

Bedford County Department of Finance

200 Dover Street, Suite 102
Shelbyville, TN 37160
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Request for Proposal

Ambulance Simulator and Contents Bid No. 18-13

The Bedford County Department of Finance is requesting proposals for Two Ambulance Simulators and Contents for Bedford County Board of Education. Sealed bids will be received until **2:00 p.m., Wednesday, October 18, 2017**, in the office of the Bedford County Department of Finance and will be opened publicly at that time. The Department of Finance reserves the right to reject any and all bids and waive any irregularities for the purpose of ensuring that the award given is in the best interest of Bedford County. Any bids received after the scheduled closing time for receipt of bids will be returned to the bidder unopened.

GENERAL BID TERMS AND CONDITIONS

Proposals from all responsible bidders will be considered. To qualify as a responsible bidder, the proposal submitted must:

- 1. Meet or exceed the minimum requirements specified.**
- 2. Furnish all documents requested by the representative of the Bedford County Department of Finance prior to and following the bid opening.**
- 3. Submit their completed bid prior to the bid opening date and time.**
- 4. Have bid name and bid number placed on the outside lower left corner of the sealed envelope containing the bid form. (Facsimile bids will not be considered.)**

Award

A Purchase Order from the Bedford County Department of Finance will be issued to the successful bidder acknowledging the award. A copy of these terms and conditions, specifications and the vendor's proposal form will become a part of the purchase order.

Prospective bidders may contact Joy Rich, Bedford County Board of Education, 931-684-3284, ext. 2252, for any questions as to the specifications of the bid.

Lowest and/or best bid will be awarded.

Other Considerations

Bedford County Department of Finance reserves the right to purchase only those bid items and quantities that conform to overall budgetary, functional, and performance constraints.

The terms of this bid will be extended to other local government agencies, other municipalities, and Boards of Education. Bedford County is responsible only for Purchases made and received by Bedford County.

INSTRUCTIONS TO BIDDERS

All Proposals are to be made on the Proposal Form provided. Bids must be delivered in hand or by a mail service in a sealed envelope marked on the outside lower left corner, **Bid No. 18-13 Ambulance Simulator and Contents**. Bids will be received and opened at **2:00 p.m., Wednesday, October 18, 2017.** **Any bids received after the scheduled closing time for receipt of bids will be returned to the bidder unopened.**

Proposals are to be made complete in every detail as required and called for by said Proposal Form. Proposals that are incomplete, conditional, contain irregularities of any kind, or which are not in accord with the Instructions to Bidders and Proposal Form furnished by the Department of Finance may be rejected as informal.

The submission of a proposal will signify that the Bidder has thoroughly familiarized himself with all conditions and that he fully understands what will be expected of the successful bidder.

The Department of Finance reserves the right to accept or reject in whole or in part any or all proposals submitted, without liability whatsoever, and waive informalities therein, if deemed by the Department of Finance in their best interest to do so.

**Bedford County Department of Education
Health Science Emergency Services Program of Study**

CTE Equipment Bid List for Cascade High School and Shelbyville Central High School
Bid should be for (2) complete Ambulance Simulators with all contents listed in table below,
and additional EMR/EMT Equipment for each program.

Bid should include delivery of all equipment and installation of simulator at each site.

Ambulance Simulator

- Body 144" X 96" X 96"
- 4' and 2' Interlocking Panels
- Street-side Interior Cabinets
- ALS Front Cabinet
- Ceiling with LED lights & IV hooks
- Action Area- Suction & oxygen
- CPR Seat
- Attendant seat
- Graphics
- Squad Bench
- Camera with DCD Player
- Cot Mount
- 110 Volt outlet
- 12 volt converter

