

## **C O N T E N T S**

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## SECTION - I

### INSTRUCTIONS TO THE BIDDER & KEY PROPOSAL DATA

#### DEFINITIONS

- (a) "Client" means the Department of Health & Family Welfare, Punjab.
- (b) "Agency" means any entity or person that may provide or provides the Services to the Client under the Contract.
- (c) "Contract" means the Contract signed by the Parties and all the attached documents listed.
- (d) "Data Sheet" means such part of the Instructions to agency used to reflect assignment conditions.
- (e) "Day" means calendar day.
- (f) "Government" means the State Government in the Department of Health & Family Welfare, Punjab.
- (g) "Instructions to Bidder" (Section I of the RFP) means the document which provides short-listed agency with all information needed to prepare their Proposals.
- (h) "Personnel" means professionals and support staff provided by the Agency
- (i) "Proposal" means the Technical Proposal and the Financial Proposal.
- (j) "RFP" means the Request For Proposal to be prepared by the Client for the selection of Agency.
- (k) "Obligations" means the work and responsibilities to be performed by the parties pursuant to the Contract.
- (l) "Scope of Services" (SOS) means the document included in the RFP as Section II & III which explains the objectives, scope of work, activities, tasks to be performed, respective responsibilities of the Client and the agency, and expected results and deliverables of the assignment.

#### INTRODUCTION

A Technical Proposal and Financial Proposal are invited as specified in the Data Sheet, for services required for the assignment named in the Data Sheet. The Proposal will be the basis for contract negotiations and ultimately for a signed Contract with the selected Agency.

Agency should familiarize themselves with local conditions and take them into account in preparing their Proposals. To obtain first-hand information on the assignment and local conditions, Agencies are encouraged to visit the Client before submitting a proposal and to attend a pre-proposal conference if one is specified in the Data Sheet. Attending the pre-proposal conference is optional.

Agency should contact the Client's representative named in the Data Sheet to arrange for their visit or to obtain additional information on the pre-proposal conference. Agency should ensure that these officials are advised of the visit in adequate time to allow them to make appropriate arrangements.

The Client will timely provide at no cost to the Agency the inputs and facilities specified in the Data Sheet, assist the firm in obtaining licenses and permits needed to carry out the services, and make available relevant project data and reports.

Agency shall bear all costs associated with the preparation and submission of their proposals and contract negotiation. The Client is not bound to accept any proposal, and reserves the right to annul the selection process at any time prior to Contract award, without thereby incurring any liability to the Agency.

### **ONLY ONE PROPOSAL**

Agency may only submit one proposal. If an Agency submits or participates in more than one proposal, such proposals shall be disqualified.

### **PROPOSAL VALIDITY**

The Data Sheet indicates how long Agency's Proposals must remain valid after the submission date. The Client will make its best effort to complete negotiations within this period. Should the need arise, however, the Client may request Agency to extend the validity period of their proposals. Agency who agrees to such extension shall confirm. Agency who do not agree have the right to refuse to extend the validity of their Proposals.

### **CLARIFICATION AND AMENDMENT OF RFP DOCUMENTS**

Agency may request a clarification of any of the RFP documents up to the number of days indicated in the Data Sheet before the proposal submission date. Any request for clarification must be sent in writing, or by standard electronic means to the Client's address indicated in the Data Sheet. The Client will respond in writing, or by standard electronic means and will send written copies of the response (including an explanation of the query but without identifying the source of inquiry) to all Agencies. Should the Client deem it necessary to amend the RFP as a result of a clarification, it shall do so following the procedure. At any time before the submission of Proposals, the Client may amend the RFP by issuing an addendum in writing or by standard electronic means. The addendum shall be sent to all Agencies and will be binding on them. Agency shall acknowledge receipt of all amendments. To give Agency reasonable time in which to take an amendment into account in their Proposals the Client may, if the amendment is substantial, extend the deadline for the submission of Proposals.

### **PREPARATION OF PROPOSALS**

The Proposal as well as all related correspondence exchanged by the Agency and the Client shall be written in English. In case any document in foreign language is submitted the certified copy in English should also be given for the same. In preparing their Proposal, Agency are expected to examine in detail the documents comprising the RFP. Material deficiencies in providing the information requested may result in rejection of a Proposal.

**LANGUAGE**

Documents to be issued by the Agency as part of this assignment must be in the English. It is desirable that the firm's Personnel have a working knowledge of the Client's national language.

**TECHNICAL PROPOSAL**

The Agency having experience of 2 years in management of at least 200 ambulances and 50 seaters inbound centralized Call Centre in any State will be eligible to participate in the tendering process and shall submit following documents along with Technical proposal.

- i) Earnest Money Deposit amounting to Rs. 50.00 lakh in the shape and manner prescribed.
- ii) Key Staff proposed to be deployed for the project. Their complete Bio-data duly certified by the authorized officer signing the bid.
- iii) Experience certificate relating to operation & management of emergency response services ambulances duly certified by the client to whom such services have been provided. The certificates should contain name of the officers who is signing / certifying the experience certificate along with their phone numbers, email address, and other details. In case the client satisfaction certificate is in foreign language, certified copy of English translation should also be submitted.
- iv) Financial solvency certificate duly signed by chartered accountant/Bank certifying the networth of Rs. 20 crores supported by audited Balance Sheet for the FY 2012-13 and 2013-14.
- v) EPF /ESI number with the undertaking that in case project is allotted a number will be obtained from the respected Regional Provident Fund Commissioner.
- vi) Details of the technologies to be used along with details of technology partners.
- vii) Training details to be given to the pilots, emergency medical technician, district managers and operation executives.

**FINANCIAL PROPOSALS**

The Financial Proposal shall be prepared using the attached Standard Forms (Section-IV) taking into consideration assumptions mentioned.

**TAXES**

The Agency may submit financial quotes inclusive of all taxes (such as: VAT social charges, service tax, duties, fees, levies or any other taxes to be made applicable or replaced).

## **SUBMISSION, RECEIPT, AND OPENING OF PROPOSALS**

The proposal should be submitted in duplicate. Original – Duplicate. The original proposal shall contain no interlineations or overwriting, except as necessary to correct errors made by the Agency themselves. The person who signed the proposal must initial such corrections.

An authorized representative of the Agency shall initial all pages of the original Technical and Financial Proposals. The authorization shall be in the form of a written power of attorney accompanying the Proposal or in any other form demonstrating that the representative has been dully authorized to sign.

The proposal shall be marked “ORIGINAL” or “COPY” as appropriate. The Proposals shall be sent to the addresses referred and in the number of copies indicated in the Data Sheet. All required copies of the Proposal are to be made from the original. If there are discrepancies between the original and the copies of the Proposal, the original governs.

The original and all copies of the Proposal shall be placed in a sealed envelope clearly marked “PROPOSAL”. The envelopes containing the Proposal shall be placed into an outer envelope and sealed. This outer envelope shall bear the submission address, reference number and be clearly marked “**Do NOT OPEN, EXCEPT IN PRESENCE OF THE OFFICIAL APPOINTED, BEFORE** [*insert the time and date of the submission deadline indicated in the Data Sheet*]”. The Client shall not be responsible for misplacement, losing or premature opening if the outer envelope is not sealed and/or marked as stipulated. This circumstance may be case for Proposal rejection.

The Proposals must be sent to the address/addresses indicated in the Data Sheet and received by the Client no later than the time and the date indicated in the Data Sheet, or any extension to this date. Any proposal received by the Client after the deadline for submission shall be returned unopened.

The Client shall open the Proposal immediately after the deadline for their submission.

## **PROPOSAL EVALUATION**

From the time the Proposals are opened to the time the Contract is awarded, the Agency should not contact the Client on any matter related to its Proposal. Any effort by Agency to influence the Client in the examination, evaluation, ranking of Proposals, and recommendation for award of Contract may result in the rejection of the Agency’ Proposal.

## **EVALUATION OF TECHNICAL PROPOSALS**

The evaluation committee shall evaluate the Technical part of the proposal on the basis of their responsiveness to the requirements.

A Proposal shall be rejected at this stage if it does not respond to aspects of the RFP, and particularly the requirements.

## **EVALUATION OF FINANCIAL PROPOSALS**

The prospective bidder quoting the lowest operational cost will be awarded the contract.

## **AWARD OF THE CONTRACT**

The technical qualified party quoting less amount as mentioned above will be considered for award of the contract.

The client will inform the successful agency by cable / fax / email / speed post regarding winning of the contract.

The successful agency has to tender performance security and sign the contract within fifteen days from the award of the contract. If the agency delays in signing of the contract and submission of the performance security the client has right to forfeit the earnest money deposit without assigning any reasons and giving notice.

## **PERFORMANCE SECURITY**

For due and faithful performance of its obligations under the agreement until the date of termination of the agreement by default, the Agency will provide to the GoP unconditional and irrevocable demand bank guarantee for a sum equivalent to Rs 3,50,00,000/- (three crore and fifty lacs only) in favour of The Punjab Health Systems Corporation from Nationalized Bank acceptable to the GoP as per format enclosed **ANNEXURE-I** within fifteen of award of the contract. The performance security should be renewed every successive financial year until the end of the agreement period for a equivalent amount, the agency shall not less than 30 days before the expiry of performance security provide the client with a substitute of performance security, which commenced on the expiration of the existing performance security in the form of existing performance security. The provision of this clause shall apply mutatis mutandis to such substitute performance security.

If the agency fails to provide the substitute performance security by the date required above, the client shall be entitled to call in the entire amount of existing performance security and retain appropriate it. The failure of the agency to provide the performance security shall constitute agency default and the agency shall entitle the client to terminate this agreement.

On acceptance of the performance security of the last financial year, each performance security shall be returned to the agency by the client within fifteen days following expiration of its validity provided that there are not outstanding bills of the client on the agency.

## **FORFEITURE OF PERFORMANCE SECURITY**

In the event the agency is in default for the due and faithful performance of the obligations under the contract and this constitute an agency event of default to meet its obligations, the client shall without prejudice to its other rights and remedies at Law shall be entitled to call in, retain and appropriate the performance security.

**EARNEST MONEY DEPOSIT**

The agency along with their technical proposal should submit Earnest Money Deposit of Rs. 50.00 lakh in the shape of Bank Draft in favour of Punjab Health Systems Corporation payable at Chandigarh or Bank Guarantee in favour of Punjab Health Systems Corporation as per the format enclosed with the RFP format as per **ANNEXURE-II**. The BG should be valid up to 31<sup>st</sup> December, 2015. The proposal submitted without EMD or not in the prescribed manner will be straight away rejected.

The EMD provided will be refunded / discharged on the submission of the performance security by the agency in the event of award of the contract or on the award of the contract by the Client to any other party.

## INSTRUCTIONS TO BIDDER

### DATA SHEET

Paragraph Reference	
1	Name of the Client: Managing Director Punjab Health Systems Corporation.  Method of selection: Technical Qualification Plus Cost Quoted
2	Name of the assignment is: <u>Providing Emergency Response Services in the State of Punjab.</u>
3	A pre-proposal conference will be held on 7.8.2015 at 11.00 am in the Committee Room of PHSC, State Institute of Health & Family Welfare Complex, Near Civil Hospital, Phase-6, Mohali.
4	Proposals must remain valid <u>90 days</u> after the submission date, i.e. until 30.11.2015.
5	Clarifications may be requested not later than <u>10 days</u> before the submission date.  The address for requesting clarifications is: State Institute of Health & Family Welfare Complex, Near Civil Hospital, Phase – 6, Mohali. Facsimile: <u>0172-2266936 &amp; 38</u> <a href="mailto:vip_58@hotmail.com">vip_58@hotmail.com</a>
6	Proposals shall be submitted in the following language:- English
7	Agency to state local cost in the national currency: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
8	Agency must submit the original and one copy of the Proposal.
9	The Proposal submission address is: Room No. 8, Ground Floor, State Institute of Health & Family Welfare Complex, Near Civil Hospital, Phase – VI, Mohali. <b>Facsimile: <u>0172-2266936 &amp; 38</u> E-mail: <u>vip_58@hotmail.com</u></b> <hr/>
10	Proposals must be submitted not later than the following date and time: <b><u>21<sup>st</sup> September, 2015 (12.00 noon)</u></b>
11	Opening of Technical Bids <u>21.9.2015 at 3.00</u> pm in the Committee Room of PHSC.
12	Opening of Financial Bids will be notified in writing to the eligible technically qualified bidders.
13	Expected date of Notification of Award is <u>10<sup>th</sup> October2015</u>
14	Expected date of commencement of services is 1 <sup>st</sup> November 2015



## SECTION - II

### BROADER SCOPE OF SERVICES

- 1.1 As per census 2011, the State of Punjab is having a population of 2.77 crore. The State is having geographical area 50362 Sq.km, divided into 4 Divisions, 20 Districts, 72 Sub Divisions, 81 Sub Tehsils, 141 Blocks, 139 Towns, 12278 inhabited villages and 395 uninhabited villages.

