



REQUEST FOR TENDER

PART 5

STATEMENT OF REQUIREMENTS

Non-Emergency
Patient Transport Services

RFTHPV2014-094

Supplementary RFT

TABLE OF CONTENTS

PART 5, CHAPTER 1 OVERVIEW AND COMMON REQUIREMENTS.....	7
SECTION A Introduction.....	8
A.1 Purpose	8
A.2 Structure of Part 5 – Statement of Requirements	8
A.3 Scope.....	8
A.4 Typical Transport Services	9
SECTION B BACKGROUND	11
B.1 Background.....	11
B.2 Role of HPV.....	11
B.3 Role of AV.....	11
B.4 Current Service Delivery Model – PHS	11
B.5 Current Service Delivery Model – AV	12
Metropolitan Region	13
Regional Areas	13
SECTION C Overview of services required.....	14
C.1 Overview of Services Required – PHS	14
C.2 Overview of Services Required – AV	14
SECTION D Tendering and Contract Placement Strategy	17
D.1 Tendering and Contract Placement Strategy – HPV.....	17
D.2 Tendering and Contract placement Strategy – AV	18
SECTION E NEPT Regulations.....	19
E.1 NEPT Regulations and Authorisation	19
E.2 Legislation and Other Changes	19
PART 5, CHAPTER 2 PHS SPECIFIC REQUIREMENTS.....	20
SECTION F PHS specific requirements	21
SCOPE AND SERVICE LIST	21
F.1 Scope.....	21
F.2 Service List	23
STATEMENT OF WORK	23
F.3 Service Delivery.....	23
F.4 Transport Types.....	24
F.5 Patient Definitions.....	24
F.6 Health Service Protocols	25
F.7 Standards	25
F.8 Infection Control	26
F.9 Incident Reporting	26

F.10	Delays	26
F.11	Patient Rights And Feedback	27
F.12	Completion Of Patient Care Records (PCR)	27
F.13	Vehicle Requirements	27
F.14	Therapeutic Goods Administration Certification	28
F.15	Stretcher Patient Transport	28
F.16	Patient Transport Procedures.....	29
F.17	Clinic Transport Services.....	29
F.18	Crewing Requirements.....	29
F.19	Vehicle Requirements	30
F.20	Booking Services	30
F.21	Dedicated Hospital Vehicles.....	31
F.22	Fixed Wing Air Ad Hoc Transport.....	32
GENERAL REQUIREMENTS		34
F.23	Statutory And Regulatory Compliance.....	34
F.24	Sub-Contractors	34
F.25	Service Level Agreements	34
F.26	Management Requirements.....	35
F.27	Contract Management	35
F.28	Management Plans	36
F.29	Reporting Requirements	36
F.30	Sales Reports	37
F.31	Key Performance Indicators	38
F.32	Relationship Management	39
F.33	Issue Resolution	39
F.34	Quality Assurance	40
F.35	Occupational Health and Safety	40
F.36	Risk Management	41
F.37	Environmental Management	41
F.38	Social Responsibility.....	41
F.39	Continuous Improvement.....	41
F.40	General Staff Requirements	42
F.41	Industrial Disputes	44
F.42	Cancellation Fees	44
F.43	Invoicing	45
F.44	Records	46
F.45	Payment of Fees	46
F.46	Transition In and Out	46
F.47	Services Transfer Assistance	47
PART 5, CHAPTER 3 AV SPECIFIC REQUIREMENTS.....		48
SECTION G AV Specific Requirements		49

BACKGROUND INFORMATION FOR TENDERERS	49
G.1 AV's Non-Emergency Patient Transport.....	49
G.2 Metro Region.....	49
G.3 Regional Areas	50
TENDER SCOPE.....	50
G.4 Services Required	51
GENERAL REQUIREMENTS	60
G.5 Licencing, Permits and Registrations	60
G.6 Patient Transport Procedures.....	60
G.7 Service Delivery.....	61
G.8 Service Transition	61
G.9 AV Communications	62
G.10 Vehicle and Equipment Requirements.....	62
CONTRACTOR PERSONNEL REQUIREMENTS	65
G.11 Personnel Authorisations.....	65
G.12 Crewing Levels	67
G.13 Standards of Behaviour	67
G.14 Driving Under Emergency Conditions.....	68
G.15 Orientation and Induction	69
G.16 Sub-Contractors	69
HEALTH, SAFETY AND WELLBEING REQUIREMENTS.....	70
G.17 Employee Immunisation	70
G.18 Infection Control.....	70
G.19 Counselling and Psychological First Aid (Peer Support Services).....	70
G.20 Occupational Health and Safety	71
REPORTING AND QUALITY ASSURANCE REQUIREMENTS	72
G.21 Data Quality and Completeness	72
G.22 Reporting Requirements	72
G.23 Completion of Patient Care Records.....	73
G.24 PCR Audits and Clinical Quality Assurance	74
G.25 Monthly Invoices.....	74
G.26 Patient Rights and Feedback.....	74
G.27 Performance Measures	75
SERVICE DELIVERY REQUIREMENTS.....	76
Service Category 1 – Stretcher Transports	77
G.28 Equipment Requirements	77
G.29 Vehicle Requirements.....	77
Service Category 1.1 Stretcher Shifts	78
G.30 Metro Region Stretcher Baseload Shift Service Requirements	78
G.31 Regional Areas Stretcher Baseload Shift Service Requirements.....	79

Service Category 1.1A – Flexible Transport Shifts.....	83
G.32 Service Requirements.....	83
Service Category 1.2 - Stretcher Ad Hoc Cases	85
G.33 Service Requirements.....	85
G.34 Booking and Dispatch Process	86
Service Category 1.3 - Hospital Based Vehicles (HBV)	87
G.35 Service Requirements.....	87
G.36 Workload Trends.....	89
G.37 Booking and Dispatch Process	90
G.38 Audit Requirements.....	91
Service Category 2 - Complex Patient Ambulance Vehicle (CPAV) Services	92
G.39 Overview	92
G.40 Acuity of CPAV Patients	93
G.41 AV Owned Vehicles	94
G.42 CPAV Operating Requirements.....	94
G.43 Dispatch Process.....	95
G.44 AV Supplied Vehicle and Equipment	96
G.45 Specialist CPAV Equipment.....	97
G.46 Communications and VACIS® Equipment	98
G.47 Training Requirements.....	98
G.48 Driving Under Emergency Conditions.....	99
Service Category 3 - Drivers for the Paediatric Infant Perinatal Emergency Retrieval Service (PIPER).....	100
G.49 General Service Requirements.....	100
G.50 Workload Trends.....	100
G.51 Crewing Requirements.....	100
G.52 Service Requirements for Delivery Models.....	101
Service Category 4 - Emergency Response Support	104
G.53 Overview	104
G.54 State Health Emergency Response Plan (SHERP)	105
G.55 NEPT Regulations: Major Incidents Scope of Practice	106
G.56 Activation Process.....	106
Service Category 5 - Public Event Standby.....	108
G.57 Overview	108
G.58 Service Requirements.....	108
Service Category 6 – Staff Secondment	111
G.59 Overview	111
G.60 Service Requirements.....	111
Service Category 7 - Adult Retrieval Victoria Ad Hoc Services.....	113
G.61 Overview	113
G.62 General Requirements	113
G.63 Crewing Requirements.....	114

G.64	Nurse Only Transports (NOTs)	115
G.65	Doctor and Equipment Pick ups and Returns.....	115
G.66	Vehicle Requirements	115
G.67	Equipment Requirements	117
Service Category 8 - Clinic Transport Services (CTS)		118
G.68	Overview	118
G.69	Equipment Requirements	118
G.70	Crewing Requirements.....	119
G.71	Vehicle Requirements	119
Service Category 8.1 Clinic Transport Services (CTS) – Shifts		122
G.72	Metro Region Service Requirements	122
G.73	Regional Areas Service Requirements	122
G.74	Work Allocation	123
G.75	Service Requirements.....	123
Service Category 8.2 Clinic Transport – Ad Hoc Services.....		124
G.76	Overview	124
G.77	Work Allocation	125
Service Category 9 – Fixed Wing Air Ad Hoc Transport Services.....		126
G.78	Background.....	126
G.79	Services Required	126
G.80	Pilot Qualifications, Experience, Training and Recency	128
G.81	Procedures.....	128
G.82	Pilot Pre-Acceptance Requirements	128
G.83	Operations	129
G.84	Aircraft General Specifications	130
G.85	Aircraft Electrical and Avionics	132
G.86	Safety Equipment	133
G.87	Minimum Equipment List (MEL).....	133
G.88	Aeromedical Equipment List (AMEL)	133
G.89	Maintenance.....	134
G.90	Maintenance Personnel	135
G.91	Ground Handling of Aircraft.....	136
G.92	Computerised Tracking	136
G.93	Aeromedical Training.....	137
G.94	Medical Equipment.....	137
G.95	Communications	138
G.96	Provision of Certificates, Documents and Manuals	138
G.97	Stretcher Requirements	139
G.98	Seating Requirements	141
G.99	Neonatal Units.....	141
G.100	Stretcher Bridges.....	142
G.101	Specialist Retrieval Teams – Carriage of Equipment	142

G.102	Aeromedical Electrical Systems.....	142
G.103	Aeromedical Oxygen	143
G.104	Suction Systems	144
G.105	Cabin Lighting Systems	144
G.106	Inter Communication System	145
G.107	Cabin Environmental Systems	145
G.108	Cabin Door and Stretcher Loading System (for Stretcher Patient Operations) ..	145
G.109	Aeromedical Fit-Out and Cabin Certification.....	147
G.110	Aeromedical Systems and Cabin OH&S	147
G.111	Infection Control Management Plan	147
G.112	Aircraft Cleaning	147
G.113	Linen.....	147
G.114	Aircraft Livery.....	147
G.115	Stowage	148
G.116	Regulatory Requirements.....	148
G.117	Service Requirements.....	148

PART 5, CHAPTER 1

OVERVIEW AND COMMON

REQUIREMENTS

SECTION A INTRODUCTION

A.1 PURPOSE

- A.1.1 The purpose of this Part 5 – Statement of Requirements is to:
- a. detail the range and type of services sought under this Supplementary Request for Tender (RFT); and
 - b. specify the requirements that Non-Emergency Patient Transport Services (NEPT) must meet (these requirements also form part of any resulting Agreements between Health Purchasing Victoria (HPV), Ambulance Victoria (AV) and any Contractor or Panel Member).
- A.1.2 HPV is seeking submissions from Tenderers who are able to provide Non-Emergency Patient Transport Services in Victoria to either the Participating Health Services (PHS) and/or AV.

A.2 STRUCTURE OF PART 5 – STATEMENT OF REQUIREMENTS

- A.2.1 This Part 5 – Statement of Requirements is divided into the following sections:
- a. Section A – Introduction;
 - b. Section B – Background;
 - c. Section C – Overview of Services Required;
 - d. Section D – Tendering and Contract Placement Strategy;
 - e. Section E – Application of NEPT Act and NEPT Regulations;
 - f. Section F – PHS specific requirements; and
 - g. Section G – AV specific requirements.

A.3 SCOPE

- A.3.1 The scope of this Supplementary RFT includes:
- a. Stretcher Patient Transport Services for both PHS and AV. The PHS requirement includes Complex Patient Ambulance Vehicle services (CPAV);
 - b. Clinic Transport services (CTS) for Walker, Walker Assist and Hoist patients for both PHS and AV;
 - c. Fixed Wing Air Ad Hoc patient transport services for Stretcher and CTS patients for both PHS and AV;
 - d. Hospital Based Vehicles (HBV) (AV only);
 - e. Dedicated Hospital Vehicles (DHV) (PHS only);
 - f. Complex Patient Ambulance Vehicle services (CPAV) (AV only);

- g. Drivers for the Paediatric Infant Perinatal Emergency Retrieval Service (PIPER) (AV only);
- h. Staff Secondment Services (AV only);
- i. Public Event Standby (AV only);
- j. Emergency response support (AV only); and
- k. Adult Retrieval Services (AV only).

A.3.2 This Supplementary RFT also includes services that are required to support the delivery of transport and the management of the contractual arrangements by HPV, PHS and AV. These include:

- a. Management Services relating to the provision of the above services, including (but not limited to)
 - (i) Contract and performance management;
 - (ii) Customer service;
 - (iii) Reporting;
 - (iv) Occupational Health and Safety;
 - (v) Risk management; and
 - (vi) Quality management, including continuous improvement activities.Financial management;
- b. Vehicle and equipment requirements;
- c. Booking services;
- d. Training requirements; and
- e. Transition In/Out

A.3.3 The overall scope of this Supplementary RFT does not currently include the supply of the following. Additional services out of scope for HPV and AV individually are detailed in Sections F – PHS Specific Requirements and G – AV Specific Requirements:

- a. Emergency transport provided by AV;
- b. taxi transport; and
- c. in-house patient transport services staffed by hospital or health service resources or volunteers using hospital or health service-owned vehicles.

A.4 TYPICAL TRANSPORT SERVICES

A.4.1 Typical transports undertaken would include:

- a. Transports to and from general medical and outpatient appointments;
- b. Admissions to hospital from home;

- c. Discharges from hospital to home;
- d. Inter hospital transfers, including
 - (i) transfers between Regional Health Services to Melbourne hospitals; and
 - (ii) transfers within Health Services, including between Regional Health Services, and between Metropolitan Health Services.
- e. Transfers to and from Airports (including transports to/from Air Ambulance Victoria); and
- f. Transport of non-urgent cases to and from Emergency Departments.

SECTION B BACKGROUND

B.1 BACKGROUND

- B.1.1 In support of the Victorian Government's commitment to healthcare integration, HPV is seeking to implement a responsive, integrated approach to NEPT services on behalf of PHS and AV, to ensure timely access to appropriate health services for all Victorians.

B.2 ROLE OF HPV

- B.2.1 Health Purchasing Victoria ('HPV') was established by section 129(1) of the *Health Services Act 1988* and is a statutory authority which represents the Crown. HPV's functions include 'to supply or facilitate access to the supply of goods and services to public hospitals and other health or related services on best value terms'. — *Health Services Act 1988*

B.3 ROLE OF AV

- B.3.1 The role and objectives of AV are outlined in the *Ambulance Services Act 1986*.
- B.3.2 They are to:
- a. Respond rapidly to requests for help in a medical emergency;
 - b. Provide specialised medical skills to maintain life and to reduce injuries in emergency situations and while moving people requiring those skills;
 - c. Provide specialised transport facilities to move people requiring emergency medical treatment;
 - d. Provide services for which specialised medical or transport skills are necessary; and
 - e. Foster public education in first aid.

B.4 CURRENT SERVICE DELIVERY MODEL – PHS

- B.4.1 The PHS currently purchases these services individually or collectively on behalf of other health services, on a localised basis.
- B.4.2 A list of PHS is provided in ***Part 11 Non-Returnable Appendices, Appendix 14 – Health Service Participation***.
- B.4.3 Activity data for the PHS is provided in ***Part 9A – Activity Data and Part 11 Non-Returnable Appendices, Appendix 17 – Health Services Activity Profile***.

Geographic Regions – Participating Health Services

- B.4.4 PHS have been classified as Metropolitan or Regional and grouped into the following geographic regions:
- a. Metropolitan
 - b. Barwon South Western
 - c. Gippsland
 - d. Grampians
 - e. Hume
 - f. Loddon Mallee
- B.4.5 Details of the PHS and their respective Regions are provided in ***Part 11 Non-Returnable Appendices, Appendix 14 – Health Service Participation.***
- B.4.6 Health Services currently have individual contracts with commercial providers of these services and utilise both these contractors and AV to provide NEPT services to their patients.
- B.4.7 The PHS collectively provide NEPT transport to more than 70,000 patients annually, and these transports occur across the State and on occasion to/or from peripheral areas located outside of Victoria
- B.4.8 In general, PHS utilise NEPT services 24 hours a day, 7 days a week.
- B.4.9 Further information on the PHS requirements is provided in ***Sections C, D, E and F*** of this Statement of Requirements and activity data on the services utilised is provided in ***Part 9A – Activity Data and Part 11 Non-Returnable Appendices, Appendix 17 – Health Services Activity Data.***

B.5 CURRENT SERVICE DELIVERY MODEL – AV

- B.5.1 AV currently provides non-emergency transport to more than 230,000 patients annually through the use of contracted Non-Emergency Patient Transport (NEPT) partners and AV in house clinic car and stretcher services.
- B.5.2 Transports occur across the State and less frequently to/or from peripheral areas located outside of Victoria.
- B.5.3 For AV'S operational purposes, the state is divided into two sections, known as the Metropolitan (Metro) and Regional Areas. AV's model of service delivery for NEPT services differs across these areas.
- B.5.4 The following provides a brief summary of service delivery in the Metro and Regional Areas:

Metropolitan Region

- B.5.5 AV currently has Agreements with private providers to undertake the NEPT stretcher workload in the Metro Region.
- B.5.6 Almost 100% of non-emergency stretcher transport in the Metro Region is provided by Contractors. At times if demand for NEPT transport exceeds available NEPT resources, some NEPT transports may be undertaken by AV emergency resources.
- B.5.7 Dedicated NEPT stretcher resources are provided 24 hours a day, 7 days a week including all Public Holidays.
- B.5.8 Call taking and dispatch for stretcher services is managed by Emergency Services Telecommunications Authority (ESTA)
- B.5.9 AV operates an in-house Clinic Transport Service (CTS) for non-Stretcher Patients. Whilst approximately 90% of CTS work is undertaken by internal resources, AV uses Contractor services to supplement CTS resources on an as needs basis.
- B.5.10 The CTS service operates primarily weekdays between 0600hrs and 1800hrs with limited weekend and Public Holiday services available.
- B.5.11 CTS call taking and dispatch is managed internally by AV.

Regional Areas

- B.5.12 AV utilises a combination of resources to undertake NEPT in Regional Areas across Victoria. This includes the use of AV emergency resources, Air Ambulance Victoria (AAV), AV dedicated NEPT resources and the services of AV's Contractors.
- B.5.13 Traditionally, internal (AV) and external (Contractor) dedicated NEPT stretcher resources are provided primarily on weekdays including Public Holidays between 0700hrs and 2200hrs with some weekend services operating in some locations.
- B.5.14 It is possible that weekend NEPT services will be expanded during the term of the AV Agreement.
- B.5.15 AV currently operates a limited CTS service in the Regional Areas, with two CTS vehicles in operation. In all other regions, a clinic car service is not operated and these patients are transported via stretcher resources.
- B.5.16 During the term of the AV Agreement, AV may elect to establish CTS services in one or more Regional Areas.

SECTION C OVERVIEW OF SERVICES REQUIRED

C.1 OVERVIEW OF SERVICES REQUIRED – PHS

C.1.1 The following section provides a description of the NEPT services required by the PHS:

Stretcher Transport Services

C.1.2 These services involve the provision of NEPT transport via road, including the provision of in-transit patient treatment (in accordance with the NEPT Regulations.) Stretcher Transport services are provided to Low, Medium and High Acuity patients who require travel in a recumbent or semi-recumbent position and/or require treatment, monitoring, observation or supervision during transport.

C.1.3 This includes Complex and Bariatric Patient Ambulance Vehicle services which is the provision of patient transport using CPAV specialised equipment, including the provision of in-transit patient treatment (in accordance with the NEPT Regulations) to Low, Medium and High Acuity NEPT patients.

C.1.4 These services are provided on an Ad Hoc basis.

Dedicated Hospital Vehicles (DHV)

C.1.5 The provision of on call NEPT transport services at major public hospitals (or Health Services) to collect and deliver Low, Medium and High Acuity Stretcher and CTS patients as and when required by the facility.

Clinic Transport Services (CTS)

C.1.6 The provision of patient transport services to Walker, Walker Assist and Hoist Patients, using a sedan, station wagon or hoist vehicle.

C.1.7 These services are provided on an Ad Hoc basis.

Fixed Wing Air Ad Hoc Transport Services

C.1.8 The provision of non-emergency patient transport by Fixed Wing Air transport on an Ad Hoc basis, including the provision of in-transit patient treatment (in accordance with the NEPT Regulations) to Low, Medium and High Acuity stretcher NEPT and Walker Patients. PHS may elect to use an air transport service in distant or inaccessible locations, where air transport can assist deliver an effective patient outcome.

C.2 OVERVIEW OF SERVICES REQUIRED – AV

C.2.1 The following section provides a description of the Non-Emergency Patient Transport Services provided by AV (via both internal and external resources):

Stretcher Transport Services

- C.2.2 These services involve the provision of NEPT transport via road, including the provision of in-transit patient treatment (in accordance with the NEPT Regulations.) Transport services are provided to Low, Medium and High Acuity patients who require travel in a recumbent or semi-recumbent position and/or require treatment, monitoring, observation or supervision during transport.

Hospital Based Vehicle (HBV) Services

- C.2.3 The provision of NEPT transport services at major public hospitals (or Health Services) to collect and transport Low, Medium and High Acuity Stretcher, CTS, and preferably, CPAV patients, as and when required by the facility.

Complex Patient Ambulance Vehicle (CPAV) Services

- C.2.4 The provision of NEPT using CPAV specialised equipment, including the provision of in-transit patient treatment, to Low, Medium and High Acuity NEPT Complex and Bariatric Patients, and
- C.2.5 The deployment of CPAV specialised equipment to provide assistance to AV emergency crews in lifting/extraction and/or transport of Bariatric and Complex emergency Patients.

Drivers for the Paediatric Infant Perinatal Emergency Retrieval Service (PIPER)

- C.2.6 The provision of On Call and/or onsite drivers , to support the Newborn Emergency Transport Service (NETS) and Paediatric Emergency Transport Service (PETS), for the transfer of acutely ill newborn babies and children, across Victoria, on a 24 hour basis.

Emergency Response Support

- C.2.7 NEPT services provide support to AV's emergency services under AV's Emergency Response Plan. AV is the responsible authority for the provision of pre-hospital care and the coordination of medical treatment at the scene of a major incident occurring within Victoria and may engage NEPT to provide initial and secondary transport for victims of major incidents to facilities charged with providing appropriate medical treatment.

Public Event Standby

- C.2.8 The provision of NEPT stretcher vehicles and crews on standby at Public Events including facilitation of treatment and transport to participants, as required.
- C.2.9 These Services may also include participation in television and film production and attendance at other events, such as fun runs.

Staff Secondment Services

- C.2.10 The provision of specifically qualified Contractor Personnel on Secondment, to assist with provision of adequate service coverage within AV.

Adult Retrieval Victoria (ARV) Patient Transport Services

- C.2.11 The provision of patient retrievals and critical care services to High Acuity patients across the state, operating on an On Call basis, 24 hours a day, 7 days a week.

Clinic Transport Services (CTS)

- C.2.12 The provision of patient transport services to Walker, Walker Assist and Hoist Patients, using a sedan, station wagon or hoist vehicle.

Ad hoc Air Transport Services

- C.2.13 The provision of non-emergency patient transport by fixed wing aircraft on an Ad Hoc Case basis, including the provision of in-transit patient treatment (in accordance with the NEPT Regulations) to Low, Medium and High Acuity stretcher NEPT and Walker Patients.
- C.2.14 AV may elect to use an air transport service in distant or inaccessible locations, where air transport can assist in delivering an effective patient outcome.

SECTION D TENDERING AND CONTRACT PLACEMENT STRATEGY

D.1 TENDERING AND CONTRACT PLACEMENT STRATEGY – HPV

- D.1.1 Submissions from Tenderers will be considered, for provision of services to:
- a. single, or any combination of multiple patient acuity levels within a relevant Service (e.g. low acuity only, high acuity only, low and medium acuity etc.) and/or
 - b. single or multiple Services in a single Region or multiple Regions;
- however, preference will be accorded to Tenderers with the ability to provide multiple Services or one Service across multiple Regions.

NOTE TO TENDERERS:

Tenderers are to note that the provision of Stretcher Transport and Clinic Transport Services will be treated as a single Service. HPV will not be awarding these services in any particular region to different providers.

- D.1.2 Joint venture submissions from two or more providers, particularly where they are able to offer provision of multiple Services across multiple Regions will be considered.
- D.1.3 Notwithstanding *Part 1 Clause 1.5.1*, for specific PHS or PHS within a specific Region, HPV may choose to award a single supplier (Sole Supply) or a panel of suppliers (Panel Supply) for an individual Region or for multiple Regions. It is noted that Sole Supply ensures all contracted purchases by a specific PHS or PHS within the specified Region or Regions are directed to the Sole Supplier.
- D.1.4 Where HPV elects to award Panel Supply, PHS may choose to purchase from any or all contracted suppliers.
- D.1.5 HPV intends to review the effectiveness and relevance of the HPV Agreements, including panel membership, on a yearly basis.
- D.1.6 HPV reserves the right as part of the review to:
- a. change from a Sole Supply situation to a Panel Supply situation, and add additional Services and/or Providers to the Panel to meet operational requirements, or
 - b. change from a Panel Supply situation to a Sole Supply situation to meet operational requirements.

- D.1.7 HPV, either on request from a PHS, or as part of the review, may include additional providers or new categories of Services in the panel or in the HPV Agreement. Any new providers will be subject to the same evaluation process as those initially awarded.

