Department of Medical, Health and Family Welfare, Government of Uttar Pradesh

REQUEST FOR PROPOSAL (RFP) DOCUMENT

FOR

Selection of Service Provider for Operating Advanced Life Support (ALS) Ambulance Services in Uttar Pradesh

SCHEDULES TO THE DRAFT CONTRACT AGREEMENT: PART – II

Bid Ref. No.: ***265/SPMU/ALS Ambu/2016-17/III***

National Health Mission, Uttar Pradesh
Mission Director, NHM - UP
Vishal Complex, 19-A Vidhan Sabha Marg
Lucknow, U.P., India - 226001
Phone: 0522 – 2237496, 2237522
Fax: 0522 – 2237574, 2237390
Website: http://upnrhm.gov.in
Email: mdupnrhm@gmail.com

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1 Schedule 1: SCOPE AND CONDITIONS OF WORK

1.1 Model for Service Delivery

1.1.1 The structure of the Advanced Life Support (ALS) Ambulance Services delivery model will comprise of the following components:

a. An **ALS Response Centre (ARC)**, i.e. a centralised and exclusive call centre that will receive and handle emergency phone calls shall be setup by the Service Provider. There shall be one exclusive ARCs covering the whole State and the same should be located in the State of Uttar Pradesh.

b. A **Fleet of Ambulances**. The ALS Ambulance services are meant for referral transportation of critical patients, needing advanced care, from referring hospital to a referral hospital having the capacity for treatment of critical emergencies, within or outside of the district. Critical patients refer to cardiac arrest, critical cerebrovascular accident cases, critical airway obstruction, neonatal resuscitation, respiratory arrest, critical vehicular and other critical trauma cases, burn cases needing advanced care, obstetrical cases needing advanced care, any other life threatening conditions needing advanced care.

1.1.2 In addition to the above, the Service Provider is responsible for **overall project management** and administration for the assignment. Medical emergencies occurring in any part of the state will be handled as follows:

a. In any medical emergency situation, ALS service can be availed by any of the following: Chief Medical Superintendent (CMS), Chief Medical Officer (CMO), Mission Director - National Health Mission, UP (also referred to as "Nodal Authority") or Director General Medical and Health Services (DGMH) nominated Nodal Person. General public would call 108 in case of medical emergencies to avail ALS service, and the 108 operator shall assign the call to ARC as per RFP defined service and operating standards.

b. Authority will define criteria for assignment of ALS Ambulances.

c. The ALS ambulances shall be allowed to transfer patients referred by CMO/CMS/Nodal Person to Delhi / PGIMER Chandigarh, provided the distance between referring location and Delhi / PGIMER Chandigarh is less than or equal to 200 KM. The list of UP Districts within 200 KM of Delhi / PGIMER Chandigarh is provided in Schedule 9.

d. Only ARC Executive will have the responsibility to assign ALS Ambulance to the critical cases. ARC personnel will determine the location of the emergency along with the nature of emergency from the caller.

e. CMS/CMO/Nodal Person will call ARC for assignment of ALS Ambulance. This will ensure ALS Ambulance status reflects 'assigned to' and conflict of duplicate booking can be avoided.

f. CMS/CMO/Nodal Person can make direct calls to ARC for requesting ALS Ambulance.

g. ARC will ensure at least one (dedicated) phone line with at least four (4) dedicated channels to receive direct calls from CMS/CMO/Nodal Person.

h. General public has only single calling number, i.e. 108 to call in case of medical emergencies.

i. Upon receiving a new service request from general public, 108 call center will evaluate the need for ALS Ambulance and determine if the service request can be managed by ALS Ambulance or BLS Ambulance.

    1) If ALS Ambulance service is needed, 108 Executive will transfer the call to ARC for assignment of ALS Ambulance.

    2) In case an ALS Ambulance is available, ARC Executive will assign ALS Ambulance to the service request.

    3) In case an ALS Ambulance is not available, ARC Executive will transfer the call back to 108 call center for assignment of BLS Ambulance.

    4) When public calls for ALS Ambulance, ARC Executive needs to determine if ALS Ambulance can reach within 30 minutes.

    5) If ALS Ambulance cannot reach in 30 mins, ARC Executive will transfer the call to 108 Service Provider for assigning BLS Ambulance.

j. An ALS Ambulance will be dispatched to the site of emergency; the ALS Ambulance will provide advanced medical aid to the patient and then transport him/her to the nearest Referral Hospital, within a stipulated time frame.

k. In case the nearest Referral Hospital is unable to handle the case, the Service Provider shall transfer the patient to the next most suitable hospital based on direction provided by the Referral Hospital.

l. Doctors stationed at ARC should provide real-time guidance to the ALS Ambulance staff for handling emergencies.

m. Once ALS Ambulance hands over the patient to the Referral Hospital, ALS Ambulance will return to the designated Base Location (as defined by the Authority)

n. ARC Executive can assign only those ALS Ambulances which are allocated to the district i.e. For any critical emergency in District A, ALS Ambulance can be assigned only from the ALS Ambulances allocated to District A. In case of non-availability of ALS Ambulance in District A, ARC Executive will forward the request to 108 for assignment of BLS Ambulance.

o. Once ALS Ambulance is assigned for transferring critical emergency in District A, it can travel to referral hospitals in other districts too.

p. In case of requirements for ALS Ambulances from CMS/CMO/Nodal Person and General Public received at the same time, calls received from CMS/CMO/Nodal Person will receive priority for assignment of ALS Ambulance.

q. Protocol for collaboration between ALS Service Provider and 108 Service Provider (e.g. transfer of calls between the Service Providers) will be defined by Authority

1.1.3 Authority will finalize the list of medicines, consumables and medical consumables for all Ambulances.

1.1.4 CMOs (at district level) will provide the required medicines (free of cost) to ALS Ambulances.

1.1.5 Service Provider will maintain records of receipt and consumption of these medicines, and will coordinate with respective CMOs to replenish the stocks.

1.1.6 Service Provider will procure and maintain the equipment, consumables and medical consumables in each ALS Ambulance at its own cost.

1.2 ALS Response Centre (ARC)

The ARC will be a 24x7 call centre of seating capacity of at least 5, that will receive emergency phone calls from any part of the State and Service Provider should suitably expand the infrastructure of the ARC to meet the performance standards.

1.2.1 Dedicated Phone Lines

The ARC will receive calls from CMS/CMO/Nodal Person and the transfer calls of general public from 108 Call Centre.

a. At least 90% phone calls received at the ARC should be answered within 20 seconds of the first ring / beep. The Bidder shall deploy Software / IP phones at the ARC in order to monitor and calculate the response time for answering calls made to the ARC.

b. The ARC Executive receiving the call will be required to identify the exact location of the caller, contact information, their proximity to the patient (in case of calls from general public) and patient information, location of Referral Hospital (in case of calls from CMS/CMO/Nodal Person).

c. Once the above is complete, the ARC Executive will direct the required ALS Ambulance that is closest to the site of emergency or CMS/CMO/Nodal Person mentioned location. The ARC Executive will communicate with the ALS Ambulance driver through wireless radio wherever possible, or through mobile phone and SMS.

d. While the ALS Ambulance is in transit to the site of emergency, the ARC Executive will instruct the caller to provide basic first aid to the patient, if possible.