Ambulance Simulator Contents

REFLECTIVE TRIANGLES	Three (3) bi-directional reflective triangles, approved per FMVSS 125, for any transport vehicle.
FLASHLIGHTS	Two, three cell, lantern type flashlights of 4.5 volt or greater, or equivalent, for on- scene use. One must be accessible to the driver and one must be accessible to technician.
REFLECTIVE SAFETY WEAR	Reflective safety wear for each crewmember (must meet or exceed ANSI/ISEA Performance Class I, II or III).
DOT EMERGENCY RESPONSE GUIDE	Current Paper or electronic version (TEMA gives them out Free)
BAG VALVE DEVICE	With a bag volume of at least 1000 milliliters and oxygen reservoir for adult use with adult mask.
BAG VALVE DEVICE	With a bag volume of 450-750 milliliters and oxygen reservoir for pediatric use with child mask and infant mask.
BAG VALVE DEVICE	Neonatal size with a bag volume of 200 - 250 milliliters and oxygen reservoir with neonatal mask.
OROPHARYNGEAL AIRWAY DEVICES	One (1) in each size of 0,1,2,3,4 and 5
NASOPHARYNGEAL AIRWAY DEVICES	One (1) in size 16 or 18; one (1) in size 20 or 22; one (1) in size 24 or 26; one (1) in size 28 or 30; and one (1) in size 32 or 34
BLIND INSERTION AIRWAY DEVICES	Device not intended for the trachea. (double lumen airways)
END TIDAL CARBON DIOXIDE DETECTION/MONITORING	For adult and pediatrics.
NEBULIZERS	For adult and pediatrics

CPAP	One device
TRANSPARENT NON-REBREATHING MASK	<ul style="list-style-type: none"> • Two in adult and child sizes with tubing at least 6 foot in length.
NASAL CANNULA	<ul style="list-style-type: none"> • Two each adult and pediatric
INSTALLED SUCTION DEVICE	<ul style="list-style-type: none"> • With vacuum gauge, a control and collection container, and a minimum capacity of 1,000 milliliters. Must pull at least 300 milliliters in 4 seconds.
SUCTION TUBING	<ul style="list-style-type: none"> • Two (2), six (6) feet in length.
PORTABLE SUCTION DEVICE	<ul style="list-style-type: none"> • A collection bottle (disposable preferred) of at least 250 milliliters shall be provided with (1) spare of the same size. Must pull at least 300 milliliters in 4 seconds. • At least two (2) sets of suction tubing, two feet or more in length. <p>Note: A manually operated portable suction aspirator will not qualify as a portable suction device.</p>
RIGID SUCTION TIPS	<ul style="list-style-type: none"> • Two (2), Yankauer style. <p>1. One may be stored with portable suction device.</p>
FRENCH SUCTION CATHETERS	<ul style="list-style-type: none"> • Two sets. <p>1. Each set consists of 6,8,10,14 and 16, French catheters one each</p> <ul style="list-style-type: none"> • One set may be stored with the portable suction aspirator.
SPHYGMOMANOMETER	<p>With inflation bulb and gauge or automatic device.</p> <ul style="list-style-type: none"> • With adult and pediatric blood pressure cuffs and • Adult large or thigh blood pressure cuff
STETHOSCOPE	<ul style="list-style-type: none"> • May be carried as personally assigned equipment, provided the service has a posted policy regarding supply of this device.
BANDAGE SHEARS	<ul style="list-style-type: none"> • May be carried as personally assigned equipment, provided the service has a posted policy regarding supply of this device.
PULSE OXIMETER	<ul style="list-style-type: none"> • With sensors for use with adult and pediatric patients.
PATIENT THERMOMETER	<ul style="list-style-type: none"> • One non mercury
RIGID EYE SHEILD	<ul style="list-style-type: none"> • 2 rigid eye shields
ADHESIVE TAPE	<ul style="list-style-type: none"> • Two hypoallergenic (2) rolls: one inch wide (1) and 2 inch wide (1)
GAUZE ROLLER BANDAGE	<ul style="list-style-type: none"> • Six (6), each at least three (3) inches wide.
TRIANGULAR BANDAGES	<ul style="list-style-type: none"> • Six (6), with base at least forty-two (42) inches long.
4"X4" DRESSING	<ul style="list-style-type: none"> • Twenty-five (25)
ABDOMINAL /COMBINE	<ul style="list-style-type: none"> • Eight (8) composite pad sterile