D.2 TENDERING AND CONTRACT PLACEMENT STRATEGY – AV

- D.2.1 The core requirement of this tender is to supply non-emergency patient transport by road to Low, Medium and High Acuity patients. These services represent the most significant proportion of the current AV Agreements by value of the services required.
- D.2.2 AV is seeking to enter into agreements with multiple licenced NEPT providers for Stretcher Transport Shifts (Service Category 1.1) to provide flexibility in delivery of Services and to minimise risk of Service interruption.
- D.2.3 AV's preference is to allocate a maximum of 50% of stretcher Shifts to any one provider in the Metro Region.
- D.2.4 The two types of Services to be awarded are Baseload and Ad Hoc. Baseload services, once awarded, are mandatory. Ad Hoc Services, once awarded, will be offered as additional services as required and are not mandatory.
- D.2.5 Submissions from Tenderers will be considered for provision of services to:
- a. single, or any combination of multiple patient acuity levels within a relevant service (e.g. Low Acuity only, High Acuity only, Low and Medium Acuity etc.); and/or
 - b. single or multiple services in a single or multiple locations; and/or
 - c. single locations/areas/regions,
- however, preference may be accorded to Tenderers with the ability to provide multiple services or one service across multiple locations/areas/regions.
- D.2.6 Joint venture submissions from two or more providers, particularly where they are able to offer provision of multiple services across multiple locations/regions will be considered.
- D.2.7 All Providers tendering for Stretcher or CTS Shifts or any Ad Hoc services must also tender prices to provide services to support AV's Emergency Response Plan (Service Category 4) on an as required basis.

SECTION E NEPT REGULATIONS

E.1 NEPT REGULATIONS AND AUTHORISATION

- E.1.1 Non-emergency Patient Transport (NEPT) is a service that provides for the transport of persons to or from medical services/facilities, or between levels of care, where an appropriate health professional has determined that the person being transported requires the supported transport and care provided by AV. The *Non-Emergency Patient Transport Act 2003* (NEPT Act 2003) mandates that all NEPT service providers must be licensed in order to be able to transport patients in Victoria.
- E.1.2 Non-emergency patient transports need to be authorised by a medical practitioner. Authorisation considers whether there is a demonstrated medical requirement for ambulance transport on the grounds that:
- a. the patient requires the use of the specialised equipment contained within the vehicle, or,
 - b. the patient requires the skill levels and qualifications of Personnel on either an ambulance vehicle, or on a non-emergency patient transport vehicle,
 - c. a patient has an illness or a disability that makes it impractical to use any other form of transport, for example, severe immobility or disorientation.
- E.1.3 The *Non-Emergency Patient Transport Regulations 2005* prescribe the scope of practice by NEPT providers and the minimum requirements for the quality and safety of care to be delivered to patients by NEPT services.
- E.1.4 The current NEPT Regulations were established to operate for a 10 year period and will sunset in November 2015. Thus, during the Term of these Agreements, a new regulatory framework may be adopted and the Contractor or Panel Member must comply with all amendments.

E.2 LEGISLATION AND OTHER CHANGES

- E.2.1 Prior to the commencement of these Agreements, amendments may be made to the NEPT Regulations and/or the Clinical Practice Protocols current as at the issue of this tender document.
- E.2.2 HPV and AV reserve the right to effect any changes necessary to its service requirements and arrangements, including those offered or undertaken by the Contractor or Panel Member in line with and to accommodate any such changes together with changes to any other guiding documents that impact the offering and delivery of services currently provided by Health Services and AV or those that may be provided at a future date by Health Services or AV.

PART 5, CHAPTER 2

PHS SPECIFIC REQUIREMENTS

NOTE TO TENDERERS:

Tenderers are to ensure that they read *Part 4 Special Conditions of Tender, and Part 11 Non-Returnable Appendices, Appendix 8 - Definitions* in conjunction with this Section of the Statement of Requirements.

Tenderers that are bidding to provide services to HPV must read both this Chapter 2 and any other relevant Appendices relating to provision of service to HPV, in order to ensure that their responses to *Part 6 Response Schedules, Part 7C Pricing for Services to PHS, and Part 10 Returnable Appendices, Appendix 4 – HPV Tender Response Workbook and Appendix 6 – HPV Pricing Schedules* are tailored to these requirements.

SECTION F PHS SPECIFIC REQUIREMENTS

SCOPE AND SERVICE LIST

F.1 SCOPE

- F.1.1 HPV is seeking submissions from Tenderers who are licenced by the Department of Health to provide NEPT services in Victoria. If Tenderers are not licenced at the time of their tender submission, they must provide in their response a plan for becoming licenced by the contract commencement date (as specified in Part 1 of this Supplementary RFT), and indicate what date they will be ready and able to provide NEPT services.
- F.1.2 The Panel Member must provide a fleet of vehicles and other modes of transportation to transfer patients to and from their destinations.
- F.1.3 The Panel Member must work closely with clinicians of the PHS and the PHS Representatives to ensure that the legally correct and medically appropriate forms of transport are always used.
- F.1.4 The scope of this RFT includes:
- a. supply of Stretcher Patient Transport Services (both Ad Hoc basis and through the use of Dedicated Hospital Vehicles);
 - b. supply of Complex and Bariatric Patient Transport services (on an Ad Hoc basis);
 - c. supply of Clinic Transport Services (both Ad Hoc basis and through the use of Dedicated Hospital Vehicles);
 - d. supply of Fixed Wing Air Transport Services (on an Ad Hoc basis);
 - e. provision of training to staff delivering the services, to ensure that minimum qualifications are achieved (as specified by the *Non-Emergency Patient Transport Clinical Practice Protocols (2006)*);
 - f. provision of qualified drivers, pilots and patient attendants;
 - g. Booking services for the above NEPT services;
 - h. Management Services, including (but not limited to):
 - (i) Contract and Performance Management;
 - (ii) Relationship Management;
 - (iii) Reporting; and
 - (iv) Occupational Health and Safety, Risk and Quality management, including Continuous Improvement activities
 - i. Financial Management.

- F.1.5 The scope of this Part 5F Statement of Requirements for PHS does not include the supply of:
- a. Emergency transport provided by Ambulance Victoria;
 - b. NEPT and other services provided by Ambulance Victoria using internal and contracted resources where the PHS considers it to be operationally effective;
 - c. Taxi transport;
 - d. Community-service obligation transfers, including but not limited to:
 - (i) Pension/concession card holders;
 - (ii) Department of Veterans' Affairs;
 - (iii) Transport Accident Commission (TAC); and
 - (iv) WorkCover.
 - e. In-house patient transport services staffed by hospital or health service resources or volunteers using hospital or health service owned vehicles.
- F.1.6 HPV requires Panel Members to comply with the requirements of the *Non-Emergency Patient Transport Clinical Practice Protocols (2006)*. However, nothing in this Supplementary RFT shall be deemed or construed to override Panel Members' obligations under law (and in particular, under the *Non-Emergency Patient Transport Act 2003* and *Non-Emergency Patient Transport Regulations 2005*).

F.2 SERVICE LIST

- F.2.1 Services to be provided will be determined by patient acuity and by the vehicle type required to transport each patient within the following regions:

Table 1: Vehicle Type by Region

REGION	VEHICLE TYPE				
	Stretcher Vehicle	Bariatric Vehicle	CPAV Vehicle	Fixed Wing Air	Clinic Transport Vehicle
Metropolitan	✓	✓	✓	✓	✓
Barwon South Western	✓	✓	✓	✓	✓
Gippsland	✓	✓	✓	✓	✓
Grampians	✓	✓	✓	✓	✓
Hume	✓	✓	✓	✓	✓
Loddon Mallee	✓	✓	✓	✓	✓

STATEMENT OF WORK

F.3 SERVICE DELIVERY

- F.3.1 Transport services (pick-up and destination locations) will be as directed by each PHS. These will include, but are not limited to:
- inter-hospital transfers;
 - from the patient's home to PHS sites;
 - from a PHS to the patient's home;
 - from a PHS to diagnostic/day procedure services
 - from a PHS to mental health facilities (where the transfer is deemed appropriate for NEPT services in line with the NEPT Regulations and CPPs);
 - from a PHS to community services (e.g. GP, dentist, nursing home); and
 - return trips.
- F.3.2 Panel Members will be required to work in cooperation with all PHS staff, contractors, subcontractors and volunteers.

F.4 TRANSPORT TYPES

- F.4.1 The type of vehicle selected for patient transport will be determined in line with patient acuity and the NEPT Regulations and CPPs.
- F.4.2 Transport types are:
- a. Stretcher vehicle;
 - b. Bariatric vehicle;
 - c. CPAV vehicle;
 - d. Clinic vehicle; and
 - e. Fixed wing air transport.
- F.4.3 Bariatric vehicles may also be suitable for the carriage of Complex patients, for example by being able to accommodate:
- a. bulky equipment such as the Intra-Aortic Balloon Pump (IABP); and/or
 - b. Extra Corporeal Membrane Oxygenation (ECMO).

F.5 PATIENT DEFINITIONS

- F.5.1 The transfer of patients must comply with the requirements of:
- a. the CPPs;
 - b. NEPT Act; and
 - c. NEPT Regulations.
- F.5.2 The following patient definitions are detailed in the CCPs and the NEPT Regulations:
- a. Low Acuity Patients;
 - b. Medium Acuity Patients; and
 - c. High Acuity Patients.
- F.5.3 Staffing, vehicle and documentation requirements for each type of patient are specified in the CCPs.

Bariatric Patients

- F.5.4 Bariatric patients are patients whose weight far exceeds recommended guidelines, and where body size restricts their mobility, health or access to available services. This may include patients:
- a. whose stature does not meet standard equipment requirements;
 - b. whose body weight/dimensions and equipment is estimated or known to be in excess of the physical capacity of the attending crew to safely undertake;

- c. who do not meet the safe working load of equipment; and/or
- d. may not be accommodated in an Ambulance General Purpose (AGP) vehicle or standard non-emergency transport vehicle.

F.5.5 Bariatric patient transfer must take place with purpose-built bariatric patient transport vehicles. Bariatric patients may be Low, Medium or High Acuity patients or Complex patients.

F.5.6 The transfer of Bariatric patients must also comply with *Manual Handling Risks Associated with the Care, Treatment and Transportation of Bariatric (Severely Obese) Patients in Australia (2009)*.

Complex Patients

F.5.7 Complex patients are those patients attached to bulky hospital equipment such as the Intra-Aortic Balloon Pump (IABP) or requiring Extra Corporeal Membrane Oxygenation (ECMO) during transfer. Complex patients must be transported in a vehicle that is suitable for their condition or presentation.

Patients with a Mental Disorder

F.5.8 The transfer of patients with a mental disorder must also comply with the requirements of:

- a. *Mental Health Act 2014*; and
- b. *Crimes (Mental Impairment and Unfitness to be Tried) Act 1997*.

F.6 HEALTH SERVICE PROTOCOLS

F.6.1 Upon request, Panel Members' staff will be required to undertake an induction by the requesting PHS.

F.6.2 Panel Members will be required to adhere to all PHS protocols and follow all instructions given by PHS personnel in relation to delivering the services.

F.7 STANDARDS

F.7.1 All services offered must comply with the NEPT Act, NEPT Regulations and the CPPs published by the Department of Health.

F.7.2 All vehicles used must comply with relevant Australian Standards, legislation (including the NEPT Regulations) and the *Motor Vehicle Standards Act 1989*.

F.7.3 Panel Members must ensure that all employees, subcontractors and/or volunteers carrying out any services in relation to the transport of non-emergency patients are authorised to at least the minimum level required for each patient transported, according to the NEPT Regulations and the CPPs.

- F.7.4 Definitions of patient acuity, and regulations pertaining to their transport, are described in the CPPs.
- F.7.5 All patient transport must be authorised by a medical practitioner or appropriate health professional in accordance with the NEPT Regulations.
- F.7.6 A list of the minimum relevant standards and legislation is provided at **Part 11 Non-Returnable Appendices, Appendix 9 – References**.

F.8 INFECTION CONTROL

- F.8.1 Panel Members must comply with the *Australian Guidelines for the Prevention and Control of Infection in Healthcare (2010)* in order to minimise risks to staff and patients.
- F.8.2 Each PHS has their own health surveillance program which aims to detect and monitor any adverse effects to employees' health caused by occupational exposure. Should the PHS becomes aware of potential hazards, Panel Members will be informed and it will become their responsibility to follow up staff health and provide appropriate protection and advice.
- F.8.3 It is also a Panel Members' responsibility to monitor, review and record any exposure and advise the PHS of the same.

F.9 INCIDENT REPORTING

- F.9.1 Panel Members must notify the relevant PHS's nominated representative(s) as soon as reasonably practicable after an incident or near-miss has occurred in the delivery of the services. A copy of the incident/near-miss report must be provided.
- F.9.2 Panel Members must maintain an incident register throughout the contract.

F.10 DELAYS

- F.10.1 Upon request by the PHS, Panel Members must provide estimated times of arrival for vehicles dispatched for patient pick-up (via phone or electronically, as agreed with the PHS).
- F.10.2 If the Panel Members experiences delays in picking up a patient for transport or while en route to the patient destination, they must notify the PHS who booked the transfer via phone as soon as practicable.
- F.10.3 If the Panel Members experiences an incident en route to the patient destination (e.g. an accident, or the patient's condition deteriorates) staff must immediately notify the PHS who booked the transfer via phone.

F.11 PATIENT RIGHTS AND FEEDBACK

- F.11.1 Panel Members must ensure they comply with the requirements under the NEPT Regulations in regard to provision of information regarding patient rights and complaints procedures.
- F.11.2 Panel Members will participate in measuring customer satisfaction by co-operating with requests from each PHS to distribute Customer Satisfaction Surveys and other market research documents to patients and other customers at the time of transport.

F.12 COMPLETION OF PATIENT CARE RECORDS (PCR)

- F.12.1 Panel Members must complete a Patient Care Record (PCR) for every case to which a crew is dispatched but excluding cancelled cases.

F.13 VEHICLE REQUIREMENTS

General Requirements

- F.13.1 Vehicles used for patient transport must comply with the requirements of the NEPT Regulations.
- F.13.2 The type of vehicle selected for transport and staffing requirements of vehicles must be in accordance with the requirements of the CPPs and NEPT Regulations.
- F.13.3 All vehicles used for patient transport must be kept in a clean and hygienic condition, and must display the Panel Member's branding (i.e. logo and/or name) on the exterior of the vehicle.
- F.13.4 Panel Members will be responsible for all operating costs of their patient transport vehicles.

Maintenance Requirements

- F.13.5 Vehicles must be maintained and mechanically serviced in line with at least the manufacturer's standards and recommendations, and in accordance with any relevant regulations.
- F.13.6 Panel Members must inspect their vehicles and equipment daily (at a minimum) for any damage and to ensure that vehicles are roadworthy (or airworthy for fixed wing air transport) at all times. Any faults or failures (including faulty lenses, lights and globes) must be repaired or replaced prior to the vehicle being put into operation.

Equipment Requirements

- F.13.7 Vehicles must contain the equipment specified in Schedules 8 and 9 of the NEPT Regulations (as determined by patient acuity).

- F.13.8 Equipment contained within vehicles must be appropriately secured.
- F.13.9 Panel Members will be responsible for all testing, maintenance, repair and provision of equipment and must ensure that all equipment meets relevant Australian Standards and that supply levels are maintained.
- F.13.10 Vehicles must contain a collapsible wheelchair to assist with patient mobility.

Optional Features

- F.13.11 Panel Members may provide a Mobile Data Network (MDN) to assist with the provision of services and resources and may have vehicles fitted with Mobile Tracking Devices (MTD).
- F.13.12 Panel Members may provide Automatic Vehicle Location (AVL) devices to assist in the provision of a responsive NEPT service.

F.14 THERAPEUTIC GOODS ADMINISTRATION CERTIFICATION

- F.14.1 Unless exempt, medical devices used in patient transport vehicles must be included on the Australian Register of Therapeutic Goods (ARTG).
- F.14.2 For all items of equipment, current ARTG certification must be available to view upon request by HPV or PHS.

F.15 STRETCHER PATIENT TRANSPORT

- F.15.1 These services involve the provision of NEPT transport via road, including the provision of in-transit patient treatment (in accordance with the NEPT Regulations.) Transport services are provided to Low, Medium and High Acuity patients who require travel in a recumbent or semi-recumbent position and/or require treatment, monitoring, observation or supervision during transport.
- F.15.2 These services are provided on an Ad Hoc basis.
- F.15.3 The Panel Member must deliver Ad Hoc Stretcher Transports for single or multiple case assignments on an as needs basis.
- F.15.4 The Panel Member must provide for:
 - a. Low Acuity Stretcher Patients; and
 - b. Medium Acuity Stretcher Patients; and
 - c. High Acuity Stretcher Patients.
- F.15.5 For Complex and Bariatric patients, the Panel Member may provide these services using another Panel Member where they are not able to provide the service.
- F.15.6 The Panel Member must provide this service on a 24 hours a day, 7 days a week basis (including Public Holidays).

- F.15.7 Ad Hoc transport requests may be Pre-booked or On Day bookings.
- F.15.8 Panel Members must provide a Booking Service to accept requests for bookings and enquiries relating to non-emergency transport.
- F.15.9 Panel Members must provide contact details and hours of operation of the Booking Service to the PHS that are utilising their services.

F.16 PATIENT TRANSPORT PROCEDURES

- F.16.1 Vehicles providing NEPT services to PHS must be crewed in accordance with the NEPT Regulations.

F.17 CLINIC TRANSPORT SERVICES

- F.17.1 Clinic Transport Services (CTS) is defined as the transportation of Low Acuity patients that require supervision and postural support, but no active treatment or administration of pain relief.
- F.17.2 The Panel Members are required to undertake transports such as, but not limited to the following:
 - a. Renal dialysis appointments;
 - b. Radiotherapy and chemotherapy appointments;
 - c. Specialist doctor's appointments and procedures;
 - d. Rehabilitation and physiotherapy appointments;
 - e. X-ray appointments;
 - f. Outpatient appointments;
 - g. Admissions and discharges;
 - h. Inter hospital transfers; and
 - i. Transfers to and from airports (incl. transports to/from Air Ambulance Victoria).
- F.17.3 The Panel Members are required to deliver CTS services on an Ad Hoc basis. The Panel Member must have both Hoist and Walker capabilities to undertake CTS services.

F.18 CREWING REQUIREMENTS

- F.18.1 Panel Members must provide a CTS vehicle operated by a single officer of at least Patient Transport Officer status, unless OH&S regulations or best practice require more than one person to be provided.

F.19 VEHICLE REQUIREMENTS

F.19.1 Panel Members must, at a minimum, comply with the requirements outlined in Schedule 8 of the NEPT Regulations.

F.20 BOOKING SERVICES

F.20.1 At a minimum, Panel Members must have a booking service that is capable of:

- a. receiving bookings from all PHS within the same region 24 hours per day, 7 days a week, including Public Holidays. A breakdown of Regions is provided in **Part 11 Non-Returnable Appendices, Appendix 14 – Health Service Participation**;
- b. when bookings are processed, providing booking confirmations and confirmation of pickup/appointment times (within timeframes that are agreed with the PHS);
- c. efficiently utilising vehicles and resources (e.g. by coordinating patient transfers between sites);
- d. performing triage to determine the most appropriate transport type, service provider and the resources required for individual patients; and
- e. quoting patient transfer jobs on request.

NOTE TO TENDERERS:

Preference will be given to Tenderers who can offer a complete, integrated/ interfacing online booking service.

F.20.2 It is desirable that Panel Members' Booking Service have the following capabilities:

- a. Computer Aided Dispatch (CAD), with the capability to perform triage and transfer case details automatically to the coordinating officer, and to automatically record booking details, such as:
 - (i) date and time of request;
 - (ii) pick-up time requested;
 - (iii) patient acuity level;
 - (iv) patient appointment time at destination;
 - (v) pick up and destination addresses;
 - (vi) equipment requirements;
 - (vii) name of the patient attendant(s);
 - (viii) name of the person making the booking;

- (ix) name of the appropriate health professional or medical practitioner authorising patient transport; and
- (x) confirmation of ability to deliver according to request
- b. Automated Vehicle Location (AVL) to track the location and availability of transport vehicles across the region and automatically recommend the closest and most appropriate crew for each booking;
- c. the ability to locate and coordinate NEPT vehicles via a Mobile Data Network (MDN) connecting all Mobile Data Terminals (MDT) fitted to their vehicles;
- d. the ability to allow each individual PHS to prioritise their bookings without any additional cost; and
- e. reporting of service performance to PHS as per the reporting requirements detailed in this Part 5F - Statement of Requirements.

F.20.3 All costs associated with running the Booking Service (and call centres, if applicable) will be borne by the Panel Member(s).

F.21 DEDICATED HOSPITAL VEHICLES

- F.21.1 Provision of the service shall include all resources required to accommodate the transport of Low and Medium Acuity Stretcher Patients and Clinic Transport Services, including but not limited to the vehicle, equipment, fuel, and the staff required to operate and crew the vehicles.
- F.21.2 An individual PHS may choose to utilise this service on a permanent or ad hoc basis.
- F.21.3 The Dedicated Hospital Vehicles (DHV) requirements shall be agreed to and documented in a Service Level Agreement (SLA) between the Panel Member and each PHS utilising the service. The SLA will include:
 - a. Service basis: ad-hoc or commitment, and commitment term where applicable;
 - b. Shift start and finish times and shift duration (8 or 10 hours);
 - c. Agreed number and types of vehicles; and
 - d. Vehicle location.
- F.21.4 The PHS shall manage the booking and dispatch of their DHV assets or as agreed otherwise with the Panel Member.
- F.21.5 The DHV assets shall be based at the PHS' nominated premises or as agreed with the Panel Member in the SLA.
- F.21.6 The DHV Service may be offered on an:
 - a. Ad-hoc/as needs service basis, for single or multiple assignments; or

- b. Commitment basis, noting the minimum commitment term shall be 3 months or as agreed between the Panel Member and the PHS within the SLA.
- F.21.7 Where required, the PHS may, by giving reasonable notice to the Panel Member, request to vary the provisions of the service, including but not limited to:
- a. Shift start and finish times;
 - b. Number and types of vehicles required; and
 - c. Booking and dispatching responsibility.
- F.21.8 Where the PHS, for any reason, is no longer able to manage booking and dispatch of the DHV assets, the provision of this service shall revert to the Panel Member and pricing shall revert to standard contracted rates.

F.22 FIXED WING AIR AD HOC TRANSPORT

- F.22.1 At a minimum, Fixed Wing Air Ad Hoc Transport must meet the requirements of the NEPT Regulations.
- F.22.2 HPV recognises that the regulatory environment for air transport of patients is currently in the midst of change.
- F.22.3 In line with the recent Australian Government Civil Aviation Safety Authority's (CASA) review of 'ambulance function' flights as air transport operations, any resultant Rules or Regulations imposed on operators of medical transport 'ambulance function'- type flights as a result of this review must be adhered to in the delivery of NEPT services. Refer to CASA's Notice of Proposed Rule Making 1304OS – July 2013 at:
<http://www.casa.gov.au/wcmswr/assets/main/newrules/ops/nprm/nprm1304os.pdf>
- F.22.4 An indication of the service locations is provided below.

Table 2: Air Transport Service Locations

Adelaide	Edenhope	Mt Beauty
Albury/Wodonga	Essendon	Mt Gambier
Bairnsdale	Finley	Narracoorte
Ballarat	George Town	Ouyen
Balranald	Goolwa	Patchewollock
Benalla	Great Lakes	Pinnaroo
Benambra	Hamilton	Portland

Adelaide	Edenhope	Mt Beauty
Bendigo	Hay	Robinvale
Burnie	Hobart/Launceston	Sale
Boort	Horsham	Shepparton
Bordertown	Jerilderie	Stawell
Broken Hill	Kingston	Swan Hill
Canberra	Latrobe Valley	Sydney
Casterton	Mallacoota	Tocumwal
Charlton	Mansfield	Wagga Wagga
Cobden	Merimbula	Wangaratta
Cohuna	Mildura	Warrnambool
Deniliquin	Millicent	
Echuca	Moorabbin	

F.22.5 HPV is interested in the services including:

- a. transfer of patients from "point to point" i.e. from the pickup location to the destination location, which includes road transport to and from the airports at both ends of the air journey; and
- b. transfer of patients from airfield to airfield, excluding the road transport component at either end. Where air transfer services are provided from airfield to airfield, the Panel Member must transfer/ handover the patient to/from a Panel Member road resource.

F.22.6 PHS have a requirement for single or multiple case assignment on an "as needs basis" for the following non-emergency transfers (as defined in the NEPT Regulations and NEPT CPP):

- a. High Acuity Stretcher Patients;
- b. Medium Acuity Stretcher Patients;
- c. Low Acuity Stretcher Patients; and
- d. Walker patients.

F.22.7 HPV does not undertake to offer any particular level of case assignment.

F.22.8 Unless otherwise advised by the PHS, the Melbourne based airport must be the closest airport to the patient's Melbourne based destination or origin for all air transports.

- F.22.9 The Panel Member's Booking Service is to accept requests for bookings and enquiries relating to non-emergency transport from the PHS. Booking requests may be pre-booked or on day.

GENERAL REQUIREMENTS

F.23 STATUTORY AND REGULATORY COMPLIANCE

- F.23.1 All contracted services, including the transport of Low and/or, Medium and/or High Acuity non-emergency stretcher and/or Walker, Walker Assist and Hoist patients and the provision of in-transit patient treatment are to be delivered in accordance with all statutory and regulatory requirements applicable, including any subsequent changes in policy or regulation prior to or during the life of the contract including but not limited to:
- The *Non-Emergency Patient Transport Act 2003*;
 - NEPT Regulations 2005*;
 - NEPT Clinical Practice Protocols; and
 - Any contract entered into, with either HPV or the PHS, as a result of this tender process ("The Agreement"), including all standards and attachments as specified in the HPV Agreement.

