



**DIVISION OF HEALTH, WELLNESS AND FAMILY DEVELOPMENT  
TOBAGO HOUSE OF ASSEMBLY  
Habib Building, 107 Wilson Road, Scarborough, Tobago  
Phone: 868-639-3395, 639-1252/1433**

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## **Expressions of Interest for the Provision of Large-Sized Quarantine Facilities based in Tobago**

### **1 Introduction**

During the first wave of COVID-19, the Division of Health, Wellness and Family Development (DHWFD), Tobago House of Assembly, used hotels as quarantine facilities. As part of Tobago's continued response to COVID-19, the DHWFD is now seeking to expand the number of these facilities available for quarantine.

Currently, it is mandated by the Ministry of Health of Trinidad and Tobago that all international arrivals have to undergo quarantine for 14 days after their arrival into the country. In this regard, the DHWFD is soliciting ***Expressions of Interest for the Provision of Large-Sized Quarantine Facilities based in Tobago***. Facilities will be assessed for suitability in this phase and in the event that the services are required, further discussions will be initiated by the DHWFD as part of the final assessment and engagement.

Please Note: ***Persons housed at quarantine facilities are asymptomatic, but have been possibly exposed to infection having recently travelled internationally and therefore, must be observed by Public Health for a fourteen (14) day period.***

## 2 Mandatory Requirements of Quarantine Facility

### 2.1 Amenities in room:

- At least one bed
- Cable / Direct TV
- Wi-Fi
- Air Conditioning
- Microwave
- Refrigerator / mini-fridge
- Broom
- Scoop
- TV
- Shower
- Toilet
- Sink

### 2.2 Facilities:

- Fenced
- Individual rooms
- Provision of washer and dryer on compound
- **Minimum capacity of Twenty-Five (25) self-contained rooms**
- Uninterrupted water supply
- Adequate parking for staff and large vehicles such as Maxi-Taxis
- Must be insured
- **Usage of the entire compound of the facility is exclusive to DHWFD during the period of occupancy**

### 2.3 Payment:

- Monthly payments

### 2.4 Duration

- One (1) month minimum
- Rolling contractual agreement (per month) for extension beyond one (1) month

Other Information

### 3 Other Information

The following are not required while the facility is being used by DHWFD:

- Food service
- Daily Maid service
- Daily Laundry service by facility
- Security personnel

### 4 Facility Owner Obligations

**It should be noted that persons subjected to quarantine at facilities have been thoroughly screened by Public Health Authorities and show no signs of illness upon admission (are asymptomatic), but need to be observed by Public Health.** In this regard, the following are the obligations of the owner:

- At the end of each individual's stay, cleaning of rooms is the duty of the owner.
- At the end of each individual's stay, towels, bed sheets and other linens will be responsibility of the owner to clean.
- To pay utilities during occupancy, i.e. electricity, water, cable, internet, etc.
- To assign a point of contact for communication, via written correspondence, with DHWFD.
- To supply toilet paper, bath soap, laundry detergent, garbage bags and one change of clean linens and towels to the occupants as needed.
- To ensure daily garbage disposal.

## 5 DHWFD Obligations

- **If someone tests positive for COVID-19 during occupancy**, DHWFD will clean and sanitize that particular room and associated linens **only**.
- To provide monthly payments.
- To provide security for location.
- To perform a room assessment prior to occupancy.

## 6 Assessment

An assessment sheet will be used to rate facilities and to rank their suitability for use as a quarantine facility by DHWFD (please see Appendix).

## 7 Scoring

<b>Element / Criteria</b>	<b>Scoring</b>
General Safety	20
Fire Safety	25
Sanitation	5
Room Standard	45
Location	5
<b>Total</b>	<b>100</b>

## 8 Engagement and Termination

### 8.1 Engagement

At the time of engagement the DHWFD will do a site visit to ensure parameters remain the same. If continuing beyond one month, one (1) week notice will be given. The facility shall not assign the benefit or burden of this agreement to any person, firm, or company and shall not subcontract any of the facility's duties without the consent of the DHWFD.