1.2.2 Infrastructure Specification

a. The Service Provider should ensure that the ARC should have a minimum of 4 ARC Executives and 1 Physician to meet the performance levels as given a Schedule 3. ARC Executive shall have a minimum qualification of a Paramedic while the Physician should at least be MBBS Allopathy.

b. In addition to seating capacity, ARC should have sufficient space to accommodate H/W, furniture, other equipment and support staff.

1.2.3 Broad system requirements for the ARC

a. Built on Open Standards and should have Web Interface for client access.

b. GPS / GPRS technology with GIS interface for real-time tracking of all ALS Ambulances and graphical display of their position on a map should be used as appropriate.

c. Vehicle positioning accuracy should be a minimum of 50 metres.

d. Provide information about the vehicle including time, day, GPS coordinates, direction, speed, distance travelled, etc. updated on real-time basis.

e. Recognize the geographical area of the caller based on the incoming call number and should also assist the ARC personnel in identifying the ALS Ambulance nearest to the caller.

f. Procure legally valid maps based on GIS for its ARC operations as well as ALS Ambulances. It shall procure GPS-GIS system from authorised agencies before launching the project operation.

g. Wireless radio system or mobile phone for maintaining communication with the ALS Ambulances where possible. The Authority may facilitate the provision of a dedicated wireless frequency, which will be used for radio-based communication between the ARC, vehicles and Government hospitals, if required. Key personnel at the ARC and ALS Ambulances shall have hand-held wireless equipment / mobile phones to communicate with each other.

h. Develop caller database, and should prompt with required information in case of repeat calls.

i. Prevent loss of Ambulance data in the event of failure of equipment or communication network.

j. Provide for necessary validations / alerts to avoid wrong entries or to prompt in case of wrong entries.

k. Necessary backup mechanism to safeguard data in case of failure of equipment.

l. The operating system to be used should be standard.

1.2.4 Technical Specifications (Hardware and Software) for the ARC

The Service Provider should develop a suitable integrated solution including Computer Technology Integration, Voice logger system, Geographic Information systems (GIS), Geographical positioning systems (GPS), Automatic vehicle Location & Tracking (AVLT), Computer Aided Dispatch (CAD) and mobile communication systems.

Minimum Specification for IT Infrastructure at the Call Centre

S. No.	Particulars
1	Minimum seating capacity as specified earlier in section 1.2
2	The call centre / control room should have separate rooms for the Director, Administration and Finance Head, IT Head, an accounts and administrator's room, Operations Head room, a store room for equipment, a pantry and a room meant for the peons and other support staff;
3	File Server
4	Workstations (at least 5 seats)
	- ARC Executives
	- Doctors/ Physicians
5	Hardware
	Network laser printer
	Laser printer
	Router
	Switches
	VOIP Phones
	Structured Cabling
	42U Rack for server
	9U rack for switches
	24 port patch panels
	Patch cables Cat6 E 2 Mtr
	Patch cables Cat6 E 1 Mtr
	Genset: 30 KVA
	EPABX Machine
	Internet Lease Line
6	Software
	Firewall (antivirus)
	Server Software
	Operating system
	UP System
7	GPS System Software Controlled
	Microsoft Windows Server
	GPS Navigation System
	Geographic Information systems (GIS)
	Automatic Vehicle Location & Tracking (AVLT)
	Computer Aided Dispatch (CAD)

The above listed Hardware and Software Specifications are indicative and the Service Provider shall decide the Specifications (Hardware and Software) for the ARC as per its requirement.

1.3 Staffing and Training

1.3.1 ALS Ambulance Personnel

Each ALS Ambulance should have a Driver and an Advanced Cardiac Life Support certified Advanced Emergency Medical Technician. The Advanced Emergency Medical Technician should be suitably trained to handle any medical emergencies.

1.3.2 ALS Response Centre (ARC) Personnel

a. The Physicians employed at the ARC should be trained to handle situations of emergency.

b. The first point of contact for the caller for an ALS Ambulance is the ARC Executive at the ARC who receives the calls. During this brief interaction, key information is gathered regarding location/address of Patient, nature of distress etc. based on which an ALS Ambulance is dispatched.

c. The ARC Executive's Training Curriculum will also include a module on the various types and extent of emergencies that may occur. This will facilitate better communications with the ALS Ambulance personnel. Thus, the selected Service Provider needs to lay down protocols for training of ARC personnel to ensure smooth and efficient operations. Such human resource will essentially be trained at the time of induction and provisions need to be in place to monitor their activities through random check.

1.4 Infrastructure

1.4.1 ALS Ambulance Specifications

The list of equipment as provided at Schedule 6 should be adhered to while procuring the Medical equipment for ALS Ambulances.

1.4.2 Procurement

The Authority will procure the 150 ALS Ambulances. The Ambulance make, model and other specifications are as per Schedule 6 – Clause 6.5. The associated equipment based on the specifications provided would be procured by the Service Provider. Additionally, the procurement of hardware equipment and software for ARC shall be done by the Service Provider. The Service Provider shall be responsible for establishing, staffing and maintenance of the ARC till the end of the Agreement Period.

1.4.3 Operations and Maintenance

a. The vehicle should be regularly serviced and maintained by the Service Provider to reduce the risk of breakdown. The responsibility for maintenance will lie with the Service Provider for breakdown or repairs of equipment, furniture and other facilities The Service Provider

shall ensure that not more than 5% of the ALS Ambulances shall be non-operational on any given day, after the Commencement Date, during the Agreement Period (Ambulances out of service beyond specified accepted downtimes, due to accidents, shall not be accounted for in the 5% non-operational ambulances). The Service Provider shall arrange alternative ALS Ambulances of similar type to cover up for the shortfall, if any, in number of ALS Ambulances below 95%.

b. The vehicles shall fully comply with the stipulated requirements enforced by the Government of India and the Uttar Pradesh State Government.

c. The Service Provider shall operate and maintain the ARC, ALS Ambulances, equipment and other facilities in a good and working order with appropriate maintenance and repair and if required, modify, repair, replace and improve the facilities to comply with Applicable laws and effective discharge of services.

1.5 Land and Building

1.5.1 The Authority will provide the space to park the vehicles. The setting up, renting, maintenance, and management of ARC premises will be the responsibility of the Service Provider and should be factored into the bid amount quoted by Service Provider.

1.6 Medical Consumables and Disposables

1.6.1 Specifications

Each ALS Ambulance shall be permanently stocked with the essential, good quality consumables & medical consumables as per the list provided at Schedule 6 and as may be required based on the experience of the Service Provider. These medical consumables should be made available throughout the year. The list will have additions/deletions based on local needs and capabilities and should be updated every year. Details of the consumables all ALS Ambulances are required to carry is also provided at Schedule 6.

1.6.2 Procurement of Medical Supplies

All medical consumables, disposables, consumables and supplies will be procured by the Service Provider from the open market subject to compliance with quality standards laid down by the State.

2 Schedule 2: Project Phasing Activities

2.1 The Service Provider shall adhere to following timelines and milestones:

Phase	Timeline	Milestone
Phase I	45 days from the Effective Date *(Date of signing this Agreement)*	i. Identify critical areas in each district with incidence of accidents, medical emergencies. ii. Conduct a district-wise route mapping exercise to determine the best routes and locations to reach the referral hospitals. iii. Commission, deploy and operate one (1) ALS Ambulance per district in UP.
Phase II	2 months after commencement of operations of one (1) ALS Ambulance per district in UP	i. After monitoring ALS operations for 2 months after commencement of operations of one (1) ALS Ambulance per district in UP, Authority & ALS Service Provider will finalize deployment plan for the remaining 75 ALS Ambulances.