The Dept. of Health & Family Welfare is providing preventive, promotive and curative healthcare services in the State through a good network of Public Sector Medical Institutions. There are 3 Medical Colleges with attached hospitals and 2 Dental Colleges, 22 District Hospitals, 1 Special Hospital, 41 Sub-Divisional Hospitals, 149 Community Health Centres, 484 Primary Health Centres, 1336 Subsidiary Health Centres/Dispensaries, 2858 Sub Centres. All the Public Sector Health Institutions are quite accessible through metalled roads. Apart from this, there are 7 ESI Hospitals, 70 ESI Dispensaries, 107 Homeopathic Dispensaries, 5 ten-bedded Ayurvedic Hospitals, 17 Swasth Kendras, 507 Ayurvedic/Unani Dispensaries and one Govt. Ayurvedic Central Pharmacy & Stores, Patiala are functioning in the state. In Private Sector, there are 6 Medical Colleges and approximately 4000 private sector health institutions i.e. Hospitals, Nursing Homes, Poly-Clinics, Dispensaries etc. which provide super specialty care and other secondary level health care services.

- 1.2 The State Govt. of Punjab through Punjab Health Systems Corporation proposes to outsource the services for operation and management of Emergency Response Services (ERS) with an aim to provide comprehensive emergency response services (medical, police and fire) to the people on sustainable basis round the clock safety to citizens in a timely and effective manner.

- 1.3 PHSC is in the process of identify Nodal Agency to operationalize Emergency Response Services, to the people of Punjab and thereby improve the access to medical, healthcare, police and fire services, particularly in attending the emergency situations relating to pregnant women, neonates, parents of neonates, infants and children in situations of serious ill-health and all other health emergencies in the general population; and thereby assist the state to achieve the critical Millennium Development Goals in the health sector, i.e. reduction of Infant Mortality Rate and Maternal Mortality Rate and in general reduce the vulnerability of the people by providing access to Emergency Response Services, through the three contiguous sectors as follow.

- i) **SENSE** – Communication and Dispatch – collects the facts about the emergency and assign the strategically located vehicle;
- ii) **REACH** – Transport of vehicle to reach the site; and
- iii) **CARE** – Providing the pre hospital care while shifting the patient/victim to the hospital for stabilization.

## 2. PERIOD OF PARTNERSHIP

For a period of 5 years from the date of signing of the agreement.

## 3. FUNDING OF THE SCHEME

The Govt. of Punjab shall provide adequate funds for these services under its State Budget, National Health Mission and other relevant schemes.

## 4. DEPLOYMENT PLAN

- 4.1 The Govt. of Punjab in the year 2011 deployed 240 Basic Life Saving ambulances as per following phases.

Phase-I, 90 ambulances	(1.4.11. to 9.4.11)
Phase-II, 64 ambulances	(From 2.7.11 to 31.7.11)
Phase-III, 86 ambulances	(26.8.11 to 19.11.11)

### DISTRICT-WISE DEPLOYMENT OF AMBULANCES IS AS UNDER

Name of district	Ambulances deployed		
	Urban	Rural	Total
Amritsar	6	16	22
Barnala	1	4	5
Bathinda	1	11	12
Faridkot	2	3	5
Fatehgarh Sahib	4	1	5
Fazilka	3	6	9
Ferozepur	2	6	8
Gurdaspur	4	12	16
Hoshiarpur	7	7	14
Jalandhar	7	12	19
Kapurthala	2	5	7
Ludhiana	14	16	30
Mansa	3	4	7
Moga	1	8	9
SAS Nagar (Mohali)	5	4	9
Muktsar	3	5	8
N. Shahar	2	3	5
Pathankot	0	4	4
Patiala	4	12	16
Roop Nagar	3	3	6
Sangrur	2	12	14
Tarn Taran	1	9	10
<b>Total</b>	<b>77</b>	<b>163</b>	<b>240</b>

- The proposed ambulances may be deployed in strategic location to reach the victims in emergency, provide pre-hospital care and if required, shift them to the nearest hospital during the Golden Hour (the first sixty (60) minute after the occurrence of multi-system trauma).
- All the 240 ambulances are Basic Life Support (BLS). All the data relating to number of kilometers run by existing ambulances will be provided along with Inventory details during Pre-bid Conference.

**5. INFRASTRUCTURE TECHNOLOGY**

There is a Call Centre at Amritsar, which is a fully furnished Call Centre. Inventories details will be provided.

## SECTION – III

### TERMS & CONDITIONS AND OBLIGATIONS

#### I. OBLIGATIONS OF THE AGENCY WILL BE AS UNDER

1. The agency will provide technological, leadership, administrative and managerial support as the private partner in an open and transparent manner to produce mutually agreed outcomes.
2. The agency will provide the application software for the project free of cost.
3. Serve as vital emergency management information and assistance resource and raise societal awareness of, and, capability in Emergency Management and Response Mechanism and thus save lives and reduce the economic impact to the citizens and firms.
4. The agency will coordinate the existing fleet of highway ambulances operative in the State being managed by Department of Home (Police Department) and also the trauma ambulances to be provided by Ministry of Surface Transport under the strengthening of Trauma Healthcare services on Golden Quadrilateral in the State of Punjab. Details of the same will be provided.
5. Operate the 240 ambulances and ensure that ambulance services are available on a 24 hours per day and 365 days a year basis through the segment-wise operational headquarters decided by the Govt. of Punjab where the ambulances will be located.
6. Operation of the ambulances will be as per the Standard Operating Procedures enclosed as **ANNEXURE-III.**
7. Recruit, train and position the required manpower, including pilots (drivers) and Emergency Medical Technicians (EMT) (Qualified Pharmacist/Staff Nurse) who will be present in the ambulances while shifting an emergency case to a hospital.
8. The Agency will ensure that all the recruited manpower, including pilots (drivers), EMTs District Manager & Operatiion Executive have duly certified trainings from the recognized agencies for handling ERS.
9. Ensure that in every ambulance operated under this scheme, at least one pilot and one EMT shall be present at any given point of time to provide patient-stabilization first-aid and other pre-hospital care.
10. Provide mutually agreed daily (operational) and monthly (administrative and financial) reports to the Government of Punjab.

11. Attend periodical review meetings held by the Government of Punjab/Client (Physically or virtually) for the assessment of the operationalization of the scheme.
12. Make all attempts to attend every emergency call that is received at the Emergency Response Centre.
13. Provide emergency response services to police, fire and medical emergencies including pregnancy related cases on an average of 30 minutes in rural areas and 20 minutes in urban area (in plain areas) assuming reaching the nearest point has motorable access.
14. Bring in technology and service excellence and work towards improving delivery of emergency response global standards over a period of time.
15. Assist the Government when required in Accreditation of Hospitals in the State and such other matters from time to time.
16. Strive for continuous improvement in emergency management through strategic partnerships, innovative programmes, and, collaborative policies.
17. Undertake applied research assignments in implementing Emergency Response Services in the field.
18. Shall appoint and position a Chief Operating Officer (COO) to head the operation along with the required supporting staff of Punjab. However, the operator can designate various staff and officers as per their own nomenclature.
19. Concerned Health Facility should be informed in advance to keep them prepared for Immediate emergency within the critical / golden hour .
20. Only maximum of 10% of the ambulances should be withdrawn from the field for routine Maintenance

## **II. OBLIGATIONS OF THE CLIENT WILL BE AS UNDER**

The Client shall extend continuous support to the Agency for implementing this project and further will;

1. Recognize the agency as State Level Nodal Agency to provide ERS across the State, in public private partnership and in coordination with other public agencies/Government Departments which will help drive greater transparency, agility and better citizen service.
2. Entrust agency with the responsibilities of operation of 240 ambulances.
3. Handover fully furnished Call Centre along with IT infrastructure to the selected agency.

4. Take up with the concerned authorities in the Health & Family Welfare Department to issue necessary instructions for making available the required emergency medical facilities and strengthen the facilities in all the Primary Health Centres, Community Health Centres, Area Hospitals, District Hospitals and Teaching and other Specialty And Super Specialty Hospitals in the State that are run by the Government.
5. Make all efforts to ensure the availability of medical and paramedical staff, equipment, medical supplies, and drugs for effective handling of emergencies in the government hospitals.
6. Coordinate with the concerned authorities in the Police, Fire, Transport and other departments to issue appropriate instructions to the field officers of these departments for making available required assistance and resources to handle all emergencies efficiently by agency.
7. Issue suitable administrative instructions to the field officers of all relevant departments in the government, so as to prevent diversion of the ambulances for any purposes other than as described in the agreement.
8. Provide statutory framework to enable efficient response to emergencies and establish policies and procedures that enhance better coordination among the multiple government departments and agencies.
9. Promote research in academic institutions to improve emergency response mechanism in Govt. and Pvt. Sector hospitals.
10. Establish standards and procedures for accrediting various service providers such as hospitals and ambulances to meet the quality standards.
11. Promote public awareness in emergency response through various State agencies and Departments. IEC activities of the Project through hoardings , electronic media and press publications shall be undertaken by the Health Department.
12. Provide the data pertaining to hospitals, police stations and fire service stations.
13. Facilitate obtaining the data pertaining to telephone subscribers.
14. Client will pay for any specific/advance training required for doctors , paramedical staff, police personnel required at any point of time.

### **OTHER TERMS & CONDITIONS**

#### **III. MONITORING MECHANISM**

1. The Client will set up an Advisory Council and an Executive Committee under the Chairmanship of the Principal Secretary Health & Family Welfare. The council shall meet every quarter whose recommendations shall be mandatory.

2. The Client will constitute district level advisory committee under the chairmanship of the collector / District Magistrates with Superintendent of Police and Chief Medical Officer as members. Two nominees of the agency shall also be members of this committee.

#### **IV PENALTY CLAUSE**

In case company does not take prior approval , no operational payment shall be made for the number of days the ambulance remain off road.

If any shortfall/ default (details will be shared) found on inspection by the Inspection Committee in respect of the general cleanliness, hygienic storage, non functioning of equipment, non availability of medical/non medical consumables etc. penalty of Rs 5000/- for every shortfall will be imposed.

If at any point of time, the agency is found to be not providing satisfactory services, defaulting in providing services or violating any of the terms & conditions of the Agreement, not covered above, the Advisory Council can impose penalty as per the following.

- i) In case any default or deficiency / violation is noticed for the first time, Rs.1.00 lac for each deficiency.
- ii) In case any default or deficiency / violations noticed for the second time, Rs. 5.00 lac for each deficiency.
- iii) In case any default or deficiency / violation is noticed out for the third time, the Client will be at liberty to cancel the arrangements and can forfeit performance security in the manner prescribed in the agreement. However, in the event of default it will not be obligatory on the part of the Client to issue a separate notice as specified under clause VI relating to Termination.

#### **V. TERMINATION**

In the event of any default of either side in the fulfillment of obligations under the contract, the either party will give three months notice in writing narrating the events of the defaults. The either party will give cure period of one month for ratifying the default / deficiencies in performance of their obligations. In case either party fails to ratify such defaults/deficiencies, the parties will be at the liberty to terminate the contract. During the period of notice, either party is not absolved of their obligations, since, both the parties have agreed to perform public related activities.

