followed the procedures provided through the Medical Review function, is entitled to appeal to the Public Service Commission any decision following a positive result which he believes to be in error.

GOVERNMENT OF BERMUDA
HEALTH AND SAFETY POLICY

The Government of Bermuda is committed to the achievement and maintenance of the highest standards of safety and therefore, its policy is to provide and maintain, in compliance with the Health and Safety at Work Act 1982 (revised 1988), working conditions that are safe and without risks to health to all employees.

- i) The Heads of Department are responsible for the promotion of an active interest in health and safety in the Departments and for taking the necessary measures to ensure so far as is reasonably practicable, the provision and maintenance of:
 - a) plant equipment and systems of work that are safe and without risks to health;
 - b) safe arrangements for the use, storage and transport of hazardous substances and articles;
 - c) information, instruction, training and supervision to enable employees to avoid hazards and to contribute positively to their own and others health and safety; and
 - d) a safe place of work and safe means of access and exit.
- ii) It is the duty of all staff to be aware of and conform to this Health and Safety Policy and the consequential procedures, and to accept and carry out their defined responsibilities. It should be the aim of all staff to make their workplace as safe as possible and it should be their duty to report any hazards or unsafe practices to their immediate supervisor. It is their responsibility to wear protective clothing and to use safety equipment supplied by Government.
- iii) There is also a joint management and staff responsibility respecting the health and safety of visitors to the Islands and members of the public whenever they are in Government offices, vehicles or crafts, or on Government premises and to any other person who may be affected by our activities.

The overall aim of this policy is to maintain the existing good health and safety record of the Government of Bermuda and to improve on it wherever possible. The Government pledges its support in making every reasonable effort to provide those resources which may be required to bring about improvement.

The Health and Safety Committees formed at department level, together with the central coordinating committee, with specific responsibilities for the industrial and Civil Service areas, provide means by which health and safety at work matters can be discussed and appropriate action can be taken. These committees will be encouraged to make recommendations that will result in the improvement of working conditions, work practices and associated matters.

Individual managers and supervisors at all levels will monitor the effectiveness of this policy and investigate accidents, dangerous occurrences, and patterns of staff absence due to work-related illness or injury for reporting to the required authorities. This Health and Safety Policy Statement and any consequential procedures will be periodically reviewed and appropriately revised and staff will be advised accordingly.

Department of Personnel Services

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Your Ref.

Our Ref.

PS 201/01

31st August, 2001

CIRCULAR

TO ALL PERMANENT SECRETARIES & HEADS OF DEPARTMENT

SMOKE-FREE WORKPLACE POLICY STATEMENT

Policy

It is the policy of the Government of Bermuda to provide, so far as reasonably practicable, a smoke-free working environment for all Government employees and visitors. This policy was agreed following consultations with Heads of Department and all recognised trade unions and employee associations.

Background

There was increasing concern expressed by employees, trade unions, and Heads of Department over the effects of smoking on health. The Government of Bermuda recognises:-

- The adverse effects of tobacco smoke on health.
- The growing evidence that passive smoking has harmful effects on the health and well-being of non-smokers.
- The need to protect the rights of non-smokers.

By implementing the policy, Government is also acknowledging its obligations under the Health and Safety at Work Act 1982, Section 3 (2) (e) and Section 5.

Implementation

The policy was introduced on 2nd January, 1992.

Smoke-free Areas

1. Smoking will **NOT** be allowed **AT ANY TIME** IN THE FOLLOWING AREAS:
 - (I) All public and reception rooms, lobbies or areas where the public have access.*
 - (II) All meeting and/or interview rooms.
 - (III) All corridors, toilet areas, stairways and elevators.
 - (IV) All staff lounges/canteen areas.
 - (V) All Government vehicles.

- (VI) All open plan/shared/private offices.
- (VII) All other areas designated by the Head of Department and agreed by the Head of the Civil Service.

* Public areas, are defined as “Those areas which are open to the public in the sense that the public resort to them on a regular basis with the Department’s consent for the purpose of Government administration, to conduct business, or to obtain information that the Department hold available there.

2. Appropriate “No Smoking” signs will be posed in prominent places.
3. In accordance with the guidelines for supervisors that were previously distributed, employees should politely request visitors and members of the public not to smoke in smoke-free areas.
4. Support officers were identified by each Head of Department so that employees will be able to ask for help if they are experiencing any problems with the policy. If further information is required, the Department of Personnel Services should be consulted.

Advertisement for Jobs

All potential applicants for posts within the Public Service will be informed of the policy. All application forms and any publicity materials associated with employment will carry the words “The Government of Bermuda operates a ‘Smoke-free’ Workplace Policy”.

Enforcement of the Policy

Every encouragement and support was given to employees for the first six months, and leniency was shown to those employees who found it difficult to adhere to the policy. However, failure to observe the requirements of the policy may result in disciplinary action.

Government reserves the right to review the policy from time to time in accordance with future developments and legislative requirements and in consultation with the recognised unions.

Ianthia G.E. Wade
Acting Director