2.2 On achievement of each Phase by the Service Provider, the Service Provider shall intimate the Authority in writing and accordingly the Authority shall verify and issue the Certificates for Completion of each Phase.

2.3 The above timelines shall not be extended, except in case of Force Majeure Events. If any Force Majeure Events occurs and Service Provider requests the Authority for extension of time, giving reason for such request, the Authority may, at its sole discretion, agree to extend the timelines by a period for which effect of such Force Majeure Events subsists.

3 Schedule 3: Performance Standards and Operating Protocols

3.1 Performance Standards for ALS Ambulances

The Service Provider shall meet following performance standards for the ALS Ambulance operations:

3.2 Response Time Standards

a. The ALS Ambulance should reach the site of emergency within the following prescribed time ("**Response Time**" standard).

   (i) Response Time for urban areas should be **maximum of 30 minutes**

   (ii) Response Time for rural areas should be **maximum of 45 minutes**

b. For the purpose of this Agreement, Response time is defined as the time taken to reach the site of emergency after the call is received at the ARC.

c. The Response Time calculations shall be calculated from the time a call is received as defined in (3.2.c.1) below till the time Service Provider's ALS Ambulance arrives on scene as defined in (3.2.c.2) below or is cancelled by the ARC.

   1) Time of Call Received- shall be defined as the time at which the ARC has received a call through telephone or any other source (fire service, police etc.).
   2) Time of Arrival on Scene - shall mean the time at which an ALS Ambulance personnel (the driver) notifies the ARC that the ALS Ambulance has reached the nearest public access point to the Patient.
   3) In case of multiple responses i.e. more than one vehicle arriving at the scene, the response time shall be recorded for the first vehicle to arrive at the scene.
   4) Response time standards may be suspended in case of a multi casualty incident or disaster in the District in case the Authority or their authorised representative calls on the vehicles to provide aid.
   5) Exceptions to Response Time Standards: It is the responsibility of the Service Provider to apply for exceptions on a daily basis to the Authority. Exceptions shall be permitted in the following cases, only if the Service Provider applies with evidence for exception on account of:
      i. Material change in dispatch location
      ii. Unavoidable telephone communications failure
      iii. Delays caused by traffic secondary to the incident
      iv. Unavoidable delays caused by road construction or inclement weather e.g. fog
      v. Unavoidable delays caused on account of rail crossings where the train was delayed
      vi. Delays resulting from off road locations
      vii. Accidents – Off road time in case of accidents shall be acceptable up to 48 hours from the time of occurrence in case of Minor accidents. In case of Major accidents, there

shall be a cure period of 15 days and the Service Provider would be required to produce an RTO certification for the same. Post the expiration of the above mentioned response times, the Ambulance which is still not operational shall be liable for penalties as under Clause 5.2.

d. For the purpose of this Agreement, Emergency Calls is defined all calls for providing ALS Ambulance request requiring the response as per the Standard Operating Protocols for ARC approved by the Authority. It shall exclude all hoax calls, repeat call, crank calls, calls without address of patient, other emergency calls like police & fire and calls.

e. It is clarified that non-response to hoax calls, repeat calls, crank calls or calls that did not provide an address for the Patient will not be taken into account while determining adherence to Response Time standards by the Service Provider. Response Time standards shall apply to all emergency. ALS Ambulance requests requiring a response as determined by the ALS Response Centre (ARC) using call screening and dispatch protocols approved by the Authority and only such calls shall be used for the purposes of determining adherence to response time standards.

3.3 Default in ALS Ambulance Performance Standard

a. Response Time Default
   1) It is defined as the Failure of ALS Ambulances to meet the agreed standard, as given in Clause 3.2 of the Schedule 3 of this Agreement, in reaching the patient.

b. Non Response Default
   1) It is the responsibility of the Service Provider to record all calls including those which are not responded to (non response calls). Each time the Service Provider fails to respond to, or is unable to respond to a call (i.e. the call receives no response), and such incident requires an ALS Ambulance response in accordance with Dispatch Protocols, it shall be a Non Response Default.

   2) In the event that no ALS Ambulance is dispatched, the call shall be recorded as a non response call and the reasons shall be recorded by the ARC personnel and voice logs shall be maintained. Details of caller (phone number, address) will be recorded by the ARC and supported by the voice logs for all non response calls.

   3) All such instances shall be reported by Service Provider to the Authority with due explanation of the reasons as per format finalized with the Authority by 12:00 hours on the following working day.

c. Random checks
   1) Based on random checks made by the Authority or its Representative if it is ascertained that a Non Response Default as defined in the Draft Agreement has occurred penal action shall be taken. Each instance of a failed response (Non Response Default) shall be evaluated by the Authority to determine the threat to the public health and safety and the

need to initiate the provisions of compensation or a breach of contract in accordance with the Agreement.

d. Tolerance for Defaults
   1) The Service Provider shall be allowed up to maximum of 0.1% of the cases of Response Time Default and Non Response Default, as defined in this Contract Agreement, in each Calendar Month.

   2) In case the Service Provider is unable to meet the Performance Standards for ALS Ambulance as prescribed in this Schedule 3, it will be liable to pay penalty as provided in Schedule 5 of this Contract Agreement.

3.4 Performance Standards for the ALS Response Centre

a. The Service Provider shall meet following performance standards for the ARC operations:

   1) From the time of receipt of call at the ARC the ALS Ambulance must be dispatched in 300 seconds during Day-time and 600 seconds during Night-time (8PM to 8AM).

   2) The Service Provider should ensure that the ARC should have 4 ARC Executives and 1 Physician, equipment, seating capacity, and other facilities to meet the performance standards mentioned above.

b. In case the Service Provider is unable to meet the Performance Standards for ARC as prescribed in this Schedule 3, it will be liable to pay penalty as provided in Schedule 5 of this Contract Agreement.

3.5 Guidelines for preparation of the Standard Operating Procedures and Standard Ambulance Operating Protocol

a. Standard Operating Procedures
   1) The Service Provider will be required to develop Standard Operating Procedures (SOP) for the ALS Ambulances and ALS Response Centre operations at least 30 days prior to the Commencement Date for acceptance and approval by the Authority. The Guiding Principles for the Standard Operating Procedures to be developed by the Service Provider are:
      i. Purpose and Scope
      ii. ARC, call handling and Dispatch protocols
      iii. Operation Systems, Structures and Protocols for ALS Ambulances (including response protocols, ring checks, call codes, vehicle maintenance, vehicle breakdown management, vehicle accident management, vehicle distribution, communication protocols)
      iv. Operational protocols for special circumstances (natural calamities, mass casualty events (both man-made and natural), unattended death, transportation of minors, transportation of obstetric cases, paediatric patients, neonates, crime scene operations, fire & accidents relating to hazardous material). The Authority will assist in the development of the operational protocols for such special circumstances.
      v. Reporting structures and formats – overall documentation
      vi. Health and safety protocols for personnel

vii. Job description, roles and responsibilities of each level of personnel in entire operations
viii. Training, refresher course and orientation protocols for all levels of personnel (including staff replacement protocols)
ix. Overall administrative policies
x. Inter-facility transfer protocols
xi. Real time medical direction from doctor at ARC - guidance protocols
xii. Transportation refusal policies and protocols
xiii. Do Not Resuscitate Policy
xiv. The Service Provider will station the ALS Ambulances based on the identification of the critical Emergency Points/ Area and District Mapping

2) The Standard Operating Procedure shall be developed by the Service Provider and approved by the Authority before the operations of the ALS Ambulances commence. The Authority shall review and communicate its approval or need for changes within a period of fifteen days from the date of submission of the draft Standard Operating Procedure by the Service Provider and in the event no response indicating either the approval or need for specific amendments is received by the Service Provider, then the Authority shall be deemed to have approved the draft Standard Operating Procedure submitted by the Service Provider. The Standard Operating procedure may be reviewed and revised at periodic intervals as the project is implemented subject to provisions of this clause and those below. The Authority shall have the right to, from time to time, unilaterally notify specific change(s) to the Standard Operating Procedure and the Service Provider shall be bound to implement such change from the date of its communication by the Authority to the Service Provider.

