STATEMENT OF WORK (SOW)
Video Surveillance System Installation and Upgrade – Indian Health Service Facilities
Albuquerque Area Indian Health Service (IHS)
April 2026

2. BACKGROUND

The Albuquerque Area Indian Health Service (IHS), an agency within the U.S. Department of Health and Human Services, requires the installation and upgrade of video surveillance systems at multiple healthcare facilities. These systems are intended to enhance physical security, safeguard controlled substances, and support compliance with federal security requirements.

This requirement is based on site walkthroughs and video surveillance surveys conducted in August 2024 by Puyenpa, which identified existing conditions, security gaps, environmental constraints, and recommended system architecture. The surveys focused on pharmacy areas, medication storage rooms, LAN rooms, adjoining corridors, and select exterior areas.

3. SCOPE

The Contractor shall provide all management, labor, equipment, materials, tools, transportation, supervision, and incidentals necessary to design (as required), furnish, install, configure, applicable test certifications, and commission complete and operational IP-based video surveillance systems at the locations identified in Section 4.

The Contractor shall submit design documentation for Government approval prior to procurement and installation.

All work shall be performed in accordance with this SOW and applicable federal, state, and local requirements.

The Contractor shall provide a complete and fully functional system, including all incidental materials and components necessary for operation, whether or not explicitly listed in this SOW.

4. LOCATIONS

The scope of this SOW applies to the following IHS facilities:

1. Cochiti Health Clinic – Cochiti Pueblo, New Mexico

2. Santa Clara Indian Health Center – Española, New Mexico

3. Taos Picuris Service Unit – Taos, New Mexico

4. Ute Mountain Ute Health Center – Towaoc, Colorado

Facility addresses and Points of Contact (POCs) will be provided at contract award.

5. REQUIREMENTS

5.1 General Technical Requirements

The Contractor shall: - Provide a modern, IP-based video surveillance solution suitable for healthcare environments. – Ensure compatibility with existing infrastructure where applicable. - Ensure system coverage of pharmacies, medication storage areas, LAN rooms, and associated hallways as identified in survey documentation. - Provide a system capable of supporting a minimum of thirty-one (30) days of video retention, configurable based on resolution and frame rate. - Implement digital privacy masking for sensitive areas including, but not limited to, computer monitors, safe keypads, and protected workstations. - Ensure all equipment is new, commercially available, and supported by the manufacturer at the time of installation.

5.2 Performance Requirements

Provide continuous coverage of all Critical Areas with no blind spots. Cameras shall be positioned to capture full facial views at entry/exit and pharmacy interaction points. Minimum image density: 80 pixels per foot (px/ft) at target identification zones. Video shall be usable for investigative and audit purposes

5.2 Contractor Qualifications and Experience

The Contractor shall demonstrate relevant experience and technical capability to successfully perform work in active healthcare environments. At a minimum, the Contractor shall: - Demonstrate experience within the past five (5) years of successfully providing a full turnkey IP-based video surveillance systems in operational healthcare facilities. - Demonstrate successful experience providing video surveillance coverage for pharmacy areas, medication storage rooms, or other controlled-access environments. - Demonstrate experience working in occupied facilities where construction activities must be coordinated to minimize disruption to clinical operations. - Demonstrate familiarity with ceiling types, structural conditions, and environmental constraints commonly found in healthcare facilities, including drop ceilings, hard ceilings, and restricted work areas. The Contractor shall have all video and data installations accomplished by certified personnel.

Experience shall be documented through past performance references, project descriptions, or other information submitted with the offer.

5.3 System Design and Engineering

The Contractor shall: - Review survey reports, camera layouts, and floor plans prior to installation. - Validate camera placement, mounting heights, and fields of view during a pre-installation coordination meeting. – Submit camera layouts with fields of view and pixel density calculations. – Submit storage calculations demonstrating 30-day retention. Coordinate with the Government's Contracting Officer Representative (COR) to confirm the final Video Management System (VMS) platform prior to procurement, acknowledging that certain legacy platforms identified in surveys may be end-of-life. Cameras must be positioned to eliminate blind spots and monitor all "critical areas," including:

- **Entrances and Exits:** Must be positioned to record a clear **full-face view** rather than just the tops of heads.
- **High-Risk Zones:** The Indian Health Service (IHS) and other federal guidelines specify coverage for:
    - Prescription filling and dispensing counters.
    - Controlled substance safes and bulk storage areas.
    - Automated dispensing units (e.g., ScriptPro).
    - Patient reception and counseling rooms.