F.24 SUB-CONTRACTORS

- F.24.1 Subject to the relevant clauses in the HPV Agreement, where the Panel Member is proposing to deliver the services through a sub-contract arrangement/s, the sub-contractor/s must comply with the requirements of this specification.
- F.24.2 All sub-contractors must be licensed in accordance with the *Non-Emergency Patient Transport Act 2003 (Act No 69/2003)* and must maintain the licence for the duration of the contract.
- F.24.3 Panel Members must provide HPV with written evidence that any sub-contractors utilised have been made aware of the KPIs, training requirements and compliance requirements of the HPV Agreement.

F.25 SERVICE LEVEL AGREEMENTS

- F.25.1 If requested by a PHS, the Panel Members must enter into a Service Level Agreement ('SLA') with that PHS. The SLA may cover, but is not limited to:
- communication for bookings, enquiries and registration of complaints;
 - management of invoicing requirements, including managing discrepancies, queries and the crediting process (when necessary); and

- c. any specific reporting requirements of the PHS.
- F.25.2 Service Level Agreement requirements will take the form as provided in to ***Part 11 Non-Returnable Appendices, Appendix 11B – PHS Draft Service Level Agreement.***
- F.25.3 The parties to the SLA will be responsible for monitoring compliance with the SLA.
- F.25.4 Any SLA entered into between the Panel Members and a PHS may be terminated by mutual agreement, or otherwise with 30 days written notice from either party to the SLA.
- F.25.5 The SLA is in addition to the proposed Agreements with HPV and the HPV Agreement will prevail over any SLA to the extent of any inconsistency.
- F.25.6 The Panel Members must provide a copy of any SLAs entered into with a PHS to HPV.
- F.25.7 The period of the SLA is to be agreed to by the relevant Parties but in no event shall go beyond the Expiry Date of the HPV Agreement.

F.26 MANAGEMENT REQUIREMENTS

- F.26.1 This section of Part 5F – Statement of Requirements details the management requirements to be delivered by the Panel Members.
- F.26.2 Management requirements include (but are not limited to):
 - a. Contract and Performance management, including measurement and management of Key Performance Indicators (KPI's) and management of contractual obligations with HPV and those SLAs entered into between the Panel Members and a PHS;
 - b. Reporting requirements to HPV and PHS;
 - c. Relationship management, including meeting requirements, complaints management, customer service requirements;
 - d. Occupational Health and Safety, Risk and Quality management requirements; and
 - e. Continuous Improvement requirements.

F.27 CONTRACT MANAGEMENT

- F.27.1 Panel Members will be required to undertake proactive contract management throughout any resulting Agreement. This includes (but is not limited to):
 - a. identifying and communicating opportunities for:
 - (i) cost reduction

- (ii) greater efficiency of the services
- (iii) improved environmental outcomes
- b. risk management;
- c. ongoing performance management ;
- d. reporting on financial and performance data;
- e. meetings with PHS' nominated Representative(s); and
- f. maintenance of systems/processes for resolving issues

F.28 MANAGEMENT PLANS

- F.28.1 The Panel Members must provide to HPV upon the commencement of the HPV Agreement and subsequently annually:
- a. a document which sets out the manner in which systems, plans and any improvements have introduced in order to meet their Occupational Health and Safety legal obligations (Occupational Health and Safety Management Plan);
 - b. a document which sets out the manner in which systems, plans and any improvements have introduced in order to meet their risk management obligations (Risk Management Plan); and
 - c. a document which sets out the manner in which the Panel Members will ensure a quality service will be provided (Quality Management Plan).

F.29 REPORTING REQUIREMENTS

- F.29.1 Regardless of whether the Booking System provides an automatically generated report or the report is provided manually, Panel Members must submit a monthly report to each PHS' nominated representative and include a summary of the following (at a minimum):
- a. services provided by patient Acuity and transport category;
 - b. results and performance reports against Key Performance Indicator (KPI) targets;
 - c. incident reports;
 - d. invoice reports;
 - e. copies of all 'Variations to Routine Care' submitted to the Department of Health pertaining to the transport of any contracted Health Service patients (and reasons and justifications for the variation); and
 - f. risks and issues arising and resolution progress.
- F.29.2 Panel Members must provide a summary of annualised KPI results to each PHS on the anniversary of the Agreement Commencement.

- F.29.3 Panel Members must provide an annual report to the HPV authorised contact as listed in the HPV Agreement, prior to the anniversary of the Contract Commencement. The report must include, at a minimum:
- a. An updated Occupational Health and Safety plan;
 - b. An updated Quality Management Plan;
 - c. An updated Risk Management Plan
 - d. Certificates of Currency for all insurances held;
 - e. An updated vehicle maintenance schedule;
 - f. A summary of annualised KPI results;
 - g. The training plan for the Panel Member's staff for the next 12 months; and
 - h. Details of any continuous improvement initiatives undertaken and planned for the next 12 months.
- F.29.4 All reports must be presented in a format and contain the details as agreed with the PHS and/or HPV.
- F.29.5 Further detail on reporting requirements is available in in ***Part 11 Non-Returnable Appendices, Appendix 15 - Reporting Template and Timing of Reports and Appendix 16 - Reporting Guidelines***, and the HPV Draft Agreement.
- F.29.6 If requested, the Panel Members must allow a nominated representative of HPV, and/or the PHS to have reasonable access to, and to obtain information from the Panel Member's records and staff for the purposes of confirming accuracy of any report submitted.
- F.29.7 The representative will exercise reasonable discretion in assessing the Panel Member's performance and will take into account any issue raised by the Panel Members which was beyond the Panel Member's reasonable control and which fairly caused the Panel Members to fail to meet its responsibilities.
- F.29.8 During the term of the Agreement, HPV may request additional regular or ad hoc reporting from the Panel Members at its discretion.
- F.29.9 An individual PHS may have additional reporting requirements which will be detailed in the individual SLA pertaining to the delivery of Services which is agreed between the Panel Member and PHS.

F.30 SALES REPORTS

- F.30.1 HPV requires quarterly transactional sales reports in Microsoft Excel spreadsheets. Panel Members are responsible for accurately completing sales reports and providing all required information. HPV will issue one breach notice throughout the life of the resulting HPV Agreement, and then the Panel Member must provide explanation why they should remain on contract.

- F.30.2 HPV will work with the Panel Members to ensure that they understand the format and information required in the Sales Reports and will request a trial report from each Panel Member in the first three months of the Agreement being in place, to ensure that the reporting requirements are met.
- F.30.3 Further detail on reporting requirements is available in *Part 11 Non-Returnable Appendices, Appendix 15 - Reporting Template and Timing of Reports and Appendix 16 – Reporting Guidelines*, and the HPV Draft Agreement.
- F.30.4 HPV are currently reviewing the structure and format of the Sales Reports and may during the term of the Agreement require changes to be made to the sales reports provided by the Panel Members.

NOTE TO TENDERERS:

HPV are currently developing revised Sales Reporting formats for services, and the templates provided in *Part 11 Non-Returnable Appendices, Appendices 15 and 16* be amended during the tendering period. Should the amended templates be available before tender closure, they will be provided to all Tenderers by issuing an addendum to this Supplementary RFT.

F.31 KEY PERFORMANCE INDICATORS

- F.31.1 The Panel Members must agree to work with HPV to develop measurable KPIs, based on the measurable requirements of the HPV Agreement.
- F.31.2 The key performance areas for this Tender and Agreement that have been identified are detailed in *Part 11 Non-Returnable Appendices, Appendix 11 – HPV Draft Agreement (Schedule 6, Key Performance Indicators)*.
- F.31.3 Each Panel Members must report their performance against KPIs quarterly to each PHS nominated representative(s). The Account Manager is responsible for monitoring performance against KPIs and discussing this with PHS' nominated Representative(s).
- F.31.4 The Panel Members must provide an annual summary of KPI results to each nominated PHS Representatives and to HPV on the anniversary of the Agreement commencement.
- F.31.5 HPV (in consultation with the PHS) may, during the term of the HPV Agreement, include, amend or delete individual KPI's, after discussion with the Panel Members.

- F.31.6 An individual PHS may have additional specific KPI's that are specific to the services, location or operations of that PHS. These will be detailed in the SLA between the individual PHS and the Panel Member, and may be amended from time to time.

F.32 RELATIONSHIP MANAGEMENT

- F.32.1 Panel Members must nominate one or more Account Managers who would be the primary contact(s) if successful.
- F.32.2 Account Managers will be responsible for:
- a. meeting with PHS' nominated Representative(s) as requested;
 - b. reporting and discussing contract performance, including written reports;
 - c. providing updates and reports on performance against Key Performance Indicators (KPIs);
 - d. addressing and resolving any issues that arise throughout the course of the contract; and
 - e. following up any incident reports.
- F.32.3 On a monthly basis or as requested, a representative of the Panel Member(s) will be required to meet with each PHS' Patient Booking Coordinator (or nominated representative) to discuss issues arising in the course of business as usual and to discuss the monthly written report.
- F.32.4 Each Panel Member must conduct:
- a. surveys gauging the satisfaction of each PHS via the PHS' Representative; and
 - b. surveys gauging the efficiency and effectiveness of the Services.
- F.32.5 The emphasis of the surveys is to be on improving the Services by making sustainable process improvements.
- F.32.6 The format and timing of the surveys must be approved by the relevant PHS' Representative before release.
- F.32.7 The Panel Member must provide the results of the surveys to the relevant PHS Representative within 14 days of each survey being completed.

F.33 ISSUE RESOLUTION

- F.33.1 Panel Members must currently have a complaint management or issue resolution process in place.
- F.33.2 All complaints received in writing must be acknowledged within one (1) Business Day of submission.

- F.33.3 All complaints received must be responded to in writing within five (5) Business Days of submission. At a minimum, this response must include a proposed resolution or proposed actions and next steps.
- F.33.4 Panel Members must maintain an issue register that logs all issues raised throughout the contract. An aggregated issue register must be provided to HPV quarterly or otherwise upon request.

F.34 QUALITY ASSURANCE

- F.34.1 Panel Members must have a comprehensive Quality Management System that is appropriate to the size and nature of their operations.

F.35 OCCUPATIONAL HEALTH AND SAFETY

- F.35.1 Panel Members are required to demonstrate that they have an appropriate OH&S management system and to verify its implementation in practice.
- F.35.2 It is desirable that Panel Members have an accredited OH&S Management System.
- F.35.3 This standard specifies requirements for an Occupational Health and Safety Management System (OHSMS), to enable an organisation to formulate a policy and objectives taking into account legislative requirements and information about hazards or risks. It applies to hazards or risks over which the organization may exert control and over which it can be expected to have an influence.
- F.35.4 At a minimum, Panel Members should, at the request of HPV or the PHS:
 - a. Be able to demonstrate compliance with Health and Safety legislative requirements;
 - b. Undertake and document Risk Assessments as required;
 - c. Be able to demonstrate that their physical capability assessment/testing forms part of their recruitment processes;
 - d. Be able demonstrate their manual handling training processes;
 - e. Have a current Health and Safety Plan;
 - f. Be able to demonstrate communication of information and messages to the Contracted workforce;
 - g. Be able to provide evidence of OH&S performance and incident reporting; and
 - h. Be able to provide evidence of a recording and action system for noncompliance.

- F.35.5 Panel Members must comply with State and federal restrictions on health issues such as (but not limited to) workplace non-smoking policies.

F.36 RISK MANAGEMENT

- F.36.1 Risk Management considers the elements of the product(s), service(s) and business practices that may represent a commercial, environmental, workplace, or health risk affecting continuation of the business, thus compromising continuing supply, or otherwise impacting on PHS.
- F.36.2 Panel Members must have in place risk management processes which are comprehensive and appropriate to the size and nature of their operations.

F.37 ENVIRONMENTAL MANAGEMENT

- F.37.1 Environmental Management considers the environmental aspects relating to the supply of goods and/or services, and how negative impacts will be minimised or ameliorated. Environmental aspects include use of resources, and emissions to air, land and water at the various stages of the product life cycle.
- F.37.2 Panel Members must have an Environmental Management System that is appropriate to the size and nature of their operations.
- F.37.3 It is desirable that Panel Members have an accredited Environmental Management System.
- F.37.4 It is desirable that Panel Members can demonstrate a commitment to working within their customers' sustainable procurement and waste reduction policies.

F.38 SOCIAL RESPONSIBILITY

- F.38.1 Panel Members must abide by Equal Employment Opportunity legislation and must ensure that their staff receives at least the minimum conditions set out in the National Employment Standards (NES).

F.39 CONTINUOUS IMPROVEMENT

- F.39.1 The Panel Member is to recognise the necessity for and commit themselves to a philosophy of continuous improvement in quality of service and professional standards. The Panel Member must maintain and develop policies, procedures and training activities utilised by it to enable the Services to be provided to the standards required. The Panel Member must produce evidence of these policies, procedures and training activities to HPV and/or a PHS when requested by HPV and/or that PHS.

- F.39.2 The Panel Member must review all policies and procedures annually (at a minimum) in light of industry-wide practice and inform HPV when the review(s) has occurred and if any changes are necessary. The Panel Member's policies and procedures cannot be in conflict with any PHS policy or procedure. Where conflict does exist, then the Panel Member must follow the policy or procedure of the relevant PHS when providing the Services to that PHS.

F.40 GENERAL STAFF REQUIREMENTS

- F.40.1 The staffing of vehicles will be provided by the Panel Members and is dependent upon patient acuity as determined by the CPPs.
- F.40.2 All staff employed by Panel Members must be suitably qualified and experienced for the role they perform and, at a minimum, must meet or exceed any specific requirements pertaining to the services being provided (e.g. NEPT Regulations and the CPPs).
- F.40.3 Staff employed by the Panel Members must possess a current (i.e. not older than three (3) years) Police Check and, where applicable, have passed a Working with Children Check in accordance with the *Working with Children Act 2005 (Vic)*, *Aged Care Act 1997* and PHS' protocols.
- F.40.4 The Panel Members must ensure that all staff employed in the delivery of the services:
- a. display personal identification at all times while on any PHS premises and while performing any duties in relation to the delivery of the contracted services;
 - b. be able to clearly and effectively communicate with patients and have the ability to fluently read and write English;
 - c. be courteous and responsible at all times;
 - d. maintain high standards in relation to all aspects of service delivery; and
 - e. follow instructions and abide by requests made by PHS in the course of delivering the services.
- F.40.5 The Panel Members must arrange for any annual re-accreditation requirements or skills maintenance training, as required by relative legislation such as the NEPT Regulations and CPPs to be completed for each staff member as and when required.
- F.40.6 On an annual basis, Panel Members will arrange for each staff member to complete and sign a certification to confirm their clinical accreditation and nursing registration (if applicable) are current, they have completed their annual training reaccreditation, their Police and Working with Children Checks are current (within above criteria) and that they have not been convicted of any indictable offences as at the date of the declaration.

- F.40.7 Any staff for who the annual certification is not received by the Panel Members will be deregistered and not permitted to operate until the certification process is completed.
- F.40.8 The Panel Member must take all reasonable steps to ensure that all Contract Personnel are careful, skilled, experienced and competent and hold all appropriate and relevant professional qualifications and practice registrations required by law.
- F.40.9 The Panel Member must undertake annual performance reviews of the Contract Personnel to ensure that they remain suitable to perform the Services. The Panel Member must make the findings of those reviews available to a PHS on request.
- F.40.10 The Panel Member must:
- a. accept any feedback it receives in relation to the standards of service and performance issues from a PHS;
 - b. take all reasonable steps to address any issues raised by a PHS; and
 - c. notify the PHS of the steps which have been taken to address any issues in a timely manner.
- F.40.11 Each PHS must make all necessary information available to all Contract Personnel provided to that PHS to perform the Services. The information may contain a summary of, and information on how more information can be obtained about:
- a. the PHS' relevant rules, procedures, standards, by-laws, manuals;
 - b. OH&S requirements;
 - c. Infection Control procedures;
 - d. No smoking policy; and
 - e. any other matter that the PHS considers Contract Personnel need to be sufficiently instructed about regarding how to perform the duties required by the PHS.

Medically Fit

- F.40.12 The Panel Member must take all reasonable steps to ensure that all Contract Personnel it employs or engages to provide Services are medically fit to provide those services.

Orientation Programs

- F.40.13 If a PHS considers it necessary, the PHS (or where the PHS directs, the Panel Member) will provide orientation programs for the Contract Personnel.

Reasonable Instructions

F.40.14 The Panel Member must inform all Contract Personnel that they must obey all reasonable instructions given to them by a PHS' supervising staff in any matter occasioned by the operational needs of that PHS when providing the Services.

Immunisation

F.40.15 The Panel Member must inform all Contract Personnel of the immunisations recommended or required (as the case may be) by each PHS and the Department of Health and will take all reasonable steps to inform Contract Personnel about the risks of not being so immunised.

F.40.16 The Panel Member must require its Contract Personnel to:

- a. notify the Panel Member immediately if he or she is suffering from any infectious disease; and
- b. undertake that he or she will not report for work at a PHS whilst suffering from an infectious disease, unless agreed in advance by that PHS.

F.40.17 Neither HPV nor the PHS is responsible for the cost of immunisation of Contract Personnel.

F.41 INDUSTRIAL DISPUTES

F.41.1 If the Services are reduced during industrial disputes, the Panel Member must cooperate with the PHS Representatives and HPV in order to ensure, as far as is reasonably possible, the continued provision of the Services. If, in such circumstances, the Panel Member is unable to provide a reasonably adequate level of Services to a PHS, directly or through an approved subcontractor, then a PHS will be at liberty to obtain the Services elsewhere for the duration of the dispute. In so doing, neither HPV nor a PHS will be or deemed to be in breach of any term of the HPV Agreement.

F.42 CANCELLATION FEES

F.42.1 If a PHS recognises that it does not require the Services it has requested from the Panel Members, the PHS must notify the Panel Members of this as soon as reasonably possible after its decision has been made. Where a PHS notifies the Panel Members:

- a. Prior to despatch of the vehicle – the PHS is not required to pay any charge (unless otherwise agreed by the PHS); or
- b. After dispatch of the vehicle - the PHS must pay the relevant the cancellation fee described in the HPV Agreement.

- F.42.2 No fee shall be payable by the PHS if they has cancelled a booking due in whole or in part to the fact that the booked vehicle has not arrived at the pickup location by the agreed arrival time.
- F.42.3 If a Panel Members has confirmed that it can provide the Services requested by a PHS, but becomes aware that it cannot provide the Services, the Panel Members must notify the PHS of this as soon as reasonably possible after its decision has been made.

F.43 INVOICING

- F.43.1 All costs associated with the provision of services must be invoiced directly to the relevant PHS by the Panel Members (i.e. Sub-contractors must not submit invoices).
- F.43.2 A PHS's obligation to pay the Panel Member for the Services arises on delivery by the Panel Member to that PHS of a monthly tax invoice in the format required by law to the PHS for the supply. Invoices must be provided to PHS monthly (no later than the 10th day of each month). It is desirable that Panel Members are able to provide consolidated electronic invoices.
- F.43.3 The Panel Member must ensure that the tax invoice includes sufficient details to enable the PHS to determine whether the amount that has been invoiced is accurate. At a minimum, the Panel Member must ensure that the invoices:
 - a. state the invoiced amount;
 - b. set out the amount of GST payable by the PHS;
 - c. refer to the relevant campus in respect of which the invoice relates;
 - d. be itemised wherever possible;
 - e. include all appropriate support documentation;
 - f. contain any further details set out in the SLA between the Panel Member and an individual PHS, if applicable;
 - g. contain any further details set out in the HPV Agreement; and
 - h. are supplied electronically if requested by the PHS.
- F.43.4 The Panel Member must ensure that electronic invoices or any other agreed invoice format are presented in a manner that allows for the information to be sorted and filtered in order for the PHS to undertake a detailed service analysis and cost reconciliation.
- F.43.5 The format and content of invoices is to be agreed between the Panel Members and individual PHS.

F.44 RECORDS

- F.44.1 The Panel Member must keep the following records and accounts:
- a. instructions for the Services which have been made by a PHS;
 - b. reports regarding the amount and nature of the Services provided to a PHS, including the means of calculation of invoices to a PHS, and any complaints made regarding the provision of the Services; and
 - c. all other reports and records required to be made in accordance with the HPV Agreement.
- F.44.2 The Panel Member must keep the records for at least seven (7) years after the end of the Agreement Period.

F.45 PAYMENT OF FEES

- F.45.1 The responsibility for payment of fees will be as detailed in the *Guidelines on Responsibility for Payment of Ambulance Fees*.

F.46 TRANSITION IN AND OUT

- F.46.1 Panel Members must provide a tailored Transition In and Transition Out Plans for each PHS on request.
- F.46.2 Panel Members must provide HPV a generic Transition In Plan and Transition Out Plan for each Region the Tenderer been successful in tendering for. These plans will form part of any resulting Agreement.
- F.46.3 Panel Members will be required to submit their original Transition Out Plan to relevant PHS at least six (6) months before the contract end date, or within four (4) weeks of being advised in writing of the Agreement's conclusion.
- F.46.4 Panel Members are required to commit to implementation programs that will ensure that the services commence as required on the agreed Commencement Date. This date is to be agreed between the Panel Member and the PHS.
- F.46.5 The requirements of the implementation program are as follows:
- a. All systems and data communications/exchange to be successfully tested and trialled to meet relevant requirements of this Section F - Statement of Requirements;
 - b. All required vehicles and equipment are to meet all regulatory requirements and the relevant requirements of this Section F - Statement of Requirements, and be available for use on the Service Commencement Date;

- c. Training of staff in line with regulations and PHS standards to be completed; and
 - d. Seamless changeover with a guarantee of service continuity during the transition period.
- F.46.6 Panel Members will be required to provide monthly progress reports from commencement of Transition In to commencement of Services, against each component of their Transition In Plan in a form acceptable to the PHS.
- F.46.7 Should a current Health Service Provider not tender or be unsuccessful in their tender for a service or location they currently undertake, it will be a requirement that the incumbent Contractor prepare and provide a documented transition out plan, within four (4) weeks of award notification.
- F.46.8 The purpose of the Transition Out Plan is to detail the steps necessary to transition the operation of a particular service, share of service or service in a particular location to the incoming Panel Member whilst ensuring all required services continue to operate on a seamless basis.
- F.46.9 It is HPV's expectation that outgoing Providers will exhibit a high level of professionalism and co-operation with the PHS and incoming Panel Members during any transition out phase.

F.47 SERVICES TRANSFER ASSISTANCE

- F.47.1 The Panel Members must provide each PHS with a copy of their Service Transition Out plan at least 6 months prior to the Expiry Date (or at the time this Agreement is terminated – if this occurs prior to the Expiry Date).
- F.47.2 Upon expiry or termination of the HPV Agreement, the Panel Members must, if requested by HPV, or a PHS, provide all reasonable assistance to HPV, or the PHS in the orderly transfer of the Services to another services provider or to the PHS themselves. Such assistance may include any or all of the following assistance (referred to as "Services Transfer Assistance"):
- a. returning or destroying any documents or materials together with any reproduction of those documents or materials;
 - b. notifying all third party contractors and customers of the Health Services of procedures to be followed during the transfer of the Services; and
 - c. answering questions regarding the Services on an "as needed" basis.
- F.47.3 Services Transfer Assistance shall be available to HPV and the PHS for a minimum period of three (3) months prior to the expiry of this Agreement or the effective date of termination and six (6) months following those dates (referred to as the "Transition Out Period").

PART 5, CHAPTER 3

AV SPECIFIC REQUIREMENTS

NOTE TO TENDERERS:

Tenderers are to ensure that they read *Part 4 Special Conditions of Tender*, and *Part 11 Non-Returnable Appendices, Appendix 8 – Definitions*, in conjunction with this Section of the Statement of Requirements

Tenderers that are bidding to provide services to AV MUST read both this Chapter 3G and *Part 11 Non-Returnable Appendices, Annexure 19 – AV Operational Guidelines* and any other relevant Appendices relating to provision of service to AV, in order to ensure that their responses to *Part 6 Response Schedules, Part 7D Pricing for Services to AV and Part 10 Returnable Appendices, Appendix 5 – AV Tender Response Worksheet and Appendix 7 – AV Pricing Response Workbook* are tailored to these requirements.

SECTION G AV SPECIFIC REQUIREMENTS

BACKGROUND INFORMATION FOR TENDERERS

G.1 AV'S NON-EMERGENCY PATIENT TRANSPORT

- G.1.1 AV currently provides non-emergency transport to more than 230,000 patients annually through the use of contracted non-emergency patient transport (NEPT) partners and our in house clinic car and stretcher services.
- G.1.2 Transports occur across the State and less frequently to/or from peripheral areas located outside of Victoria.
- G.1.3 For operational purposes, the State is divided into two sections, known as the Metropolitan (Metro) and Regional Areas.
- G.1.4 AV's model of service delivery for NEPT services differs across these areas. The following provides a brief summary of service delivery in the Metro and Regional Areas.

G.2 METRO REGION

- G.2.1 AV currently has Agreements with private providers (also referred to as Contractors in this document) to undertake the NEPT stretcher workload in the Metro Region.
- G.2.2 Almost 100% of non-emergency stretcher transport in the Metro Region is provided by Contractors. At times, if demand for NEPT transport exceeds available NEPT resources, some NEPT transports may be undertaken by AV emergency resources.
- G.2.3 Dedicated NEPT stretcher resources are provided 24 hours a day, 7 days a week including all Public Holidays.
- G.2.4 Call taking and dispatch for stretcher services is managed by the Emergency Services Telecommunications Authority (ESTA).
- G.2.5 AV operates an in-house Clinic Transport Service (CTS) for non-Stretcher Patients. Whilst approximately 90% of CTS work is undertaken by internal resources, AV uses Contractor services to supplement CTS resources on an as needs basis.
- G.2.6 The CTS service operates primarily weekdays between 0600hrs and 1800hrs with limited weekend and Public Holiday services available.
- G.2.7 CTS call taking and dispatch is managed internally by AV.