3) The Service Provider may amend SOP from time to time subject to the approval of the Authority.

b. Standard Ambulance Operating Protocol

1) The Service Provider will have to develop and obtain approval from the Authority, by at least 30 days prior to the Commencement Date, Standard Ambulance Operating Protocol (SAOP) that will provide the guidelines and framework in accordance with which each Ambulance will operate. The draft SAOP developed by the Service Provider will have to be submitted to the Authority for acceptance and approval in accordance.

2) The Guiding Principles for the Standard Ambulance Operating Protocol to be developed by the Service Provider are:

i. The Service Provider can collect/pick up patients only within the State of Uttar Pradesh only.
ii. Hospital to home transfers are considered out of the scope of services that the Service Provider can provide.

iii. Hospital to hospital transfers can only be undertaken if written evidence of referral from on duty doctor at the CHC or Government Hospital exists.
iv. The ARC cannot refuse to send an ALS Ambulance for either a real or perceived emergency.

3) The Standard Ambulance Operating Protocol shall be developed by the Service Provider and approved by the Authority before the operations of the ALS Ambulances commence. The Authority shall review and communicate its approval or need for changes within a period of fifteen days from the date of submission of the draft Standard Ambulance Operating Protocol by the Service Provider and in the event no response indicating either the approval or need for specific amendments is received by the Service Provider, then the Authority shall be deemed to have approved the draft Standard Ambulance Operating Protocol submitted by the Service Provider. The Standard Ambulance Operating Protocol may be reviewed and revised at periodic intervals as the project is implemented.

4) The Authority shall have the right to, from time to time, notify a specific change(s) to the Standard Ambulance Operating Protocol and the Service Provider shall be bound to implement such change from the date of its communication by the Authority to the Service Provider.

5) It is clarified that failure to adhere to Standard Operating Procedure or Standard Ambulance Operating Protocol will not by itself, be considered as an Event of Default until such failure is of the nature specified in Article 17.2 of the Agreement.

Schedule 3.5.a - Standard Operating Protocol

The Standard Operating Protocol as finalised by the Service Provider, including any amendments thereof, and approved by the Authority or any other directions of the Authority, shall deemed to constitute the Schedule 3.5.a of this Agreement.

Schedule 3.5.b - Standard Ambulance Operating Protocol

The Standard Ambulance Operating Protocol as finalised by the Service Provider, including any amendments thereof, and approved by the Authority or any other directions of the Authority, shall deemed to constitute the Schedule 3.5.b of this Agreement.

4 Schedule 4: Reporting, Monitoring and Supervision

The Service Provider shall provide detailed operational, clinical and administrative data in a manner that facilitates its retrospective analysis. The Service Provider will have following

4.1 Reporting Obligations

a. The Service Provider should prepare and submit monthly and quarterly reports to the Authority or any independent agency nominated by the Authority. Reporting formats have been provided in Schedule 7. However, the list is not exhaustive, and addition and modification of information required and line items mentioned may be done from time-to-time at the discretion of the Authority.

b. The Service Provider will set up an online real-time MIS and provide online access to the Authority. The MIS will provide ALS Ambulance-wise real time data to the office of **Director General Medical and Health Services, Uttar Pradesh**. The format of MIS and information requirement shall be decided with the Authority.

c. The Service Provider shall share/ provide an online link / access to the Authority which will allow the Authority to access the GPS/GPRS, GIS , AVTS, as the case may be for real time monitoring

d. The Service Provider should capture all the information related to operation of ARC and ALS Ambulances in a centralised database through appropriate application software(s). This would enable periodic (daily, weekly, monthly etc.) reporting of performance and operations. The Service Provider has to share the information in electronic format with the Authority.

e. The Service Provider has to collect feedback from the beneficiary on various aspects of services provided after he/she has been stabilized.

f. The Service Provider will also be subject to community monitoring and feedback and this will be a key component of performance evaluation of the Service Provider.

g. The records of the Service Provider shall be subject to inspection by the Authority or any independent agency appointed by the Authority at any time during the term of Agreement.

4.2 Data and Reporting requirements

a. The Service Provider shall maintain proper records of operations including Call logs, Employee Logs, GPS Tracking Data, Terminal Access Log, Breakdown/Maintenance/Out of Service Schedule, inventory of medical consumables, medicines consumed, and any other relevant data, and present it to the Authority or any independent agency nominated by the Authority from time-to-time at the discretion of the Authority.

b. The Service Provider shall maintain clinical records of patients handled or transported by ALS Ambulance including Patient Care Reports, ALS Ambulance Call Records., Maintenance logs and all other relevant data, and present it to the Authority or any independent agency nominated by the Authority from time-to-time at its discretion.

   1) Dispatch Computer

The dispatch computer utilized by Service Provider shall include security features preventing unauthorized access or retrospective adjustment and full audit trail documentation. The Authority will have access to all data maintained by the Central Server as necessary to analyze demand and determine deployment procedures. The Service Provider will allow the Authority to install an interface with the Central Server to collect and monitor call and dispatch information.

2) Essential Patient Care Record (PCR) and Assignment Data
   i. Service Provider shall utilize an electronic patient care record system (ePCR) approved by the Authority for patient documentation on all EMS system responses including patient contacts, cancelled calls, and non-transports. The PCR shall be accurately completed to include all information required by the Authority, and information will be distributed according to established Authority Policies and Procedures. The Service Provider will leave a copy of the PCR (electronic or printed) at the receiving hospital upon delivery of each patient.

   ii. Within 24 hours, Service Provider shall provide access to records in computer readable format and suitable for statistical analysis for all categories of ALS Ambulance responses. Records shall contain all information documented on the PCR for all EMS system responses including patient contacts, cancelled calls, non-transports.

   iii. The Service Provider will identify files or PCRs for trauma transports (patients meeting trauma triage criteria). The Service Provider shall be required to provide other data points which may be reasonably requested, including any needed modifications to support EMS system data collection.

