REPUBLIC OF SERBIA
AUTONOMOUS PROVINCE OF VOJVODINA
CITY OF KIKINDA
CITY ADMINISTRATION
SECRETARIAT FOR PROJECTS
NUMBER: III-09-510-2/ 2018-38
DATE: 26.07.2023.
K I K I N D A

OBJECT OF THE PROCUREMENT: Procurement of ambulance vehicles and medical equipment
REFERENCE NUMBER: RORS 284/CityofKikinda/TD2-relaunch
CONTRACTING AUTHORITY: City of Kikinda
LAUNCHING DATE OF THE PROCUREMENT: 26/06/2023
PROCEDURE: International Open
performed under:
PROGRAMME: Interreg-IPA Cross-border Cooperation Romania-Serbia Programme
PROJECT TITLE: „Banat 112 – fast response to a unique challenge"
EMS CODE: RORS 284

CLARIFICATION 2

According to the Point 13. of the Instruction to tenderers, published under procurement procedure, ref. no. RORS 284/CityofKikinda/TD2-relaunch, City of Kikinda, as a Contracting Authority, by this Clarification 2 provides answers to all questions duly submitted up to the date of this document.

Clarification contains 3 (three) question/clarification request and 3 (three) answers of the Contracting Authority. Question is presented in its original text. Having in mind content of the clarification request, we concluded that it referred to item no. 1.2 (transport respirator) of LOT 1.

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QUESTION 1

1. *Considering the fact that ventilation modes required in the bidding documents are specific features and "trade-mark" of a particular Manufacturer, and other Manufacturers/Bidders cannot meet the requirements, does the Procuring Entity find the equivalent ventilation modes acceptable? For in this case there is a violation in terms of competitiveness*

ANSWER 1

The Contracting Authority has set minimum technical criteria for item 1.2 of Lot 1 - Transport respirator. In doing so, it used labels and acronyms that are common in medical science. In parallel, explanation of ventilation modes that the device must satisfy have been given in parentheses.

At first, Contracting Authority set that the device must provide possibility of non-invasive ventilation – NIV (whereby invasive ventilation is implied, which can be concluded from the ventilation modes mentioned later). Also, it set that the device must provide pressure-supported ventilation (PS) and volume-supported ventilation (VS), depending on which control variable (volume or pressure) regulates the respiratory cycle.

Regarding ventilation modes, Contracting Authority had set the minimum:

- **VC-CMV (volume controlled mandatory ventilation)** – by this mode of ventilation, the respirator/ventilator delivers to the patient a respiratory volume (for the volume controlled ventilation) with a given frequency; mandatory (compulsory) respiratory cycles are not synchronized with the possible attempts of the patient to make an inspiration, so this mode of ventilation is suitable for patients who do not have attempts of spontaneous breathing;
- **VC-AC (volume controlled assisted ventilation)** - if there is no effort by the patient to make an inspiration, this mode of ventilation is basically the same as the previous; however, if the patient tries to inhale and the respirator recognizes this, the patient is delivered a set-mandatory respiratory volume (with volume-controlled ventilation) with each inspiratory effort of the patient registred by the ventilator; so, unlike the previous mode, here the synchronization between the ventilator and the patient exists; the patient can start inspiration, but it will not be spontaneous, it is always controlled by a ventilator (the ventilator, for each patient's inspiratory attempt, provides the previously set respiratory volume), but the patient controls the respiratory frequency;
- **VC-SIMV/PS (volume controlled synchronized ventilation)** – firstly, SIMV acronym means „synchronous intermittent mandatory ventilation"; patient controls the frequency and volume of spontaneous respirations, and the ventilator occasionally (at a set frequency) delivers the mandatory respiratory volume, so, in such a way, mandatory respiratory cycles are synchronized with the patient's spontaneous breathing; every spontaneous breath of the patient outside the mandatory breaths can be assisted by specific pressure (PS); that is why we wrote VC-SIMV/PS;
- **Spn-CPAP/PS (spontaneous ventilation with pressure support)** - CPAP (continuous positive airway pressure) is a mode of ventilation that requires patient's spontaneous breathing; the patient breathes spontaneously at a given level of positive pressure, there are no ventilator-generated respiratory cycles; that is why this acronym has been used;
- **CPR work regime (cardiopulmonary resuscitation)** – operability of the device to perform its function while CPR is being conducted;
- **apnea ventilation** – a mode that, during non-invasive mechanical ventilation, recognizes the cessation or pauses in the patient's breathing and accordingly assists in the patient's breathing process

Above-mentioned ventilation modes have been set as a minimum which technically compliant respirator must perform. In that sense, if an offered ventilator could perform them, it would be acceptable, nevertheless the marks or acronyms used by the manufacturer.

QUESTION 2

2. *Is the respirator without possibility of measuring capnography acceptable for the Purchasing Entity, considering the fact that a defibrillator with CO2 measurement is also required?*

ANSWER 2

If the offered respirator would not have the technical capability of measuring capnography, it would mean that it wouldn't be technically compliant with the given technical specification. The Contracting Authority has set minimal technical requirements in Annex II+III for items of Lot 1, which means that all of them must be met in order for the offered device to be considered as technically compliant. Capnography is highly important feature of the respirator

and intention of the Contracting Authority is to provide availability of that function, nevertheless other device, that could perform such a function, is available or not.

QUESTION 3

3. *Is the respirator with a display that is not sensitive to touch and is non-rotating acceptable? We find it rather possible for the operator wearing gloves to accidentally touch a "touch screen" display during the transportation of the patients when ventilation is required and when it is necessary to set all the parameters (such as gas mixtures, volume, number of inhales, etc.), to intubate a patient, and connect a tube to a respirator - an involuntary mistake which can have negative effects on the helping process. Rotating display is a technical requirement that has no significant functionality - all the contemporary displays are made with a wide viewing angle thus eliminating the need for rotating display and adjusting its position to the operator monitoring the parameters.*

ANSWER 3

The Contracting Authority accepts the finding that certain technical characteristics, set for the item 1.2 in Lot 1, are not of crucial importance for the functionality of the device and that they, as such, could eliminate certain products without any necessity. This refers to features such as "touch screen", color screen, screen rotatability. Having in mind that the characteristics set in this way are not satisfied by a significant number of models from different manufacturers, and that their absence does not reduce the quality of the device, as well as working conditions of the medical staff and the quality of the provided health service, the Contracting Authority will make the following correction:

- the provision "color display, sensitive to touch, rotative" is changed to: wide-view angled or rotative display, visible under strong sunlight

We are of the opinion that display visibility under strong sunlight and wide view angle of the display, as a minimum requirement, could provide the same level of functionality as the previously set criterion, while respecting the equality of producers on the market and the principle of fair competition.