## 8.2 Termination

Twenty one (21) days notice is required from either party for termination of contract.

## 9 Dispute Resolutions

The parties shall attempt in good faith to resolve any dispute, claim or controversy concerning the validity, interpretation, enforcement or performance of the contract through amicable negotiations to resolve the same.

## 10 Confidentiality

Any information acquired by the facility in the course of providing this service under this agreement shall be treated by the facility as confidential and shall not be disclosed by it to any other person, firm or company without prior authority in writing from the DHWFD unless and until such policy or processes have become public knowledge.

## 11 Pricing

The DHWFD is not bound to accept daily room rate submitted at the time of expression of interest.

## 12 Submission Instructions

The deadline for all submissions is **July 15<sup>th</sup>, 2020**. All submissions must be sent attention:

**The Administrator**

**Division of Health Wellness and Family Development**

**Re: Provision of Large Sized Quarantine Facilities based in Tobago**

All submissions must be sent as both a **.pdf** and **.doc** file. This should be done via email addressed to [Allan.HGuy@gov.tt](mailto:Allan.HGuy@gov.tt) using the formatting example “**BusinessName\_Large\_EOI.pdf**”.

Should further clarifications be required, please contact Mr. Guy at 1 (868) 660-7119 ext. 47605 or ext. 47602.

### **12.1 Submission Documents**

The following must be submitted for this Expression of Interest:

- 1) Cover letter stating interest
- 2) Proof of Ownership
- 3) Names, Address, email, and contact number for Owner(s) and Facility Manager(s)
- 4) Pictures of facility
- 5) Copy of Insurance

**Please be reminded that this exercise is to ascertain the resort’s ability to be used as a Quarantine Facility and it does not bind the DHWFD to any future contractual agreement.**

END

## Appendix - Assessment Sheet

Element	Item	Score
<b>Facility Information</b>	<b>Name of Facility</b>	
	<b>No. of rooms</b>	
	<b>Inspection Date</b>	
	<b>Notes</b>	
<b>General Safety</b>	1 Safety and security measures implemented i.e. gates, fences, surveillance cameras and signage	
	2 Adequate clearance for entrances and exits in case of emergency	
	3 Well lit and hazard free facility	
	4 Muster point on facility clearly identified	
	5 Tight fitting doors, windows and screens to prevent entry of insects and pests	
	6 Emergency procedures clearly marked in rooms and common areas	
<b>Fire Safety</b>	1 Certificate of Inspection by the Fire Service Division	
	2 Possess valid Fire Life Safety Certificate, in accordance with Part V, OSH Act, 2004 (amended 2006)	
	3 Installed early warning devices in each room and in working condition	
	Smoke detectors in each room <input type="checkbox"/> Fire alarms <input type="checkbox"/>	
	4 Installed and maintained firefighting equipment, approved by the fire authority	
	Inspected Fire extinguishers <input type="checkbox"/> Fire hoses <input type="checkbox"/> Fire blanket for kitchen area <input type="checkbox"/>	
5 Clearly marked emergency exits and pathways.		
<b>Sanitation</b>	1 Clearly identified area for collection and disposal of waste	
<b>Room Standard</b>	1 Bed: Quality <input type="checkbox"/> Size <input type="checkbox"/>	
	2 Wifi Strength	
	3 Refrigerator / Mini-Fridge	
	4 Microwave	
	5 Shower: location <input type="checkbox"/> flooring <input type="checkbox"/> size <input type="checkbox"/> hot and cold <input type="checkbox"/>	
	6 No. of washer and Dryer on compound	
	7 Minimum room capacity met	
	8 Space for DHWFD staff	
	9 Wheel chair access	
<b>Location</b>	1 Remoteness from neighbouring buildings	
	2 Ease of access to facility	
	3 Adequate parking	
<b>Total</b>		