G.3 REGIONAL AREAS

- G.3.1 AV utilises a combination of resources to undertake NEPT in Regional Areas across Victoria. This includes the use of AV emergency resources, Air Ambulance (AAV), AV dedicated NEPT resources and the services of AV's Contractors.
- G.3.2 Traditionally, internal (AV) and external (Contractor) dedicated NEPT stretcher resources are provided primarily on weekdays including Public Holidays between 0700hrs and 2200hrs, with some weekend services operating in some locations.
- G.3.3 It is possible that weekend NEPT services may be expanded during the Term of this Agreement.
- G.3.4 AV currently operates a limited CTS service in the Regional Areas, with two CTS vehicles in operation. In all other regions, a clinic car service is not operated and these patients are transported via stretcher resources.

TENDER SCOPE

- G.3.5 The core requirement of this tender is to supply non-emergency patient stretcher transport by road to Low, Medium and High Acuity patients. These services represent the most significant proportion of the current Agreement by value of the services required.
- G.3.6 AV is seeking to enter into agreements with multiple licenced NEPT providers for Stretcher Transport Shifts (Service Category 1.1) to provide flexibility in delivery of Services and to minimise risk of Service interruption. AV's preference is to allocate a maximum of 50% of stretcher Shifts to any one provider in the Metropolitan area.
- G.3.7 The two types of work to be awarded are Baseload and Ad Hoc services. Baseload services, once awarded, are mandatory. Ad Hoc services, once awarded, will be offered as additional services as required and are not mandatory.
- G.3.8 AV is also seeking the supply of a range of additional Services including Stretcher Ad Hoc services, Hospital Based Vehicle services, CPAV services, Newborn/Paediatric Emergency Transport services, Emergency Response Support services, Public Event Standby services, Staff Secondment services, Adult Retrieval Transport services, Clinic Transport services and Ad Hoc Fixed Wing Air Transport services.
- G.3.9 In addition to the services listed as out of scope in **Section A – Introduction** of this Supplementary RFT, the following additional services are out of scope for AV.
 - a. AV internal resource operated NEPT services.

G.4 SERVICES REQUIRED

The following section provides a description of the non-emergency services provided by AV (via both internal and external resources):

Stretcher Transport Services

G.4.1 These services involve the provision of NEPT transport via road, including the provision of in-transit patient treatment (in accordance with the NEPT Regulations.) Transport services are provided to Low, Medium and High Acuity patients who require travel in a recumbent or semi-recumbent position and/or require treatment, monitoring, observation or supervision during transport.

Hospital Based Vehicle (HBV) Services

G.4.2 The provision of NEPT transport services at major public hospitals (or Health Services) to collect and transport Low, Medium and High Acuity Stretcher, CTS, and preferably, CPAV patients, as and when required by the facility.

Complex Patient Ambulance Vehicle (CPAV) Services

G.4.3 The provision of NEPT using CPAV specialised equipment, including the provision of in-transit patient treatment, to Low, Medium and High Acuity NEPT Complex or Bariatric patients and

G.4.4 The deployment of CPAV specialised equipment to provide assistance to AV Emergency crews in lifting/extraction and/or transport of Bariatric and Complex emergency patients.

Drivers for the Paediatric Infant Perinatal Emergency Retrieval Service (PIPER)

G.4.5 The provision of On Call and/or onsite drivers , to support the Newborn Emergency Transport Service (NETS) and Paediatric Emergency Transport Service (PETS), for the transfer of acutely ill newborn babies and children, across Victoria, on a 24 hours, 7 days a week basis.

Emergency Response Support

G.4.6 NEPT services provide support to AV's emergency services under AV's Emergency Response Plan. AV is the responsible authority for the provision of pre-hospital care and the coordination of medical treatment at the scene of a major incident occurring within Victoria; and may engage NEPT to provide initial and secondary transport for victims of major incidents to facilities charged with providing appropriate medical treatment.

Public Event Standby

- G.4.7 The provision of NEPT stretcher vehicles and crews on standby at Public Events including facilitation of treatment and transport to participants, as required. These Services may also include participation in television and film production and attendance at other events, such as fun runs.

Staff Secondment Services

- G.4.8 The provision of specifically qualified Contractor Personnel on Secondment, to assist with provision of adequate service coverage within AV.

Adult Retrieval Victoria (ARV) Ad Hoc Services

- G.4.9 The provision of patient retrievals and critical care transport services to High Acuity patients across the state, operating on a 24 hours, 7 days a week On Call basis.

Clinic Transport Services (CTS)

- G.4.10 The provision of patient transport services to Walker, Walker Assist and Hoist Patients, using a sedan, station wagon or hoist vehicle.

Ad Hoc Fixed Wing Air Transport Services

- G.4.11 The provision of non-emergency patient transport by fixed wing aircraft on an Ad Hoc basis, including the provision of in-transit patient treatment (in accordance with the NEPT Regulations) to Low, Medium and High Acuity stretcher NEPT and Walker Patients.
- G.4.12 AV may elect to use an air transport service in distant or inaccessible locations, where air transport can assist deliver an effective patient outcome.

Service and Location Requirements

- G.4.13 The following table outlines all of the AV Service and location requirements across the state of Victoria. AV has identified a number of future potential Shift locations which are also shown. There is no guarantee that Shift arrangements will be offered in any of these locations during the AV Agreement Term.

Table 3: Required & Potential Services

REF	WORK TYPE	SERVICE NAME	SUMMARY	SERVICE LOCATIONS		SERVICE AREA	PRIMARY SERVICE REGION
1.1	Baseload	Stretcher Transport Shifts	The provision of road Stretcher Transport on a Shift basis at nominated locations and times for: <ul style="list-style-type: none"> • Low Acuity Stretcher Patients and/or • Medium Acuity Stretcher Patients and/or • High Acuity Stretcher Patients 	Required Shift Locations	Potential Shift Locations	Barwon South West	Regional Areas
				Geelong	Colac Hamilton Warrnambool		
				Morwell Sale Wonthaggi	Bairnsdale Traralgon Warragul	Gippsland	Regional Areas
				Ballarat Horsham	Ararat	Grampians	Regional Areas
				Seymour Shepparton Wangaratta Wodonga	Benalla Kilmore	Hume	Regional Areas
				Bendigo	Castlemaine Echuca Mildura	Loddon Mallee	Regional Areas
				Metropolitan - All		Metropolitan - All	Metropolitan

AV Specific Requirements

REF	WORK TYPE	SERVICE NAME	SUMMARY	SERVICE LOCATIONS	SERVICE AREA	PRIMARY SERVICE REGION
1.1A	Baseload	Flexible Transport Shifts	<p>The provision of resources on a Shift basis during periods of peak demand at nominated locations and times for:</p> <ul style="list-style-type: none"> • Low Acuity Stretcher Patients and/or • Medium Acuity Stretcher Patients and/or • High Acuity Stretcher Patients 	State-wide	Barwon South West	Regional Areas
					Gippsland	Regional Areas
					Grampians	Regional Areas
					Hume	Regional Areas
					Loddon Mallee	Regional Areas
					Metropolitan - All	Metropolitan

REF	WORK TYPE	SERVICE NAME	SUMMARY	SERVICE LOCATIONS	SERVICE AREA	PRIMARY SERVICE REGION
1.2	Ad Hoc	Stretcher Ad Hoc	<p>Single or multiple Case assignment on an as needs basis for:</p> <ul style="list-style-type: none"> • Low Acuity Stretcher Patients and/or • Medium Acuity Stretcher Patients and/or • High Acuity Stretcher Patients. 	State-wide	Barwon South West	Regional Areas
					Gippsland	Regional Areas
					Grampians	Regional Areas
					Hume	Regional Areas
					Loddon Mallee	Regional Areas
					Metropolitan - All	Metropolitan

REF	WORK TYPE	SERVICE NAME	SUMMARY	SERVICE LOCATIONS	SERVICE AREA	PRIMARY SERVICE REGION
1.3.	Baseload	Hospital Based Vehicle Services (HBV)	Provision of resources to accommodate transport at nominated major Health Services. The service requires: <ul style="list-style-type: none"> • Transport of Low, Medium and High Acuity Stretcher Patients and CTS Walker and Hoist patients. Note: preference will be given to Tenderers who also offer CPAV capabilities. • Provision of communication office to accept requests for HBV Transports on behalf of AV. 	Alfred Health	Metropolitan - All	Metropolitan
				Austin Health		
				Frankston Rehabilitation Hospital		
				Melbourne Health		
				Monash Health		
				Northern Health		
				Peninsula Health		
				Peter MacCallum Cancer Centre		
Western Health						

AV Specific Requirements

REF	WORK TYPE	SERVICE NAME	SUMMARY	SERVICE LOCATIONS	SERVICE AREA	PRIMARY SERVICE REGION
2.1	Baseload (if awarded)	Complex Patient Ambulance Vehicle (CPAV) Staffing - Shift and On Call Services (using AV vehicles)	Provision of patient transport Personnel to crew AV's CPAV vehicles based in the Metropolitan and Regional Areas. This service is required on a 24 hour basis for both Shifts and On Call services for: <ul style="list-style-type: none"> • Transport of Low, Medium and High Acuity Bariatric or Complex patients and/or • Assistance with emergency Bariatric Patients or Complex Patients. 	Bendigo	Loddon Mallee	Regional Areas
				Geelong	Barwon South West	Regional Areas
				Heyfield	Gippsland	Regional Areas
				All locations	Metropolitan - All	Metropolitan
2.2	Baseload (if awarded)	CPAV Shifts/On Call Services (using Contractor's own vehicle)	Provision of Contractor's own CPAV vehicles/crews based in the Metropolitan and Regional Areas. Pricing is sought on a 12 and 24 hour basis for both Shifts and On Call service for: <ul style="list-style-type: none"> • Transport of Low, Medium and High Acuity Bariatric or Complex patients and/or • Assistance with emergency Bariatric or Complex patients. 	State-wide	Barwon South West	Regional Areas
					Gippsland	Regional Areas
					Grampians	Regional Areas
					Hume	Regional Areas
					Loddon Mallee	Regional Areas
					Metropolitan - All	Metropolitan
2.3	Ad Hoc	CPAV Ad Hoc	Single or multiple Case assignment on an as needs basis for the: <ul style="list-style-type: none"> • Transport of Low, Medium and High Acuity Bariatric or Complex patients and/or • Assistance with emergency Bariatric or Complex patients. 	State-wide	Barwon South West	Regional Areas
					Gippsland	Regional Areas
					Grampians	Regional Areas
					Hume	Regional Areas
					Loddon Mallee	Regional Areas
					Metropolitan - All	Metropolitan

AV Specific Requirements

REF	WORK TYPE	SERVICE NAME	SUMMARY	SERVICE LOCATIONS	SERVICE AREA	PRIMARY SERVICE REGION
3.	Baseload	Drivers for the Paediatric Infant Perinatal Emergency Retrieval Service (PIPER)	Provision of drivers for AV's dedicated NETS/PETS vehicles, to undertake primary newborn (NETS) and paediatric (PETS) transfers on a 24 hour basis, or other potential options.	Service based at the Royal Children's Hospital	State-wide	Metropolitan & Regional Areas
4.	Ad Hoc	Emergency Response Support	Provision of Personnel, vehicles and equipment to AV, to operate during a major incident.	State-wide	Barwon South West	Regional Areas
					Gippsland	Regional Areas
					Grampians	Regional Areas
					Hume	Regional Areas
					Loddon Mallee	Regional Areas
					Metropolitan - All	Metropolitan
5.	Ad Hoc	Public Event Standby	The provision of NEPT stretcher vehicles and crew on standby at public events.	State-wide	Barwon South West	Regional Areas
					Gippsland	Regional Areas
					Grampians	Regional Areas
					Hume	Regional Areas
					Loddon Mallee	Regional Areas
					Metropolitan - All	Metropolitan

AV Specific Requirements

REF	WORK TYPE	SERVICE NAME	SUMMARY	SERVICE LOCATIONS	SERVICE AREA	PRIMARY SERVICE REGION
6.	Ad Hoc	Staff Secondment	Provision of suitably qualified Personnel on an as needs basis, to assist in the provision of AV's internal NEPT (stretcher, clinic car and communications) operations in Victoria.	State-wide	Barwon South West	Regional Areas
					Gippsland	Regional Areas
					Grampians	Regional Areas
					Hume	Regional Areas
					Loddon Mallee	Regional Areas
					Metropolitan - All	Metropolitan
7.	Ad Hoc	Adult Retrieval Victoria Ad Hoc Services (ARV)	<p>Single Case assignment on an as needs basis for:</p> <ul style="list-style-type: none"> Critical Care Registered Nurse only or together with an ARV medical retrieval team, provision of transport of critically ill patients including Bariatric or Complex patients. 	ARV operates from bases at Essendon Fields (shared base with AAV) and Geelong.	Entire State and occasionally, interstate (in the event that fixed wing or rotary services cannot provide the service)	Metropolitan & Regional Areas
8.1	Ad Hoc	Clinic Transport Services (CTS) Shifts	<p>The provision of resources on a Shift basis at nominated locations and times to accommodate transport of Walker, Walker Assist and Hoist patients.</p> <p><i>Note that AV does not currently have funding for deployment of additional CTS resources in Regional Areas but is seeking pricing to assist in evaluating the feasibility of introducing Shifts during the Agreement period.</i></p>	Geelong	Barwon South West	Regional Areas
				Traralgon, Wonthaggi	Gippsland	Regional Areas
				Ballarat	Grampians	Regional Areas
				Kilmore, Seymour, Shepparton	Hume	Regional Areas
				Bendigo	Loddon Mallee	Regional Areas
				Metropolitan - All	Metropolitan - All	Metropolitan

AV Specific Requirements

REF	WORK TYPE	SERVICE NAME	SUMMARY	SERVICE LOCATIONS	SERVICE AREA	PRIMARY SERVICE REGION
8.2	Ad Hoc	CTS Ad Hoc	<p>Single or multiple case assignment on an as needs basis for transport of Walker, Walker Assist and Hoist patients.</p> <p><i>Note that AV does not currently have funding for deployment of additional CTS resources in Regional Areas but is seeking pricing to assist in evaluating the feasibility of introducing further resources during the Agreement period.</i></p>	State-wide	Barwon South West	Regional Areas
					Gippsland	Regional Areas
					Grampians	Regional Areas
					Hume	Regional Areas
					Loddon Mallee	Regional Areas
					Metropolitan- All	Metropolitan
9.	Ad Hoc	Air Fixed Wing Transport Ad Hoc Services	<p>Single or multiple case assignment on an as needs basis for transport of:</p> <p>Low, Medium and High Acuity Stretcher Patients and/or Walker/Walker Assist patients.</p>	State-wide	Entire State and occasionally, interstate	Between Metropolitan & Regional Areas (including interstate)

GENERAL REQUIREMENTS

G.5 LICENCING, PERMITS AND REGISTRATIONS

- G.5.1 The Contractor must have the following licenses, permits and registrations in place prior to the Service Commencement Date of the AV Agreement or earlier as required by AV:
- a. NEPT service license for the transportation of non-emergency patients in Victoria (as prescribed by the NEPT Act 2003) - to be provided separately for Road and Air transports;
 - b. Drugs, Poisons and Controlled Substances Permit (as prescribed by the Act 1981, Vic) - to be provided separately for Road and Air transports;
 - c. Insurances as required in accordance with the Agreement;
 - d. Worksafe Certificate of Currency, and
 - e. Quality Management Registration Certification (ISO:9001 or equivalent).

All documentation must include the name of the Contractor as per tender applicant and scope of locations covered.

- G.5.2 The Contractor must maintain plans for the following:
- a. Occupational Health and Safety Management Plan (compliant with AS4801 or its equivalent);
 - b. Environmental Management Plan;
 - c. Organisational Risk Management Plan; and
 - d. Business Continuity Plan, covering disaster recovery for each of the critical support functions, with supporting strategies to address (at a minimum) the following risk scenarios:
 - (i) Loss of access to the normal work area;
 - (ii) Loss of technology;
 - (iii) Loss of communications;
 - (iv) Loss of Personnel (e.g. Pandemic); and
 - (v) Loss of vehicles.

G.6 PATIENT TRANSPORT PROCEDURES

- G.6.1 During the term of the AV Agreement, the Contractor must at all times comply with AV's Patient Transport Procedures (PTP). A copy of which is provided at ***Part 11 Non-Returnable Appendices, Appendix 20 – AV Patient Transport Procedures.***

- G.6.2 AV reserves the right to add to, delete from or change any procedures during the life of the AV Agreement and the Contractor must comply with such changes.

G.7 SERVICE DELIVERY

- G.7.1 The Contractor must undertake the following types of patient transports, but will not be limited to:

- a. admissions to hospital from home;
- b. discharges from hospital to home;
- c. inter-hospital transports;
- d. transports to and from day procedures or diagnostic facilities;
- e. transports to and from general medical and outpatient appointments;
- f. transports to and from airports serviced by AAV; and
- g. transport of non-urgent cases to and from Emergency Departments.

- G.7.2 The Contractor is required to deliver services in accordance with all statutory and regulatory requirements including any subsequent changes in policy or regulation prior to or during the life of the AV Agreement including but not limited to:

- a. *The Ambulance Services Act 1986*;
- b. *The Non-Emergency Patient Transport Act 2003*;
- c. *NEPT Regulations 2005*;
- d. NEPT Clinical Practice Protocols (CPP);
- e. AV Requirements; and
- f. Any Agreement entered into as a result of this tender process, including all standards and attachments as specified in the AV Agreement.

- G.7.3 The Contractor will provide a central or prime point of contact for Representatives under the AV Agreement.

G.8 SERVICE TRANSITION

- G.8.1 The Contractor must, in accordance with ***Clause 6 of the Draft AV Agreement***, provide a Service Transition Plan. The Contractor will commit to an implementation program that ensures that Services successfully contracted for, commence as required on the scheduled Service Commencement Date.

- G.8.2 The Contractor will ensure the following as part of their Transition In Plan:

- a. All systems and data communications/exchange are successfully tested and trialled to meet relevant requirements of this Specification;

- b. All required vehicles and equipment meet all regulatory requirements and the relevant requirements of this Specification, and be available for use on the Service Commencement Date;
- c. Training of Personnel in line with regulations and AV's standards is completed;
- d. Seamless changeover with a guarantee of service continuity during the transition period;
- e. Details of all Personnel, vehicles, equipment and all other resources and activities to be utilised and/or followed by the Contractor for timely commencement of the services are provided in the plan.

G.8.3 The Contractor must provide monthly progress reports to AV from Agreement execution to Service Commencement Date, detailing progress against each component of their Transition Plan, in a form acceptable to AV.

G.9 AV COMMUNICATIONS

G.9.1 Any delays beyond 15 minutes are required to be proactively reported to ESTA or the pickup point/patient and an estimated time of arrival is to be provided.

G.10 VEHICLE AND EQUIPMENT REQUIREMENTS

G.10.1 The Contractor must ensure that all vehicles and equipment utilised in the provision of AV services comply with the requirements of the NEPT Regulations, CPPs and AV's own requirements as specified in this Specification and the relevant PTPs, which are provided in ***Part 11 Non-Returnable Appendices, Appendix 20 – AV Patient Transport Procedures***.

G.10.2 The Contractor must provide the following:

- a. vehicles;
- b. Personnel;
- c. medical equipment;
- d. communication equipment;
- e. Consumables;
- f. incidental items; and
- g. AV's Specified Equipment List as per AV PTP690 (Standard Equipment) of the PTP.

G.10.3 For Low and Medium Acuity Shifts the Contractor must provide dual stretcher vehicles to maximise opportunities for multi-loading of patients.

G.10.4 For the transport of High Acuity, Bariatric or unusually proportioned and Complex Patients and ARV patients, the Contractor should provide single stretcher configuration vehicles.

- G.10.5 The Contractor must use specialised vehicles based at the Royal Children's Hospital for the transport of PIPER cases.
- G.10.6 The Contractor must ensure that vehicles used in the provision of service are equipped with stretchers capable of accommodating patients:
 - a. weighing up to and including a minimum of 200kg
 - b. and, in the case of CPAV or Bariatric vehicles, weighing up to and including a minimum of 318kg.
- G.10.7 The Contractor must use VACIS® tablets in all vehicles, provided and installed by AV at no cost to the Contractor.
- G.10.8 Training for VACIS® will be in the form of a Train-the-Trainer model where AV will provide education and support materials for the Contractor appointed trainers, as negotiated with AV.
- G.10.9 The Contractor must ensure its Personnel are provided with adequate training and are suitably skilled in the operation of VACIS® equipment and all other AV provided equipment.
- G.10.10 To assist with effective tracking of resources and despatching of transport cases, during the life of the AV Agreement, AV may require the Contractor to fit a tracking device to the vehicles that operate on behalf of AV or alternatively, as an attachment to AV equipment such as MDTs and radios. If AV chooses to do this, AV will discuss and agree a suitable approach with the Contractor.
- G.10.11 The Contractor must comply with the following vehicle and equipment requirements by the Service Commencement Date:
 - a. ensure that the base vehicle selected and the subsequent conversion provides an appropriate platform for the safe conveyance of patients, Personnel, escorts and equipment for the service/s undertaken;
 - b. ensure vehicles are dimensionally and otherwise appropriate for, and capable of, accessing patients from pickup and destination locations
 - c. ensure that all High Acuity vehicles are able to accommodate an AV emergency stretcher to assist with occasions where transfer of patients to/from AV's emergency vehicles may be required;
 - d. ensure that sufficient vehicle and equipment are available to move a range of patients including wheelchair bound patients, infants, small children and patients with guide and assistance dogs;
 - e. ensure that where a patient is travelling in a wheelchair, that the wheelchair is locked into suitable and safe fixing locations on the vehicle floor;
 - f. ensure that patient entry to hoist vehicles is achieved using a safe power driven platform from ground to vehicle floor level;

- g. ensure the vehicle electrical platform is appropriate to adequately support all equipment and communications devices required to provide the service. This includes AV supplied equipment (MDT, MMR, RAVNET and VACIS®). Information in relation to power draw for AV equipment is provided in **Part 11 Non-Returnable Appendices, Appendix 22 – Power Draw Requirements**;
- h. ensure vehicles are maintained and mechanically serviced to the standards as recommended by the vehicle manufacturer, any relevant standard, regulation or design rule and commensurate with the use to which the vehicles will be subjected;
- i. be responsible for the fuel, lubricants and other running costs associated with the operating of its patient transport vehicles;
- j. ensure that all vehicles are fitted with operating emergency lights and sirens that are tested on a regular basis;
- k. ensure that daily inspections of the vehicles are undertaken for any damage and to ensure all lights (including emergency lights and siren) are operational and that the vehicles are air/roadworthy at all times. Faulty lenses, lights and globes must be repaired and or replaced prior to the vehicle being put into service each day or Shift;
- l. ensure that all vehicles used for the transport of patients are maintained in a clean and hygienic condition at all times;
- m. ensure that all electrical items of equipment carried on board and/or utilised in patient care undergo test and tag electrical testing processes to the applicable Australian Standards and frequency. Any equipment not tested or meeting the test and tag requirements is not to be utilised in provision of Services on behalf of AV;
- n. be responsible for provision, maintenance and repair of all specified equipment as outlined in the relevant PTP (AV vehicles excepted.);
- o. ensure that all equipment is carried safely, in a secure and fixed manner;
- p. provide adequate restraint in the vehicles to safely restrain at least one patient mobility device of dimensions 1m x 0.6m x 0.3m; and
- q. ensure all vehicle checks, cleaning and restocking of vehicle consumables etc. are not completed during AV paid Shift or Case time.

NOTE TO TENDERERS:

Tenderers may trial an emergency stretcher in their vehicle. HPV will be organising a specific time for Tenderers to trial the emergency stretchers. Tenderers will be advised of the arrangements via the Tenders Victoria Online forum for this tender.

- G.10.12 For all services, the Contractor is responsible for the supply, installation, maintenance and removal of Contractor owned pagers and mobile telephones, on their own vehicles at their own cost.
- G.10.13 For all services, the Contractor is responsible for the supply, installation and maintenance of voice radio equipment, (other than MMR radio), which may be required for the purposes of communicating with their base.
- G.10.14 If operating AV owned vehicles e.g. CPAV Metropolitan vehicles or PIPER vehicles, the Contractor must ensure all reasonable care is taken to maintain the vehicle/s in an appropriate condition, all servicing requirements are met and any damage or breakdowns are reported immediately.
- G.10.15 AV will bear all expenses associated with providing, installing and removing AV required communication equipment in or from Contractor vehicles and AV, at its discretion, may nominate an organisation to undertake such work.
- G.10.16 The Contractor will be responsible to ensure its Personnel are provided with adequate training and are suitably skilled, including skills maintenance where required, in the operation of AV supplied communications equipment (MDT, MMR, and RAVNET).
- G.10.17 On expiry of the Agreement and in accordance with the Transition Out plan, the Contractor must make their vehicles available at any reasonable time and location at the request of AV within seven days of the AV Agreement expiry for removal of AV owned equipment.
- G.10.18 The Contractor must:
 - a. implement and operate any AV equipment in accordance with AV's instructions;
 - b. maintain an up to date inventory listing of each item of AV equipment and provide that inventory to AV on request;
 - c. keep all AV equipment in good and safe condition and well maintained;
 - d. return all AV equipment to AV in good and safe functioning condition, save for acceptable wear and tear; and
 - e. report to the AV Representative as soon as possible when equipment is faulty or there is an issue with equipment use.