3) Monthly Reports Required
   i. Service Provider shall provide, within 10 business days after the first of each calendar month, reports dealing with its performance during the preceding month as it relates to the clinical, operational and financial performance stipulated herein. The Service Provider will document and report to the Authority in writing in a form required by the Authority. Response time compliance and customer complaints/resolutions shall be reported monthly. The Monthly Reports shall include, at a minimum:

      I. Response & Reach Time Compliance
         - A list of each and every emergency call dispatched for which Service Provider did not meet the response time standard for each Emergency Response Zone
         - Summary of Cancelled transports / interrupted calls due to vehicle/equipment failures
         - Non Response Defaults
         - Exception reports and
         - Summary of interrupted calls due to vehicle/equipment failures

      II. Patient Care Reports/ Clinical Reports
         - Continuing compliance reports

- Summary of clinical/service inquiries and resolutions

III. Operational
- Calls and transports, by priority for each Emergency Response Zone
- A list of each and every call, sorted by Emergency Response Zone where there was a failure to properly record all times necessary to determine the response time; and, for patients meeting trauma criteria, on-scene time and/or transport to hospital time.
- A list of mutual aid responses to and from system
- Inventory & usage of Medical/ non-medical consumable

IV. Maintenance reports
- List of Breakdown / Damages and reasons
- Repairs / Maintenance work undertaken
- Replacement done

V. Response Time Statistical Data

Within 10 business days following the last day of each month, Service Provider shall provide ALS Ambulance response time records to the Authority in a computer readable format approved by the Authority and suitable for statistical analysis for all ALS Ambulance responses originating from requests to the dispatch centres. These records shall include the following data elements:
- Unit identifier
- Location of call – area
- Location of call - longitude and latitude
- Location of call – Emergency Response Zone
- Nature of call (Emergency Medical Dispatch Code)
- Code to scene
- Time call received
- Time call dispatched
- Time unit en route
- Time unit on-scene
- Time unit en route to hospital
- Time unit at hospital
- Time unit clear and available for next call
- Outcome (dry run, transport)
- Receiving hospital
- Code to hospital
- Major trauma
- Number of patients transported

VI. Personnel Reports

Service Provider shall provide the Authority with a list of staff; EMT, Physicians, etc. currently employed by the Service Provider and shall update that list whenever there is a change. The personnel list shall include, at a minimum, the name, address, telephone number, practitioner's license (if any) and expiration date or EMT certification and expiration date, Driver's License number, qualification, date and type of last training done, of each person on the list.

VII. Community Interaction Report
- Number of conducted community education events
- PR activities, first responder recognition

- Government relations contact report

VIII. Any other reports and records as may be reasonably required by the as may be required by the Authority from time-to-time

ii. Monitoring and Supervision

I. The Service Provider shall undertake periodic (at least once every calendar month) inspection of the project facilities especially the fully equipped ALS Ambulance (vehicles) to determine their condition including compliance or otherwise with the maintenance manual, the maintenance programme, specifications and standards and the maintenance required and shall submit reports of such inspection ("Maintenance Reports") to the Authority. The Authority or any independent agency designated by the Authority shall review the Maintenance Reports and also undertake a detailed inspection of the overall project at least once a quarter and prepare an 'Inspection Report' of such inspection. The report will be sent to the Authority (if undertaken by an independent agency) and the Service Provider. The Service Provider shall within 30 (thirty) days of the receipt of the Inspection Report remedy the defects and deficiencies, if any, set forth in such Inspection Report and submit its report in respect thereof to the independent agency and/or the Authority within the said 30 (thirty) days period. Where the remedying of such defects or deficiencies is likely to take more than 30 (thirty) days, the Service Provider shall undertake the improvements in accordance with such practice and submit progress reports of such improvements every fortnight.

II. Notwithstanding the above, the Authority may inspect the Project at any time for a review of the compliance by the Service Provider with its maintenance obligations under the Agreement.

5 Schedule 5: Penalties

5.1 Delays in Commencement of Operation

a. For each day's delay in commencement as per Milestones in Schedule 2 up to a total of 89 days, a penalty of Rs. 1,000 per day delay per Ambulance will be applicable.

b. In case of delay in project commencement beyond a period of 90 days and above, this Agreement will be terminated as provided in the Contract Agreement.

5.2 Operation related penalties

The Service Provider would be penalized as follows on any of the following event of occurrence:

S. No.	Event	Penalties
1a	**Delay in response time: Delay in dispatch of ALS Ambulance** In the event of delay in dispatch of ALS Ambulance, measured as time lag between receipt of emergency call at ALS Response Centre and Dispatch of ALS Ambulance beyond the maximum permissible response time of 300 seconds during daytime and 600 seconds during night-time (8 PM to 8 AM)	For each instance of Delay in Response Time through **Delay in Dispatch of ALS Ambulance** by the Service Provider, subject to tolerance of maximum 150 minutes per Ambulance per month, a Penalty equivalent to 10% of rate per KM per Ambulance for the distance travelled on the concerned trip by the Ambulance (ten percent multiplied by Rate quoted by bidder multiplied by the distance travelled on the trip by the ambulance), will be applicable for every 5 minutes of delay per Ambulance.
1b	**Delay in response time: Delay in Arrival of ALS Ambulance:** For each instance the ALS Ambulance needs to report to a site where it is normally not expected to be stationed, and the delay is beyond the maximum permissible response time (30 minutes for Urban areas and 45 minutes for rural areas)	For each instance of Delay in Response Time through **Delay in Arrival of ALS Ambulance** by the Service Provider (but not as a direct consequence of Delay in Dispatch of the ALS Ambulance), subject to tolerance of maximum 150 minutes per Ambulance per month, a Penalty equivalent to 10% of rate per KM per Ambulance for the distance travelled on the concerned trip by the ambulance (ten percent multiplied by Rate quoted by bidder multiplied by the distance travelled on the trip by the ambulance), will be applicable for every 5 minutes of delay per Ambulance.

2	If number of operational ALS Ambulances is less than 95% of the total number of agreed ALS Ambulances on any given day because of reasons like lack of maintenance, lack of drivers, lack of personnel, lack of spares, lack of fuel, non-functional GPS, etc. Ambulances out of service beyond specified accepted downtimes, due to accidents, shall not be accounted for in the 5% non-operational ambulances.	An amount equal to **Rs 5,000** per day per Ambulance for each of the Ambulances not operational
3a	If, during ongoing supervision and monitoring, any of the following defaults/shortcomings are identified: i. Even a single item of medicines/medical consumables/supplies is found to be unavailable / is of beyond expiry date in the Ambulance or is so reported by any user / Patient ii. Poor general cleanliness of Ambulance iii. Log book, stock register and vehicle maintenance record are not updated as prescribed by Authority	Rs. 1,000 for each default.
3b	If, during ongoing supervision and monitoring, any of the following **high severity** defaults/shortcomings are identified in any operational Ambulance: i. Non-functioning of air-conditioning of Ambulance ii. Non-functioning of any Advanced Life Support equipment in the Ambulance	Rs. 10,000 for each default.

5.3 Calculation of Time Period for which a Fine is levied

The Penalties applicable will be assessed for failure to meet the agreed Response Time Standards, in any Calendar month. The Calendar month shall be calculated commencing from 00.00 hours of the first day to 24.00 hours of the last day of the relevant Calendar month.

5.4 Imposition of Penalty Provisions

Imposition of the penalties pursuant to this Schedule will be effective only from the Commencement Date.

5.5 Exceptions to Response Time Standards related to "Delay in Arrival of ALS Ambulance"

a. It is the responsibility of the Service Provider to apply for exceptions on a daily basis to the Authority. Exceptions shall be permitted in the following cases, only if the Service Provider applies with evidence for exception on account of:
   i. Material change in dispatch location
   ii. Unavoidable telephone communications failure
   iii. Delays caused by traffic secondary to the incident
   iv. Unavoidable delays caused by road construction or inclement weather e.g. fog
   v. Unavoidable delays caused on account of rail crossings where the train was delayed
   vi. Delays resulting from off road locations
   vii. Accidents – Off road time in case of accidents shall be acceptable up to 48 hours from the time of occurrence in case of Minor accidents. In case of Major accidents, there shall be a cure period of 15 days and the Service Provider would be required to produce an RTO certification for the same. Post the expiration of the above mentioned response times, the Ambulance which is still not operational shall be liable for penalties as under Clause 5.2.