In case either party is not interested in carrying such relations and in such events the either party will have to give six months notice in writing. During the period of notice, either party is not absolved of their obligations, since, both the parties have agreed to perform public related activities.

In the event of client or agency as the case may be terminate this agreement, the agency shall transfer/give possession of the facilities, project assets and existing assets, equipment etc. to the Client.

#### **VI. LIMITATION OF LIABILITIES**

The Client shall not be responsible for any liabilities assumed by the Agency will assume any obligations financial or otherwise, entered into by the Agency with any third party, unless these fall explicitly within the terms of the contract.

## **VII. COMPLIANCE OF LABOUR & OTHER LAWS**

The Agency must have its own independent EPF Number. It will be the responsibility of the Agency to obtain Labour Law License, if required and

other Registrations concerning to Social Obligations for the Labour / Employees to be enrolled for implementation of the scheme.

## **VIII. EXAMINATION OF RECORDS**

The Agency will provide the Client documents relating to the progress and implementation of the project as and when required.

## **IX. OWNERSHIP & INSURANCE OF THE ASSETS**

The Agency will take possession all the capital assets in the name of the Client and will ensure the comprehensive insurance in favour of client to the satisfaction of Client. In case of any loss, damages, penalty, claim is imposed due to operation of such capital assets due to under insurance or due to non coverage by the insurance the agency will bear such loss, damages, penalty, claim etc. All the legal litigations will have to be done by the agency on behalf of the Client out of the operational costs provided.

The Agency will take over possession of stock of the Client from the agency already operating the ambulances as per the inventory stock register provided by the Client. The agency will within 15 days will find out the deficiencies in the inventory if any. The inventory will be ambulances along with the fittings, equipment, IT infrastructure at Call Centre and Hardware and furnishing of the Call Centre including furniture etc.

All the physical infrastructure-movable & immovable assets and software taken over or brought will be the property of CLIENT.

The Agency will get all the infrastructure moveable & immovable insured till the currency of this contract and will submit periodically the proofs regarding the insurance of the assets to the Client.

On the termination of the contract after the period of the contract or in between as the case may be, the Agency will transfer the possession of all the properties (moveable & immovable) to the Client along with designs details, technical specifications, and other required information as per the requirement of the Client.

## **PAYMENT TERMS**

On regular basis operational expenses will be paid on expiry of the month on submission of the bill of operational costs. Payment will be made within 15 days of submission of bills.

## **CONFIDENTIALLY**

Neither party (Agency or Client) shall without the prior written consent of the other party:

**Disclose the Confidential Information of the other party to any third party; or use the Confidential Information of the other party for any purpose.**



Either Party must take all reasonably necessary steps to ensure that its officers, employees, agents and subcontractors do not make public or disclose the Confidential Information.

**RELATIONSHIP**

Either party will not be a partner or agent of the other party and does not have the power or authority, directly or indirectly, to bind the other party to any agreement with a potential customer per any other third party or otherwise to contract,

negotiate or enter into a binding relationship for or on behalf of the other party in relation to any of the areas having a direct or indirect bearing on the implementation of this project, unless the same has been agreed upon between the parties in writing.

**DISPUTES REDRESSAL MECHANISM**

All disputes or differences whatsoever arising between the parties out of or relating to the construction, meaning and operation or effect of this contract for the breach thereof shall be settled mutually by the Client and Agency. In case of any unresolved matters, Chief Secretary or his nominee not below the rank of Principal Secretary shall be the arbitrator. In the event of failure to reconcile differences between the parties to this Contract, the redressal of differences shall fall within the jurisdiction of Punjab & Haryana High Court at Chandigarh.

## SECTION - IV

FINANCIAL QUOTES

The agency should give their operational quotes keeping in view the following past performance record.

Performance Parameter	April -11 to March 2012	April -12 to March 2013	April- 13 to March 2014	April-14 to March 2015
No. of ambulance in operation	240 by Nov. 11	240	240	240
Total number of Emergency calls attended	191391	377982	379520	373900
Total number of calls availed	146739	292942	282402	267322
Total number of Trips	130901	488479	487320	486834
Average number of emergencies handled in a day	482	934	801	832
Call rate per ambulance per day	1.99	3.89	3.72	3.47
Average response time				
Rural (0-30 minutes)	14.37	15.19	16.46	17.15
Urban (0-20 minutes)	14.30	13.31	14.12	14.34
%age of emergencies taken to public hospitals	106669 (69.60%)	272744 (87.70%)	274782 (94.03%)	262386 (95.63%)
%age of emergencies taken to private hospitals	31521 (20.57%)	19626 (6.31%)	4941 (1.69%)	182320 (66.45%)
%age of emergencies in case first aid/ Handover/ Charitable Hospitals is given	15076 (9.84%)	18623 (5.99%)	12504 (4.28%)	10778 (3.92%)
<b>Emergency wise details in number (%age)</b>				
– Pregnancy cases	49277 (32.1%)	84891 (27.2%)	91824 (31.4%)	82135 (29.9%)
– Road Accidents	23144 (15.1%)	34431 (11.0%)	25797 (8.82%)	17384 (6.33%)
– Medical Emergencies	29289 (19.1%)	39306 (12.6%)	31058 (10.6%)	26827 (9.77%)
– JSSK (Patient Dropped home Post Delivery) & Neotant Served	1036 (0.67%)	80807 (25.9%)	77298 (26.4%)	80102 (29.1%)
– Animal & Snake Bites	210 (0.13%)	274 (0.08%)	243 (0.08%)	184 (0.06%)
– Burn & Chemical Accidents	1041 (0.67%)	2251 (0.72%)	1612 (0.55%)	1093 (0.39%)
– Cardiac Emergencies	4541 (2.96%)	5543 (1.78%)	4092 (1.40%)	3371 (1.22%)
– Farm Accidents & Trauma Cases	2881 (1.87%)	8548 (2.74%)	8252 (2.82%)	3579 (1.30%)
– Assault/Sexual Assault	1656 (1.08%)	4534 (1.45%)	3858 (1.32%)	2668 (0.97%)
– In accessible Incident/, un-known problem	1746 (1.13%)	598 (0.19%)	302 (0.10%)	598 (0.21%)
– Stab/Gunshot/Penetrating Trauma	251 (0.16%)	95 (0.03%)	63 (0.02%)	3987 (1.45%)
– Transfer/Inter facility / Palliative care	37949 (24.7%)	49331 (15.8%)	47482 (16.2%)	52089 (18.9%)

Performance Parameter	April -11 to March 2012	April -12 to March 2013	April- 13 to March 2014	April-14 to March 2015
– Suicidal Cases	245 (0.15%)	384 (0.12%)	346 (0.11%)	367 (0.13%)
Total %age	<b>153266</b> <b>(100%)</b>	<b>310993</b> <b>(100%)</b>	<b>292227</b> <b>(100%)</b>	<b>274384</b> <b>(100%)</b>
No. of deliveries taken place in Ambulance	245	485	381	265

Financial Year	Cases Referred to PGIMER	Total (Availed Trips ) Cases Done	As % referred to PGI
2011-12	1802	146739	1.23%
2012-13	2078	292942	0.71%
2013-14	2427	282402	0.86%
2014-15	3138	223150	1.41%
<b>Total</b>	<b>9445</b>	<b>945233</b>	<b>1.00%</b>

### OPERATIONAL COSTS TO BE QUOTED BY AGENCY

Sr. No.	Particulars	Amount in Lakh (per month per ambulance)
1.	<ul style="list-style-type: none"> <li>• Salary &amp; allowances of the personnel deployed</li> <li>• Recruitment &amp; training</li> <li>• Staff insurance &amp; others</li> <li>• Fuel</li> <li>• Comprehensive maintenance charges of ambulances</li> <li>• Ambulance comprehensive insurance</li> <li>• Uniform</li> <li>• Ambulance mobile phone</li> <li>• Conveyance &amp; travelling</li> <li>• Asset Insurance</li> <li>• Telephone, Mobile, PRI line, Internet service</li> <li>• <u>electricity&amp; water</u></li> <li>• Housekeeping</li> <li>• security audit of software</li> <li>• Maintenance of software</li> <li>• AMC of hardwares, softwares, equipments</li> <li>• Postage &amp; courier, Printing and stationary</li> <li>• Medical and Non medical consumables</li> <li>• <u>IEC (training to school children)</u></li> <li>• All other misc. expenses</li> <li>• All the stipulations of RFP</li> </ul> <p>NOTE:- 5% annual increase of the quoted price will be provided by the client on compounded basis.</p>	
	<b>TOTAL =</b>	

**ANNEXURE****CONTRACT**

This CONTRACT (hereinafter called the "Contract") is made the \_\_\_\_\_ day of the month of \_\_\_\_\_, 2015, between the Department of Health & Family Welfare Govt. of Punjab through \_\_\_\_\_ Managing Director PHSC (hereinafter called the "Client") and on the other hand, \_\_\_\_\_ address \_\_\_\_\_ through \_\_\_\_\_, Designation (hereinafter called the "Agency")

**WHEREAS**

- (a) The Client has requested the Agency to provide certain emergency response services in the State of Punjab as defined in this Contract (hereinafter called the "Services");
- (b) The Agency, having represented to the Client that it has the required professional skills and personnel and technical resources, has agreed to provide the Services on the terms and conditions set forth in this Contract;
- (c) The Client has received financial assistance from the State Govt. / Govt. of India, towards the cost of the Services and intends to apply the proceeds to eligible payments under this Contract.

**NOW THEREFORE** the parties hereto hereby agree as follows:

1. The following documents attached hereto shall be deemed to form an integral part of this Contract:
  - i) Instructions to the Bidder & key proposal data.....Section-I
  - ii) Broader Scope of Services.....Section-II
  - ii) Terms & Condition and Obligations.....Section-III
  - iii) Financial Quotes.....Section-IV
2. The mutual rights and obligations of the Client and the Agency shall be as set forth in the Contract, in particular:
  - (a) The Agency shall carry out the Services in accordance with the provisions of the Contract; and
  - (b) The Client shall make payments to the Agency in accordance with the provisions of the Contract.

**IN WITNESS WHEREOF**, the Parties hereto have caused this Contract to be signed in their respective names as of the day and year first above written.

For and on behalf of *Department of the Health & F.W.*

\_\_\_\_\_  
[Authorized Representative]

For and on behalf of *Agency.*

\_\_\_\_\_  
[Authorized Representative]

**ANNEXURE – I****FORMAT FOR PERFORMANCE SECURITY**

FROM A NATIONALIZED BANK'S BRANCH IN CHANDIGARH, PUNJAB  
(ON A NON – JUDICIAL STAMP PAPER AS PER VALUE APPLICABLE IN THE  
STATE OF PUNJAB)

**PERFORMANCE BANK GUARANTEE**

This Deed of Guarantee is made on this \_\_\_\_ day of \_\_\_\_\_, 2015 at Chandigarh by \_\_\_\_\_ a Nationalized Bank within the meaning of the Reserve Bank of India Act and constituted under the Banking Companies acquisition and Transfer of Undertakings Act, 1970/1980, \_\_\_\_\_ and having its Head Office / Registered Office at \_\_\_\_\_ and inter alia a Branch Office at \_\_\_\_\_ (hereinafter referred to as "the bank" or "the Guarantor", which expression shall unless it be repugnant to the subject or context hereof be deemed to include its successors and assigns) in favour of Punjab Health Systems Corporation (hereinafter referred to as "CLIENT" or "the Beneficiary", which expression shall unless it be repugnant to subject or context hereof be deemed to include its successors.

**WHEREAS:**

- A. M/s \_\_\_\_\_ (hereinafter referred to as "AGENCY" which expression unless repugnant to the subject or context includes its successor and permitted assigns) has been awarded the contract for providing Emergency Response Services in the State of Punjab on the terms and conditions stated in the Agreement dated \_\_\_\_\_, 2015 (hereinafter the "AGREEMENT"). As per the terms of the Agreement, the Agency has to provide a Performance Security as per the Format contained in the Agreement. Accordingly, the Agency has requested the Bank to issue a Performance Security in accordance with the terms & conditions of the Agreement.
- B. With effect from the compliance date, the Agency has to undertake obligations under the Agreement in accordance with the terms & conditions of the Agreement.
- C. The Bank has agreed to issue this Performance Guarantee for securing the performance of the Agency's obligations under the Agreement with effect from the compliance date.
- D. The capitalized terms contained herein shall, unless the context otherwise requires, have the same meaning as prescribed to them in the Agreement.