CONTRACTOR PERSONNEL REQUIREMENTS

G.11 PERSONNEL AUTHORISATIONS

- G.11.1 All Personnel employed and engaged by the Contractor must be suitably qualified and experienced for the role they perform and, at a minimum, must meet all requirements of the NEPT Regulations and the CPP.

- G.11.2 The Contractor must forward AV confirmation that any Personnel the Contractor chooses to have operate on behalf of AV have the appropriate qualifications and experience and are suitable to provide NEPT services.
- G.11.3 All Contractor Personnel must have obtained a National Police Check (NPC) that is not more than six (6) months old prior to registration to operate on behalf of AV. The police check must demonstrate the Personnel have not been convicted of any criminal offences.
- G.11.4 All Contractor's Personnel must have a current Working with Children Check (WWCC) in accordance with the *Working with Children Act 2005 (Vic)* prior to any request to be registered to work on behalf of AV. (Note: Certificates are valid for five (5) years.
- G.11.5 The Contractor must arrange for any annual re-accreditation requirements or skills maintenance training, as required by relative legislation such as the NEPT Regulations and CPPs or as determined by AV, to be completed for each Personnel as and when required. As a guide, this will include, but not be limited to the following:
- a. Annual skills maintenance and re-accreditation in Basic Life Support (BLS) for adults and children (HLTAID02 or equivalent competency unit);
 - b. Occupational Health and Safety, with particular attention to manual handling and infection control;
 - c. In case of registered nurses, annual renewal of nursing registration;
 - d. Renewal of Personnel NPC each three (3) years as measured as at 31 March and 30 September each year – i.e. any Personnel whose 3 years will expire by 30 September in a given year must have a police check renewed prior to that time;
 - e. Renewal of Personnel WWCC each five (5) years. The Contractor must ensure AV is provided with an updated WWCC clearance certificate for all Personnel before the expiry date of their respective certificates;
 - f. As with NPC renewals WWCC renewals are to be completed by 31 March or 30 September in the year of expiry;
 - g. On an annual basis, the Contractor will complete and sign an attestation that their employees' clinical accreditation and nursing registration (if applicable) are current, that they have completed their annual skills maintenance training, that their NPC and WCC are current (within the above criteria), and that each Personnel member has not been convicted of any criminal offences as at the date of the declaration; and, that the Contractor has informed AV of any relevant matters in regard to accreditation, training or legal matters in relation to their Personnel if or as they have occurred; and
 - h. Any Personnel whom the annual attestation does not cover fully will be deregistered and not permitted to operate on behalf of AV until the certification process is completed.

- G.11.6 The Contractor must forward AV separate documentation for ex-AV Personnel the Contractor chooses to have operating on behalf of AV. This process will require AV to conduct a reference check on the Personnel before acceptance. AV will require fourteen (14) days to complete the check.
- G.11.7 The Contractor must forward AV separate documentation for current AV Personnel the Contractor chooses to have operating on behalf of AV. This process will require the AV Personnel to obtain AV CEO approval of the Personnel before acceptance.
- G.11.8 AV reserves the right to decline requests for or withdraw any existing approved registration of Personnel to operate on behalf of AV if they have been convicted of a criminal offence, or if, in the opinion of the AV representative, other factors determine it is not appropriate to register the Contractor Personnel member to operate on behalf of AV.

G.12 CREWING LEVELS

- G.12.1 Vehicles providing non-emergency patient transport services to AV must be crewed in accordance with the NEPT Regulations and as stipulated in **Part 11 Non-Returnable Appendices, Appendix 20 – AV Patient Transport Procedures**.
- G.12.2 The staffing of NEPT vehicles will be provided by the Contractor and may be dependent upon patient Acuity or Shift requirements.
- G.12.3 AV will advise appropriate Acuity levels required of crews undertaking Shifts and Cases.
- G.12.4 The Contractor must provide crews at the Acuity level specified by AV.

G.13 STANDARDS OF BEHAVIOUR

- G.13.1 The Contractor must ensure that Personnel employed in the delivery of NEPT services on behalf of AV do, at all times:
 - a. display a clean, neat and professional presentation;
 - b. conduct themselves in an appropriate, professional and efficient manner;
 - c. are able to clearly and effectively communicate with patients and Health Service personnel;
 - d. maintain high standards in relation to all aspects of service delivery;
 - e. display personal identification at all times while performing any duties in relation to the delivery of AV's services; and
 - f. do not slander AV directly, or via any social media.
- G.13.2 The Contractor must show evidence of a Drug and Alcohol policy.

- G.13.3 The Contractor must comply with State and Federal restrictions on health issues such as, but not limited to, workplace non-smoking policies. This includes understanding and adhering to policies and requirements at AV and all pickup and delivery destinations such as hospitals, nursing homes and allied health facilities.

G.14 DRIVING UNDER EMERGENCY CONDITIONS

- G.14.1 It is preferred that all Personnel employed by the Contractor are appropriately qualified and competent to transport non-emergency clients under emergency operational conditions. In line with AV's low risk driving model, AV's Attend Emergencies training unit (Unit Five) covers aspects of safe, responsible and controlled emergency driving to ensure that Personnel:
- a. Comply with the laws and policy for emergency driving;
 - b. Respond promptly to the initial dispatch message;
 - c. Drive quickly where appropriate;
 - d. Manage traffic events;
 - e. Moderate the influence of competing needs or motivations; and
 - f. Transport the patient using emergency provisions.
- G.14.2 The components of AV's Attend Emergencies training unit may change prior to or during the term of the AV Agreement.
- G.14.3 It is a requirement that all Contractor crews operating at any stretcher Acuity level on behalf of AV contain at least one Personnel member qualified to operate a vehicle under emergency driving conditions. At a minimum, this will require those persons to have successfully completed Unit Five, Attend Emergencies, of AV's Driver Competency Standard or equivalent.
- G.14.4 AV will offer Unit Five at no cost to the Contractor on a Train the Trainer basis by early 2015 prior to the Service Commencement Date of this Agreement. AV will also make available relevant information and resources regarding the content of Unit Five to the trainers at the end of the Train the Trainer program.
- G.14.5 The Contractor must arrange to have relevant Personnel suitably qualified to operate under emergency driving conditions before the Service Commencement Date using the AV model or to an equivalent standard via an external driver training organisation. Any costs associated with training Personnel are to be borne by the Contractor.
- G.14.6 At least 30 days prior to Service Commencement Date, the Contractor must provide AV with a list of Personnel who have received the relevant training and have demonstrated competency as capable of operating under emergency operational conditions to a minimum of AV's Driver Competency Standards or equivalent. AV will note its records accordingly.

- G.14.7 AV will make available the Train the Trainer component to the Contractor on a set date once each year, if required, to provide the relevant training to any new trainers engaged by Contractor.
- G.14.8 It is the Contractors' responsibility to determine and implement the processes and/or training programs considered necessary to maintain/refresh the skills of Contractor Personnel on at least an annual basis.
- G.14.9 In line with ***PTP 610 – Emergency Transport of Patients to Hospital***, Contractor Personnel may be directed by a Duty Manager or Clinician to operate under emergency conditions if an emergency situation exists. Contractor Personnel may only operate under emergency driving conditions if prior approval and direction has been obtained from the Duty Manager/Clinician by the crew and the driver has the appropriate training and skills to safely do so. Driving under emergency conditions is not permitted on behalf of AV unless explicitly directed on a case by case basis.
- G.14.10 Upon submission of daily line up sheets to AV, the Contractor will need to specify which Personnel member in each crew has the required endorsement. An audit of Shift and Ad Hoc Case Patient Care Records (PCR) will be undertaken monthly to confirm adherence to this requirement.

G.15 ORIENTATION AND INDUCTION

- G.15.1 The Contractor must attend designated orientation/induction sessions related to the service provision for which they are awarded. This includes orientation at the following:
- a. Health Services for successful HBV Tenderers;
 - b. Royal Children's Hospital for successful PIPER Tenderers;
 - c. AFL venues for successful Public Events Standby Tenderers;
 - d. ARV at Essendon Fields (or other locations as required by ARV) for successful ARV Tenderers;
 - e. AAV and access to the Essendon Fields tarmac (or other locations as required by AAV) for successful stretcher Tenderers; and
 - f. others as identified during the term of the AV Agreement.

G.16 SUB-CONTRACTORS

- G.16.1 Subject to ***Clause 27 of the Draft AV Agreement***, where the Contractor is proposing to deliver the services through a sub-contract arrangement/s, the Sub-Contractor must comply with the requirements of this Specification and the Statement of Requirements.
- G.16.2 All Sub-Contractors must be licensed in accordance with the *Non-Emergency Patient Transport Act 2003* and must maintain the licence for the duration of the AV Agreement.

HEALTH, SAFETY AND WELLBEING REQUIREMENTS

G.17 EMPLOYEE IMMUNISATION

- G.17.1 In accordance with World Health Organization recommendations, the Contractor must provide an annual Influenza Vaccination Program (IVP) for all Personnel.
- G.17.2 The Contractor may choose to participate in AV's Influenza Vaccination Program (IVP) at any of the agreed hospitals and network clinics where the program operates. Participation in the AV IVP will be at the expense of the Contractor.
- G.17.3 The Contractor must provide information annually to AV to demonstrate their compliance with annual provision of an immunisation program for their Personnel.

G.18 INFECTION CONTROL

- G.18.1 The Contractor must comply with the *Australian Guidelines for the Prevention and Control of Infection in Healthcare* in order to minimise risks to Personnel and patients and in line with the NEPT Regulations regarding infection control management plans.
- G.18.2 The Contractor must provide information in relation to the risk assessments undertaken and details of their policies and procedures in relation to infection control.
- G.18.3 AV may, from time to time, seek details of updated Infection Control policies and procedures and the Contractor is required to provide relative information in accordance with AV's auditing rights under the AV Agreement.
- G.18.4 The Contractor must monitor, review and record any exposure and advise AV of the same. A Contractor must also provide evidence that their policies, protocols and guidelines cover biological and chemical hazards. The Contractor should, as and if required, obtain medical advice on medical-related issues relating to the AV's procedures, equipment and clinical consumables.

G.19 COUNSELLING AND PSYCHOLOGICAL FIRST AID (PEER SUPPORT SERVICES)

- G.19.1 As part of AV's commitment to maintaining a safe and healthy work environment, the Contractor must provide appropriate counselling and psychological first aid support services for Personnel who may have been exposed to a critical incident or other work related problems.

- G.19.2 It is important that employees have readily available access to a professionally trained counsellor or psychologist to assist them in overcoming and minimising risk from incidents, both individually and organisationally, that can develop into potentially damaging effects (e.g. post-traumatic stress disorder).
- G.19.3 All Personnel must have access to an immediate internal support provided by peers appropriately trained in psychological first aid.
- G.19.4 AV has developed specific Peer Support training and can make available relevant training on a Train the Trainer basis to the Contractor if required, at a cost to be negotiated.
- G.19.5 The Contractor is required to have a professional psychological support program that outlines, as a minimum, the following:
 - a. the nature and type of psychological services available (e.g. service/s provider, number of sessions provided);
 - b. how and when the services may be activated by employees;
 - c. how and when services may be activated proactively by management; and
 - d. how the relative information is made available to employees.
- G.19.6 The Contractor must have a process to maintain the following peer support service information:
 - a. Peer support network (e.g. number of peers, areas that they cover);
 - b. Peer selection and training process;
 - c. How and when the services may be activated by employees;
 - d. How and when services may be activated proactively by management;
 - e. How the relative information is made available to employees;
 - f. Mechanism for complaints escalation; and
 - g. Application of privacy and confidentiality laws.

G.20 OCCUPATIONAL HEALTH AND SAFETY

- G.20.1 The Contractor is required to have an appropriate Occupational Health and Safety (OH&S) management system that complies with AS4801 or its equivalent and kept current for the term of the AV Agreement.
- G.20.2 At a minimum, the Contractor must have a system that can:
 - a. demonstrate compliance with health and safety legislative requirements;
 - b. undertake and document Risk Assessments;
 - c. demonstrate that their physical capability assessment/testing is part of their recruitment processes;

- d. demonstrate their manual handling training processes;
- e. demonstrate that they have relevant Health and Safety Plans;
- f. demonstrate their methods of communication of information and messages to the Contractor workforce;
- g. demonstrate evidence of their OH&S performance and incident reporting; and
- h. demonstrate their recording and action system for noncompliance.

REPORTING AND QUALITY ASSURANCE REQUIREMENTS

G.21 DATA QUALITY AND COMPLETENESS

G.21.1 The Contractor must:

- a. complete in full and accurately all required fields in any and all forms required by AV, either paper based or electronically based
- b. ensure all activity times required of crews (e.g. arrival at location, patient loaded time, arrival at destination, case clearance time etc.) are recorded accurately and diligently on every patient record
- c. ensure that, where handwritten information is required e.g. manual PCR, handwriting is to be fully legible on all occasions
- d. ensure their checking processes are undertaken to confirm accuracy and completeness of data being submitted e.g. quality of PCR information, claims for patient loaded kilometres, invoices for payment etc.

G.21.2 The Contractor may be required to capture additional data fields either manually or by VACIS® should it be deemed necessary to assist in the management and planning activities for AV's patient transport operations.

G.22 REPORTING REQUIREMENTS

G.22.1 The Contractor must provide reports as required by AV. AV may require additional information on either a temporary or permanent basis. AV may vary the reporting requirements during the term of the AV Agreement.

G.22.2 AV's reporting requirements together with relevant templates will be maintained in ***PTP 712 – Reporting: Clinical Incident Monthly Activity and Financial Reporting***.

G.22.3 Some examples of current reporting requirements include, but are not limited to:

- a. Invoice activity report – due by 3rd Business Day monthly;
- b. Monthly Report – due by 5th Business Day monthly; and

- c. Adverse Events and Incident Reports – due within 24 hours of incident. Examples would include, but not be limited to, reporting of late starts to a Shift, downtime within a scheduled Shift, and operating with non-authorized Personnel etc.
- G.22.4 The Contractor must provide AV, on an annual basis or as renewed, updated documentation, including but not limited to:
- a. Updated Business Continuity Plan;
 - b. Updated certificates of currency for all required insurances;
 - c. Updated NEPT licence and/or Drugs, Poisons and Controlled Substances permit; and
 - d. Updated Quality Management System certification.

G.23 COMPLETION OF PATIENT CARE RECORDS

- G.23.1 The Contractor must complete all PCR on VACIS®.
- G.23.2 The Contractor must complete PCR according to the VACIS® Clinical Data Set Standard.
- G.23.3 The Contractor must complete a PCR for every case to which a crew is dispatched including NTRs and TNTs but excluding cancelled cases. Details of this process are outlined in *PTP625 – Patient Care Records*.
- G.23.4 The Contractor must complete all PCRs within four hours of Shift or Case completion.
- G.23.5 AV may, in its discretion, allow the Contractor to submit the PCRs manually, as determined on a Case by Case basis. Unless otherwise advised, the manual PCRs should be forwarded to Ambulance Victoria at:

Table 4 -PCR Provision Addresses

SERVICE REGION	LOCATION
Regional	Locked Bag 9000 Ballarat Mail Centre Victoria 3354
Metropolitan	P O Box 2000 Doncaster, Victoria 3108

G.24 PCR AUDITS AND CLINICAL QUALITY ASSURANCE

- G.24.1 The Contractor will be subject to a retrospective monthly audit of PCR. A random sample of PCR is audited to ensure compliance is met.
- G.24.2 The outcome of PCR audits will be reported, in writing, to the Contractor.
- G.24.3 Specific PCR guidelines are also included in ***PTP 625 – Patient Care Records***.
- G.24.4 The Contractor must conduct a comprehensive in-house quality audit on a monthly or more regular basis in accordance with ***Part 11 Non-Returnable Appendices, Appendix 21 - AV Clinical Quality Assurance Plan*** and NEPT Regulations.

G.25 MONTHLY INVOICES

- G.25.1 The Contractor must use the electronic invoicing file templates provided by AV that contain individualised invoicing capabilities including the respective Contractor's pricing schedules.
- G.25.2 The Contractor must complete in full, all required fields of the electronic invoicing template.
- G.25.3 Invoices must be submitted by the end of the 3rd Business Day of the following month.
- G.25.4 Once verified by AV, invoices will be paid 20 Business Days from the date of receipt of the invoice.

G.26 PATIENT RIGHTS AND FEEDBACK

- G.26.1 The Contractor must ensure that an information brochure is made available on request to a patient transported by a non-emergency service. This brochure needs to outline the patients' rights when using a non-emergency service, the complaints procedure including contact details, how a complaint about the service will be managed, the associated time frames and alternative avenues for making a complaint about the service. A copy is to be provided to AV upon request
- G.26.2 The Contractor must measure customer satisfaction by co-operating with requests from AV to distribute Customer Satisfaction Surveys and other market research documents to patients and other customers at the time of transport.

G.27 PERFORMANCE MEASURES

- G.27.1 The Contractor must attend regular meetings, at intervals determined by AV, to assess and discuss performance and ensure all aspects of the AV Agreement are being met.
- G.27.2 Key Performance Indicators (KPIs) detailing the criteria against which performance measures are based, are outlined in the ***Part 11 Non-Returnable Appendices, Appendix 12 – Draft AV Agreement, Schedule 3.***

SERVICE DELIVERY REQUIREMENTS

- G.27.3 The following provides requirements for the non-emergency patient transport services:
- a. Service Category 1 – Stretcher Transports;
 - b. Service Category 1.1 – Stretcher Shifts;
 - c. Service Category 1.1A – Flexible Transport Shifts;
 - d. Service Category 1.2 – Stretcher Ad Hoc Cases;
 - e. Service Category 1.3 – Hospital Based Vehicles (HBV);
 - f. Service Category 2 – Complex Patient Ambulance Vehicle Services (CPAV);
 - g. Service Category 3 – Drivers for Paediatric Infant Perinatal Emergency Retrieval Service (PIPER);
 - h. Service Category 4 – Emergency Response Support;
 - i. Service Category 5 – Public Event Standby;
 - j. Service Category 6 – Staff Secondment;
 - k. Service Category 7 – Adult Retrieval Victoria Ad Hoc Services;
 - l. Service Category 8 – Clinic Transport Services (CTS); and
 - m. Service Category 9 – Fixed Wing Air Ad Hoc Transport Services.
- G.27.4 Relevant data for each of the service delivery types including workload demand, seasonal variances (and in the case of stretcher Shift services, sample Shift rosters) is included in **Part 9B AV Activity Profile and Part 11 Non-Returnable Appendices, Appendix 25 – AV Activity Profile.**

Service Category 1 – Stretcher Transports

G.28 EQUIPMENT REQUIREMENTS

G.28.1 To assist and facilitate the delivery of Stretcher Transport services, the Contractor may be required to use the following equipment:

Table 5 Stretcher Communication Equipment

METRO REGION	REGIONAL AREAS
AV Supplied Equipment	AV Supplied Equipment
Mobile Data Terminals	RAVNET Radio
Metropolitan Mobile Radio	EAS Pager
VACIS®	VACIS ®
Contractor Supplied Equipment	Contractor Supplied Equipment
Mobile Telephone	Mobile Telephone
Pager	

G.28.2 The Contractor must use VACIS® for the completion of PCRs.

G.28.3 The Contractor must ensure the vehicle platform offered for AV services is suitable to support the installation of all AV provided equipment. Details of relative power draw requirements are provided in **Part 11 Non-returnable Appendices, Appendix 22 – Power Draw Requirements**.

G.29 VEHICLE REQUIREMENTS

G.29.1 The Contractor must undergo a vehicle and equipment inspection by AV prior to the Service Commencement Date, to ensure that vehicles are fully equipped and fit for purpose.

G.29.2 AV retains the right to inspect vehicles at any time during the AV Agreement Term.

Service Category 1.1 Stretcher Shifts

G.30 METRO REGION STRETCHER BASELOAD SHIFT SERVICE REQUIREMENTS

- G.30.1 The Contractor must provide Stretcher Transport services in the Metro Region.
- G.30.2 Stretcher Transport Shifts are Baseload shifts and, once awarded, are considered mandatory.
- G.30.3 A sample Metropolitan roster is included in **Part 9B AV Activity Profile and Part 11 Non-Returnable Appendices, Appendix 25 – AV Activity Data**, for illustrative purposes.
- G.30.4 The Contractor is required to undertake Shifts of 5 to 12 hours in duration, as determined by AV.
- G.30.5 The Contractor must deliver the provision of Shift services for the transport of:
 - a. Low Acuity Stretcher Patients; and
 - b. Medium Acuity Stretcher Patients.
- G.30.6 The Contractor should be capable of delivering the provision of Shift services for the transport of High Acuity Stretcher Patients.
- G.30.7 AV does not currently operate High Acuity Shifts. During the Term of the AV Agreement AV may choose to operate High Acuity Shifts.
- G.30.8 In accordance with **Clause 7.2 of the Draft AV Agreement**, AV has the ability to change the volume, frequency, duration, commencement time and commencement locations of scheduled Stretcher Shifts, if either a positive or negative change in workload trend occurs, at any time during the Term of the AV Agreement.
- G.30.9 In accordance with **Clause 7.2 of the Draft AV Agreement**, the Contractor will receive at least seven (7) days' notice advising of a need for additional Shifts, or removal of Shifts or change of Shift start and finish times or change of Shift commencement locations as required, and determined by AV. These changes are solely at AV's discretion and it is not a requirement of AV to supply data to support the need for the change(s.)
- G.30.10 The Contractor must commence Shifts in various locations within the Metro Region as specified by AV. This may include start locations in the North, East, South or West areas of the Metro Region.
- G.30.11 The Contractor must undertake transports within the Metro Region and if required also undertake transports to or from Regional Areas.
- G.30.12 The Contractor is required to be at the designated commencement location at the commencement time of the Shift as determined by AV.

- G.30.13 The Contractor must ensure crews log on at that location at commencement time.
- G.30.14 Crews must not log on en route from the Contractor depot.
- G.30.15 AV will dispatch Cases to the Contractor by Mobile Data Terminals (MDTs), supported by pager, Metropolitan Mobile Radio (MMR) voice radio and mobile telephone.
- G.30.16 The Contractor must complete all rostered Shifts as and when requested.
- G.30.17 The Contractor must complete all rostered Shifts at the Acuity level advised by AV.
- G.30.18 The Contractor must dispatch resources to enable Pre-booked patients to be collected between 30 minutes before and 15 minutes after the scheduled pick up time.
- G.30.19 The Contractor must dispatch resources to enable On Day patients to be collected within 90 minutes of the request for same day bookings, or as otherwise agreed between the Contractor and dispatcher at the time of dispatch.
- G.30.20 The Contractor must accept all cases allocated more than 30 minutes before the rostered Shift completion time, unless otherwise agreed with AV.

NOTE TO TENDERERS:

The Contractor is required to nominate the percentage of the total Shift volume, for which they propose to provide services, including ability to provide Low, Medium or High Acuity transport services.

Preference will be given to those Tenderers who can offer Shift resources for all Acuity levels.

G.31 REGIONAL AREAS STRETCHER BASELOAD SHIFT SERVICE REQUIREMENTS

- G.31.1 The Contractor must provide Stretcher Transport services in awarded locations within Regional Areas.
- G.31.2 If required by AV, the Contractor must transport patients within the Metro Region, when the Regional vehicle has available time/capacity and/or is returning to the Regional Area and may accommodate a patient from or within the Metro Region en route.
- G.31.3 The Contractor is required to be at the designated commencement location at the commencement time of the Shift as determined by AV.

- G.31.4 The Contractor is required to undertake Shifts of 5 to 12 hours in duration, as determined by AV. AV reserves the right to vary Shift length in line with its requirements.
- G.31.5 The Contractor is required to provide Shifts primarily between 0700hrs and 2200hrs however AV may require Shifts outside these times.
- G.31.6 The Contractor must deliver the provision of Shift services for the transport of:
 - a. Low Acuity Stretcher Patients; and/or
 - b. Medium Acuity Stretcher Patients.
- G.31.7 The Contractor should be capable of delivering the provision of Shift services for the transport of High Acuity Stretcher Patients.
- G.31.8 AV does not currently operate High Acuity Shifts. During the Term of the Agreement AV may choose to operate High Acuity Shifts.
- G.31.9 In accordance with **Clause 7.2 of the Draft AV Agreement**, AV has the ability to change the volume, frequency, duration, commencement time and commencement locations of scheduled Stretcher Shifts, if either a positive or negative change in workload trend occurs, at any time during the life of the AV Agreement.
- G.31.10 In accordance with **Clause 7.2 of the Draft AV Agreement**, the Contractor will receive at least seven (7) days' notice advising of a need for additional Shifts or removal of Shifts, or change of Shift start and finish times or change of Shift commencement locations, as required and determined by AV. These changes are solely at AV's discretion and it is not a requirement of AV to supply data to support the need for the change(s.)
- G.31.11 AV will dispatch Cases to the Contractor by pager, supported by RAVNET voice radio and mobile telephone
- G.31.12 AV has a current requirement for provision of services at Regional Area locations, outlined in **Table 6 - Current & Possible Future Shift Service Locations** below.
- G.31.13 In addition, AV has identified a number of future potential Shift locations which are also shown. There is no guarantee that Shift arrangements will be offered in any or all of these locations during the AV Agreement Term however pricing is sought for these locations.