DRESSINGS	compresses.
OCCLUSIVE DRESSING	<ul style="list-style-type: none"> Two (2) sterile occlusive dressings of white petrolatum-coated gauze or plastic membrane film at least 3"x3".
BURN SHEETS	<ul style="list-style-type: none"> Two (2) separate hospital or commercially packaged sheets, at least 60"x60".
TOURNIQUET	<ul style="list-style-type: none"> Two (2) commercially available arterial tourniquet. Saline or sterile water in plastic containers sufficient to supply 2000 milliliters. Bagged IV solutions may be substituted, but if substituted will not fulfill IV solution requirements elsewhere in these specifications.
IRRIGATION SOLUTION	
SPINAL IMMOBILIZATION DEVICE	<ul style="list-style-type: none"> Two (2) spinal immobilization devices, backboards, whole body splints or other approved devices capable of immobilizing a patient with suspected spinal injuries which is translucent for xray. Straps or restraints that immobilize the patient at or about the chest, pelvis, and knees shall be provided for each device. Wooden devices must be sealed with finishes to prevent splintering and aid in decontamination. Note: Wooden devices will no longer be acceptable after July 1st 2018.
SHORT SPINAL IMMOBILIZATION DEVICE	<ul style="list-style-type: none"> One (1) short spinal immobilization device consisting of a clamshell wraparound type vest. Device must: <ol style="list-style-type: none"> include affixed restraint straps, head straps and integral padding. be maintained in dust resistant container
CERVICAL SPINAL IMMOBILIZATION OR HEAD IMMOBILIZERS	<ul style="list-style-type: none"> Two (2) designed to prevent lateral head movement of the restrained patient. <ol style="list-style-type: none"> Four (4) disposable or plastic covered foam blocks with tape or restraint straps may be provided to fulfill this requirement. Commercial devices must include accompanying straps or restraint materials. Note: Sand bags will not fulfill this requirement.
CERVICAL COLLARS	<ul style="list-style-type: none"> Two (2) sets shall be available. Each set must contain the following sizes: <ol style="list-style-type: none"> Pediatric Small Adult Medium Adult Large Adult (Adjustable collars may be combined to make at least two adult collars and at least two pediatric collars).
UPPER AND LOWER EXTREMITY IMMOBILIZATION DEVICES	<ul style="list-style-type: none"> Must be made of a rigid support material capable of immobilizing all four extremities, as well as the joint above and the joint below the fracture, in sizes appropriate for adults and pediatrics. Must be placed in a dust-resistant containers. Note Inflatable splints will not meet this requirement.

LOWER EXTREMITY TRACTION SPLINTS	<ul style="list-style-type: none"> • Adult and Pediatric provided with attachments sufficient to immobilize femoral fractures involving both lower extremities. (If one traction splint can splint both legs and the device be adjusted to pediatric size one splint will sufficient) • Must be placed in a dust-resistant containers.
PELVIC IMMOBILIZATION DEVICE	<ul style="list-style-type: none"> • Commercial or medically-recognized, improvised device (i.e. sheet and clips)
CONTAINERS FOR HUMAN WASTE AND EMESIS	<ul style="list-style-type: none"> • One (1) bedpan; • One (1) urinal; and • Two (2) emesis basins or suitable substitutes. • Tissues shall be provided for secretions and toilet use.
BLANKETS OR PROTECTIVE PATIENT COVERS WITH THERMAL INSULATING CAPABILITIES	<ul style="list-style-type: none"> • Two (2) for adults. • One (1) for infant, including head cover. • Must be stored in dust-resistant cover
SHEETS	<ul style="list-style-type: none"> • Four (4) linen or disposable material for cot and patient covers.
PILLOW	<ul style="list-style-type: none"> • 1 time use or with fluid proof covering.
COLD PACKS	<ul style="list-style-type: none"> • 2 cold packs
OBSTETRICAL EMERGENCY PACK	<ul style="list-style-type: none"> • Obstetrical Emergencies Packs or OB Kits shall contain the following: <ol style="list-style-type: none"> 1. Drape towel or underpad. 2. Gauze dressings. 3. Sterile gloves. 4. Sterile cutting instrument 6. Bulb syringe or aspirator Cord clamps and /or umbilical ties 7. Plastic bags and ties for placental tissue. 8. Infant receiving blanket or swaddling materials and head covering (if not included in OB kit may use infant blanket and head cover from patient care supplies).
PERSONAL PROTECTIVE EQUIPMENT	<ul style="list-style-type: none"> • Must conform to current CDC guidelines for infectious disease , including but not limited to the following: <ol style="list-style-type: none"> 1. Disposable gloves sized for the crew. 2. Protection of Mucus membranes. (i.e. goggles/ faceshields below chin and to hairline) 3. Full body protection with (i.e. Fluid-proof/ impermeable covers or gowns, and leggings 4. Protective footwear 5. Two (2) face mask (NIOSH, compliant with at least N-95 specifications). Compliance with Occupational Safety and Health Administration rules for annual fit testing. 6. Roll of impermeable tape..