5.3 Equipment Furnishing

- The Contractor shall furnish, at a minimum: - Fixed dome, multi-sensor, hemispheric, and PTZ IP cameras as required by each site. - Network Video Recorders (NVRs) or VMS servers with RAID storage. - Managed Power-over-Ethernet (PoE) network switches. – Cat6 patch panels, uninterruptible power supplies (UPS), monitors, decoders, and control peripherals. - All mounting hardware, backboxes, ceiling grid supports, conduit, j-hooks, and cable management accessories.
    - Camera **Resolution:**
        - **3 Megapixel (MP)** minimum for general entry/exit and reception areas.
        - **5 Megapixel (MP)** or higher for areas involving medication handling to assist in investigating discrepancies.
    - **Frame Rate:** A minimum of **15 frames per second (fps)** is standard to ensure fluid motion for identification.
    - **Lighting:** Must include **auto-sensor adjustment** or "night mode" for recording in low-light environments.

- **Video Storage:** Footage must be retained for a minimum of **30 days**.

The Contractor shall assess bandwidth requirements and ensure the system operates without degradation to video quality or network performance. The Contractor shall coordinate with IHS IT to validate that network infrastructure can support the proposed system prior to installation. Any required network upgrades shall be identified in design submittals.

The Contractor shall be responsible for verifying mounting conditions, including ceiling types, structural supports, and access constraints. The Contractor shall provide all mounting hardware, supports, and accessories required for secure installation. Minor modifications required to accommodate installation shall be included in the Contractor's scope.

5.4 Installation and Cabling

The Contractor shall: - Install cameras at designated interior and exterior locations. - Install new Category 6 (Cat6) cabling from each camera to the designated LAN or headend room. - Utilize existing fiber infrastructure and spare strands where identified. - Remove and properly abandon or plate existing cameras designated for removal. - Provide lift equipment for exterior camera installation where required. - Employ appropriate personal protective equipment (PPE) in areas identified with environmental hazards. – Follow all safety and infection control procedures.

The Contractor shall be responsible for verifying availability of adequate electrical power at all equipment locations.

The Contractor shall provide all required power extensions, connections, and minor electrical work necessary to support installed equipment unless otherwise specified.

Any major electrical upgrades shall be identified during design submittals for Government review.

5.5 Configuration and Commissioning

The Contractor shall: - Configure cameras, recording schedules, resolution, and retention settings. - Configure user roles and permissions in accordance with IHS policy. - Perform end-to-end testing of all cameras, recording, playback, and monitoring functions.

5.6 Training and Documentation

The Contractor shall: - Provide training for Government-designated personnel on system operation and basic administration. - Deliver as-built documentation including camera schedules, equipment inventories, and system configuration summaries.

The Contractor shall not retain exclusive control over system configuration, credentials, licenses, or documentation following acceptance.

5.7 Warranty

The Contractor shall provide a minimum one (1) year warranty covering all labor, materials, equipment, and system components furnished and installed under this contract. The warranty period shall commence upon final Government acceptance.

During the warranty period, the Contractor shall:

- Respond to service requests within 72 hours of notification.
- Restore system functionality within 5 business days of initial notification, unless otherwise approved by the Government.
- Provide on-site support when remote resolution is not sufficient.
- Repair or replace defective equipment, components, or workmanship at no additional cost to the Government.

The warranty shall include:

- All cameras, servers, storage devices, network equipment, and associated components
- System configuration and software functionality
- Cabling and installation workmanship

The Contractor shall not limit or void manufacturer warranties and shall transfer all applicable manufacturer warranties to the Government upon acceptance.

The Contractor shall provide warranty documentation and points of contact at the time of system acceptance.

Repaired or replaced components shall be warranted for the remainder of the original warranty period or 90 days, whichever is longer.6. SITE-SPECIFIC REQUIREMENTS

6.1 Cochiti Health Clinic – Cochiti Pueblo, NM

- Install six (6) interior IP cameras covering the lobby, pharmacy, medication storage, and LAN room access areas.
- Install one (1) headend system including NVR, PoE switch, patch panel, UPS with additional battery, and KVM in the designated LAN room.
- Utilize drop-ceiling mounting with backboxes and ceiling grid support arms as required.

6.2 Santa Clara Indian Health Center – Española, NM

- Install six (6) interior IP cameras covering pharmacy spaces, hallways, medication storage, and pharmacy offices.

- Install hemispheric cameras in pharmacy areas and fixed dome cameras in corridors and storage rooms.
- Install all headend equipment in the designated LAN closet.