Table 6: Current & Possible Future Shift Service Locations

SERVICE LOCATION		NUMBER OF CURRENT SHIFTS	POTENTIAL SHIFT LOCATIONS
Regional Area	Location		
Barwon South West	Colac		X
	Geelong	2	
	Hamilton		X
	Warrnambool		X
Gippsland	Bairnsdale		X
	Morwell	1	
	Sale	1	
	Traralgon		X
	Warragul		X
	Wonthaggi	1	
Grampians	Ararat		X
	Ballarat	2	
	Horsham	1	
Hume	Benalla		X
	Kilmore		X
	Seymour	1	
	Shepparton	2	
	Wangaratta	1	
	Wodonga	1	
Loddon Mallee	Bendigo	2	
	Castlemaine		X
	Echuca		X
	Mildura		X

G.31.14 The Contractor must complete all rostered Shifts as and when requested.

G.31.15 The Contractor must complete all rostered Shifts at the Acuity level advised by AV.

G.31.16 The Contractor must dispatch resources to enable Pre-booked patients to be collected between 30 minutes before and 15 minutes after the scheduled pick up time.

- G.31.17 The Contractor must dispatch resources to enable On Day patients to be collected within 90 minutes of the request for same day bookings, or as otherwise agreed between the Contractor and dispatcher at the time of dispatch.
- G.31.18 The Contractor must accept all cases allocated more than 30 minutes before the rostered Shift completion time, unless otherwise agreed with AV.

Service Category 1.1A – Flexible Transport Shifts

G.32 SERVICE REQUIREMENTS

- G.32.1 From time to time and as required around peak demand periods, AV may increase the Baseload Shift requirements, to meet the expected increased coverage requirements.
- G.32.2 The Contractor will be required to provide extra Baseload Shifts, known as Flexible Transport (Flex) Shifts to cover periods of increased demand in both Metro and Regional Areas.
- G.32.3 Flex Shifts are unpredictable, though will predominantly occur around Public Holidays, peak seasonal periods and during the Winter months.
- G.32.4 For Public Holidays, the Contractor will predominately be required to operate to a standard Saturday roster and dependent on a range of factors and the time of year in which the Public Holiday falls, the Contractor may be required to operate additional Shifts up to approximately 33% above the Baseload Shift Saturday roster.
- G.32.5 In accordance with **Clause 7.2 of the Draft AV Agreement**, the Contractor will receive at least seven (7) days' notice advising of a need for additional Flex Shifts.
- G.32.6 AV will provide the Contractor, with at least seven (7) days' notice, for the removal of Flex Shifts.
- G.32.7 The Contractor must complete all rostered Shifts as and when requested.
- G.32.8 The Contractor must complete all rostered Shifts at the Acuity level advised by AV.
- G.32.9 The Contractor must dispatch resources to enable Pre-booked patients to be collected between 30 minutes before and 15 minutes after the scheduled pick up time.
- G.32.10 The Contractor must dispatch resources to enable On Day patients to be collected within 90 minutes of the request for same day bookings, or as otherwise agreed between the Contractor and dispatcher at the time of dispatch.
- G.32.11 The Contractor must accept all cases allocated more than 30 minutes before the rostered Shift completion time, unless otherwise agreed with AV.

NOTE TO TENDERERS:

On a regular basis, additional resources may also be required at short notice (within two (2) hours) to service unexpected demand. These resources will be considered as Ad Hoc and do not form part of Service Category 1.1A.

Service Category 1.2 - Stretcher Ad Hoc Cases

G.33 SERVICE REQUIREMENTS

- G.33.1 Resources are required to service unexpected demand or to meet transport requests which cannot be accommodated within Baseload Shifts.
- G.33.2 Ad Hoc Stretcher Case services are Ad Hoc services and Contractors are not obliged to accept these Cases.
- G.33.3 The Contractor should deliver Ad Hoc Stretcher Transports for single or multiple Case assignments on an as needs basis.
- G.33.4 The Contractor should provide for:
 - a. Low Acuity Stretcher Patients and/or
 - b. Medium Acuity Stretcher Patients and/or
 - c. High Acuity Stretcher Patients.
- G.33.5 The Contractor should provide this service on a 24 hours a day, 7 days a week basis, including Public Holidays.
- G.33.6 AV requires services across all regions within Victoria.
- G.33.7 Ad Hoc transport requests may be Pre-booked or On Day bookings.

NOTE TO TENDERERS:

Tenderers may tender for one, some or all regions.

AV will award a panel of Ad Hoc providers for the Metro Region and separately for each Regional Area.

Preference will be given to those Tenderers who can provide all Acuties on a 24 hour, 7 day a week basis, including Public Holidays.

- G.33.8 Assignment of Ad Hoc Cases to the Contractor will take into account the performance of the Contractor and will include, but not be limited to the:
 - a. responsiveness of the Contractor to Ad Hoc requests;
 - b. frequency of the Contractor accepting and undertaking Ad Hoc Caseload;
 - c. ability of the Contractor to accommodate the Cases offered; and
 - d. geographic location of the Cases and the cost of the Service.

- G.33.9 On a regular basis, additional resources may also be required at short notice (within 2 hours) to service unexpected demand. The Contractor may be requested to make additional Shift resources available on an On Day basis to accommodate these demand peaks. The Contractor is required to advise AV of their ability to accommodate any request for additional resources at their earliest opportunity and as a guide, within 30 minutes of request is a target response time. These Shifts will be considered Ad Hoc Shifts.

G.34 BOOKING AND DISPATCH PROCESS

- G.34.1 ESTA will dispatch Ad Hoc Cases to the Contractor dependent on the region/communications centre to which the resource is assigned (Regional/Metro) and may include MDT, MMR or RAVNET voice radio (where this equipment is installed/provided) or pager and mobile telephone where fixed equipment is not installed.
- G.34.2 AV does not generally provide MDT, MMR, RAVNET or Pager equipment for vehicles that do not provide Baseload Shift services.
- G.34.3 The Contractor must provide a communications office to accept requests for bookings and enquiries relating to non-emergency transport on behalf of AV.
- G.34.4 The Contractor must provide contact details and hours of operation of the Contractor communication office and up to date details must be maintained with AV.
- G.34.5 The Contractor must dispatch resources to collect Pre-booked patients between 30 minutes before and 15 minutes after the scheduled pick up time.
- G.34.6 The Contractor must dispatch resources to collect On Day patients within 90 minutes of the request for same day bookings, or as otherwise agreed between the Contractor and dispatcher at the time of dispatch.
- G.34.7 When a Contractor accepts an Ad Hoc Case, the Contractor must retain and complete the transport and must arrange their resource availability within the required timeframe.
- G.34.8 The Contractor must not accept Cases and then nearer to the required pickup time transfer the booking to AV.
- G.34.9 Approval to transfer the case to AV, due to unavoidable circumstances, must be sought from the AV NEPT Department on a Case by Case basis.

Service Category 1.3 - Hospital Based Vehicles (HBV)

G.35 SERVICE REQUIREMENTS

G.35.1 The Contractor must undertake patient transports, including but not limited to:

- a. Admissions to hospital from home;
- b. Discharges from hospital to home;
- c. Inter-hospital transports;
- d. Transports between home/hospitals and day procedure centres and diagnostic facilities;
- e. Transports to and from outpatient appointments;
- f. Transports to and from the AAV facility;
- g. Transport of non-urgent cases to and from Emergency Departments; and
- h. Transports to and from domestic and international airports within the Metropolitan Melbourne area.

G.35.2 HBV Shifts are Baseload shifts and, once awarded, are considered mandatory

G.35.3 AV require HBV services for the following Metropolitan Health Services:

Table 7: Health Services

HEALTH SERVICES	AFFILIATED HOSPITAL CAMPUSES
Alfred Health	Caulfield Hospital
	Sandringham Hospital
	The Alfred
Austin Health	Austin Hospital
	Epping Dialysis Unit
	Heidelberg Repatriation Hospital
	Royal Talbot Rehabilitation Hospital
Frankston Rehabilitation Hospital	SJOG Frankston Rehabilitation Hospital
Melbourne Health	Melbourne Extended Care & Rehabilitation Service
	North West Dialysis Service Sunshine
	Northwestern Mental Health
	The Royal Melbourne Hospital

HEALTH SERVICES	AFFILIATED HOSPITAL CAMPUSES
Monash Health	Casey Hospital
	Dandenong Hospital
	Kingston Centre
	Monash Medical Centre – Clayton
	Moorabbin Hospital
Northern Health	Broadmeadows Health Service
	Bundoora Extended Care Centre
	Craigieburn Health Services
	PANCH Health Service
	The Northern
Peninsula Health	Frankston Hospital
	Golf Links Road Rehabilitation Centre
	Mount Eliza Centre
	Peninsula Health Mental Health Service
	Rosebud Community Rehabilitation Service
	Rosebud Hospital
	The Mornington Centre
Peter MacCallum Cancer Centre (potential network)	Peter Mac Box Hill
	Peter Mac East Melbourne
	Peter Mac Moorabbin
	Peter Mac Sunshine
Western Health	Sunbury Day Hospital
	Sunshine Hospital
	Western Hospital – Footscray
	Williamstown Hospital

- G.35.4 The number and locations of campuses may be varied by the Health Services during the AV Agreement term and any changes to the HBV service arrangements as a result must be approved by AV.
- G.35.5 The Contractor must collect and deliver patients to/from locations within the Metro Region.

- G.35.6 AV considers a Patient Loaded Distance of 50 kilometres to be the upper limit for patient travel to qualify for HBV services.
- G.35.7 If a Patient Loaded Distance greater than 50 kilometres is expected, the Contractor may request that the Health Service direct the request to ESTA or CTS for dispatch using the standard AV resource process.
- G.35.8 Due to the intended, more localised, travel and distances generally being less than 50 kilometres, no fee for patient loaded kilometres applies for this service.
- G.35.9 The Contractor must maintain the capability and resources to offer the service to undertake transports of:
 - a. Low Acuity Stretcher Patients;
 - b. Medium Acuity Stretcher Patients;
 - c. High Acuity Stretcher Patients;
 - d. Stretcher Patients;
 - e. Walker Patient; and Walker Assist; and
 - f. Hoist Patients.

NOTE TO TENDERERS:

The ability of Tenderers to also offer HBV CPAV services will be highly desirable and preference will be afforded to those Tenderers who can offer the HBV CPAV platform in addition to the above mandatory platforms.

G.36 WORKLOAD TRENDS

- G.36.1 Details of historical transport volumes per Health Service (except Peter MacCallum Cancer Centre) are contained in the *Part 9B AV Activity Profile and Part 11 Non-Returnable Appendices, Appendix 25 – AV Activity Profile*.
- G.36.2 At times, due to processes within certain Health Services, particular spikes in workload can occur at certain times of the day. Where these may become unreasonable, AV may, in consultation with the Contractor and the particular Health Service, place hourly limits on the number of cases that may be required of the HBV Contractor during peak hours.
- G.36.3 The Contractor should advise any hourly booking limits, if any, that they wish to apply to the services offered.
- G.36.4 AV will advise Health Services regarding the cases per hour limits that may apply.

NOTE TO TENDERERS:

Preference will be given to Tenderers who are prepared to offer a full service with no hourly caps on the number of transports required.

- G.36.5 The nature of this work is driven by individual Health Service needs and as such, the volume on offer to a Contractor will be determined by negotiation between the Health Service, the Contractor and AV.
- G.36.6 As AV operates its own CTS service which, on a daily basis, transports patients to/from the Health Services, the distribution of the CTS type work will be assigned and agreed between AV and the respective Health Service.
- G.36.7 The above process will be designed to fully maintain effective use of AV's existing CTS resources however also ensure that additional demand for CTS services including those cases now being undertaken by AV stretcher resources are able to be undertaken by HBV resources as first preference where relevant.
- G.36.8 The decision on the volume of allocation and service types of work, if any, rests solely with AV.

G.37 BOOKING AND DISPATCH PROCESS

- G.37.1 The Contractor must provide a communication office to accept requests for non-emergency transport on behalf of AV to/from the campuses specified for each Health Service, as per the Agreement.
- G.37.2 The Contractor communication office must be available to the Health Service and AV for at least the same hours as the minimum hours of operation outlined at **Clause G.37.6** or any alternative extended operating hours as agreed with AV.
- G.37.3 The Contractor will manage call taking and dispatch directly with their contracted Health Service.
- G.37.4 Booking requests may be Pre-booked or On Day Cases.
- G.37.5 The Contractor must use the AV supplied Transport Event Numbers.
- G.37.6 The minimum hours of operation required are as follows:
 - a. between the hours of 0600hrs and 2000hrs Monday to Saturday, inclusive; and
 - b. where a Public Holiday falls on a Weekday or Saturday, the usual service requirements will apply.
- G.37.7 AV has a strong preference for the Contractor to provide HBV services for the same hours on Sundays, including where Public Holidays fall on a Sunday.

- G.37.8 AV may, at its discretion, consider the allocation of HBV services outside these hours and days.
- G.37.9 The Contractor must seek formal AV written approval if they wish to offer extended days and hours beyond the above minimum requirements.
- G.37.10 The Contractor must accept all Cases meeting HPV criteria, as notified by the Health Service, during approved operating hours.
- G.37.11 The Contractor must dispatch resources to ensure requests for transport are met between 30 minutes before and 15 minutes after the scheduled pick up time for Pre-booked cases.
- G.37.12 The Contractor must dispatch resources to ensure requests for transport are met within 90 minutes of the request for On Day bookings, or as otherwise agreed between the provider and the requester at the time of booking.
- G.37.13 When a Contractor accepts a booking via the HBV service, they must retain and complete the transport in the required timeframe and will arrange their resource availability in order to do so.
- G.37.14 The Contractor must not accept Cases and then nearer to the booked time transfer the booking to ESTA.
- G.37.15 Approval to transfer the case due to unavoidable circumstances must be sought from the AV NEPT Department on a case by case basis.

G.38 AUDIT REQUIREMENTS

- G.38.1 For audit purposes, the Contractor upon request must make available to AV information regarding the requests made by the Health Services for transport under this system.
- G.38.2 Periodically, a request for a reconciliation and audit of authority to transport will be sent to the respective Health Services for review and comment.
- G.38.3 The Contractor must, on a daily basis, forward the list of cases undertaken, corresponding Transport Event Numbers and patient details, to the AV Finance department.

Service Category 2 - Complex Patient Ambulance Vehicle (CPAV) Services

G.39 OVERVIEW

- G.39.1 AV is responsible for the transport and clinical care of patients who have special needs and are classed as Bariatric Patients and/or Complex Patients.
- G.39.2 Bariatric Patients and Complex Patients may be classed in any of the Low, Medium or High Acuity non-emergency patient categories or classed as emergency patients.
- G.39.3 AV currently operates a mixed resourcing model across the State in regard to supply of its CPAV services. AV is looking to review the CPAV delivery model and potentially identify more efficient services as an outcome of the tender submissions.
- G.39.4 As a minimum AV will continue the Metropolitan service model of staffing the AV owned vehicles should a more efficient model not be delivered.
- G.39.5 The table below identifies the potential CPAV delivery models.

Table 8: Potential CPAV Delivery Models

REF	WORK TYPE	SERVICE NAME	SUMMARY
2.1.1	Baseload (if awarded)	Metropolitan CPAV Staffing - Shift and On Call Services (using AV vehicles)	<p>Provision of patient transport Personnel to crew AV’s two CPAV vehicles based in the Metro Region. This service is required to be crewed at a Medium Acuity level on a rolling 10 hour Shift basis for 24 hours 7 days a week coverage for Shifts and On Call services 24 hour 7 days a week for:</p> <ul style="list-style-type: none"> • Transport of Low and Medium Acuity Bariatric or Complex patients; and/or • Assistance with emergency Bariatric Patients or Complex patients. <p>Contractors may be required for Transport of High Acuity Bariatric or Complex Patients.</p>
2.1.2	Baseload (if awarded)	Regional CPAV Staffing - Shift and On Call Services (using AV vehicles)	<p>Provision of patient transport Personnel to crew AV’s three CPAV vehicles based in Geelong, Bendigo and Heyfield. This service is required to be crewed on a Medium Acuity level, as per 2.1.1 above and/or, on a 12 hour Shift and 12 hour On Call basis for:</p> <ul style="list-style-type: none"> • Transport of Low and Medium Acuity Bariatric or Complex patients; and/or • Assistance with emergency Bariatric Patients or Complex Patients. <p>Contractors may be required for Transport of High Acuity Bariatric or Complex Patients</p>

REF	WORK TYPE	SERVICE NAME	SUMMARY
2.2.1	Baseload (if awarded)	Metropolitan and Regional CPAV Shifts/On Call Services (using Contractor's own vehicle)	Provision of Contractor's own CPAV vehicles/crews based in the Metropolitan and Regional Areas. The proposed services required are for vehicle/s to run on a 12 hour Shift and 12 hour On Call basis for: <ul style="list-style-type: none"> • Transport of Low, Medium and High Acuity Bariatric or Complex Patients; and/or • Assistance with emergency Bariatric Patients or Complex Patients.
2.2.2	Baseload (if awarded)	Metropolitan and Regional CPAV Shifts/On Call Services (using Contractor's own vehicle)	Provision of Contractor's own CPAV vehicles/crews based in the Metropolitan and Regional Areas. The proposed services required are for vehicles to run on a 24 hour Shift and 24 hour On Call basis for: <ul style="list-style-type: none"> • Transport of Low, Medium and High Acuity Bariatric or Complex Patients; and/or • Assistance with emergency Bariatric Patients or Complex Patients.
2.3	Ad Hoc	CPAV Ad Hoc	Single or multiple Case assignment on an as needs basis for the: <ul style="list-style-type: none"> • Transport of Low, Medium and High Acuity Bariatric or Complex Patients; and/or • Assistance with emergency Bariatric or Complex Patients.

G.39.6 CPAV Baseload services, as outlined in **Table 8 - Potential CPAV Delivery Models**, are mandatory if awarded.

G.39.7 CPAV Ad Hoc Cases are Ad Hoc services and Contractors are not obliged to accept these cases

NOTE TO TENDERERS:

AV is looking to review the CPAV delivery model and potentially identify more efficient services as an outcome of the tender submissions. Tenderers who wish to propose an alternative service arrangement, to those outlined in this specification, must provide a tender response in the Response Schedule and provide pricing for the options presented as well as any alternative proposal/s. These options may or may not include the use of AV's existing CPAV vehicles.

G.40 ACUITY OF CPAV PATIENTS

G.40.1 The Contractor must provide crews at Medium Acuity levels, unless otherwise advised, however AV is seeking tender submissions for all Acuity levels.

G.41 AV OWNED VEHICLES

- G.41.1 The Contractor is required to provide garaging for the vehicles and provide Personnel as required for both vehicles.
- G.41.2 AV would be responsible for running costs and servicing of the vehicles.

G.42 CPAV OPERATING REQUIREMENTS

- G.42.1 The Contractor must respond to emergency and Non-emergency Complex and Bariatric Cases and undertake other routine Non-emergency requests when not engaged in Complex/Bariatric transfers (in accordance with Dispatch Criteria detailed below).
- G.42.2 The Contractor is required to be en route to the pickup location within 60 minutes of activation by ESTA for any On Call emergency Cases.
- G.42.3 The Contractor is required to be en route to the pickup location within 90 minutes of activation by ESTA for any On Call non-emergency Cases.
- G.42.4 The Contractor must dispatch resources to enable Pre-booked patients to be collected between 30 minutes before and 15 minutes after the scheduled pick up time.
- G.42.5 The Contractor must dispatch resources to enable On Day patients to be collected within 90 minutes of the request for same day bookings, or as otherwise agreed between the Contractor and dispatcher at the time of dispatch.
- G.42.6 The Contractor will be paid for a minimum call out period of four (4) hours unless the case is a Cancelled Case when no fee is payable.
- G.42.7 The Contractor providing Metro Region services will primarily provide CPAV services in the Metro Region, however may also be used to respond to requests in the Regional Areas.
- G.42.8 The Contractor providing Regional Area services will primarily undertake patient transports within Regional Areas or to/from the Metro Region.
- G.42.9 The Contractor providing Regional Areas services may be tasked with transport of cases within the Metro Region when the vehicle has sufficient available time and capacity.
- G.42.10 The Contractor will be required to respond to non-emergency and emergency Complex/Bariatric Cases. Where the Contractor is required to provide a transport platform to an emergency patient, AV Paramedics will be responsible for the provision of clinical care to the patient, with the CPAV Contractor crew providing transport and providing instructions to or assisting attending Paramedics in relation to equipment operation.
- G.42.11 The Contractor will be required to respond to the following case types:

- a. Transport of emergency (Priority 1) and non-emergency (Priority 2) Complex Cases - defined as Bariatric (a patient whose stature does not meet equipment requirements and/or is in excess of the physical capacity of the attending crew to safely undertake that makes transport on a standard stretcher or in a CTS vehicle impractical), ECMO and balloon pump transfers, ventilated patient transfers, patients travelling with medical retrieval team or attached to equipment that cannot be routinely carried/restrained in a normal ambulance or NEPT vehicle;
- b. Crews and patients that may benefit from utilising CPAV equipment to aid in lifting and moving patients from difficult areas (including Emergency Cases Priority 1 and non-emergency Cases Priority 2);
- c. Routine NEPT inter-hospital transports (Priority 3);
- d. Routine inter-hospital transfers to/from AAV (Priority 4);
- e. During periods of low workload, the CPAV vehicles may be utilised to assist with the management of patients at the AAV facility, Essendon airport; and
- f. The vehicles may also be utilised (by arrangement) to visit hospitals or other locations to allow stakeholders to view the transport platform. Where this is required, the DM will provide relevant details to the non-emergency call taker to create a job. The CPAV crew will then be allocated a Case number

G.42.12 The Contractor will be advised of any change in the Priority criteria.

G.43 DISPATCH PROCESS

- G.43.1 In the Metro Region AV will dispatch Cases to the Contractor by MDTs, supported by pager, MMR voice radio and mobile telephone.
- G.43.2 In Regional Areas AV will dispatch Cases to the Contractor by pager, supported by RAVNET voice radio and mobile telephone.
- G.43.3 Contractors undertaking Baseload services in Metro Areas will be provided MDT and MMR at no cost to the Contractor and will be required to acquire a pager at the Contractor's expense.
- G.43.4 Contractors undertaking Baseload services in Regional Areas will be provided RAVNET radio equipment and pagers at no cost to the Contractor.
- G.43.5 The Contractor must ensure the vehicle platform is suitable to support the installation of AV Equipment (MDT, MMR, RAVNET).
- G.43.6 AV does not generally provide MDT, MMR, RAVNET or Pager equipment for vehicles that do not routinely provide Shift services.

- G.43.7 The Contractor is responsible for the supply, installation, maintenance and removal of mobile telephones, on their own vehicles at their own cost. In addition, the Contractor is responsible for the supply, installation and maintenance of voice radio equipment, (other than RAVNET radio), which the Contractor believes is required for the purposes of communicating with their base.

G.44 AV SUPPLIED VEHICLE AND EQUIPMENT

- G.44.1 Where a Contractor operates AV's CPAV vehicles they must:
- a. provide secure garaging of the vehicles at their premises at agreed locations and provide appropriate power sources for vehicle charging;
 - b. ensure the CPAVs are fuelled for operation at all times. The cost of fuel will be borne by AV by providing the Contractor with a Fuel Card. If the Fuel Card is lost or misplaced, the Contractor will contact AV's Fleet Management Centre (FMC) to organise a replacement card. This will be provided at AV's expense for the first card and all future replacements will be at the Contractor's cost;
 - c. carry out daily inspections of the vehicles for any damage, ensure all lights including emergency lights (and siren) are operational and that the CPAVs are roadworthy at all times. Lenses, lights and globes must be repaired and or replaced prior to the vehicles being put into service each day or Shift;
 - d. arrange rostering to accommodate vehicle servicing as required by AV's Fleet Management Centre (FMC);
 - e. provide weekly odometer readings to the AV FMC;
 - f. ensure that the CPAV vehicles are maintained in a clean and hygienic condition at all times;
 - g. arrange servicing of all AV owned/supplied vehicles as required by the manufacturer, in consultation with the nominated AV representatives and service providers at AV's cost;
 - h. arrange servicing and make available all AV owned/supplied equipment, at a minimum on a twice yearly basis, or as required by the manufacturer (in consultation with AV's representatives and service providers) at AV's cost; and
 - i. be responsible for the provision, maintenance and repair of all Contractor supplied specified equipment and consumables, as outlined in ***PTP 690 – Standard Equipment***.
- G.44.2 Where a Contractor operates AV's CPAV vehicles AV is responsible for the provision of the CPAV vehicles, which are currently Mercedes Benz Sprinter vans with a long wheelbase and high roof, offering a platform that provides a greater scope to operational crews to manage and transport patients in either pre hospital or inter-hospital transfer scenarios.

G.44.3 The AV CPAV vehicles are fitted with:

- a. Tailgate loader rated to 500kg, which can accommodate stretcher, equipment and Personnel at the same time; and
- b. Double transport seat – for ambulant Bariatric Patient use or multiple escorts.

G.44.4 Vehicle maintenance costs, e-tags, registration and insurance will be borne by AV.

