

**Department of Veterans Affairs**  
**Alvin C. York VA Medical Center**  
**Physical Security Assessment**

**Statement of Work**

**Project No. 626A4-17-501**

**Undertake Physical Security Assessment**

**10/25/2016**

## A. INTRODUCTION:

1. This document contains information and submission requirements for a **PHYSICAL SECURITY RISK ASSESSMENT STUDY** (Survey and Evaluation), to provide comprehensive services as outlined in this Statement of Work (SOW). Services shall be provided for the Tennessee Valley Healthcare System, Alvin C. York VA Medical Center, 3400 Lebanon Road, Murfreesboro, TN 37129.
2. The contractor shall provide all necessary/required investigative work, tools, equipment, materials, labor, travel, and expertise to complete a physical security analysis in accordance with the scope and requirements outlined in this SOW.
3. A preliminary/pre-proposal site visit may be coordinated with the Contracting Officer and Project Manager at the York Campus if desired.
4. A&E evaluation shall consider and conduct a detailed, rigorous quantitative hazard vulnerability and risk assessment for the full range of natural and human-caused (including terrorism) hazards.
5. The following resources will be made available to the A&E for use during the assessment:
  - a. VA Physical Security Design Manuals (PSDM), via link <http://www.cfm.va.gov/til>. The manual consist of two parts:
    - i. Life Safety Protected Facilities, and
    - ii. Mission Critical Facilities.
  - b. PSDM Life Safety and Mission Critical Compliance Checklists,
  - c. PSDM Existing Medical-Related Leases (Life Safety Compliance Checklist), and
  - d. All hospital drawings, if available, for applicable disciplines (i.e., Architectural, Plumbing, Electrical, Structural, Mechanical, etc.). Plus, any scanned files for existing projects/systems will be made available.

## B. GENERAL SCOPE:

1. The intent of this evaluation is to provide professional consultative/engineering services to conduct a physical security risk assessment of the York campus for compliance with the VA Physical Security Design Manual (VA PSDM). To meet this requirement, all buildings evaluated must have a clear, defined presentation of their vulnerabilities and defined proactive measures needed to reduce or mitigate such risk/vulnerabilities, and provide prioritization to enable realistic programs to be developed to undertake improvements. The contractor will complete the following general tasks:
  - a. Conduct Risk Analysis: The contractor shall collect and evaluate information from each building/structure at the Alvin C. York campus for compliance with VA PSDM.
  - b. Gap Analysis: The contractor shall compare the existing building conditions to the VA PSDM identifying gaps and/or vulnerabilities.
    1. The contractor shall utilize the VA PSDM, Existing Medical-Related Leases (Life Safety Compliance Checklist) and/or VA PSDM Life Safety and Mission Critical Compliance Checklists to complete the gap analysis.

2. The contractor shall review and edit the VISN 9 PSDM existing Medical-Related Lease (Life Safety Compliance Checklist) and VISN 9 Life Safety and Mission Critical Compliance Checklists as appropriate to ensure coordination/harmony with VA PSDM.
- c. Corrective Action(s): The contractor shall develop appropriate as well as feasible corrective actions for each gap and/or vulnerability resulting from the Gap Analysis.

### **C. EVALUATION PARAMETERS:**

1. The evaluation team must include a certified physical security specialist as well as a licensed professional structural engineer who has specialized training in blast design and analysis.
  - a. The security specialist shall have a minimum of five years' experience in physical security design and shall maintain current certification as Certified Protection Professional (CPP) or Physical Security Professional (PSP) from the American Society for Industrial Security (ASIS). The security specialist must have demonstrated knowledge and experience applying security strategies, such as the application of CPTED, ballistic and forced entry requirements, and electronic security system design. The résumé of the specialist must be submitted to the VA Project Manager (PM) for review and approval prior to the concept phase of the project. The qualifications of the firm for whom the specialist works must also be submitted with the résumé.
  - b. At a minimum, the structural blast specialist shall have a bachelor's degree in structural engineering or a related field and have formal training in structural dynamics and demonstrated experience with the accepted design practices for blast resistant design. The specialist shall have a minimum of five years' experience in performing dynamic analysis in blast resistant design. The résumé of the specialist must be submitted to the VA PM for review and approval prior to the concept phase of the project. The résumé must include a minimum of three projects during the previous two years with similar scope to the project being designed. The qualifications of the firm for whom the specialist works must also be submitted to the VA PM.
2. All analysis/recommendations shall include the review, application and reference of VA Physical Security Design Manual.

### **D. DELIVERABLES:**

#### **RECOMMENDATIONS REPORT:**

1. Provide a detailed report describing each physical security deficiency and recommended corrective/mitigation actions. Recommendations, mitigation action(s) and/or construction projects, necessary to implement resiliency and sustainability shall be grouped into one of four Tiers based on the total estimated implementation cost.

