AMENDMENT NO.5 Dated 27.03.2020

Ref No: HLL/SD/RBD/2019-20/TENDER/15 Dt: 05.03.2020

Title: Supply, installation and Commissioning of Ventilators- Specifications & Quantity

The following amendment has been incorporated to the bid document for the above tender;

1. Following products has been included;

Sr. No.	Item	Total tentative Quantity required	UoM
26	Ventilators	20000	Nos

Technical Specifications for Ventilator

- 1. The ventilator should be microprocessor based with active exhalation valve.
- Should work on hospital external high pressure line. The compressor should be stand alone and from the same manufacturer with price quoted separately.
- 3. Suitable for use in ICU for Adult, Pediatric and Infant patients.
- 4. Should undergo automatic calibration system on start-up.
- 5. In the event of central Air line failure the compressor should activate automatically.
- 6. It should have in-built programmable ultrasonic nebulizer producing less than 3 micronmeter particle size
- 7. It should be easy to use having a color in-built touch screen at least 12 inch or more in size with screen lock, intuitive menu structure, Mode preset capability, Pressure bar graph/breath indicator and prioritized alarms.
- 8. Should have the following Ventilation Modes:
 - a. Volume Controlled ventilation (Assisted / Control) VCV
 - b. Pressure Controlled ventilation (Assisted / Control) PCV
 - c. Synchronized intermittent mandatory Ventilation V-SIMV AND P-SIMV
 - d. Pressure support ventilation (Spont, CPAP, PEEP) PSV
 - e. Non invasive ventilation VCV, PCV, SIMV, PSV
 - f. Airway pressure release ventilation APRV/ BI-PHASIC VENTILATION/ Pressure regulated volume control PRVC/ Volume assured pressure support VAPS
- 9. Should have the following Ventilation Settings and Ranges:
 - a) Tidal Volume 20 ml to 1500 ml or more
 - b) I:E ratio 1:4 to 4:1
 - c) Inspiratory Peak Flow 150 LPM or more (Compensated)
 - d) Maximum Inspiratory Peak Flow 200 I/min or more
 - e) Respiratory Rate 5 100 BPM
 - f) Pressure support 0-40 cm H2O
 - g) Inspiratory Pressure: 0-80 cm H2O
 - h) FiO2 21% to 100%

- i) Ti 0.1-5 sec or more
- k) Inspiratory pause, Expiratory Pause, sustained exhalation, Programmable/ adjustable
- I) Inspiratory Trigger (pressure- 0.1-15 mbar/ flow trigger- 0.1- 10 L/ min or more)
- 10. Should monitor the following parameters:
- Respiratory Phase & Type, Respiratory Rate, Exhaled Tidal Volume, Exhaled Min. Volume Total, % leak, Leak min. vol., Spont. Min. volume, I : E Ratio, Peak Inspiratory Pressure, Mean Airway Pressure, Plateau Pressure , End Expiratory Pressure, Auto/Intrinsic PEEP, % Oxygen Delivered, Frequency/ Tidal Volume (RSBI)
- 11. Should measure following Respiratory Mechanics/ Maneuvers:
 - Static Compliance and Resistance, Low Inflection point (LIP) and upper inflection point (UIP), Maximum Inspiratory Pressure, Work of Breathing, Lung recruitment maneuver & Monitoring.
- 12. Should have a Graphics Mode with simultaneous display of all curves and loops:
 - a) Scalars
 - Flow vs. Time
 - Pressure vs. Time
 - Volume vs Time
 - b) Loops
 - Flow / Volume
 - Pressure / Volume
 - Pressure/flow
 - c) Facility for Freeze Screen
 - Individual Analysis of Each Curve
 - Loop Save and Overlay Function
 - Individual Analysis of Each Loop
 - d) Calculated Values
 - Inspiratory pause, Expiratory Pause

13. Scope of supply:

- Ventilator 1 No
- Patient Tubing (adult): 2 Nos/unit
- Patient Tubing (paed-infant): 2 Nos/unit
- Nebuliser kit

10Nos/ Ventilator.

- NIV Mask with harness (Reusable) 5 No for adult and Pediatric each/ Ventilator
- Bacteriological filters 10 Nos/ Ventilator.
- Humidifier-Automatic servo controlled with all accessories: 1 No/ Ventilator.
- Test lung

1 no. each for paediatric and adult

Air & Oxygen hose

each 1 no.

- Support arm to hold pt. circuit 1 no.
- Auto-clavable exhalation system with flow sensor- 2 no., with 5 yrs. Warranty.

In case of Sensor going faulty, the firm should replace it free of cost basis during warranty as well as during CMC.

- 14. Should have audio-visual alarms along with appropriate message for:
 - Inspiratory pressure, FiO2 (High/Low), Resp. Rate, Tidal volume, minute ventilation, PEEP, O2/Air fail, circuit leak-disconnection, Apnea
- 15. Alarm History of ≥ 1000 alarms.
- 16. Should have battery backup of atleast 30 minutes for ventilator
- 17. Should have Automatic Tube Compensation.
- 18. Displayed Trends Values for 48-72 hours atleast for above parameters.
- 19. The company should provide Five years comprehensive warranty (including labour and spares) and five years CMC, rates to be quoted separately. Prices of essential/spare items accessories also to be quoted separately.
- 20. The unit shall be capable of operating continuously in ambient temperature of 10 -50 deg C and relative humidity of 15-90%.
- 21. The unit shall be capable of being stored continuously in ambient temperature of 0 -50 deg C and relative humidity of 15-90%.
- 22. Power input to be 220-240VAC, Current: 2 Amps, 50Hz.
- 23. Should be US FDA or European CE/ ISO approved

- 24. Company should have service centre in Delhi/ NCR and should provide service 24x7.
- 25. Demonstration is a must.
- 26. Certified for meeting IEC 60601-1-4 Medical electrical equipment Part 1-4: General requirements for safety Collateral Standard: Programmable electrical medical systems
- 27. The service provider should have the necessary equipments recommended by the manufacturer to carry out preventive maintenance test as per guidelines provided in the service/maintenance manual.
- 28. Must submit user list and performance report within last 5 years from major Central Govt./State Govt./reputed private hospitals
- 29. List of important spare parts and accessories with their part number and costing.
- 30. Compliance Report to be submitted in a tabulated and point wise manner clearly mentioning the page/para number of original catalogue/data sheet. Any point, if not substantiated with authenticated catalogue/manual, will not be considered.
- 31. All equipment should be from the same manufacturer or OEM (original equipment manufacturer)

It may be noted that we have placed order for 10000 Ventilators with a delivery schedule of one month. If any manufacturer / supplier has a ventilator model with different specification, than the one indicated above and has similar large quantities to offer within a short time period may get the model evaluated and approved by a technical committee constituted by DGHS, Ministry of Health & Welfare, Govt. of India.

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