G.45 SPECIALIST CPAV EQUIPMENT

G.45.1 The Contractor undertaking CPAV transports must comply with the requirements outlined in Schedule 8 and 9 of the NEPT Regulations. Additionally, they must carry the following:

Table 9: CPAV Equipment List

ITEM	QUANTITY	DESCRIPTION
Bariatric patient harness	2	
Mini pat slides	3	
Extension leads	1	
Extension straps for Hovermatt	4	
Rubber matting	1	
Walk Assist Belt	1	
Spine board lifting straps	4	
Ferno Powerflex Large Body Stretcher (includes two push handles)	1	A mechanical/hydraulic stretcher that can accommodate patients up to a minimum of 318kg.
Hovermatt transfer device Super 50	1	Inflatable hover bed to manoeuvre patients from bed or floor to Hoverjack or stretcher.
ST HM AS Hovermatt air supply	1	Air pump
HJ Hoverjack Emergency Floor to Bed lift	1	Four compartment inflatable airbed to raise a person from the floor.
Disposable Hovermatt cover sheets	100*	*Replenished by AV on an as needs basis, if using AV's CPAV vehicles. Otherwise, to be supplied by Contractor.
AAN X NSI Quickie Bariatric wheelchair	1	Oversize wheelchair that can accommodate up to 295kg

ITEM	QUANTITY	DESCRIPTION
EZ Glide stair chair	1	Weight capacity of 227kg. Track system/tread allows chair to glide down stairs without lifting and carrying – manoeuvrable on all surfaces.
IV Poles	2	
BP Obese Thigh Cuff & Bladder	1	
Bariatric Spine Board	1	

- G.45.2 Where the Contractor operates AV’s CPAV vehicles, the equipment outlined will be provided by, and at all times remains the property of AV.
- G.45.3 Where the Contractor operates its own vehicles, all equipment outlined must be supplied by the Contractor.
- G.45.4 The Contractor must undergo a vehicle and equipment inspection of Contractor CPAV vehicles by AV prior to the Service Commencement Date, to ensure that the vehicles are fully equipped and fit for purpose.
- G.45.5 AV retains the right to inspect the vehicles at any time during the AV Agreement Term.

G.46 COMMUNICATIONS AND VACIS® EQUIPMENT

- G.46.1 AV will provide the following communications equipment for use in CPAV vehicles operating in the Metro Region at no cost to the Contractor:
 - a. Mobile Data Terminal (MDT): One (1) unit installed per vehicle
 - b. MMR: One (1) portable radio per vehicle.
- G.46.2 At AV’s cost, AV will arrange the installation of appropriate VACIS® equipment to all CPAV vehicles, whether AV or Contractor owned.
- G.46.3 The Contractor must ensure its Personnel are provided with adequate training and are suitably skilled in the operation of AV supplied communications and VACIS® equipment.

G.47 TRAINING REQUIREMENTS

- G.47.1 The Contractor operating AV CPAV vehicles will be provided with specific training from AV at no cost to the Contractor. The training information package has been developed for the Contractor (refer to **Part 11 Non-Returnable Appendices, Appendix 23 CPAV Training Information Package**).

- G.47.2 The Contractor must demonstrate competency in relation to all aspects of the vehicle and equipment operations prior to the Service Commencement Date.
- G.47.3 On request, Contractors will be provided the opportunity to experience the CPAV operational environment, via an observer Shift, to assist with training and vehicle/process familiarisation.

G.48 DRIVING UNDER EMERGENCY CONDITIONS

- G.48.1 Due to the nature of CPAV work and the increased likelihood of response under emergency conditions, each CPAV crew is required to have at least one (1) Personnel member able to operate a vehicle under emergency conditions. The relative Personnel must have successfully completed Unit Five - Attend Emergencies (or equivalent) of AV's Driver Competency Standard. This program will be delivered by AV at no cost to a reasonable number of Contractor Personnel, where the Contractor has been awarded staffing for AV CPAV services.
- G.48.2 The Contractor providing their own CPAV vehicles and services (e.g. Ad Hoc CPAV services) must establish and maintain their own training arrangements to meet this requirement. AV will offer Unit 5 to the Contractor on a Train the Trainer basis, prior to the Service Commencement Date, if required.
- G.48.3 The training model for Driving under Emergency Conditions may change prior to or during the term of the AV Agreement.

Service Category 3 - Drivers for the Paediatric Infant Perinatal Emergency Retrieval Service (PIPER)

G.49 GENERAL SERVICE REQUIREMENTS

- G.49.1 The emergency inter-hospital medical transfers of critically-ill newborn babies and children is provided 24 hours a day 7 days a week by the PIPER Neonatal and Paediatric service, formerly the Newborn Emergency Transport Service (NETS) and Paediatric Emergency Transport Service (PETS), based at Royal Children's Hospital (RCH).
- G.49.2 PIPER services are Baseload services and are mandatory if awarded.
- G.49.3 The Contractor must provide a driver for PIPER vehicles to support the clinical team when a patient transport is required.
- G.49.4 The Contractor must have processes to cover Personnel absences with no loss of coverage or delay in service for RCH.
- G.49.5 The Contractor must have a process to provide fresh Personnel if a Case late in a Shift is likely to be long distance or time consuming which may lead to fatigue and /or unreasonable overtime for a driver ensuring no loss of coverage or delays in service.

G.50 WORKLOAD TRENDS

- G.50.1 Further detail on the volume of cases is provided in the ***Part 11 Non-Returnable Appendices, Appendix 25 – AV Activity Data.***

G.51 CREWING REQUIREMENTS

- G.51.1 The Contractor will provide a driver that is qualified to at least the level of a Patient Transport Officer in accordance with NEPT Regulations and AV's PTP.
- G.51.2 Although operations under emergency conditions (i.e. lights and sirens) are infrequently required, all Personnel provided as drivers for the PIPER service must be able to operate a vehicle under emergency driving conditions. The relative Personnel members must have successfully completed Unit Five - Attend Emergencies (or equivalent) of AV's Driver Competency Standard. This program will be delivered by AV at no cost to a reasonable number of Contractor Personnel, where the Contractor has been awarded the staffing for PIPER services.
- G.51.3 The training model for Driving under Emergency Conditions may change prior to or during the term of the AV Agreement.

- G.51.4 Drivers must undertake transports for both NETS and PETS cases as directed by the PIPER team. Where it makes logistical sense to undertake the return transport of a patient, the driver will also facilitate the return transport, e.g. undertaking a return transport to the same or nearby hospital as part of an emergency patient retrieval case. AV will provide guidance and approval as required in relation to return transfers.

G.52 SERVICE REQUIREMENTS FOR DELIVERY MODELS

- G.52.1 It is AV's requirement that the Contractor driver will be on site at RCH and in the vehicle within 30 minutes of receiving the activation for the case. As the key requirement of PIPER drivers is achieving the shortest possible time to be onsite for activation of Cases.

NOTE TO TENDERERS:

AV is working with the RCH to consider a number of other potential service models, as outlined below and for which we are seeking pricing from interested Tenderers. AV will determine the final model to proceed and reserves the right to vary models during the Agreement Term.

It is mandatory if tendering for PIPER to submit pricing for Delivery Model 1 and it is AV's preference for tenderers to respond to all models.

- G.52.2 The three delivery models under consideration and for which pricing is sought are outlined below.

Delivery Model 1

- G.52.3 The Contractor must provide an On Call Driver for the PIPER vehicle on a 24 hours a day, 7 days a week including Public Holidays to facilitate the transport for PIPER transfers.
- G.52.4 When a transport is required Drivers are contacted by PIPER communications personnel once a road transfer has been confirmed.
- G.52.5 PIPER communications personnel fax ESTA with Case details.
- G.52.6 The Contractor driver must be on site at RCH to activate the PIPER vehicle within 30 minutes of receiving notification of the transport requirement.
- G.52.7 The Contractor driver may be required to assist the clinical crew to load and unload equipment.
- G.52.8 A minimum activation period of four (4) hours applies to all call outs and commences when the Case is activated. This four (4) hour minimum call period will cover initial and subsequent calls received in the same four (4) hour block.

- G.52.9 Upon departure from the RCH base, the Contractor driver must assume responsibility for communicating times and location status updates to ESTA until return to RCH base.

Delivery Model 2

- G.52.10 The Contractor must provide a driver on site at RCH for the period 0600hrs to 1800hrs, seven (7) days per week including Public Holidays, and an On Call service for the period of 1800hrs to 0600hrs, seven (7) days per week including Public Holidays.
- G.52.11 RCH will provide a workstation to the Contractor Personnel member for the period 0600-1800 hours seven (7) days per week, during periods where no cases occur. The Personnel will also have access to RCH's education facilities and some training opportunities, provided by RCH at no cost to the Contractor.
- G.52.12 PIPER communications personnel will advise the onsite driver when a case is confirmed, or if in the On Call period, PIPER communications personnel will contact drivers once a road transfer has been confirmed.
- G.52.13 PIPER communications personnel fax ESTA with case details.
- G.52.14 For On Call cases, the Contractor driver must be on site at RCH to activate the PIPER vehicle within 30 minutes of receiving notification of the transport requirement.
- G.52.15 For all cases, the Contractor driver may be required to assist the clinical crew to load and unload equipment.
- G.52.16 For On Call cases, a minimum activation period of four (4) hours applies to all call outs and commences when the Case is activated. This four (4) hour minimum call period will cover initial and subsequent calls received in the same four (4) hour block.
- G.52.17 For all cases, upon departure from the RCH base, the Contractor driver must assume responsibility for communicating times and location status updates to ESTA until return to RCH base.

Delivery Model 3

- G.52.18 The Contractor must provide a driver on site at RCH 24 hours, 7 days per week including Public Holidays with no On Call component required.
- G.52.19 RCH will provide a workstation to the Contractor Personnel member for during periods where no cases occur. The Personnel will also have access to RCH's education facilities and some training opportunities, provided by RCH at no cost to the Contractor.
- G.52.20 When a transport is required Drivers are contacted by PIPER communications personnel once a road transfer has been confirmed.

- G.52.21 PIPER communications personnel fax ESTA with case details.
- G.52.22 The Contractor driver may be required to assist the clinical crew to load and unload equipment.
- G.52.23 Upon departure from the RCH base, the Contractor driver must assume responsibility for communicating times and location status updates to ESTA until return to RCH base.

Service Category 4 - Emergency Response Support

IMPORTANT INFORMATION FOR TENDERERS:

It is mandatory for Contractors tendering for Shift services (Stretcher and/or CTS) and/or Ad Hoc services (Stretcher and/or CPAV and/or CTS) to provide support to AV's Emergency Services under AV's Emergency Response Plan.

G.53 OVERVIEW

- G.53.1 AV is the designated responsible authority for the provision of pre-hospital care and the coordination of medical treatment at the scene of any emergency incident occurring within Victoria.
- G.53.2 AV has an Emergency Response Plan which may involve the engagement of non-emergency resources, AV and Contractor provided, to provide initial and secondary transport for victims of major incidents to facilities providing appropriate medical treatment.

NOTE TO TENDERERS:

Tenderers who wish to review AV's Emergency Response Plan should request a copy from the HPV contact listed in *Part 1 of this Supplementary RFT*.

- G.53.3 The Contractor must offer Emergency Response Support services in all areas of the state.
- G.53.4 Depending on the nature, significance and location of the emergency incident, the Contractor may be required to have Metro resources sent to Regional Areas or Regional Area resources sent to the Metro Region.
- G.53.5 The Contractor will be proactive in their efforts to provide maximum support to AV's Emergency Response Plan when called upon.

G.54 STATE HEALTH EMERGENCY RESPONSE PLAN (SHERP)

G.54.1 AV’s Emergency Response Plan uses an incident classification matrix to ensure appropriate escalation and notifications of an incident occur. The matrix describes four levels of response that identify the impact of the incident/s on AV’s normal business operations. These are described as:

Table 10: Emergency Response Plan Incident Classifications

White	Low impact on normal operations
Green	Medium impact on normal operations
Orange	Major impact on normal operations
Red	Severe impact on normal operations

G.54.2 The State Health Emergency Response (SHERP) Plan is escalated for all incidents that are classified as Code Orange or Code Red. AV has responsibility as the Health Commander at all SHERP events across Victoria. AV’s requirements of the NEPT provider during a major incident (Emergency Response Plan event) are detailed below:

- a. Personnel, vehicle and equipment resources of the Contractor to be made available to AV upon request for the duration of a major incident;
- b. 24 hour contact details for deployment of resources to be provided to AV;
- c. Personnel, vehicle and equipment resources of the Contractor will come under the direct authority of the Health Commander for the duration of the incident to which they have responded; and
- d. The Contractor undertaking Emergency Response Support must comply with the contents of the AV Emergency Response Plan.

G.54.3 If the SHERP classification is escalated to Code Orange or Code Red the Contractor should provide Emergency Shifts as required by AV.

G.54.4 If the SHERP classification is escalated to Code Orange or Code Red and the Contractor cannot provide an Emergency Shift they should provide additional Personnel and/or vehicles as required by AV.

G.54.5 In addition to pricing as submitted for Emergency Response Support services, reimbursement of any additional extraordinary costs likely to be incurred such as lengthy travel distances to an incident e.g. Metro Region to a Regional Area or accommodation costs for relocated Personnel will be negotiated with the Contractor as part of the resourcing arrangements.

G.55 NEPT REGULATIONS: MAJOR INCIDENTS SCOPE OF PRACTICE

- G.55.1 The NEPT CPPs provide for the Health Commander to decide the appropriate allocation of ambulance resources in the event of a major incident.
- G.55.2 A major incident is defined as a multi-patient incident/s for which there may be insufficient emergency ambulance resources immediately available to provide transport to hospital or other designated receiving location.
- G.55.3 In cases where an NEPT provider has been deployed to provide services to or concurrent with a major incident, upon authorisation by the Health Commander a NEPT provider may facilitate transport of any patient (including emergency patients) to hospital or receiving location as designated by the Health Commander.
- G.55.4 The ability to operate outside standard scope of clinical practice is available to the Health Commander to determine in the event of a Code Orange or Red event – that is, the ability to operate outside standard scope of practice is not automatic for NEPT crews and they may only do so at the direction of the Health Commander or delegate.

G.56 ACTIVATION PROCESS

- G.56.1 Where AV has escalated the AV Emergency Response Plan and the Contractor is required to respond to a request from the Health Commander, notification of the escalation level is provided to the Contractor via the NEPT department or the AV Communications Centre.
- G.56.2 AV will endeavour to communicate the requirements at the earliest possibility in order to determine capacity and capabilities of Contractor crews. This will include regular situational updates and sharing of key messages from the Health Commander.
- G.56.3 The Contractor is then required to notify all relevant Personnel of the alert status and the potential for changes to the CPP scope of practice for the duration of the incident/s.
- G.56.4 The services sought under the AV Emergency Response Plan may vary depending on the nature of the incident. AV may require Contractor vehicles and Personnel to undertake patient transport or may team AV Paramedics with Contractor Personnel either in AV or Contractor owned vehicles.
- G.56.5 AV will advise the Contractor of the crewing requirements when engaging their services.
- G.56.6 Over the past five (5) years, Contractor resources have been used to support AV's emergency response to the following SHERP events:

Table 11: SHERP Events

INCIDENT TYPE	RESOURCE TYPE
Heatwave	<ul style="list-style-type: none"> • Additional stretcher vehicles to accommodate increased NEPT workload and multi patient evacuations from health facilities. • Stretcher vehicles and single officers assigned to undertake code 3 emergency response with AV Paramedics. • Contractor Personnel to work with AV Paramedics on AV emergency response vehicles.
Bushfire	<ul style="list-style-type: none"> • Stretcher and clinic transport vehicles to facilitate multi patient evacuations from nursing homes/health facilities.
Floods	<ul style="list-style-type: none"> • Stretcher and clinic transport vehicles to facilitate multi patient evacuations from nursing homes/health facilities.
Building fire	<ul style="list-style-type: none"> • Stretcher and clinic car vehicles to undertake transport of multiple patients triaged by AV emergency Personnel at scene.
Train crash	<ul style="list-style-type: none"> • Stretcher vehicles to undertake transport of multiple patients from incident.
Multi patient overdose	<ul style="list-style-type: none"> • Stretcher vehicles to undertake transport of multiple parties from incident.
Gas leaks	<ul style="list-style-type: none"> • Stretcher and clinic transport vehicles to facilitate multi patient evacuations from the scene.

Service Category 5 - Public Event Standby

G.57 OVERVIEW

- G.57.1 AV is regularly called upon to provide stretcher vehicles on standby at public events to provide treatment and transport to participants and event organisation officials as required
- G.57.2 In the event that insufficient or unsatisfactory tenders are received for this service, AV reserves the right to award this service on a compulsory basis to the Contractor who is awarded the largest share of Metro Shifts.
- G.57.3 Under these circumstances, pricing will reflect the respective Contractor's hourly Shift rate for Weekends/Public Holidays for Medium Acuity Shifts.
- G.57.4 Public Event Standby services are Baseload services and are mandatory if awarded.

G.58 SERVICE REQUIREMENTS

Football Standby Events

- G.58.1 The Contractor must provide Public Event Standby services for:
 - a. all Melbourne based AFL games;
 - b. all AFL games played at Geelong's Simonds Stadium;
 - c. all AFL pre-season matches which in addition to Melbourne based games, are frequently played at Regional locations such as Ballarat, Bendigo and Wangaratta; and
 - d. occasional provision of standby services at VFL matches.
- G.58.2 The Contractor must be in stand by position, logged in and with equipment ready by event commencement time.
- G.58.3 The Contractor will work closely with AV, the AFL and the respective clubs to provide a service tailored to the requirements of each venue.
- G.58.4 The Contractor may be required for four (4) hours for each game plus on an infrequent basis, coverage for any curtain raiser games. The duration of the Shift may also be extended if transport of a patient is required, particularly late in the game.
- G.58.5 In the event of an injury to a participant such as a player or umpire, or organisation official, such as a club official, the Contractor Personnel must follow the respective club doctor's directions regarding timeliness of transport. As per the club doctor's instructions:

- a. if the Patient requires an immediate transport, and can be transported within NEPT protocols, the transport must be undertaken by the Contractor. The Contractor must contact ESTA to arrange a replacement crew on standby in the locality of the event; or
 - b. if the Patient does not require immediate transport, the Contractor will remain at the ground and maintain their status on standby at the game and contact ESTA for another AV resource to undertake the transport.
- G.58.6 Further details of the requirements in relation to Public Event Standby service requirements at AFL games are provided in *PTP 727 – Attendance at AFL matches*.

Television & Film Productions

- G.58.7 The Contractor may be required to periodically participate in:
- a. the filming of ambulance-related scenes for television and film sequences; and
 - b. one off promotional videos or short documentaries.
- G.58.8 On these occasions the Contractor may require the provision of an AV vehicle and Personnel for background film sequences.
- G.58.9 The Contractor Personnel may on occasion, be required for short speaking parts.
- G.58.10 The Contractor Personnel may be required to:
- a. attend AV's Fleet Centre in South Melbourne and be provided with an up to date emergency ambulance;
 - b. visit AV's Blackburn North office to collect suitably sized paramedic uniforms;
 - c. attend the film production site; and
 - d. immediately upon completion of filming return the paramedic uniforms and vehicle to AV.
- G.58.11 The Contractor may be required for four (4) hours duration on location for a typical filming event.
- G.58.12 The Contractor will be allowed one (1) hour's travel time before and after the on location time to facilitate collection and return of the vehicle and uniforms if required.
- G.58.13 AV will review all scripts for appropriateness before approval is granted for these types of services to proceed.
- G.58.14 There are no additional payments to the Contractor or Contractor Personnel by AV or the event customer for involvement in these events and the standard Contractor pricing for Public Event Standby applies for all events.

Other Ad Hoc Events

G.58.15 The Contractor may be required, in addition to events described above, to attend other events such as fun runs and corporate games to provide standby services.

Crewing Requirements

G.58.16 The Contractor is required to crew each vehicle with at least two Ambulance Transport Attendants, one must have at least 24 months of experience operating at ATA level with a licensed NEPT provider.

Service Category 6 – Staff Secondment

G.59 OVERVIEW

- G.59.1 AV currently operates internal NEPT stretcher resources in Bairnsdale, Ballarat, Bendigo, Geelong, Hamilton, Morwell, Shepparton, Wangaratta, Warrnambool and Wonthaggi.
- G.59.2 AV also operates an internal Clinic Transport Service in the Metro Region, with call-taking and dispatch and transport Shifts internally resourced. In Regional Areas, AV currently operates limited CTS resources in Shepparton and Bendigo.

G.60 SERVICE REQUIREMENTS

- G.60.1 The Contractor may be required to provide suitably qualified Personnel on an as needs basis to assist in the provision of AV’s internal NEPT operations in Victoria.
- G.60.2 These secondments, whilst offering coverage for AV Shifts, also provide Contractor Personnel a means of experiencing a different working environment and a chance to extend their skills in areas outside their regular organisation.
- G.60.3 Details of the Personnel requirements, roles and locations in which the Contractor may be required to provide services are outlined below:

Table 12: Staff Secondment Requirements

SERVICE	AREA/REGION	PERSONNEL REQUIRED	DESCRIPTION
NEPT stretcher operations	Metropolitan and all Regional Areas	Patient Transport Officers, Ambulance Transport Attendants,	Qualified and experienced Personnel to work as ATAs and/or PTOs operating AV NEPT vehicles. Monday to Sunday Shifts may be required including Public Holidays. Shifts of 8 to 10 hour duration to cover periods between 0600hrs and 2200hrs Services are sought to supplement unplanned or planned leave, usually with reasonable notice periods.
NEPT stretcher operations	Metropolitan and all Regional Areas	Critical Care Registered Nurses (CCRN)	Qualified and experienced CCRNs to be utilised on an as needed basis, for High Acuity transports on a Shift or Ad Hoc basis.

SERVICE	AREA/REGION	PERSONNEL REQUIRED	DESCRIPTION
CTS Communications	Metropolitan	Communications Officer	Experienced control room Personnel (call takers/dispatchers) to assist in the CTS Communications Room, (currently located at Burwood) Monday to Sunday Shifts including Public Holidays. Shifts of 8 to10 hour duration to cover periods between 0600hrs and 2000hrs. Services are sought to cover periods of planned leave with reasonable notice periods provided.
CTS operations	Metropolitan and all Regional Areas	Patient Transport Officers	Qualified and experienced Personnel to work as Clinic Transport Officers operating AV CTS vehicles. Monday to Sunday Shifts may be required including Public Holidays. Shifts of 8 to10 hour duration to cover periods between 0600hrs and 2000 hrs. Services are sought to supplement unplanned or planned leave, usually with reasonable notice periods.

G.60.4 For each secondment, the Contractor must execute a Secondment Agreement with AV clarifying the roles and responsibilities of the respective organisations, for Agreement employees seconded to perform duties. A draft copy of a Secondment Agreement is provided in **Schedule 6 of the Draft AV Agreement**.

Service Category 7 - Adult Retrieval Victoria Ad Hoc Services

G.61 OVERVIEW

- G.61.1 Adult Retrieval Victoria (ARV) is located at Unit 4, 12 Larkin Court, Essendon Fields and is a medically staffed division of AV, providing clinical advice, coordination, retrieval and critical care services for critically ill patients across Victoria. The service has a 24 hour telephone line which clinicians from around Victoria use to request advice and/or patient retrieval.
- G.61.2 ARV has a dispensation from the Department of Health, allowing ARV retrieval teams to be transported by High Acuity platforms, whilst providing care for critically ill retrieval patients that otherwise would fall outside the non-emergency clinical practice protocols. This exemption from the CPPs applies to cases coordinated by ARV and accompanied by either a treating physician or a Registered Division 1 Nurse.

G.62 GENERAL REQUIREMENTS

- G.62.1 The Contractor is required to provide non-emergency High Acuity Platforms or CPAV platforms for its retrieval cases. These cases may be:
- a. Critically ill patients who may be unstable requiring ongoing active clinical management or be ventilated or both;
 - b. Critically ill patients requiring extracorporeal membrane oxygenation (ECMO) during transport; and
 - c. Critically ill patients requiring intra-aortic balloon pump support (IABP) during transport.
- G.62.2 The Contractor must deliver ARV services for single Case assignments on an as needs basis, where a Case is accepted by the Contractor.
- G.62.3 The Contractor must provide for High Acuity Stretcher Patients and CPAV.
- G.62.4 The Contractor must provide this service on a 24 hours a day, 7 days a week (including Public Holidays) basis.
- G.62.5 ARV requires state-wide coverage and the Contractor will be required to commence Cases in the Metro Region and Regional Areas.
- G.62.6 Ad Hoc transport requests are On Day bookings. The ARV Retrieval Administrative Support Officers (RASO) calls the Contractor by telephone.
- G.62.7 The Contractor must respond to an ARV call and arrive at the ARV base within 60 minutes of accepting the booking for a High Acuity platform case or as otherwise agreed with ARV at the time of booking.

- G.62.8 The Contractor must respond to an ARV call and arrive at the ARV base within 90 minutes of accepting the booking for a CPAV platform case or as otherwise agreed with ARV at the time of booking.
- G.62.9 The Contractor must collect the retrieval doctor and equipment from the ARV base and travel to the hospital where the patient will be collected or as otherwise agreed with ARV at the time of booking.
- G.62.10 The Contractor crew must wait whilst the patient is treated and stabilised by the medical team then transported to the destination hospital.
- G.62.11 The Contractor crew must wait at the destination whilst the retrieval doctor transfers the patient to the care of the receiving hospital. This is usually completed within 30 minutes of arrival at the destination hospital.
- G.62.12 The Contractor crew must return the doctor and equipment to the ARV base or as otherwise agreed with ARV at the time of booking.
- G.62.13 ARV accepts overall medical responsibility for all transports.