NOW THIS GUARANTEE WITNESSETH and it is hereby agreed and guaranteed as follows;

- i) At the request of the Agency, the guarantor has agreed to make and issue this Guarantee, in consideration of Client entering into the Agreement with  
  
the Agency for performing obligations under the Agreement with effect from the compliance date in accordance with the terms and conditions of the Agreement and the Bank hereby undertakes as Guarantor to pay on demand without demur to Client in accordance with the terms & conditions herein contained an amount not exceeding Rs. \_\_\_ in the first operating year and thereafter for each succeeding operating year for an equivalent amount in the event of any breach or non performance of the terms and conditions contained in the Agreement with effect from the compliance date, without proof of actual damage or loss. This Guarantee shall come into effect on the compliance date and upon endorsement of a copy thereof to the Bank.
- ii) The Guarantor in pursuance of the terms and conditions of the Agreement hereby agrees absolutely and irrevocably and unconditionally guarantee as the prime obligor / principal debtor to make payment of the sum of Rs. \_\_\_\_\_ in the first operating year to secure due and faithful performance by the Agency of its obligations under the Agreement with effect from the compliance date. Thereafter for each succeeding operating year until the end of the Concession Period, including extension thereof, the Agency shall renew the Bank Guarantee for an equivalent amount.
- iii) The Guarantor hereby undertakes to pay the amount due and outstanding or payable under this Guarantee, without any protest or demur and merely on a demand by Client stating that the amount claimed, in the demand notice is due by way of loss or damage caused or likely to be caused or suffered or likely to be suffered by Client by reason of the breach by the Agency under the Agreement with effect from the compliance date of any of the terms and conditions contained therein or by reason of the Agency's failure to perform any of its obligations under the Agreement w.e.f the compliance date.
- iv) The Bank as Guarantor hereby agrees that the decision of Client as to whether the Agency has failed to or neglected to perform or discharge its duties and obligations as aforesaid and / or whether the services are deficient and not in accordance with the standards set out in the Agreement w.e.f the compliance date and / or as to the amount payable to Client by the Bank hereunder is final and conclusive and binding on the Bank. A certificate of Client to the effect that the amount due and payable under the Guarantee is payable shall be final, binding and conclusive upon the Bank.

In the event of delay on part of the Bank to pay on demand, the Bank shall liable to pay interest at the rate of 2% above its prime lending rate, compounding quarterly, to the beneficiary. There shall not be any delay in payment of the guaranteed amount and payment of interests shall not be an excuse for delaying the payment of guarantee amount. Time is the essence of this Performance Guarantee.

- v) The Guarantor shall also indemnify and keep Client indemnified against all losses, damages, costs, charges claims and expenses whatsoever which Client may suffer, pay or incur by reason of or in connection with any default on the part of the Agency, including legal proceedings taken against the Agency and / or the Guarantor for recovery of the monies referred to in Para-1 above.
- vi) The Guarantor hereby agrees that without the concurrence of the Guarantor, the Parties to the Agreement shall be at liberty to vary, alter or modify the terms and conditions of the Agreement.
- vii) The Guarantor agrees that it's liability under this guarantee shall in no manner be affected by any such variation, alteration, modification, waiver dispensation with or release of security and that no further consent of the Guarantor is required for giving effect to any such variation, alternation, modification, waiver dispensation with or release of security.
- viii) Client shall have full liberty without notice to the Guarantor without in any way affecting this guarantee;
  - a) to exercise at any time and in any manner any power reserved to Client under the Agreement; or
  - b) to enforce or forebear to enforce payment under the Agreement or any part thereof or interest or other monies payable to Client by the Client or any or remedies or securities available to Client or to enter into any composition or compound with the Client or to grant time or any other indulgence or facility to the Client, the Guarantor shall not be released by the exercise by Client of its liberty in regard to the matter referred to above or by any Act or omission on the part of Client or by any other thing, matter of whatever which under the law relating to sureties for the provisions herein have the effect of so releasing the Guarantor, the Guarantor hereby waives in favour of Client so far as may be necessary to give effect to any of the provisions of this Guarantee, all the surety-ship and other rights which the Guarantor may otherwise be entitled to enforce.
- ix) This Guarantee shall be enforceable against the Guarantor notwithstanding that any security or securities comprised in any instrument executed or to be executed by the Client in favour of Client may at the time when the proceedings are taken against the Guarantor of this guarantee be outstanding or unrealized or lost.

- x) The rights of Client against the Guarantor shall remain in full force and effect notwithstanding any arrangements which may be reached between Client and any other Guarantor, if any, or notwithstanding the release of that other, from liability and notwithstanding that any time hereafter the other Guarantor may cease for any reason whatsoever to be liable to Client, Client shall be at liberty to require the performance by the guarantor of its obligations hereunder to the same extent in all respects as if the Guarantor had at all times been solely liable to perform the obligations under the Agreement w.e.f. compliance date.
- xi) To give effect to this Guarantee, Client may act as though the Guarantor were the principal debtor to Client. Client shall be entitled to proceed to institute proceedings against the Guarantor notwithstanding that no legal proceedings or recovery action is commenced simultaneously or even during the course of recovery proceedings against the Client. There postponement of action against the Client shall be a matter of the sole discretion of Client and the Guarantor expressly agrees to such course of action and waives any objection thereto. The Guarantor accepts that the present guarantee is the prime security to Client and the realizations from the Client's assets can be postponed by Client till after the recovery of the amounts claimed or demanded from the Guarantee.
- xii) The Guarantor shall not be in the event of the liquidation of the Client prove in competition with Client in the liquidation proceedings. In the event that the Guarantor has provided loans to the Client, the recovery of such loans or debt or interest or other recovery due thereon shall be postponed till the full recovery of all dues and amounts owed to Client and the Guarantor's claim in liquidating shall rank subsequent to and second in priority to the claim of the Client even in liquidation proceedings of the Client for dividend distributed in winding up. Such dividend shall be paid first to Client and even the Agency's share of the dividend would be made to Client first, to satisfy the outstanding of Client. Only after satisfaction of Client's claim from the Agency's assets subjected to liquidation proceedings of the Agency, the Guarantor be entitled to receive any of its dues/dividend in liquidation.
- xiii) A certificate in writing signed by a duly authorized official of Client shall be conclusive evidence against the Guarantor of the amount for the time being due to Client from the Agency in any action or proceeding brought on this Guarantee against the Guarantor.
- xiv) This Guarantee shall not be wholly or partially satisfied or exhausted by any payments made to or settled with Client by the Agency and shall be valid and binding on the Guarantor and operative until repayment in full of all moneys due to Client under the Agreement w.e.f compliance date.



- xv) This Guarantee shall be irrevocable and the obligations of the Guarantor hereunder shall not be conditional on the receipt of any prior notice by the Guarantor or by the Agency except as provided in Para-3 above.
- xvi) The liability of the Guarantor under this Guarantee shall not be affected by;
  - a) any change in the constitution or winding up of the Agency / Guarantor or any absorption, merger or amalgamation of the Agency/Guarantor with any other company, corporation or concern, or
  - b) any change in the management of the Agency or Guarantor or take over of the management of the Agency / Guarantor by Central of State Govt. or by any other authority, or
  - c) Acquisition or nationalization of the Agency or Guarantor and / or of any of its undertaking(s) pursuant to any law or
  - d) Any change in the constitution of the Agency or
  - e) The absence or deficiency of powers on the part of the Guarantor / Agency to give guarantee and / or indemnities or any irregularity in the exercise of such powers.
- xvii) The Guarantor represents and warrants that it has the full authority to make and execute this Guarantee. The guarantor has accepted all the terms and conditions contained in the Agreement as binding on it.
- xviii) The Guarantor represents that all regulatory approvals, permits and authorizations as are necessary for the issuance of this Guarantee have been received and are in full force and effect.
- xix) The Guarantor represents that there is no litigation or arbitration or other proceedings pending against the guarantor which could reasonably be expected to have a material adverse effect or change in the Guarantor's ability to perform its obligations under this Guarantee. The Guarantor shall be bound to serve notice immediately to the Client in the event of any official liquidator or provisional liquidator or receiver being appointed for the Guarantor and for notifying all material facts concerning the Agency's / Guarantor's business plans profitability projections or ability to perform the Agreement. The Guarantor shall notify Client in the event of any proposal for merger subsidiarization or augmenting its liabilities or assuming the liabilities for any subsidiary or for any de-merger of the Guarantor and obtain the written consent of Client before proceeding with any such proposal.
- xx) The Guarantee shall be valid during the operating year as defined under the Agreement and the Guarantee shall be extended on an annual basis. The Guarantor undertakes to execute the renewed Performance Guarantee as detailed in the Agreement and deliver the same to Client 30 days prior to the expiry of the Guarantee until the end of the Concession Period,

including extension thereof. The Performance Guarantee of the last operating year shall remain valid for a period of six months after the end of the Concession Period, including extension thereof.

- xxi) This Guarantee shall be released or discharged only by an express release letter issued by Client. Such a release letter shall be issued by Client only upon the completion of twelve months after the end of the Concession Period without any claim having arisen hereunder.
  
- xxii) Any demand for payment or notice under this Guarantee shall be deemed to be sufficiently given if sent by post to or left at the last known address of the Guarantor or their successors or assigns as the case may be such demand or notice is to be made or given, and shall be assumed to have reached the addressee in the normal course, if given by post, and no period of limitation shall commence to run in against the Guarantor until after demand for payment in writing shall have been made or given as aforesaid in proving such notice when sent by post, it shall be sufficient if proved that the envelope containing the notice was posted and a certificate by any of the responsible officers of Client that to the best of his knowledge and belief, the envelop containing the said notice was so posted shall be conclusive as against the Guarantor, event though it was returned unnerved on account of refusal of the Guarantor or otherwise. The Guarantor agrees that there is no necessity of issuing simultaneous demand or even a subsequent demand upon the Agency for involving this Guarantee as the Guarantor's liability under the Guarantee is on the basis that the Guarantor's liability is that of the principal debtor for all purposes.
  
- xxiii) This Guarantee shall not be revocable and the obligations contained herein shall not be conditional on any prior notice to the Agency and as an irrevocable Guarantee, the amounts due shall be paid forthwith upon demand by Client.
  
- xxiv) The jurisdiction in relation to this Guarantee shall be the Courts at Chandigarh and Indian Law shall be applicable.

IN WITNESS WHEREOF the Guarantor has executed this Guarantee on this \_\_\_\_\_ day of \_\_\_\_\_ any year first herein above written.

**Signed and Delivered by the**

Above named \_\_\_\_\_ Bank by  
Its Authorized Signatory as authorized by Resolution/Regulation/Decision  
Of its Regional Board/Central Board in accordance with the  
Decision/resolution passed on \_\_\_\_\_

**Authorized Signatory**

**ANNEXURE – II****FORMAT OF BID SECURITY GUARANTEE**

[This bank guarantee form shall be filled in accordance with the instructions indicated in brackets]

..... [insert issuing agency's name and address of issuing branch or office] .....

**Beneficiary** : Managing Director, Punjab Health Systems Corporation / [Name and Address of Client]

**Date** : ..... [insert (by issuing agency) date]

**BID GUARANTEE NO** : ..... [insert (by issuing agency) number]

We have been informed that ..... [insert (by issuing agency) (hereinafter called "the Bidder") has submitted to you its bid dated .....[insert (by issuing agency) date] (hereinafter called "the Bid") for Emergency Response Services in the State of Punjab.

Furthermore, we understand that, according to your conditions, Bids must be supported by a Bid Guarantee.