DECONTAMINATION AND DISPOSAL OF INFECTED WASTE	<p>According to CDC</p> <ul style="list-style-type: none"> • Materials for decontamination and disposal of potentially infected waste to include: <ol style="list-style-type: none"> 1. Red plastic bags or trash bags labeled for biohazard with at least two (2) bags 24"x30". 2. Puncture resistant container shall be supplied for sharps disposal in a locking –style bracket or in a locked compartment within the ambulance. Sheath style or single use containers shall be disposed of in a larger approved container. 3. Antiseptic hand cleaners 4. Environmental Protection Agency approved hospital grade disinfectant for equipment application.
FLUID ADMINISTRATION SETS	<ol style="list-style-type: none"> 1. Three (3) each <ul style="list-style-type: none"> • Macro drip: ten (10) to twenty (20) drops per milliliter. • Micro drip: sixty (60) drops per milliliter.
VENOUS TOURNIQUETS	<ul style="list-style-type: none"> • Non-latex disposable, sufficient for adult and pediatric use.
ANTISEPTIC WIPES	<ul style="list-style-type: none"> • Twelve (12).
CATHETERS OVER NEEDLE	<ul style="list-style-type: none"> • Four (4) in each gauge size 14, 16, 18, 20, 22, and 24.
INTRAVENOUS FLUIDS	<ul style="list-style-type: none"> • Three (3) liters, two (2) of which must be crystalloid fluids.
INTRAOSSEOUS INFUSION DEVICES OR NEEDLES	<ul style="list-style-type: none"> • Two between 14-18 gauge for the adult and /or pediatric and • 18 gauge for patients weighing less than three (3) kilograms.
PRESSURE INFUSION DEVICE	<ul style="list-style-type: none"> • Pressure infusion device
SEMI-AUTOMATED EXTERNAL DEFIBRILLATOR	<ul style="list-style-type: none"> • Shall be provided on each staffed BLS unit. <p>Note: Semi-automated external defibrillators replaced after July 1, 2015 shall have pediatric capability.</p>
<p>• MASS CASUALTY SITUATIONS/INCIDENTS</p>	
TAGGING SYSTEM	<ul style="list-style-type: none"> • Should organize the injured into four (4) groups by color. <ol style="list-style-type: none"> 1. The expectant or dead/dying that are beyond help. 2. The injured who can be helped by immediate transportation. 3. The injured whose transport can be delayed. • Those with minor injuries, which need help less urgently.