5.6 Penalty Disputes

Service Provider may appeal to the Authority, in writing within ten (10) working days of receipt of notification, for the imposition of any penalty or regarding the Authority's penalty calculations.

In case of any disputes arising out of such appeals or due to such Penalties, the dispute resolution procedure laid out in Contract Agreement (Article 18) will be adhered to.

5.7 Recovery of Penalties

Any penalty payable under this Agreement shall be recovered through deductions from Monthly Payment payable by the Authority. In the event the penalties exceed Monthly Payment the same shall be recovered by the Authority from the encashment of the Performance Guarantee.

6 Schedule 6: Vehicle and Equipment Requirements

6.1 Vehicle Equipment

The Vehicle equipment specifications are as follows:

List of Vehicle Equipment

Item Name	Description and Quantity
GPS/GIS System	GPS tracker with GIS or map interface at the ARC or AVTS to be provided with the vehicles to ensure immediate geo-location technologies.
Warning Lights	Emergency warning beacon, visible 360 degrees as delivered along with Vehicle.
Audible Warning Devices	A siren, audible 500 feet to the front.
Maps	Street directories and road maps for primary and backup areas served.
Fire Extinguishers	Two adequately charged fire extinguisher, five pound $C0_2$ or dry powder, Underwriter's Laboratory approved. One of which shall be mounted in the patient compartment.
Hand lights	Two 6-volt hand lights. They should be of bulb type or LED type with rechargeable battery (of cell) of minimum 4.5 volts.
Chock Blocks	Two vehicle chock block.
Road reflectors	Six approved triangular reflectors, or equivalent.
Hazardous Material Guidebooks	• One Basic Life Support Guidelines book translated into Hindi; • One National Institute of Occupational Health and safety (NIOSH) Pocket Guide to Chemical Hazards, current edition.
Triage Tags	Twenty Five triage tags of all type.
Protective Equipment	Personal protective equipment adequate to safeguard crew from anticipated exposures (latex gloves of various sizes, masks, gowns, surgical caps and eye shields)
Reflective Garment	One set reflective vest or reflective garment, or equivalent, per crew member
Protective Masks	Two respirators, conforming to OSHA Blood bore Pathogens. Standard 29 CFR 1910.1030(HEPA).

6.2 Emblems and Markings on ALS Ambulances

Following shall be followed for display or markings on any ALS Ambulance:

a. Color scheme shall be standard across all ALS Ambulances and approved by the Authority

b. Front: The word "AMBULANCE", minimum of 10 cm in height, shall be in mirror image (reverse reading) for mirror identification by drivers ahead.
c. The name of the licensee as stated on their provider's license shall be of lettering not less than 8 cm in height.
d. Rear: The word "AMBULANCE", not less than 15 cm in height
e. No advertisements can be displayed on the back of the ALS Ambulance (on the doors).
f. Any other emblems, markings, promotional health or other messages on the Ambulance as specified by the Authority should be displayed on the ALS Ambulance.
g. Applicable Laws with regard to Emblems and Markings shall be strictly adhered to by Service Provider (if any).

6.3 Essential Medical Equipment for ALS Ambulance

S. No.	List of Medical Equipment
1.	Automated External Defibrillator 2 sets each of adult and paediatric pads
2.	Multi Para Monitor (Para = 3, Screen size = 8 inches)
3.	Syringe Pump
4.	Transport Ventilator (Adult, Paediatrics and Neonatal)
5.	Foetal Doppler
6.	Laryngoscope (adult and paediatric) Blades of different sizes (0, 1, 2, 3, 4, 5)
7.	Emergency Suction Systems Suction Pump, foot operated Silicon Tubing (two sets) Collection Container (capacity of approximately 500 ml)
8.	Nebulizer (electric)
9.	First Aid Box
10.	Canvas Stretcher folding
11.	Scoop Stretcher

S. No.	List of Medical Equipment
12.	Trolley Stretcher with back tilt facility and collapsible wheels
13.	Double Head Immobilizers
14.	Spinal Board (all required sizes)
15.	Oxygen Cylinder 'B' type
16.	Oxygen Cylinder 'D' type
17.	Suction Pump electric
18.	Suction Pump, hand operated Collection bottle of approximately 300 ml capacity Two sets of silicon tubing and catheter adapters)
19.	Flow meter with humidifier bottle
20.	Cervical Collar – set of 3 (three) of varying sizes
21.	Bag & Mask Ventilation Device (Neonatal)
22.	Bag & Mask Ventilation Device (Child)
23.	Bag & Mask Ventilation Device (Adult)
24.	Portable Hand Held Glucometer
25.	Blood pressure sphygmomanometer and cuff Blood pressure set, portable, both paediatric and adult (non-mercurial type)
26.	Emesis basins or commercially available emesis container
27.	Minimum Ambulance Rescue Equipment: The following additional items shall be carried by Ambulance: Hammer, four pound with 15 inch handle One axe Wrecking Bar, minimum 24-inch (bar and two preceding items can either be separate or combined as a forcible entry tool)
28.	Crowbar, minimum 48 inches, with pinch point

S. No.	List of Medical Equipment
29.	Equipment for suturing (e.g.: Forceps, Suture Needle (both tapered and cutting), (Needle Holder, Contused Lacerated Wound (CLW) Kit)
30.	Stethoscopes
31.	Mini Refrigerator shall be provided in case ambient temperature sensitive medications are being stored and maintained using refrigerator instead of cold ice packs

6.4 Emergency Medical Consumables and Consumables

a. Consumables

S. No.	Items
1.	Bite sticks commercially made (Clean and individually wrapped)
2.	Twelve sterile dressings (minimum size 5 " x 9 ")
3.	Sterile gauze pads (4 " x 4 ") - 36 No
4.	Twelve bandages, self-adhering type, minimum three inches by five yards. Bandages must be individually wrapped or in clean containers
5.	A minimum of four commercial sterile occlusive dressings (size 4" x 4")
6.	Adhesive Tape, hypoallergenic (1", 2" and 3" width)
7.	Splints: Pneumatic splints set of six with carrying case Wooden / metallic or other splints
8.	Obstetrical kit (sterile) - The kit shall contain gloves, scissors or surgical blades, umbilical cord clamps or tapes, dressings, towels, perinatal pad, bulb syringe and a receiving blanket for delivery of infant
9.	Bedpan and urinal (disposable)
10.	HIV Kit
11.	Suture material

S. No.	Items
12.	Urine catheter with collecting bag
13.	Hub Cutter
14.	Needle Cutter
15.	Cold ice packs shall be provided in case ambient temperature sensitive medications would be maintained using cold ice packs instead of mini-refrigerator

b. List of Medical Consumables

S. No.	Items
1.	Sterilized Cotton
2.	Bandage (a) 15cm (b) 10cm (c) 6cm
3.	Antiseptic Solution/Liquid (Cetrimide and Chlorhexidine Gluconate)
4.	Betadine (Povidone Iodine solution)
5.	Leucoplast
6.	Pain Spray
7.	Antiseptic bandage Spray
8.	Antiseptic germicidal Spray
9.	Burn relief Spray
10.	Face Mask (Disposable)