At the request of the Bidder, we ..... [insert name of issuing agency] hereby irrevocably undertake to pay you any sum or sums not exceeding in total an amount of ..... [insert amount in figures] ..... [insert amount in words] on demand in writing accompanied by a written statement stating that the Bidder is in breach of its following obligations:

**THE CONDITIONS OF THIS OBLIGATION ARE:**

- 1) If the bidder withdraws or amends, impairs or derogates from the bid in any respect within the period of validity of this tender.
- 2) If the bidder having been notified of the acceptance of his tender by the Employer during the period of its validity:-
  - a) If the bidder fails to furnish the performance security for the due performance of the contract.
  - b) Fails or refuses to accept/execute the contract.

This Guarantee shall expire: (a) if the Bidder is the successful bidder, upon our receipt of copies of the Contract signed by the Bidder and of the Performance Security issued to you by the Bidder; or (b) if the Bidder is not the successful bidder, upon the earlier of (i) our receipt of a copy of your notification to the Bidder that the Bidder was unsuccessful, otherwise it will remain in force up to 31<sup>st</sup> December, 2015.

Consequently, any demand for payment under this Guarantee must be received by us at the office on or before that date 31<sup>st</sup> December, 2015.

[signature(s) of authorized representative (s)]

**Punjab Emergency Medical Ambulance Service  
ERS**

Standard Operating Procedures  
(SOP)

## **Department of Health & Family Welfare Government of Punjab**

Government of Punjab decided to roll out Emergency Response Service, popularly known as “ERS” in the State to provide emergency ambulance service for all.

Expression of Interest (Eoi) was invited from eligible parties through open advertisement and short listing of eligible firms was done for the purpose of requesting detailed proposal following two-bid system. The proposals were evaluated and selected as preferred bidder among all the applicants by the ERS Procurement Committee.

The primary objective of ERS is to provide timely pre-medical healthcare and emergency transportation to public at large. ERS will facilitate an integrated and comprehensive emergency health care management in the state providing high-end ambulatory transportation from the doorstep of the emergency victim to appropriate care in a hospital using both advances and basic life support ambulances.

In this project 240 Ambulance are to be made operational across the State, in two Phases. The provider shall be engaged for a term of 5 years from the date of commencement of 108 operations in the state.

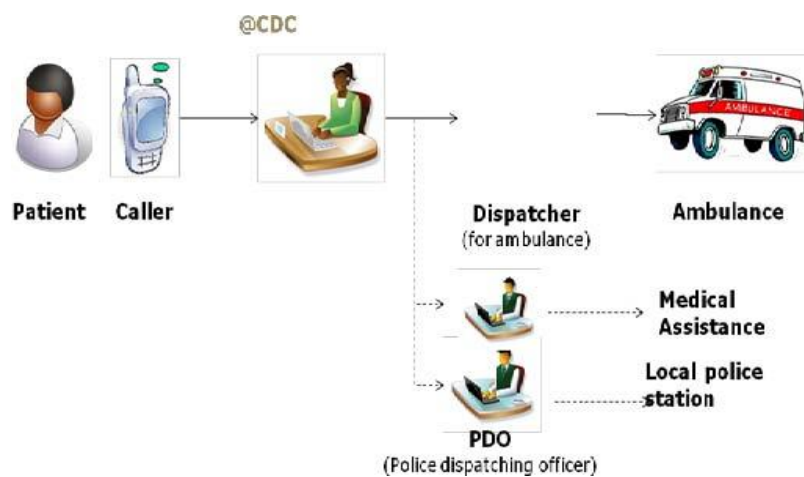
The service provider is also entrusted with the responsibility of designing, procuring and equipping ambulances develop civil infrastructure and setting up ERC in the manner specified in the RFP.

### **1) Purpose & Scope**

- i) The Standard Operating Procedures may be reviewed and revised at periodic intervals on mutual agreement. This SOP and / or any revisions and / or amendments with reasonable time required for implementation shall be decided by the ERS Management Committee. However, revision and/or amendment to the SOP arising out of any statutory requirement shall make applicable forthwith from the date of intimation by the Department. All policy statements issued by the Project Head, ERS are considered amendments to the Standard Operating Procedures only after approval of NRHM / PHSC, Government of Punjab (Department).
- ii) The SOPs will remain applicable in all situations unless otherwise specifically waived by DoH&FW, GoP.
- iii) This SOP is intended to support the following:
  - a) Help to ensure quality and consistency of services
  - b) Help to ensure that good practices are maintained at all times
  - c) Identify expected range of performance and what is needed to support that performance.

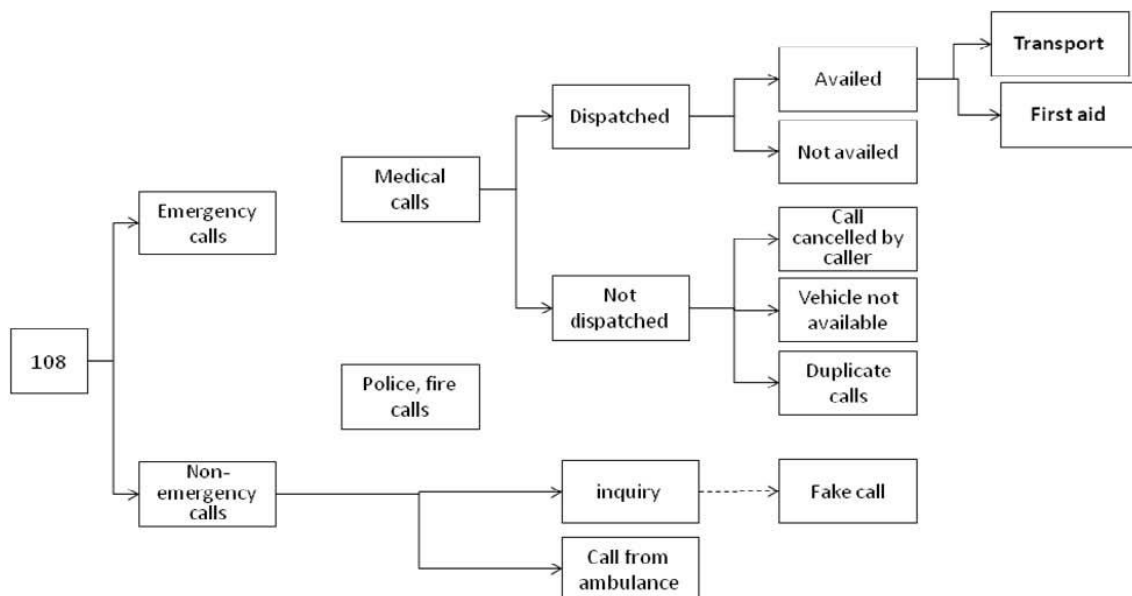
- d) Provide an opportunity of optimal utilization of skills across the EMS.
  - e) Help to provide clarification of who does what (role clarification)
  - f) Provide advice and guidance to local and part time-staff
  - g) Useful as training material for training to new Ambulance personnel
  - h) Contribute to the institutional audit process as well as performance appraisal process of the staff
- iv) The purpose of these Standard Operating Procedures is to lay down procedure to facilitate smooth implementation of the ERS Project in Punjab.

## 2) ERC – Emergency Response Centre



- i) A victim in emergency would call the three-digit phone number 108, which is accessible from all the locations where Emergency Response Services are operational. This line shall have toll free access in local area with priority routing through all telephone operators operating in Punjab. 108 shall be Category I service with unrestricted access from all landlines & mobile phones throughout Punjab.
- ii) The toll free number 108 would be allotted by Department of Telecom to Government of Punjab. Government of Punjab would provide access to the Operator for this purpose up to the period of agreement for this purpose. Government of Punjab shall facilitate the allotment of the toll free number 108 on all telecom networks in Punjab which shall be provided free of charge to Operator during the term of this agreement.
- iii) Calls received on the toll free number 108 from all over Punjab where Emergency Response Services are operational shall be routed to the ERC situated in Amritsar.
- iv) The ERC is the nerve centre of the entire project. The objectives of the ERC would be:

- a) To respond to the emergency caller
  - b) To quickly collect information related to type of emergency, seriousness, number of persons involved and location of the emergency from the caller.
  - c) Dispatch the nearest available ambulance to attend to the emergency.
  - d) Monitor and track the ambulance online till the end of the incident
  - e) Provide navigational guidance to the ambulance in terms of location
  - f) Doctors (MBBS) will be available on phone round the clock to provide medical advice to the Emergency Medical Technician in the ambulance .
- v) The call flow will be as follow
  - vi) The call flow should incorporate the interface without interruption with other helpline i.e 181(Police) and 104 ( medical Helpline)



- vii) The ERC shall have adequate seating arrangements for executives handling calls efficiently. The staffing should be appropriately done in order to meet the set objective criteria and performance parameters in the RFP.
- viii) Standard scripts for taking the calls for key emergency related processes shall be made readily available to the staff for reference.
- ix) Forecasting shall be done on daily, weekly, monthly and annual basis and following parameters should be studied based on which staff planning shall be done:
  - a) The volume of calls per day
  - b) External Calls
  - c) Transfer Calls
  - d) Service Calls
  - e) Internal Calls
  - f) Enquiry
  - g) Transfers
  - h) Average Time taken to handle the call
  - i) Availability of Staff in various shifts



- j) Call load at different times in a Day (shift wise)
  - k) Peak call hours during the Day (and Night)
  - l) Hours during which calls are minimum.
- x) Operator shall operate the ERC round the clock with necessary trained personnel and technology.
  - xi) On receipt of call, the personnel receiving the call would collect initial critical information related to place, location, landmark and the type and seriousness of Emergency. Based on type of emergency, the call shall be classified into Medical, Police and Fire emergency. In case of Police and Fire emergency, the call shall be transferred to the unit handling Police and Fire emergencies. In case of medical emergency, the criticality shall be ascertained and an appropriate ambulance BLS shall be dispatched based on need and availability.
  - xii) The dispatcher shall locate the nearest available ambulance and communicate the message to Ambulance informing the crew about
    - a) Location of Call
    - b) Nature of injury / illness
    - c) Age/ sex of patient
  - xiii) In the ERC, the following information shall be captured in a manner that it will be available on a real-time basis for display and monitoring.
    - a) Date and time of call
    - b) Dispatch Time
    - c) Response time
    - d) Patient Information (Name, contact details, sex)
    - e) Automatically generate a unique ID
    - f) Information related to incident
    - g) Type of emergency
    - h) Information related to location (District, town, nearest landmark. etc.)
    - i) Distance travelled in each trip
  - xiv) The ERC shall have information (collected prior) related to all the hospitals / medical facilities in the area of operations.
  - xv) It is expected to receive considerable number of no response calls, nuisance calls, non- emergency request calls, and request for inter facility transfers and other calls which are not of emergency nature and don't need attention. Further, many of these calls potentially disrupt operations by blocking time of the available resources. OPERATOR is permitted to device their own strategy to handle these situations which can change based on need and the impact of strategy adopted.
  - xvi) **Management Review System**
    - a) A documented management review system needs to be in place which takes care of any variances, sudden events etc. which can effect operations. Pro-active steps should be initiated based on

call trends and external environment to ensure robustness of the ERC operations.

- b) Shift In-charge should study performance of individual Junior Executives by following methods on daily basis and suggest improvement.
  - 1. Side by side monitoring
  - 2. Listening to voice loggers
- c) The ERC shall have information regarding the public safety agencies, evacuation agencies including the Telephone Numbers of all the Police Stations, Fire Stations, and Disaster Management units in Punjab.

### 3) Field operations

- i) The ERC informs the ambulance in the respective locations to attend to the emergency victim. Operator in consultation with PSHC , shall strategically locate the ambulances in order to maintain the response time as specified in the RFP. which is average of 30 Minutes in Rural areas and 20 Minutes in urban area
- ii) Ambulances would have all equipment for life support as defined under RFP. Operator shall man these ambulances with trained personnel as defined in RFP or suggested by Technical Committee from time to time.
- iii) On receipt of instructions from the ERC, the ambulance crew shall reconfirm the location of the incident and start immediately. After reaching the location, the ambulance crew shall ensure scene safety before reaching the patient / victim. After attending to the patient / victim, the Emergency Medical Technician would assess the need for ambulance transport.
- iv) Incase no emergency exists (or inter facility request as instructed by Department of Health & FW / authorized Government official), the crew shall inform the ERC for further instructions and proceed according to instructions of ERC.
- v) In case of mass casualties and if there is need of additional ambulances, the same shall be communicated by the ERS Ambulance staff to the ERC. If any other resource is needed to attend to the emergency including help from police and fire agencies, the same shall also be communicated to the ERC by the ERS Ambulance staff.
- vi) The call shall be primarily screened at ERC . The emergency operation shall be limited to any response to a scene that there is perceived to be a medical emergency and a reduced response time may mitigate the illness or injury.