2. The Tiers are defined as:
  - a. Tier I = Improvements accomplished through means that do not require construction such as enhanced repairs, supplementary equipment purchases or changes in the use of existing equipment and/or projects funded at the facility level for approximately \$50,000 or less.
  - b. Tier II = Projects where the total of design and construction costs are \$1 million or less.
  - c. Tier III = Projects where the total of design and construction costs are greater than \$1 million and less than \$5 million.
  - d. Tier IV = Projects where the total of design and construction costs are greater than \$5 million.
3. Individual building analysis
  - a. Characterization of the building, including its mission and objective.
  - b. Identification and prioritization of adverse consequences to avoid.
  - c. Determination of critical assets that might be subject to malevolent acts that could result in undesired consequences.
  - d. Evaluation of existing countermeasures, and identification and evaluation of current detection capabilities such as, but not limited to, intrusion detection systems, and operational alarms.
  - e. Analysis of current risk and development of a prioritization plan for risk reduction:
    - i. Project phasing.
    - ii. Potential impact and magnitude of impact on existing inhabitants including associated building features.
    - iii. Life Safety protective measures.
    - iv. Total Cost estimate.
    - v. Estimated construction timeframe.
    - vi. Pros & Cons of each option.
4. Compliance Checklist:
  - a. The consultant shall provide a completed VISN 9 PSDM Compliance Checklist for each facility. The checklist used shall be appropriate for the mission of the building(s) included in the assessment.

#### **E. REPORT FORMAT:**

The A&E shall provide the final typed report(s) on CD-ROM in Microsoft Word (2010). The A&E shall provide individualized reports for each medical center included in the study. The format shall be Arial 12-font, lines spaced at 120% of single line spacing, left justified, 1-sided, and laser quality. The report(s) shall consist of an Executive Summary, Findings/Analysis, Recommendations (as outlined in paragraph "D. Deliverables"), and any supporting appendices.

1. At 50% submission, the report(s) shall be provided in two (2) bound copies, with an identification label on the cover so the project title, number and medical center name are readily visible.
2. At final submission, the report(s) shall be provided in two (2) bound copies, with an identification label on the cover so the project title, number and medical center name

are readily visible; and two (2) electronic copies on CD-ROM.

#### **F. PROPOSED EVALUATION TIMELINE & REVIEW SUBMISSION SCHEDULE:**

1. Submit Evaluation Cost Proposal (A&E): 2 weeks after RFP

**NOTE:** A&E shall submit a Cost Proposal for all Tasks listed in SOW.

2. Proposal Evaluation: 2 weeks after receipt of proposal.
3. Task Order Award: 1 week after negotiations.
4. Kick off Meeting: 2 weeks after task order award/issuance.
5. Draft Report Submission: 50% complete, Gathered Data 90 Calendar Days after task order award/issuance.
6. Final (100%) Report Submission: Gathered Data, Evaluations & Reports 120 Calendar Days after task order award/issuance.

#### **G. ADDITIONAL SERVICES:**

If additional services are necessary to be performed by consultants, submit criteria for the work to be performed to the VA Contracting Officer as soon as possible. Upon approval of the criteria by the Contracting Officer, submit proposals and qualifications of at least three firms being considered for the work in accordance with the contract procedures (CP1) of the contract, together with a proposal from the recommended firm and a brief justification for its selection, for VA approval.

#### **H. PROPOSAL REQUIREMENTS:**

1. Proposal shall be submitted on VA Form 08-6298 "Fee Proposal". The form may be accessed electronically at: <http://www.va.gov/vaforms/medical/pdf/vha-10-6298.pdf>

#### **I. ELECTRONIC MEDIA:**

1. Submittals shall be executed in electronic format using MSWord (Version2010) and AutoCAD 2016.

#### **J. PROFESSIONAL LICENSING:**

1. The A&E who prepares the study shall be a licensed, professional engineer. A&E firm shall maintain all professional engineering licensing, certifications, and accreditation information, along with any other credentials and qualifications for all workers involved in this project, and provide copy of such to the VA upon request.
2. The professional seal indicating such license by the State shall appear on the final study. The engineer whose seal is shown will be known as the Engineer of Record. The A&E shall certify compliance with the SOW and all applicable manuals and/or standards.

#### **K. COMPLIANCE WITH CODES AND STANDARDS:**

1. Evaluation shall be in compliance with applicable manuals, standards and codes described in VA Program Guides included or referenced in the contract/task order.
2. A&E shall provide prompt, written notification to the Contracting Officer concerning conflicts with, or recommended deviations from codes, laws, regulations, standards,

and opinions of review officials as described above. No work altering the scope of this contract shall be undertaken prior to receipt of written approval from the Contracting Officer.

**L. DEFINITIONS:**

1. Contracting Officer (CO): The services to be performed under this contract are subject to the general supervision, direction, control and approval of the Contracting Officer.
2. Contracting Officer's Representative (COR): The Contracting Officer's authorized representative at the site. The COR is responsible for protecting the Government's interest in the execution of the contract work. His/Her duties include surveillance of all work to assure compliance with the contract documents, interpretation of the contract documents, approval of changed work, approval of all submittals, samples, drawings, and reports.
3. A&E: The Architect-Engineer firm that prepares and produces all survey/study/evaluation documents for subject project. This includes all Joint Venture (JV) partners, consultants and sub contractors to the one firm.

**M. ATTACHMENTS:**

1. VISN 9 PSDM Existing Medical-Related Leases (Life Safety Compliance Checklist)
2. VISN 9 PSDM Life Safety and Mission Critical Compliance Checklists

**\* END A&E STUDY/SURVEY SOW \***