MEDICATIONS REQUIRED	
<ul style="list-style-type: none"> • Training medications for simulation/education. No actual medications are to be purchased/provided. 	
ANAPHYLAXIS KIT	<ul style="list-style-type: none"> • Epinephrine 1:1,000 in a preloaded syringe of 0.3 ml per dose or a 1 cc syringe with a needle capable of intra muscular injection. Also sufficient quantity of Epinephrine 1:1000 to administer four (4) doses.
ASPIRIN OR THERAPEUTIC EQUIVALENT	<ul style="list-style-type: none"> • For Suspected cardiac patients
BETA –ADRENERGIC AGONIST OR THERAPEUTIC EQUIVALENT	<ul style="list-style-type: none"> • With appropriate administration devices for acute pulmonary distress.
NITROGLYCERINE	<ul style="list-style-type: none"> • 1/150 grain (0.4mg) tablets, intranasal or sublingual spray or therapeutic equivalent
NARCAN (NALOXONE)	<ul style="list-style-type: none"> • Minimum of 4 mg. , or therapeutic equivalent
GLUCOSE CLIA APPROVED FOR WAVIED TESTING DEVICES	<ul style="list-style-type: none"> • For semi-quantitative blood glucose determinations, with,testing and calibration capabilities.
DEXTROSE 50% IN WATER	<ul style="list-style-type: none"> • At least two (2) prefilled syringes of 25 grams in 50 milliliters, or therapeutic equivalent
SYRINGES FOR DRUG	<ul style="list-style-type: none"> • For drug administration shall have at least 1cc, 3cc, and 10cc sizes with needles to include sizes for intra muscular injections.
LENGTH BASED PEDIATRIC DOSING TAPE	<p>Or appropriate reference material that converts length to estimated ideal body weight in kilograms for pediatric drug dosing and equipment sizing based on the most current guidelines.</p> <p>Note: Length-based dosage tapes shall be ordered within ninety (90) days and replaced within one (1) year of the</p> <ul style="list-style-type: none"> • successor version becoming commercially available.
MUCOSAL ATOMIZER DEVICE	<ul style="list-style-type: none"> • One
ADENOSINE	<ul style="list-style-type: none"> • Minimum 24 milligrams, or therapeutic equivalent.
ATROPINE SULFATE	<ul style="list-style-type: none"> • Minimum four (4) milligrams, or therapeutic equivalent.
ANTIARRHYTHMIC AGENTS	<ul style="list-style-type: none"> • Lidocaine for cardiac arrhythmia at minimum of 400 milligrams or Amiodarone minimum of 450 milligrams, or therapeutic equivalent.
MAGNESIUM SULFATE	<ul style="list-style-type: none"> • Minimum 2 grams in successive doses with dilution, or therapeutic equivalent.
SODIUM CHLORIDE	<ul style="list-style-type: none"> • For injection and dilution of medications.
BENZODIAZEPINE	<ul style="list-style-type: none"> • In amounts sufficient to administer two successive maximum doses, or therapeutic equivalent.
VASOPRESSOR AGENTS	<ul style="list-style-type: none"> • Sufficient to administer four maximum doses, or therapeutic equivalent.

MEDICATIONS REQUIRED	
<ul style="list-style-type: none"> • Training medications for simulation/education. No actual medications are to be purchased/provided. 	
NARCOTIC AGENTS AND ANTAGONISTS	
NARCOTIC ANALGESICS	<ul style="list-style-type: none"> • In an amount to sufficient to administer two maximum adult doses.
ALKALINIZING AGENTS	
SODIUM BICARBONATE	<ul style="list-style-type: none"> • Minimum of 100 milliequivalents or therapeutic equivalent.
ANTIEMETICS	
ANTIEMETIC	<ul style="list-style-type: none"> • Ondansetron, or therapeutic equivalent.
ANTIHISTAMINE	
DIPHENHYDRAMINE	<ul style="list-style-type: none"> • Minimum 50 milligrams or therapeutic equivalent.

PROPOSAL FORM

**TO: Bedford County Department of Finance
200 Dover Street, Suite 102
Shelbyville, Tennessee 37160**

Re: Bid No. 18-13

Gentlemen,

Having examined the specifications for **Two Ambulance Simulators and Contents**, we
(I) submit the following proposal:

Total Bid Price \$ _____

Company Name: _____

Mailing Address: _____

Signature and Title of bidder: _____

Telephone Number: _____

Email: _____