- vii) In case of the emergency requiring transport, Emergency Medical Technician (EMT) shall assess the type of emergency and seriousness and transport the patient to the nearest appropriate medical facility and pre-hospital care shall be provided en-route. If necessary, the EMT shall interact with the ERC and patch in Doctor for medical advice for guidance.
- viii) Patient Care Record (PCR) shall be maintained which shall include patient systems, vital medical parameters and details of drugs and disposables consumed.
- ix) The Performance parameters for ambulance operations shall be:
  - a) Operator shall be responsible to maintain the average response time of 20 minutes for urban, 30 minutes for rural areas
  - b) The ambulance shall be located at Base location unless directions are given by the ERC regarding Dispatch.
  - c) Dispatches shall be initiated from the ERC
  - d) In case any Emergency victim / Patient approaches the ambulance directly or Ambulance crew witness an emergency, the crew shall inform the ERC before starting and a new case ID is generated.
  - e) Whenever ambulance is moving out of base station for refueling, minor repairs or any other reasons, ERC's permission shall be taken before moving from the base location.
  - f) Emergency operation shall be limited to any response to a scene where there is perceived to be a high probability of life-threatening injury or illness and a reduced response time may mitigate the illness or injury.
  - g) Multiple calls from different patients' from one single location will be handled on a first-come-first-serve basis. but no call should remain unattended and the extra resources should be mobilized without any delay.

#### 4) Equipment Maintenance

- i) The EMT and the Driver on duty shall maintain inventory of all equipment. At the end of every shift, the EMT and Driver shall handover the ambulance to the next crew along with a check list to this effect signed by both of them.
- ii) The Cluster Leader / Ambulance Supervisor shall issue all Ambulance equipment to the ambulance crew only as indicated with the approval of the Operations Head.
- iii) All personnel who receive Ambulance equipment must sign for that equipment and must agree to take financial responsibility for such equipment from damage, loss, and/or theft. However, the overall responsibility for such damage / loss and theft will be of the agency.
- iv) It is the responsibility of the operator to keep the ambulances and all its equipment (vehicle, tracking system and medical equipment) on safe working condition before putting them on service.
- v) The vehicles are allowed to remain off-road/out of service as follows- considering the need of the Job.

##### a) Schedule Maintenance

Any schedule maintenance as per manufacturer's recommendation schedule e.g schedule service at every 7500 KMs & for which up time period will be 1 day which may include Washing/Greasing, Engine oil,

gear oil, rear axle oil change, hub greasing, fuel filter & air filter replacement, shocker bush replacement, anti roll bar bush replacement, U J cross replacement etc. It should be strictly as per the manufacturer preventive maintenance guidelines.

### **b) General Maintenance**

All the other jobs which includes major repair of aggregates for which up time period will vary from 1 days to 2 days & which includes jobs as below:

1. Suspension repair like king pin job, leaf spring bushes, anti roll bar bushes, shock absorber & bushes, gear shifting lever bushes, U J Cross, Propeller Shaft centre brg etc.
2. VE Pump repair, EDC system, engine repair (normal), head gasket replacement, gear box repair, differential repair etc
3. Maintenance of attachments like Grand Light, AC system, self starter, alternator, wash basin motor, wiper motor.
4. Minor accidental repairs like minor dent, scratch or touching etc.
5. Oxygen system & Fire Extinguishers checking.
6. Stretchers & other medical equipments checking & maintenance for proper working condition.

In some repair/replacement cases Like engine repair, Gearbox repair, VE Pump, Alternator , self starter etc. period should be considered as 3 to 4 days . More than this period , AGENCY has to obtain approval of the competent authority for making any ambulance off road due to repair.

### **c) Breakdown Repair & Refurbishment Jobs**

All the repair jobs for which up time period will vary from 1-2 days, in case of any special circumstances where the breakdown / repair require additional time, this should be carried with the prior sanction of the competent authority.

- vi) 70% of the monthly operational expenses will be paid for the number of days the ambulance remain under maintenance over and above the "Maintenance Schedule" and off road with permission from concerned authority.
- vii) Regular Checks / Stocking / Cleaning
  - a) The EMT and the Driver at the beginning of a shift must do a complete regular check. Any missing items must be restocked immediately and responsibility pinned down to the previous crew and Cluster Leader informed about the missing items. This check has to be carried out according to the check list provided through the Ambulance Supervisor.
  - b) It is the responsibility of the EMT to ensure that the Ambulance is cleaned and restocked after each trip. If any items are unavailable, the Cluster Leader and Operations Head should be notified as soon as possible and replacement done.

- c) The crew shall clean the ambulance regularly and after every trip. When cleaning the Ambulance or equipment, the crew shall assume that all fluids are contaminated and appropriately use gloves and clean all surfaces with appropriate disinfectant.
- d) Ambulance crew need to follow the preventive maintenance check as follows

### **Preventive Maintenance**

In order to ensure that ambulance remain in perfect running condition & at the same time to ensure maximum life of each aggregates of the ambulances we have to adopt preventive maintenance as below.

#### **a) Daily Checks for preventive maintenance**

1. Engine Oil level & condition.
2. Coolant level.
3. Visual check for the leakage of any type viz. oil, fuel, brake oil, coolant as well as any leakage in intake system.
4. Check Fan belt & A\C belt tension & condition and adjust if required.
5. Check Head lamps, Tail Lamp & Indicator for proper functioning.
6. Check all the indicators in the Instrument Cluster viz. oil pressure indicator lamp, EDC Indicator, Water temperature gauge, fuel gauge etc.
7. Visual inspection of Tyre for inflation and condition.
8. Check the functioning of the A\C unit.
9. Check engine for easy starting and smooth running in the vehicle stand still position.
10. Visual inspection of the engine exhausts smoke.
11. Ensure running of engine at idling speed for 2-3 mins & follow the same at the time of stopping.
12. Check the general cleanliness of the vehicle To be done by driver like Engine oil checking, coolant level, any leakage, engine starting & engine exhaust level, visual inspection of tyres, belts condition, all lights in working condition, proper & normal gear engaging, efficient braking, AC working etc.

#### **b) Weekly checks Preventive Maintenance**

1. All batteries cables check.
2. Starter motor cables check.
3. Check & drain water from Water separator.
4. Check coolant hose pipe and intake hose pipe.
5. Tyre inflation pressure checking and rectify if required.
6. Check the condition of the Vacuum brake hose.
7. Check the play/damage of tie rod, propeller shaft & drag link, ball joint, wheel joint.
8. Check the hand brake cable tension.
9. Check the condition of the wiper blade.
10. Check the Electrolyte of the both the batteries.

11. Check the Air cleaner clog indicator & Clean Air Cleaner.
12. Check wheel alignment & adjust
13. Oxygen system in proper working condition.

### c) Monthly Checks for preventive maintenance

1. Lubricate the door lock mechanism & hinges with oil
2. Check the Air cleaner hoses are in good condition
3. Check the clutch & brake pedal play & adjust if required
4. Check the breather provided on gearbox & rear axle to be free
5. Check the Brake lining thickness
6. Check the ball joints of the Steering linkages for the condition of the rubber boots
7. Check the play of the A/C Compressor pulley
8. Check the Greasing Points
9. Check the smart charging of the inverter
10. Tyre rotation of the tyres of the vehicles including Stepney.  
(Every 5000 km)

### viii) Returning from the Hospital

- a) When returning to base location after handing over patient to the health facility, the EMT should to inform the ERC of the Ambulance back in service unless a cleaning/reconditioning is required.
- b) Should another ambulance call be dispatched while returning, it is the responsibility of the dispatch officer at the ERC to ensure that the closest ambulance responds to the call.
- c) When the Ambulance is able to take another emergency call, it should be placed back in service.

### ix) Mechanical Break Down of Ambulance Vehicles



- a) In case of a mechanical breakdown, the ERC, Ambulance Supervisor and the Operations Head shall be notified immediately.
- b) If the breakdown occurs while responding to a call or with a patient on board, next nearest ambulance at that point of time must be requested through the EMS dispatcher in the ERC.
- c) It is the responsibility of the EMT to ensure that the Operations Head and the Call Centre are notified.

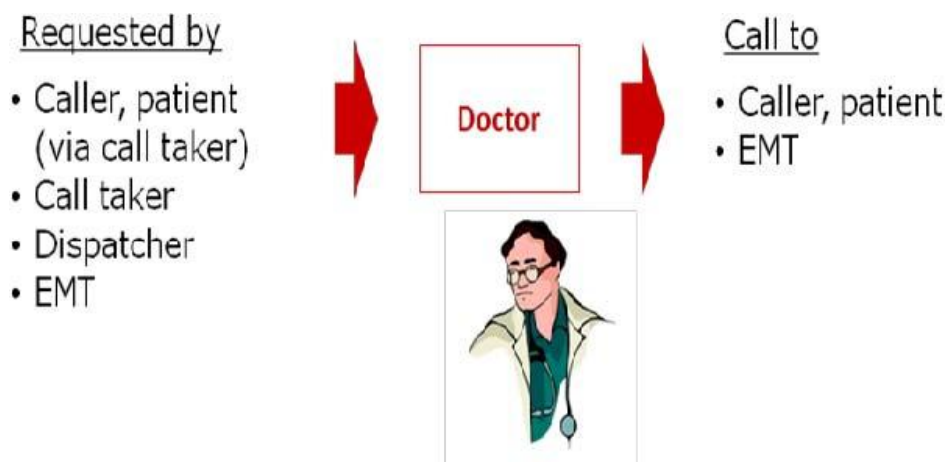
## x) Accidents Involving Ambulance Vehicles

- a) Whenever an accident occurs, no matter how minor, the Ambulance may stop and the Driver shall survey the scene. and talk to ERC and will report about the accident and wherever necessary copy of the FIR should be lodged and sent to the HQ immediately.
- b) If a critical patient is being transported, the Driver shall quickly survey the scene, and request necessary resources.
- c) Appropriate notification (Fire, Police, EMS) shall be made.
- d) The ERC, Maintenance Executive and the Cluster Leader must be notified immediately.
- e) The ambulance crew shall give a written report on the accident to the Cluster Leader
- f) The Cluster Leader must make a subsequent written report to the Operation Manager and Maintenance Manager.
- g) A Complaint / Report shall be filed at the nearest police station
- h) Department of Health & FW will provide all necessary authorization to the provider as nodal agency for emergency ambulance service for the State to deal with insurance and other authorities for matter involving accident of ambulances.
- i) It is the responsibility of the provider to take necessary action for insurance claim settlement and repairing of the vehicle to put them back to service

## xi) Record keeping and documentation

- a) All the forms viz., the Patient Consent Form and Patient Care Record will be in the custody of the EMT present in the ambulance. All documents shall be handed over to the authorized person of the provider with due acknowledgement.
- b) The Patient Care Record shall be acknowledged by the Duty Doctors / Nurses at the medical facility / hospital for any patient taken to the medical facility / hospital.

## 5) Medical Direction & Pre Hospital Care



- i) Medical Direction shall be provided to initiate stabilization support even before the patient reaches the hospital. Operator is allowed to adopt approved protocol and SOPs for medical dispatch and pre-hospital (on ambulance) care.
- ii) There are four components of pre-hospital care

- a) Dispatch decision
- b) Pre arrival Instructions
- c) Standard Medical Guidelines
- d) Destination decision

**iii) Dispatch decision:**

- a) The emergency dispatcher should advise the EMT of the following:
  1. Nature of the call (including patient age and sex)
  2. Exact location of the call

iv) **Pre arrival instructions:** Dispatcher in the ERC and doctor patched into the call when required, would provide pre-arrival instructions to the bystander of the emergency victim attempting stabilization. Standard guidelines are used if dispatcher provides the instructions.

v) **Standard Medical Guidelines and Online Doctor support:** The EMT is trained in the standard medical guidelines, which shall be followed by the EMT. In case of any clarity required, the EMT shall seek advice from the ERC and request for the Doctor to be patched in to the call for appropriate advice.