S. No.	Items
11.	Surgical Gloves Disposable
12.	Laryngeal Mask Airway (LMA) disposable
13.	Intravenous Cannula 16G & 18G
14.	Disposable suction pumps
15.	Nasal airways (all sizes) & suction catheters (sizes 6 fr, 8 fr, 10 fr, 16 fr, 18 fr. and a rigid suction catheter like Yankauer)
16.	Bi-nasal Cannula, Cuffed Oropharyngeal Airway (COPA)
17.	Ventimask, facemask with nebulizer
18.	Drip-set standard
19.	Burn Pack: Standard package, clean burn sheets (or towels for children)
20.	Triangular bandages (Minimum 2 safety pins each)
21.	Dressings: Sterile multi-trauma dressings (various large and small sizes)
22.	Abdominal Dressing - 10”x12” or larger
23.	4”x 4” gauze sponges
24.	Cotton Rolls
25.	Gauze rolls Sterile (various sizes)
26.	Elastic bandages Non-sterile (various sizes)

S. No.	Items
27.	Occlusive dressing Sterile, 3”x8” or larger
28.	Adhesive tape: Various sizes (including 2” or 3”)
29.	Cold packs
30.	Waste bin for sharp needles, etc.
31.	Disposable bags for vomiting, etc.
32.	Teeth guard
33.	Disposable electrodes (for multi para monitor)
34.	Thermal paper (for multi para monitor)
35.	Gel (for Defibrillator and Foetal Doppler)
36.	Strips, disposable lancet and swabs for Glucometer
37.	Silk, Dacron, Vicryl Rapid and Polyglycolic acid for Suture
38.	Needle (both tapered and cutting)
39.	Disposable Syringes
40.	Vigo
41.	Air tubing / wind pipes of Nebulizer

All requirements given in Schedule 6 is minimum and the Service Provider shall add any other item as may be required and in sufficient quantity of consumables and medical consumables so that there is no shortage at any time.

6.5 The Ambulance Make, Model and Other Specifications are as per Govt. Order

संख्या-48/2016/599/पांच-1-2016-5(23)/2015

प्रेषक,

रवीन्द्र नाथ सिंह,
संयुक्त सचिव,
उत्तर प्रदेश शासन।

सेवा में,

महानिदेशक,
चिकित्सा एवं स्वास्थ्य सेवायें,
उ0प्र0, लखनऊ।

चिकित्सा अनुभाग-1 लखनऊः दिनांक 11 जुलाई, 2016

विषयः राष्ट्रीय स्वास्थ्य मिशन के अंतर्गत अनुमोदित ए0एल0एस0 एवं कार्डियक एम्बुलेंसों का क्रय डीजीएस एण्ड डी दर अनुबंध पर किये जाने के सम्बन्ध में।

महोदय

उपर्युक्त विषयक मामले में प्रेषित अपने पत्र संख्या-29फ/10(62)14/16, दिनांक 18.04.2016 का कृपया संदर्भ ग्रहण करें।

2- राष्ट्रीय स्वास्थ्य मिशन के अंतर्गत अनुमोदित ए0एल0एस0 एवं कार्डियक एम्बुलेंसों का क्रय डीजीएस एण्ड डी दर अनुबंध पर किये जाने सम्बन्धी आपके प्रस्ताव दिनांक 18.04.2016 के क्रम में मुझे यह कहने का निदेश हुआ है कि व्यापक जनहित में आपके प्रस्तावानुसार 150 नग ए0एल0एस0 एम्बुलेंस तथा 02 नग कार्डियक एम्बुलेंस अर्थात कुल 152 नग एम्बुलेंसों को डी0जी0एस0 एण्ड डी0 भारत सरकार के दर अनुबंध संख्या AM_BUL/AM-2/RC-2C010000/0816/72/05876/691, दिनांक 11-01-2016 जिसकी वैधता दिनांक 31.12.2016 तक है, पर Force Traveller Amb. 3350mm WB, AC+PS, BS-III एम्बुलेंस जिसका प्रति नग मूल्य रू0 9,44,318/- है, पर उक्त 152 एम्बुलेंसों का क्रय किये जाने हेतु स्वीकृति प्रदान की जाती है।

भवदीय,

रवीन्द्र नाथ सिंह
संयुक्त सचिव।

संख्या एवं दिनांक उपरोक्तानुसार

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित:-

1- मिशन निदेशक, एन0एच0एम0, उ0प्र0, लखनऊ।

1- यह शासनादेश इलेक्ट्रानिकली जारी किया गया है, अतः इस पर हस्ताक्षर की आवश्यकता नहीं है।
2- इस शासनादेश की प्रमाणिकता वेब साइट http://shasanadesh.up.nic.in से सत्यापित की जा सकती है।

7 Schedule 7: Reporting Formats

These reports shall be maintained monthly

7.1 Call Centre

a. Call mapping (give numbers and percentage of total)

Total number of calls received	No. of calls in queue (waiting time)	No. of calls lost / dropped	No. of callers provided with counselling / basic first aid advice	No. of callers not provided any counselling	Major reasons for no counselling

b. Call Response Time (give numbers and percentage of total)

Calls answered within 20 seconds	
Calls answered after 20 seconds	
Total No of calls received	

c. Types of calls (give numbers and percentage of total)

Geographical Area	Road Accidents	Medical Emergencies	Hospital to hospital transfer	Total calls	Target / expected number of calls
Total					
					Grand Total

d. Source of calls:

	Police	Fire Department	Direct
Total calls received			
i) ALS Ambulance related calls			
ii) non related calls			

e. Follow Up of calls (call to be made within one week of service delivery)

Total No of callers followed up	

No of callers satisfied with the overall service - satisfied - very satisfied	
No of callers with complaints	
Nature of majority of complaints	

f. Condition of patient (not linked to performance) (give numbers and percentage of total)

Total No of patients responded to	No. of patients alive	No. of patients dead

7.2 ALS Ambulance - Service Delivery

a. Beneficiary break up

i. Type of case and gender wise

Area	Road accidents	Medical Emergencies	Hospital to hospital transfer	Total
	M / F/ T	M / F/ T	M / F/ T	M / F/ T

(M/F/T - male/female/total)

ii. Age wise

Area	0-6 years	6-18 years	18-40 years	40-60 years	Above 60 years	Total

b. No show / late show

Area	Total instances of late response	No. of patients already transported	No. of patients expired	No. of instances of no response*

*Detailed report of each such case should be documented

c. First Aid

No. of cases where first aid was provided	No. of cases where first aid was not provided	No. of cases where first aid was not required

d. Area wise categorisation of road accidents, e.g. pedestrian, cyclist or cycle rickshaw, scooter/ motor cyclist, Motorist (car/SUV), Trucks, etc. (give numbers and percentage of total)

e. Area wise categorisation of medical emergencies (give numbers and percentage of total)

i. Cardiac arrest
ii. Critical cerebrovascular accident cases
iii. Critical airway obstruction
iv. Neonatal resuscitation
v. Respiratory arrest
vi. Critical vehicular and other critical trauma cases
vii. Burn cases needing advanced care
viii. Obstetrical cases needing advanced care
ix. Other life threatening conditions

f. Average number of calls responded to by an ALS Ambulance in a day

g. Response Time

Time range	Time taken to reach site of incident	Time taken from site of incident to hospital
Within 30 minutes in Urban Area		
–After 30 minutes in Urban Area		
Within 45 minutes in Rural Area		
After 45 minutes in Rural Area		
Could not respond*		

* Detailed report for each such case to be documented

h. Reporting on Response Times

Service Provider shall document all times necessary to determine total Ambulance response time, including but not limited to time call received by Service Provider; time location verified; time Ambulance crew assigned; time en route to scene; if cancelled en route, time cancelled prior to arrival on scene; arrival at scene time; time en route to hospital; and arrival at hospital time.