6.3 Taos Picuris Service Unit – Taos, NM

- Replace the existing analog surveillance system with thirteen (13) IP cameras, including interior and exterior coverage.
- Install three (3) exterior PoE-based PTZ cameras.
- Remove and plate obsolete cameras.
- Utilize existing inter-building fiber and install media converters as required.
- Provide lifts and PPE for exterior and outbuilding work as identified in survey documentation.

6.4 Ute Mountain Ute Health Center – Towaoc, CO

- Install seventeen (17) IP cameras covering pharmacy areas, medical records, corridors, storage rooms, and LAN spaces.
- Install a 24-port PoE switch, NVR, patch panel, and UPS in the LAN room.
- Reuse existing KVM equipment where available.

Notification: Signage must be clearly visible to notify patients and staff that they are under surveillance.

Privacy Prohibitions: Federal law prohibits cameras in areas where there is a "reasonable expectation of privacy," such as **bathrooms** or **changing rooms**.

Tamper Resistance: Cameras must be protected against tampering and should ideally be mounted on the ceiling or wall with 360-degree coverage.

Existing KVM equipment, where present, shall be evaluated, reused, and integrated into the system. The Contractor shall ensure full operational functionality of reused equipment.

6.5 Facility Access and Security

- Contractor personnel shall comply with facility sign-in/sign-out procedures, wear identification badges while on-site, and adhere to all facility safety, security, and operational policies.
- Contractor personnel shall complete required facility safety training prior to commencing work.

6.6 IT and Network Security

- The Contractor shall comply with all IHS computer and network security requirements.

- System access shall be used solely for purposes related to electronic access control operations.

6.7 Operational Coordination and Work Hours

- The Contractor shall coordinate schedules with Facility Maintenance, Pharmacy leadership, IMS, Security, and other designated contacts.
- Work shall normally be performed during standard business hours unless after-hours or weekend work is approved in advance by the Government.
- Work shall be planned and executed to minimize disruption to patient care and pharmacy operations.

6.8 Safety and Infection Control

Infection control risk assessment (ICRA). Dust control, ceiling work protocols

7. SECTION 508 AND ACCESSIBILITY

- This product must conform to the Revised Section 508 (https://www.access-board.gov/guidelines-and-standards/communications-and-it/about-the-ict-refresh/final-rule/text-of-the-standards-and-guidelines) and WCAG 2.1 Level AA standards as outlined below.
- Solicitations for supplies and services shall require the submission of a Section 508 Product Assessment Template. The template can be found at https://www.itic.org/policy/accessibility/vpat.

All Information and Communication Technology (ICT) deliverables under this contract (e.g., websites, applications, electronic documents, and multimedia) must comply with the Revised Section 508 Standards (36 CFR Part 1194) and the Web Content Accessibility Guidelines (WCAG) 2.1 Level AA standards. The Contractor shall ensure accessibility of all ICT deliverables and provide conformance documentation in the form of a Voluntary Product Accessibility Template (VPAT®) / Accessibility Conformance Report (ACR), or by completing the HHS Section 508 Accessibility Checklists. The current VPAT 2.5 template includes fields for reporting conformance to WCAG 2.1 and shall be used to document accessibility. The Contractor shall remediate any identified accessibility issues at no additional cost. The Contracting Officer will include the applicable Health and Human Services Acquisition Regulation (HHSAR) clauses 352.239-73 and 352.239-74 in the solicitation and resulting contract.

8. DELIVERABLES

The Contractor shall provide: - Approved design submittals. Fully installed, configured, and integrated operational video surveillance systems at all locations. – Storage calculations. - Completed testing and system acceptance documentation. - Training for designated IHS staff. - As-built drawings and final documentation.

9. PERIOD OF PERFORMANCE

The Period of Performance shall be established at contract award. Work may be phased by location and shall be coordinated to minimize disruption to clinical operations.

10. GOVERNMENT FURNISHED PROPERTY (GFP)

Unless otherwise identified at award, no Government Furnished Property will be provided.

11. ACCEPTANCE CRITERIA

Acceptance shall occur upon Government verification that: - All cameras meet coverage and quality requirements, no blind spots in critical areas.- Minimum 80 px/ft achieved in identification zones – Validation that 30-day recording retention and system functionality meet SOW requirements. - All documentation and training have been delivered.

12. APPLICABLE STANDARDS AND COMPLIANCE

The Contractor shall comply with all applicable federal regulations and standards, including but not limited to: - HIPAA privacy and security requirements - National Electrical Code (NEC) - NFPA standards - IHS and HHS physical security policies