**vi) Destination decision:**

- a) In case of calls related to pregnancy / delivery, the EMT on board to seek advice from the Medical Doctor in 108 on Base Control room in Amritsar or Doctor available on phone and all such calls to be mandatorily preserved in the voice log. These recordings can be referred by the Govt at any moment in case of any dispute or criticality.
- b) Patients are to be transferred to the nearest Govt hospital. Only in the case of non – availability of Govt hospital in the vicinity or unavailability of doctor, the patient is to be transferred to a private hospital.
- c) In case any patient desires to be transferred to private hospitals, then such calls to be mandatorily recorded and preserved in voice log system, and submitted to the Govt as and when required by Govt.
- d) If any Govt Doctor refers any patient to any private hospital, then a written confirmation of the same is to be given and the Govt Doctor has to call up 108 Control room and give the instruction directly. Such recordings are also to be preserved carefully for future references.
- e) All Govt hospitals to immediately admit patients carried by 108 ambulance without any delay and free the ambulance at the earliest and provide the OPD/IPD/ Emergency/Discharge Ticket/ Referral No. to ambulance crew at earliest for it to report back to its base location and get ready for the next emergency call.



- f) Ambulance is under no obligation to transport any patient to a facility, which does not have appropriate medical facilities or enlisted under the scheme.
- g) In case any victim or their bystander , refuses transportation, the same may be recorded by EMT in the patient care record and obtain signature of the victim or attendant. In case he refuses to sign, the same shall be recorded in the patient care record.

**vii) Do Not Resuscitate (DNR) Policy.**

- i) Operator shall follow the policy regarding "Do Not Resuscitate (DNR)" in accordance with the existing laws in the country as approved by the Department.
- ii) When a call is received by ERC of unresponsive patient with attendants suspecting him / her as dead, on arrival at scene EMT shall collect the following information from the bystander:
  - iii) When the patient was last found breathing / responsive
  - iv) How long the patient has been unresponsive
  - v) Interventions, if any, attempted by bystanders
  - vi) The EMT confirms the absence of vital signs. EMT or any staff of provider including the Doctor who is patched in by the ERC shall not declare or pronounce Death. The bystanders may be clearly informed about the absence of vital signs as the situation warrants. The same shall be recorded in the Patient Care Record, which shall be filled with all the observations with record of time when the assessment was completed.
- vii) In case of a mob situation, the EMT would act as per the need of the hour and transport the patient / victim to the nearest government hospital. No death certificate / death intimation shall be given by Operator and / or its crew.

**viii) Emotionally / Mentally Disturbed Patients**

- a) On arrival If an emotionally find need transport to a psychiatric facility, Ambulance may transport without patient attendant Police in case or patient restraint as the EMT deems it to be safe.
- b) An emotionally disturbed patient boarded by the EMT than he may hand over the patient to any nearby Govt. Hospital for further action and treatment, Hospital will not refuse the case anyway.
- c) If an emotionally disturbed patient refuses treatment or transport, the EMT shall request patient attendant or police to accompany the patient.
- d) If a patient displays violent tendencies or violence towards Ambulance personnel, bystanders or other personnel on scene, the crew shall retreat and return to the scene after the scene is secured by police and relations

**ix) Unattended Death**

- a) If the patient is not declared Dead on Arrival or death has not been pronounced at the scene of the call, resuscitative measures shall be

- taken in accordance with prevailing medical protocol.
- b) If death is pronounced on scene by a medical authority, all actions of the crew prior to the declaration of death shall be recorded on the PCR and the same informed to ECR and follow instructions from ECR.
  - c) The Ambulance personnel shall not disturb the body of a deceased person under any circumstances.
  - d) Pass information to ERC

### **Patient or Location Not Found/ Unable to Gain Entry**

- a) Upon arrival on a scene, it is the responsibility of the EMT to attempt to locate the patient. If the patient/ location is not immediately found, the EMT must contact EMS Dispatcher to attempt to determine the location. A search of the immediate area should be performed.
- b) If no further information can be discerned, a Patient Care Report must be filled out, and any significant findings must be documented as to the effort undertaken to find the patient / location.

### **x) Crime Scene Operations**

- a) A scene shall be considered a crime scene if evidence of a crime or suspected crime is found, including but not limited to:
  - 1. Homicide
  - 2. Suicide
  - 3. Rape
  - 4. MVA involving serious injury or death
  - 5. Assault
  - 6. Intake of Drugs and Narcotics
- b) Upon the discovery of a crime scene, the Police shall be informed if not already present, and only personnel necessary to the treatment of the patient shall enter the scene.
- c) On a crime scene, the EMS personnel shall work in close communication with law enforcement while performing up to their standard of care. Care shall be taken to preserve evidence on the scene if possible while providing patient care. The scene and all actions taken by EMS shall be thoroughly documented in the PCR. Preservation of evidence shall not take priority over patient care.
- d) Once patient care has been completed or if the scene is deemed unsafe, Police shall be informed and EMT shall intervene as required only after the Police ensure safety.
- e) Ambulance personnel shall not reveal details about a crime scene to any other Ambulance personnel except the authorities permitted under the law.

### **xi) Mass Casualty Incidents (MCI)**

- a) For the operational purposes of the Ambulance, a Mass Casualty incident shall be any large number of casualties produced in a

relatively short period of time, usually as a result of single incident

such as a military aircraft accident, hurricane, flood, earth quake, fire bomb blast, armed attack, vehicle collision that exceeds local logistic support capabilities.

- b) A mass casualty incident (often shortened to MCI and sometimes called a multiple- casualty incident or multiple-casualty situation) is any incident in which emergency medical services resources, such as personnel and equipment, are overwhelmed by the number and severity of casualties. For example, an incident where a two-person crew is responding to a motor vehicle collision with three severely injured people could be considered a mass casualty incident. The general public more commonly recognizes events such as building collapses, train and bus collisions, earthquakes and other large-scale emergencies as mass casualty incidents.
- c) Upon declaration of an MCI, the first Ambulance personnel on scene shall set up an Incident Command System (ICS).
- d) The first arriving EMT is responsible for initial triage and the request of additional resources.
- e) Upon arrival, an EMT may take over Incident Command and shall continue to maintain an ICS until the incident has been managed.
- f) Management of accident incidents / multiple casualty incidents / disasters resulting in injuries to multiple individuals who require first aid / transportation
- g) In a situation where an Ambulance reaches a site which has multiple individuals who are injured and require first aid / transportation, the following process shall be followed:
- h) If medical triage establishes that more than one person needs to be transported, then the Ambulance Crew shall immediately inform the Control Room who shall send additional Ambulances.
- i) Each Ambulance shall ONLY transport one patient in the Ambulance. In the event of the crowd forcing transport of more than one patient / victim in each Ambulance, credit shall be given as explained in the trip definition in the SOP
- j) Each Ambulance shall only allow one person to accompany the patient / victim in the Ambulance

## **xii) Fire / Hazardous Materials (HAZMAT) Calls**

- a) The duty crew of an ambulance for a Fire or Hazmat stand by, shall remain on the scene, out of service, until released by the Fire personnel.
- b) Upon arrival at any major incident where Command has previously been established, the EMT must report to the command post and advise the Senior Officers (Fire and/or police agencies) of the

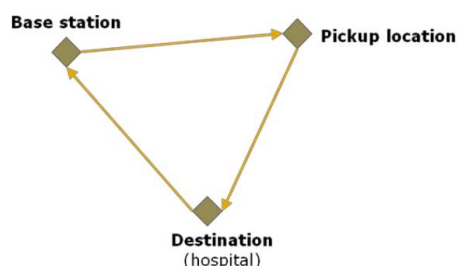
location of the ambulance in case EMS assistance is needed.

- c) The Driver is responsible for the staging of the ambulance, keeping lanes clear for additional Fire Apparatus and allowing exit for all emergency vehicles.
- d) The EMT shall request First Responders to be on alert or to respond to the scene, as necessary, and must make sure that the Ambulance Supervisor has been notified of the incident.
- e) The Fire Department will automatically be dispatched to all calls for Motor Vehicle Accidents with a confirmation that people are trapped. Additional Fire Department response may be used at the discretion of the EMT/ Nurse/ Doctor (stability of a vehicle involved in MVA, possible Hazmat, CPR assistance, forced entry, etc.)

### xiii) Inter Facility Transfer/Referral Transport

- a) Inter Facility Transfers would be considered only on the request of the Medical Officer (on duty) of the facility in special cases, where; Patient is in critical condition and the existing facility doesn't have appropriate treatment facilities.
- b) The condition of the patient may be critical if proper treatment is not extended in time and the treatment facility is not available in existing facility
- c) Existing facility is only a primary care provider and doesn't have round the clock operations.
- d) Inter facility transfer has to be through ERC. The physician at the transferring facility should provide detailed instructions to be followed for safe transport. The physician at the transferring facility should enter on the PCR form the reason for transferring and the sign & seal.
- e) Where the patient is transferred before being admitted to the facility due to absence of the doctor or health staff then this shall not be considered as inter- facility transfer/referral transport and the patient shall be moved to the next nearest appropriate health facility. However the operator is required to maintain record of such instances.

### xiv) Defining a Trip



- a) The word 'Trip' shall mean anyone one of the following

1. When the ambulance dispatched from the base station: Journey from the base point to the site of emergency and onwards to the hospital/CHC with the patient and back to the base location or the location from where the vehicle is dispatched by the ERC before reaching the base station to attend another case.
2. When the vehicle is dispatched before it reaches to the base station: journey from the point of dispatch to the site of emergency and onwards to the hospital/CHC with the patient and back to the base location or the location from where the vehicle is dispatched by the ERC before reaching the base station to attend another case.
3. Journey from the base point to the site of emergency, where the patient is stabilized on the spot and patient is not required to be taken to CHC/hospital and back to the base location.
4. Journey from the base point to the site of emergency where the patient is not found /or has moved from the site by using some other transportation means and back to the base location.
5. In cases where more than one patient is transported in the same Ambulance at the same time (Multiple Patient Trip), the same will be counted as 1 trip only.

## **6) Request for Dead Body Transfers**

- i) Ambulance wouldn't transfer any person declared dead by a doctor.

## **7) Human Resource Management**

- i) Operator would recruit adequate number of personnel either directly or through a contractor necessary staff required to execute the project. The staff would have necessary training.
- ii) Operator would submit the details of courses being conducted for training of EMTs, Pilot and other personnel including the curriculum to Department of Health & FW, Punjab which would approve the training program.
- iii) Details of the proposed manpower deployed and disengaged should be shared with the Govt. as and when required.
- iv) The Recruitment and Training manual for Punjab EMAS operations and Operator Policies for training, recruitment, replacement and other activities specific to Punjab operations would be in place which would be in compliance with terms of Agreement, approved SoPs and General Laws which would be internal document of Operator
- v) Operator shall deploy adequate number of qualified personnel for efficient conducting operations.
- vi) Operator shall make necessary arrangements for deploying the ambulance with required number of personnel in ambulance.
- vii) The ambulance personnel deployed should have necessary qualifications as defined in the RFP document which is as follows

**Minimum qualification:**

- a) Call Taker: any Sr. Secondary passed, proficient with computers, and proficient in local language, proficient in Punjabi, Hindi & English.
- b) Dispatcher: any Sr. Secondary passed, proficient with computers, proficient in local language, proficient in Hindi & English.
- c) EMT: Graduation in Life Sciences, BSc. Nursing, GNM, BAMS, B Pharmacy and D Pharmacy. And the qualification as specified in the agreement.
- d) Driver: Preferably HSC (10+) pass and in any case must not be below 8th pass. Must have LCV driving license. Must have Identification badge and Uniform when in Service. All candidates have to be proficient in local language. Basic reading and writing in English/Hindi/Punjabi will be preferred.