7.3 Response Time Performance Report

a. Within five (5) working days following the end of each month, Service Provider shall document and report response time performance to the Government.
b. Service Provider shall use response time data in an on-going manner to evaluate Service Provider's performance and compliance with response time standards in an effort to continually improve its response time performance levels.
c. Service Provider shall identify the causes of failures of performance, and shall document efforts to eliminate these problems on an on-going basis. If elimination of any causes of failure or improvement in performance standards requires changes in the SOPs, the Service Provider will modify the SOP and get it approved from the government.
d. It is Service Provider's responsibility to apply to DOHFW for an exception to a required response time.

7.4 Exception Request Procedure

a. It is the Service Provider's responsibility to apply to the Government for an exception to a required response time.
b. For each response time exemption request, Service Provider shall submit detailed documentation to the government (or government representative) in writing within ten (10) business days following the incident. Government shall notify Service Provider of granting or denial of said exception request within ten (10) business days of receipt of request.
c. Equipment failure, traffic congestion not caused by the incident, Ambulance failure, Service Provider dispatcher error, or other causes deemed to be within Service Provider's control or awareness shall not be ground to grant an exception to compliance with the Response Time specified.

7.5 ALS Ambulance – Operations

a. Staffing (for period x to y)

Staff designation	No. of sanctioned posts	No. of posts in position	Vacant posts

b. Condition of vehicles

Total no. of vehicles	No. of vehicles on road	No. of vehicles off road (due to breakdown or servicing or equipment maintenance)

c. Record of working / non-working equipment in each type of ALS Ambulance
d. Record of medicines / disposables available in each type of ALS Ambulance
e. Training – report of refresher training calendar for each staff
f. Advertising /promoting – level of awareness about the ALS Ambulance service in local population (info obtained through interviews and visits to local hospitals where emergency phone number should be displayed)

Note: The Documents required as evidence shall be mutually decided between Authority and Bidder at the time of preparation of SOP.

8 SCHEDULE 8: FORMAT OF THE BANK GUARANTEE

The format is to be used by the Service Provider to prepare and submit the Bank Guarantee as Performance Security at the time of signing of Agreement.

(To be issued by any Nationalized Bank or Indian Scheduled Commercial Bank, per provisions of Article 13 of the Contract Agreement)

a. In consideration of the **Director General Medical and Health Services, Uttar Pradesh** (hereinafter called GoUP, which expression shall include any entity which GoUP may designate for the purpose) having agreed, interalia, to consider the bid of …….(hereinafter referred to the "Service Provider" which expression shall include their respective successors and assigns) furnished in accordance with the terms of the Request for Proposal/s (hereinafter called the "Agreement") in lieu of the Service Provider being required to make a cash deposit, we …….[name of the Bank and address of the issuing branch], hereinafter called the "Bank" which expression shall include our successors and assigns, as to bind ourselves our successors and assigns do at the instance of the Service Provider hereby unconditionally and irrevocably undertake to pay as primary obligor and not as surety only to GoUP without protest or demand and without any proof or condition the sum of Rs. …… (in words)

b. We, the Bank, do hereby unconditionally and irrevocably undertake to pay forthwith (and in any event within five days) the amounts due and payable under this Guarantee without any delay or demur merely on a written demand from GoUP stating that the amount claimed is due by reason of the occurrence of any of the events referred to in the Agreement. Any such demand made on the Bank by GoUP shall be conclusive as regards the amount due and payable by the Bank under this Guarantee. However, the Bank's liability under 'this Guarantee shall be restricted to an amount not exceeding Rs …… (in words).

c. We, the Bank unconditionally undertake to pay to GoUP any money so demanded under this Guarantee notwithstanding any dispute or disputes raised by the Service Provider or any other party including in any suit or proceeding pending before any court or tribunal relating thereto or any instructions or purported instructions by the Service Provider or any other party to the Bank not to pay or for any cause to withhold or defer payment to GoUP under this Guarantee. The Bank's liability under this Guarantee is irrevocable, unconditional, absolute and unequivocal. The payment so made by the Bank under this Guarantee shall be a valid discharge of the bank's liability for payment hereunder and the Service Provider shall have no claim against the Bank for making such payment.

d. We, the Bank further agree that the Guarantee herein contained shall remain in full force and effect up to and until 2.30 pm on the date which falls 6 months beyond the Expiry of the Agreement i.e. …….(hereinafter called "the End Date"). Unless a demand or claim under this Guarantee is made on the Bank by GoUP in writing on or before the said End Date the Bank shall be discharged from all liability under this Guarantee thereafter.

e. We, the Bank further agree with GoUP that GoUP shall have the fullest liberty without the Bank's consent and without affecting in any manner the Bank's obligation hereunder to vary any of the terms and conditions of the Agreement or to extend or postpone the time of performance by the Service Provider or any other party from time to time or postpone for any time or from time or postpone for any time or from time to time any of the powers exercisable by GoUP against the Service Provider or any of them and to enforce or to forbear from enforcing any of the terms and conditions relating to the Agreement and the Bank shall not be relieved from its liability by reason or any forbearance act or omission on the part of GoUP, or any indulgence given by GoUP to the Service Provider or any other party or by any such matter or thing whatsoever which under the law relating to securities would, but for this provision, have the effect of so relieving the Bank.

f. To give full effect to the obligations herein contained, GoUP shall be entitled to act against the Bank as primary obligor in respect of all claims subject of this Guarantee and it shall not be necessary for GoUP to proceed against the Service Provider or any other party before proceeding against the Bank under this Guarantee and the Guarantee herein contained shall be enforceable against the Bank as principal obligor.

g. This Guarantee will not be discharged or affected in any way by the liquidation or winding up or dissolution or change of constitution or insolvency of any individual member of the Service Provider or any other party or any change in the legal constitution or insolvency of the Service Provider or any other party or any change in the legal constitution of the Bank.

h. We, the bank lastly undertakes not to revoke this Guarantee during its currency except with the previous consent of GoUP writing.

Notwithstanding anything contained herein.

- Our liability under the Bank Guarantee shall not exceed Rs ..... (in words)
- The Bank Guarantee shall be valid up to [date], 20__.*
- Unless acclaimed or a demand in writing is made upon us on or before _____, all our liability under this guarantee shall cease.

IN WITNESS WHEREOF THE BANK HAS SET ITS HANDS HERETO ON THE DAY, MONTH AND YEAR MENTIONED HEREUNDER.

Signed and Delivered
On behalf of …….(Bank name) (Signature)
(Date)

by the hand of Mr ……
(name of authorised signatory)

Designation
Address of the controlling office of the issuing branch with phone number and fax number to be provided.

Note 1: Authenticated copy of Letter of Intent authorising the signatory of this guarantee to execute the same to be enclosed herewith).
Note2: Please fill up the date six months after the expiry of the Agreement Period.

9 SCHEDULE 9: LIST OF UP DISTRICTS WITHIN 200 KM OF DELHI / PGIMER CHANDIGARH

List of UP Districts within 200 KMS of Delhi/PGIMER, Chandigarh

1. Meerut
2. Ghaziabad
3. Gautam Budha Nagar
4. Bulandshahr
5. Hapur
6. Baghpat
7. Muzaffarnagar
8. Agra
9. Aligarh
10. Mathura
11. Bijnor
12. Shamli
13. Saharanpur
14. Moradabad
15. JP Nagar
16. Hathras
17. Sambhal
18. Amroha