**8) Technology**

- i) The provider would be operating from the proposed location to be allocated by the Government with necessary IT infrastructure, Hardware and Software procured by Operator in the ERC as per the provisions in the RFP.
- ii) The Technology manual for Punjab EMS operations and Operator Policies for IT specific to Punjab ERS operations would be separately prepared in compliance with terms of RFP, Agreement, approved SoP and relevant Laws which would be internal documents which are totally confidential and proprietary information of Operator affecting the competitiveness of Operator vis-à-vis third parties. However, the same would be made available to the department or its representative for review and monitoring purpose subject to the terms of the owner of the respective IP of the technology deployed.
- iii) The hardware and software in the ERC would provide for computer telephony integration with ability to log calls with geographical information system. All the ambulances are monitored with the help of Geographic Positioning System (GPS).
- iv) All the ambulances are to be provided with GPS and AVL equipment which shall be maintained by operator.
- v) Adequate provision shall be made to take back up of the data generated in the ERC.
- vi) The hardware and software would be maintained by Operator and take all steps to maintain the hardware and software for uninterrupted operations. In case there is a breakdown for reasons beyond control due to technical problem, Operator shall take necessary steps to rectify the same as early as possible. In case of major break down where in calls cannot be taken, information of such breakdown shall be provided to Department and Operator shall take necessary steps to rectify the same as early as possible.
- vii) In case of shifting, scheduled maintenance of hardware and software etc. wherein there can be discontinuance of operations for a specified period of time, the same would be carried with the prior approval of the Department and Operator shall ensure that the same is communicated to general public in effective manner as the Operator is being paid for IEC.
- viii) Department shall conduct an independent audit of IT installation including hardware, software and reporting system to check the accuracy, authenticity, integrity and credibility of the system before rolling out of the project and after that in regular intervals as and when required

## 9) Training

- i) Necessary training should be provided to Ambulance Personnel (EMT, Pilot), ERC staff. The training could be provided by the Operator on its own or through an organization of repute having experience in providing such training and in the manner as defined in the RFP document the State Government will provide accommodation for training in various training centers i.e. SIHFW Mohali, Health and Family Welfare Training Centre, Amritsar. The trainers would have to be arranged by the agency. Training should be also given to orient the staff of Government health institutions regarding the ERS system and the preparedness expected from each health institution in terms of man-power and equipment. The cost of the training of government staff will be borne by the Operator.
- 10) Procurement and Replenishment of Inventory to be done as per the procedures specified in the RFP.

## 11) Fleet management

- i) Ambulances are procured, fabricated, equipped and registered in the name Department of Health and Family Welfare, Government of Punjab after necessary inspection and acceptance. Subsequently, Operator would maintain ambulances until the end of the contract. The provider would renew the insurance annually to maintain continuity until the end of the contract. Operator shall bear all the expenditure relating to vehicle insurance and road tax during the entire contract period.
- ii) In case of any accident of the vehicle, the vehicle being registered in the name of Department of Health and Family Welfare, the department would provide necessary documentation and support for accident and insurance claims. However, no additional cost as a gap whatsoever can be charged from the Department.
- iii) Operator would undertake scheduled preventive maintenance of the vehicles from the authorized agencies and also maintain all log books and registers.
- iv) The exterior design shall be finalized by Operator in consultation with Department and all the costs incurred in changing the exterior design, if any, would be borne by Department.
- v) Replacement & Refurbishment of ambulances
  - a) Condition of the ambulances need to be review every year so as to take a call on replacement of ambulances if required in future.
  - b) Running of the ambulances need to be average out so that it should not happened that after 1 years few ambulance covers 75000 Kms whereas other ambulances still to cover 20,000 Kms & for that call need to be taken on relocation & exchange to of ambulance locations.
  - c) After 2 years or 1.0 lacs Kms ambulances condition need to be reviewed keeping in mind the refurbishment of the ambulances so as to ensure ambulances are in good condition

## 12) IEC - Communication and Awareness

- i) Information, Education and Communication (IEC) is very important for creating awareness about the program that would result in successful implementation of the program and the intended user can be benefited from the program. Use of an Emergency Ambulance Service requires TOP OF MIND recall and not a passive knowledge of the emergency number. It has taken decades of consistent IEC efforts to bring the emergency number to top of mind recall.
- ii) Operator would be responsible for marketing activities of the program.
- iii) Operator shall develop marketing plans for ERS
- iv) Operator shall share the detailed marketing plan with the Govt and get the approval before implementing the same.
- v) The marketing expense will be incurred by the operator with the objective of raising awareness about 108 and to ensure that an average of 5 calls are achieved on an average per month over the fleet.

## 13) Modifications, Amendments, Communication and Jurisdiction as per the RFP.

- i) As provided in the terms and conditions of Request for Proposal document and agreement, the terms and conditions including scope of services can be modified only by written consent of both the parties.
- ii) Mission Director Can suo-motto or on request from Operator initiate discussion for clarifications of any terms and conditions of the agreement. However, basic terms and conditions would remain unaltered. Both the parties can do any such clarification only with written consent.
- iii) All legal proceedings, if any, shall be subject to jurisdiction as specified in the RFP.
- iv) In the absence of any specific provision in the agreement on any issue, Operator and Department shall discuss and arrive at suitable agreement within the overall framework of the RFP and the agreement.
- v) Any communication from DEPARTMENT to Provider Operator shall be responded within the following specified time limits:
  - a) Questions raised in Legislative Assembly - within 12 hours
  - b) Details requested under RTI: within 5 working days
  - c) General Letters and Queries: Within 5 working days
  - d) Urgent Letters and Queries: Within 2 working days



- vi) Any communication from Operator to the Department of Health & FW shall be responded to within the following specified time limits:
  - a) General Letters and Queries: Within 5 working days
  - b) Urgent Letters and Queries: Within 2 working days

#### **14) Monitoring and Evaluation**

- i) The Department of Health & FW would be conducting regular monitoring and evaluation of the program based on quantifiable indicators and set parameters. Based on results of evaluations, inputs could be provided to Operator for improvement.
  - ii) The Department will review the performance of the program monthly. Principal Secretary, Health & Family Welfare, Govt. of Punjab would review the program quarterly. The District Civil Surgeons will monitor the activity in their respective districts in the review in District Health Society meetings and provide necessary support to the program.
  - iii) The review would be focused but not limited to following areas:
    - a) Review of Action Points
    - b) Update on normal functioning of 108
    - c) Ambulances launch status (if any)
    - d) Service Quality Issues (if any)
    - e) Payment Issues (if any)
    - f) Marketing & IEC Update
    - g) Pending items (if any)
    - h) Compliance to SoPs and Protocols
    - i) Vehicle and crew preparedness and conduct
    - j) And any other items
  - iv) The officers designated by Medical and Health Department would be authorized to conducted inspection of any records and services of ERS.
  - v) Monthly reports will be sent to DEPARTMENT (consolidated) and to CMHOs (District) and all other officials as suggested by Government. In addition, a monthly analytical report of 108 Ambulance Service performances will be sent to designated people in the Govt. as specified by Govt of Punjab
- 15) Claims and Reimbursements ,as per the RFP.
- 16) Grounds of Termination, as per RFP.
- 17) Quality and continuous improvements
- i) The provider would have quality initiatives to support continuous improvement of emergency management.
  - ii) Feedback should be collected by various methods with appropriate sample to ensure the desired quality of services is maintained.

- iii) The Operator should have a proper complaints redressal mechanism in place where in the complaints from the patients who availed service are captured and resolution is provided within specified time period.
- iv) In processes and areas where there are frequent complaints, the Operator would initiate special projects in quality improvement to resolve the same.
- v) The Operator would set up a quality department to monitor quality initiatives of the program.
- vi) Any inputs from the feedback of patients using the service which would require amendments of terms and conditions of the agreement with best interest of the intended user would be brought to the notice of DEPARTMENT and DEPARTMENT would consider the amendment after detailed study.

## **18) Staff uniform and identity**

- i) All ambulance crew who work for the operator are, at all times whilst performing their duties should wear proper and company approved uniform.
- ii) The dress code and minimum standards of appearance which are acceptable to the operator will inspire confidence in our service, through a professional image.
- iii) Uniform provisions shall be standard throughout the Company.
- iv) Uniform when worn must at all times be clean and pressed and individual's overall appearance should be of a smart, professional person.
- v) All ambulance crew will be required to wear uniform.
- vi) Uniforms provided by the Company should not be worn when not working for the Operator.
- vii) No member of staff is to undertake any off-duty activity in uniform (i.e. shopping).

## **19) Vehicle Operation (Conduct)**

- i) Duties and responsibilities shall of ambulance crew shall include not only driving and treating patients using the ambulance, but also to take care of the upkeep and maintenance of the vehicle and their conduct while using the ambulance.
- ii) The Ambulance Crew should not:
  - a) Be drunk on duty
  - b) Refuse to collect patients

- c) Do rash driving
  - d) Using ambulance for personal work
  - e) Damaging the ambulance property like GPS
  - f) Misuse the medicine on the ambulance. (Like selling it).
  - g) Misuse of room and ambulance provided by Government
  - h) Giving fake details in report or not maintaining proper reports.
  - i) Shall not receive any gifts/tips or other inducement, cash or in kind from the public.
  - j) Shall not indulge in any practice that is unethical or fraudulent.
- iii) The Ambulance crew should Keeping ambulance Clean safe.
  - iv) Every staff of the operator shall strictly adhere to the above code of conduct. Any breach of the code may entail severe penalty and or suspension from duty without pay. If an employee breaches the code more than once, it shall result in termination of their services with the Company.

## **20) Physical behavior and Restrictions**

- i) Ambulance crew needs to be aware of different behaviours displayed by patients. Awareness of these behaviours helps them to take the first steps towards better care to the patient needs.
- ii) The EMT should understand the patient and treat him/her with utmost professionalism and courtesy.

## **21) Sanitation**

- i) An ambulance well maintained and in proper sanitized condition for safety of patients and ambulance crew themselves.
- ii) Each ambulance must be maintained in full operating condition and the repair and documentation of maintenance must be kept in the file.
- iii) The interior of the ambulance, including all storage areas, must be kept clean so as to be free from dirt, grease, and other offensive matter.
- iv) If an ambulance has been used to transport a patient who is known or should be known by the attendant or driver to have a transmissible infection or contagious disease, other than a common cold, liable to be transmitted from person to person through exposure or contact, surfaces in the interior of the ambulance and surfaces of equipment and materials that come in contact with such patient must, immediately after each use, be cleaned so as to be free from dirt, grease, and other offensive matter and be disinfected or disposed in a secure container so as to prevent the presence of a level of microbiologic agents injurious to health.
- v) Smoking in any portion of the ambulance is prohibited.
- vi) Bio medical waste to be segregated into 2 as per Government norms.
- vii) Bio medical waste to be deposited with designated government facility.

**22) Privacy –Patient**

- i) Ambulance team need to maintain patient confidentiality to allow the patient to feel free to make a full and frank disclosure of information to the EMT with the knowledge that he will protect the confidential nature of the information disclosed.
- ii) EMTs duty is to keep their patients' confidences. In essence, their duty to maintain confidentiality means that they may not disclose any medical information revealed by a patient or discovered by an EMT in connection with the treatment of a patient.
- iii) Full and frank disclosure of patients condition enables the EMT to diagnose conditions properly and to treat the patient appropriately.
- iv) In return for the patient's honesty, the EMT generally should not reveal confidential communications or information without the patient's express consent unless required to disclose the information to any hospital or medical care centre or doctor where the patient needs further treatment.

**23) Breach of Confidentiality:**

- i) A breach of confidentiality is a disclosure to a third party, without patient consent, of private information that the EMT has learned within the patient-EMT relationship.
- ii) Disclosure can be oral or written, by telephone or fax, or electronically, for example, via e-mail or health information networks. The medium is irrelevant.
- iii) Breach of confidentiality in any manner will be dealt seriously and can result in termination of the employees services.

**24) Classification of “competitive information”**

Any document that is shared by operator with Department that is designated as “competitive information” shall be treated as such by Department.