G.63 CREWING REQUIREMENTS

- G.63.1 The Contractor must provide High Acuity Transport crews that, at a minimum, consist of a Patient Transport Officer (PTO) and a Critical Care Registered Nurse (CCRN).
- G.63.2 The Contractor must provide CPAV crews that, at a minimum, consist of a Patient Transport Officer (PTO) and a Critical Care Registered Nurse (CCRN).
- G.63.3 The Contractor must ensure that all CCRNs provided are authorised to practise at the RN 1 critical care qualification as detailed in the CPPs and have a minimum of two years' recent critical care experience.
- G.63.4 For ECMO cases: In addition to the PTO and CCRN provided by the Contractor, an ARV retrieval physician and two Intensivists from the Alfred Hospital will be required to travel on board to monitor the patient.
- G.63.5 For IABP cases: In addition to the PTO and CCRN provided by the Contractor, an ARV retrieval physician and one Perfusion technician will be required to travel on board to monitor the patient.
- G.63.6 The Contractor crew is required to contain at least one Personnel member qualified to operate a vehicle under emergency driving conditions. At a minimum, this will require those persons to have successfully completed Unit Five, Attend Emergencies of AV's Driver Competency Standard, or equivalent. (*clause G.14 refers*)

G.64 NURSE ONLY TRANSPORTS (NOTS)

- G.64.1 A CCRN-only transport (NOT) reflects an ARV transfer in which no physician or paramedic is on board.
- G.64.2 Approximately 20% of all High Acuity transports operate as NOT cases.
- G.64.3 The ARV Clinical Care Co-ordinator will review the Case and determine its suitability for a NOT.
- G.64.4 The Contractor/CCRN may elect to decline a NOT case at the time of receiving the booking, if they believe:
 - a. the patient's condition or level of care required is outside the guidelines and/or
 - b. the CCRN skill set is not appropriate to the patient requirements.

G.65 DOCTOR AND EQUIPMENT PICK UPS AND RETURNS

- G.65.1 The Contractor must pick up the retrieval registrar or consultant and the retrieval equipment from the ARV Metro or Regional base and then return the retrieval registrar or consultant and retrieval equipment to the ARV Metro or Regional base on completion of the transport.
- G.65.2 On occasion, the Contractor may be required (dependant on the location of the tasked High Acuity or CPAV platform and crew) to negotiate a rendezvous for the outbound leg of the journey if it will save time. This would need to be negotiated between the ARV Clinical Coordinator and the Contractor at the point of booking. On these occasions, ARV would arrange for alternative transport for the retrieval doctor and equipment to the rendezvous point.

G.66 VEHICLE REQUIREMENTS

- G.66.1 The Contractor must provide all vehicles, Personnel, medical and communication equipment, and consumables and incidental items required to deliver the service undertaken unless specified otherwise by ARV.
- G.66.2 The Contractor must ensure that High Acuity vehicles used in provision of service are equipped with stretchers capable of accommodating patients weighing up to and including at least 200kg.
- G.66.3 The Contractor must ensure that CPAV vehicles used in the provision of services are equipped with a stretcher capable of accommodating patients weighing up to and including at least 318kg.
- G.66.4 The Contractor must comply with the following vehicle and equipment requirements by Service Commencement Date:

- a. ensure that the base vehicle selected and the subsequent conversions provide an appropriate platform for the safe conveyance of patients, Personnel, escorts and equipment for the service/s undertaken;
- b. ensure vehicles are dimensionally and otherwise appropriate for, and capable of, accessing patients from pick up and destination locations;
- c. ensure that the High Acuity or CPAV platform provide seating for three (3) crew members in the rear cabin;
- d. ensure vehicles used comply with all statutory requirements and relevant standards for such vehicles and the transport of non-emergency High Acuity patients in Victoria, together with the reasonable requirements of ARV/AV;
- e. ensure patient entry to hoist vehicles is achieved using a safe power driven platform from ground to vehicle floor level.
- f. ensure vehicle electrical platform is appropriate to adequately support all equipment and communication devices required to provide service. This includes AV supplied equipment (e.g. MDT, MMR, RAVNET and VACIS®) and clinical equipment as required by ARV;
- g. ensure a minimum of four (4) AC power outlets with capability to operate concurrently;
- h. ensure the vehicle provides adequate oxygen supply to support a ventilated patient for a period of no less than six (6) hours. A minimum of two (2) D size oxygen cylinders and a minimum of two (2) C size oxygen cylinders must be carried. The cylinders must be full at the start of a ventilated transport; and
- i. ensure that all vehicles are fitted with operating emergency lights and sirens, tested on a regular basis.

G.67 EQUIPMENT REQUIREMENTS

G.67.1 ARV will provide the following equipment for all ARV critical care retrievals.

Table 13: ARV Equipment

Item	Quantity
Red retrieval carry bag – contents related to airway management and circulatory access	1
Blue retrieval carry bag – contents related to monitoring and ventilation	1
B Braun syringe pumps, complete with three pole mounts and three power cords	3
Zoll X Series patient monitor with pacing and defibrillation capability complete with power pack and power cord	1
Oxylog 3000 transport ventilator complete with power pack and power cord, one high pressure oxygen hose and two disposable ventilator circuits	1
Yellow Drug bag (contents various)	1
Lightweight and collapsible retrieval equipment carry trolley	1

NOTE TO TENDERERS:

Pictures and dimensions of the above are outlined in the ARV section of *Part 11 Non-Returnable Appendices, Appendix 19 - AV Operational Guidelines.*

G.67.2 For IABP cases, Perfusion Services will also provide the balloon pump hardware and consumables as required.

G.67.3 Contractors must carry the following equipment as a minimum for vehicles used in ARV transports using a standard stretcher vehicle for an uncomplicated ARV retrieval:

- a. Functional IV pole for stretcher;
- b. Functional AC and heat available for rear of vehicle; and
- c. Stretcher bridge is desirable (straps required for safe attachment).

Service Category 8 - Clinic Transport Services (CTS)

G.68 OVERVIEW

- G.68.1 CTS are responsible for the transportation of Low Acuity patients that require supervision and postural support, but no active treatment or administration of pain relief.
- G.68.2 The Contractor may be required to undertake CTS transports such as, but not limited to the following:
 - a. Renal dialysis appointments (approximately 70% of total transports);
 - b. Radiotherapy and chemotherapy appointments;
 - c. Specialist doctor’s appointments and procedures;
 - d. Rehabilitation and physiotherapy appointments;
 - e. X-ray appointments;
 - f. Outpatient appointments;
 - g. Admissions and discharges;
 - h. Inter hospital transfers; and
 - i. Transfers to and from airports (including transports to/from AAV)
- G.68.3 The Contractor may be required to deliver CTS services on an Ad Hoc Shift or Ad Hoc Case basis as detailed in Service Category 8.1 and 8.2.
- G.68.4 The volume of CTS transports undertaken by the Contractor may be varied at any time at AV’s discretion dependent on demand and AV’s resourcing policies.
- G.68.5 The Contractor must have both Hoist and Walker capabilities to undertake CTS services (on an Ad Hoc Shift or Ad Hoc Case basis).

G.69 EQUIPMENT REQUIREMENTS

- G.69.1 To assist and facilitate the delivery of CTS services, the Contractor may be required to use the following equipment

Table 14: CTS Communication Equipment

METRO REGION	REGIONAL AREAS
AV Supplied Equipment	AV Supplied Equipment
Mobile Data Terminals	RAVNET Radio
Metropolitan Mobile Radio	EAS Pager

METRO REGION	REGIONAL AREAS
Contractor Supplied Equipment	Contractor Supplied Equipment
Mobile Telephone	Mobile Telephone
Pager	

- G.69.2 The Contractor must use VACIS® for the completion of PCRs.
- G.69.3 If required, the equipment items will be provided and installed at AV’s expense. The Contractor must ensure the vehicles are available to facilitate any installation or de-installation processes, as required.
- G.69.4 The Contractor is responsible for the supply, installation and maintenance of mobile telephones in their own vehicles at their own cost.
- G.69.5 The Contractor is responsible for the supply, installation and maintenance of voice radio equipment, which may be required for the purposes of communicating with their base.

G.70 CREWING REQUIREMENTS

- G.70.1 The Contractor must provide a CTS vehicle operated by a single officer of at least Patient Transport Officer status.

G.71 VEHICLE REQUIREMENTS

- G.71.1 The Contractor must provide at a minimum a vehicle configuration:
 - a. a sedan which is capable of carrying a minimum of the driver and four (4) patients; and
 - b. a hoist bus with capability of carrying and locking down two (2) wheelchair bound patients.
- G.71.2 The Contractor is required carry, in all vehicles, a small wheelchair that can be utilised to transport patients to and from the vehicle.
- G.71.3 The Contractor is required to provide a vehicle that has the capacity to safely secure one (1) to two (2) patients’ personal mobility devices.
- G.71.4 The Contractor must comply with the requirements outlined in Schedule 8 of the NEPT Regulations.
- G.71.5 The Contractor must carry the following list of equipment on all vehicles:

Table 15: CTS Vehicle Equipment

ITEM	QUANTITY
Wheelchair (lightweight, able to be locked down)	X1
Umbrella	X1
Manual Suction Unit Resucvac	X1
Portable Suction Device	X1
Portable Oxygen Unit	X1
Oxygen Cylinder C	X1
Oxygen Regulator, Gauge & Flowmeter	X1
Bag Valve Mask Resuscitator	X1
O2 Spanner / O2 Keywheel	X2
O2 Linketts	X2
Spare O2 Tubing	X4
Oxygen Masks - Adult	X1
O2 Binasal Cannula	X1
Oropharyngeal Airway Kit	X1
Fire Extinguisher	X1
Current Melways / VICROADS map	X1
Blankets	X2
Pillow	X1
Box of Rubber Gloves	X1
EM Bag (Vomit)	X2
First Aid Bag containing:	X1
Roller Bandage	X3
Triangular Bandage	X3
Lager Combine Pad	X2
Small Combine Pad	X2
Biological Hazard Bag	X2
SAED (Defibrillator)	X1
Pads (Adult)	x2 sets
Reflective Safety Vest	X1
Hand Sanitiser gel	X1

ITEM	QUANTITY
PPE - P2 (plus minimum eye protection and face mask)	X1
AV 'C' Key (Metropolitan only)	X1

Service Category 8.1 Clinic Transport Services (CTS) – Shifts

G.72 METRO REGION SERVICE REQUIREMENTS

- G.72.1 AV does not intend to award Agreements for any particular volume or duration of Shifts for CTS Transport in the Metro Region however AV is seeking to supplement existing AV CTS resources on an as needs basis.
- G.72.2 The Contractor may be required to provide Ad Hoc Shifts Monday to Sunday including Public Holidays for:
 - a. Walker/Walker Assist Patients and
 - b. Hoist Patients (wheelchair confined).
- G.72.3 The Contractor is required to undertake Shifts which may be a duration between 5 to 10 hours as business requirements determine.
- G.72.4 The Contractor must undertake Shifts between the hours of 0600hrs and 2000hrs.
- G.72.5 AV will endeavour to provide advance notice but on occasions, Shifts may be requested with a day's notice.
- G.72.6 In the Metro Region, the Contractor is provided with transport cases via telephone or fax to the Contractor's Communications Room for Pre-booked cases and On Day bookings.

G.73 REGIONAL AREAS SERVICE REQUIREMENTS

- G.73.1 AV does not currently have additional funding for deployment of CTS Shifts in Regional Areas but is seeking pricing to assist in evaluating the feasibility of introducing Ad Hoc Shifts during the Agreement term in the following locations:
 - a. Ballarat;
 - b. Bendigo;
 - c. Geelong;
 - d. Kilmore;
 - e. Seymour;
 - f. Shepparton;
 - g. Traralgon; and
 - h. Wonthaggi.
- G.73.2 AV currently utilises ESTA's Regional call-taking and dispatch facility based in Ballarat to manage its Regional CTS workload.

- G.73.3 The Contractor will be advised of Cases dispatched to CTS Regional resources by pager (EAS paging service) supported by RAVNET voice radio and mobile phone.

G.74 WORK ALLOCATION

NOTE TO TENDERERS:

AV will award a panel of Shift providers for the Metro Region and separately, for each Regional area.

- G.74.1 Assignment of Ad Hoc Shifts to the Contractor for the respective panels will take into account the performance of the Contractor and include but not be limited to:
- the responsiveness of the Contractor to Ad Hoc Shift requests;
 - the frequency of the Contractor accepting and undertaking Ad Hoc Shifts;
 - the ability of the Contractor to accommodate the Shifts offered; and
 - the geographic location of the Shifts and the cost of the service.

G.75 SERVICE REQUIREMENTS

- G.75.1 The Contractor must collect Pre-booked patients between 30 minutes before and 15 minutes after the scheduled pick up time
- G.75.2 The Contractor must collect On Day patients within 90 minutes of the request for same day bookings, or as otherwise agreed between the Contractor and requester at the time of booking.
- G.75.3 When a Contractor accepts a CTS Case, the Contractor must retain and complete the transport and must arrange their resource availability within the required timeframe.
- G.75.4 The Contractor must not accept Cases and then nearer to the required pickup time transfer the booking to AV.
- G.75.5 Approval to transfer the Case to AV, due to unavoidable circumstances, must be sought from the AV CTS Department on a case by case basis.
- G.75.6 The Contractor must undergo a vehicle and equipment inspection by AV prior to the Service Commencement Date, to ensure that vehicles are fully equipped and fit for purpose.
- G.75.7 AV retains the right to inspect vehicles at any time during the AV Agreement Term.

Service Category 8.2 Clinic Transport – Ad Hoc Services

G.76 OVERVIEW

- G.76.1 Resources are required to service unexpected demand or to meet transport requests which cannot be accommodated with AV's existing resource options.
- G.76.2 The Contractor must deliver Ad Hoc services for single or multiple Case assignments on an as needs basis.
- G.76.3 The Contractor must provide for:
 - a. Walker/Walker Assist Patients; and
 - b. Hoist Patients (wheelchair confined)
- G.76.4 The Contractor must be available Monday to Sunday during the hours of 0600hrs to 2000hrs on an as needs basis.
- G.76.5 AV does not undertake to offer any particular volume of Ad Hoc Case assignment. AV may elect to increase or decrease the volume of caseload managed via Ad Hoc resources on a temporary or permanent basis.

NOTE TO TENDERERS:

AV may require services across all regions within Victoria and the Contractor may tender for one, some or all regions.

- G.76.6 Ad Hoc transport requests may be Pre-booked or On Day bookings.
- G.76.7 The Contractor must collect Pre-booked patients between 30 minutes before and 15 minutes after the scheduled pick up time
- G.76.8 The Contractor must collect On Day patients within 90 minutes of the request for same day bookings, or as otherwise agreed between the Contractor and requester at the time of booking.
- G.76.9 When a Contractor accepts a CTS case, the Contractor must retain and complete the transport and must arrange their resource availability within the required timeframe.
- G.76.10 The Contractor must not accept Cases and then nearer to the required pickup time transfer the booking to AV.
- G.76.11 Approval to transfer the Case to AV, due to unavoidable circumstances, must be sought from the AV CTS Department on a Case by Case basis.

G.76.12 The Contractor must undergo a vehicle and equipment inspection by AV prior to the Service Commencement Date, to ensure that vehicles are fully equipped and fit for purpose.

G.76.13 AV retains the right to inspect vehicles at any time during the Agreement Term.

G.77 WORK ALLOCATION

NOTE TO TENDERERS:

AV will award a panel of Ad Hoc providers for the Metro Region and separately for each Regional area.

G.77.1 Assignment of Ad Hoc Cases to the Contractor for the Regional panels will take into account the performance of the Contractor and include but not be limited to the:

- a. responsiveness of the Contractor to Ad Hoc requests;
- b. frequency of the Contractor accepting and undertaking Ad Hoc Caseload;
- c. ability of the Contractor to accommodate the Cases offered; and/or
- d. geographic location of the Cases and the cost of the service.

Service Category 9 – Fixed Wing Air Ad Hoc Transport Services

G.78 BACKGROUND

- G.78.1 AV provides emergency and non-emergency aeromedical care through Air Ambulance Victoria (AAV).
- G.78.2 AAV operate five helicopters, based in Essendon (2), Bendigo, the Latrobe Valley and Warrnambool. Their primary focus is responding to emergency calls, providing early MICA care at the scene of an accident and rapid transport of critical patients to major hospitals.
- G.78.3 Four aeroplanes (fixed wing) are based at Essendon and are used primarily for emergency and non-emergency patient transfers between rural and metropolitan locations.
- G.78.4 In addition to providing primary emergency response, AAV also undertakes non-emergency patient transport for Victorians residing in distant locations, who need to travel to or from medical services/facilities, or between levels of care.
- G.78.5 Non-emergency patient transport by air is subject to Non-Emergency Patient Transport Regulations, including the provisions for authorisation by an appropriate health professional.

G.79 SERVICES REQUIRED

- G.79.1 Non-emergency air transport services under this tender are limited to servicing patient transport requests that are not able to be serviced by AV’s aeromedical fleet (inclusive of fixed wing and rotary wing). Typically these requests involve transfers between the Metro Region and the regionally based locations.
- G.79.2 An indication of the service locations is provided below.

Table 16: Air Transport Service Locations

Adelaide	Edenhope	Mt Beauty
Albury/Wodonga	Essendon	Mt Gambier
Bairnsdale	Finley	Narracoorte
Ballarat	George Town	Ouyen
Balranald	Goolwa	Patchewollock
Benalla	Great Lakes	Pinnaroo
Benambra	Hamilton	Portland

Adelaide	Edenhope	Mt Beauty
Bendigo	Hay	Robinvale
Burnie	Hobart/Launceston	Sale
Boort	Horsham	Shepparton
Bordertown	Jerilderie	Stawell
Broken Hill	Kingston	Swan Hill
Canberra	Latrobe Valley	Sydney
Casterton	Mallacoota	Tocumwal
Charlton	Mansfield	Wagga Wagga
Cobden	Merimbula	Wangaratta
Cohuna	Mildura	Warrnambool
Deniliquin	Millicent	
Echuca	Moorabbin	

NOTE TO TENDERERS:

AV is seeking submissions for the transfer of patients from “point to point” i.e. from the pickup location to the destination location, which includes road transport to and from the airports at both ends of the air journey.

AV will however also accept submissions for the transfer of patients from airfield to airfield, excluding the road transport component at either end. Where air transfer services are provided from airfield to airfield, the Contractor must transfer/ handover the patient to/from an AV or AV Contractor road resource.

- G.79.3 The Contractor may be required to undertake single or multiple case assignment on an “as needs basis” for the following non-emergency transfers (as defined in the Non-Emergency Patient Transport Regulations and NEPT CPPs):
- a. High Acuity Stretcher Patients (including the transport of specialist medical retrieval teams e.g. PIPER); and/or
 - b. Medium Acuity Stretcher Patients; and/or
 - c. Low Acuity Stretcher Patients; and/or
 - d. Walker Patients.
- G.79.4 AV does not undertake to offer any particular level of Case assignment.

- G.79.5 Unless otherwise advised by AV, the Melbourne based airport must be the closest airport to the patient's Melbourne based destination or origin for all air transports. For Melbourne CBD based patient transport, the airport used must be Essendon unless otherwise advised by AV.
- G.79.6 In addition to the requirements outlined in the General Requirements, the Contractor's communications office will accept requests for bookings and enquiries relating to non-emergency transport on behalf of AV. Booking requests may be Pre-Booked or On Day.

G.80 PILOT QUALIFICATIONS, EXPERIENCE, TRAINING AND REGENCY

- G.80.1 AV's requirements with respect to pilot qualifications, experience and training are outlined in *PTP702 – Suitable Qualification - Pilots*.
- G.80.2 AV, at its sole discretion, may accept a variation in experience in specific areas, but only in consideration of the overall pilot experience generally satisfying that specified.

G.81 PROCEDURES

- G.81.1 The Contractor is responsible for all aspects of safety in relation to operation of the aircraft.
- G.81.2 Pilots are required to assist the NEPT crew in the loading and unloading of patients and/or equipment and baggage and/or reconfiguration of the Aircraft as required by AV, but will not be involved with patient care unless, under exceptional circumstances, they are requested to assist by the Nurse or Attendant.
- G.81.3 The Contractor will nominate a Chief Pilot who must be approved by CASA and who will be responsible for all flight operations liaison and associated dialogue with AV.

G.82 PILOT PRE-ACCEPTANCE REQUIREMENTS

- G.82.1 At least fourteen (14) days prior to the commencement of a new Pilot, the Contractor must provide in writing, Pilot qualification and experience details, as follows, to AV:
 - a. total flying experience, broken into aeroplanes and helicopters;
 - b. total multi-engine flying time, broken into aeroplanes and helicopters;
 - c. total turbine flying time, broken into aeroplanes and helicopters;
 - d. total time pilot in command of all provided Aircraft Types;
 - e. total night flying time, broken into captain, co-pilot, multi and single engine for aeroplanes and helicopters;

- f. total instrument flying time, broken into actual and simulated for aeroplanes and helicopters;
- g. All classes of licence and category of Instrument Rating;
- h. list of multi-engine Aeroplane and helicopter Type Ratings;
- i. aircraft accident and major incident history;
- j. year that CPL/ATPL was first gained; and
- k. year that Command Multi-Engine Instrument Rating was first gained for aeroplane or helicopter or both if the pilot holds both.

G.83 OPERATIONS

- G.83.1 The Aircraft will be capable of operating within the normal area of operations in a wide range of weather conditions, including flight into known or forecast icing conditions. The Aircraft will be fitted with anti-icing and de-icing capabilities including ice detection equipment, to the standard required by the Aircraft Flight Manual for flight into known icing conditions. The Aircraft Flight Manual must approve flight into known or forecast 'light' icing conditions as a minimum.
- G.83.2 The Contractor will establish and publish all necessary safety regulations and procedures and will be responsible for safety related to the provision of AV operations including, without limiting the generality of the foregoing, the following:
 - a. safety at any base;
 - b. the safe embarkation and disembarkation of passengers;
 - c. the safe loading and unloading of freight and equipment including dangerous goods; and
 - d. the safe restraint of baggage and freight in the Aircraft including dangerous goods.
- G.83.3 The Contractor must ensure the Services are provided in accordance with the following:
 - a. A CASA approved Training and Checking System;
 - b. CASA approved Minimum Equipment Lists (MEL) specific to the aircraft serial numbers and equipment fit;
 - c. A CASA approved Maintenance System;
 - d. CASA CASRs, CARs and CAOs as applicable; and
 - e. Non-Emergency Patient Transport Regulations.

- G.83.4 If requested by AV, the Contractor must participate in an aviation audit by an approved AV representative during the tender process and thereafter. The scope of the audit may include the Contractor's management, operations and maintenance systems and may include (if applicable) the parent company or related company/ies.
- G.83.5 The Contractor will report immediately to AV if it is issued by CASA with:
 - a. A non-conformance notice; or
 - b. A show just cause notice.
- G.83.6 The Contractor will report to AV of any exemptions granted by CASA to CASA's requirements for the provision of an aeromedical service.

G.84 AIRCRAFT GENERAL SPECIFICATIONS

- G.84.1 The aircraft must be certificated in the Normal or Commuter Category in accordance with CASA CASR Part 23 or Transport Category in accordance with CASA CASR Part 25. All Aircraft supplied by the Contractor pursuant to the Agreement must comply with the Civil Aviation Regulations Airworthiness and Operational Standards in force as at Commencement Date of the Agreement, and be maintained to the Regulations in force throughout the period of the AV Agreement.
- G.84.2 The Aircraft must be registered in Australia and otherwise authorised to fly and perform the functions required by the Agreement in accordance with the applicable Law. The operator must be the Certificate of Registration holder and the Registered Operator.
- G.84.3 There must not be any outstanding Alert Bulletins relating to the aircraft issued by the manufacturer or any Airworthiness Directives (ADs) outstanding issued by the NAA of the country of manufacture or CASA. Compliance with all such Bulletins and ADs which may arise during the term of the Agreement will be complied with in accordance with any instructions contained within those documents.
- G.84.4 The Aircraft must be certified, equipped and maintained for flight under the IFR by both day and night.
- G.84.5 If an Aircraft is not new (FAR Part 23), the airframe age must be no older than 11 years at commencement of Agreement, and ideally the aircraft must not have recorded more than half of its total permitted pressurisation cycles/landings (if relevant) and the component life's (including engine and engine component life's) remaining are reasonable (e.g. reached half-life).

- G.84.6 AV's Air Ambulance operations currently utilise twin engine aircraft and it is AV's preference that the Aircraft offered through this tender are twin-engined. Any aircraft offered must be capable of performing at ISA + 10C at loadings per the primary cabin configuration requirements specified, with sufficient IFR fuel for 250 nautical miles range plus reserves, into and out of the locations where service is offered.
- G.84.7 It is desirable that performing as specified in *paragraph G.84.6* means that in the event of an engine failure the Aircraft will be able to either successfully (a) abort on the remaining runway or (b) continue the take-off climbing to the en route lowest safe altitude maintaining all required climb gradients (such as Standard Instrument Departure (SID) or runway obstacle clearance gradients) for all of the airfields where the service is offered.
- G.84.8 The Aircraft must be turbine powered.
- G.84.9 The Aircraft must be equipped with the following:
- a. Engine fire detection and extinguishing system;
 - b. Approved portable fire extinguishers mounted in the cockpit and cabin; and
 - c. Flight Hours Recorder in circuit to an undercarriage oleo activated micro-switch to allow for "wheels off - wheels on" monitoring.
- G.84.10 The Aircraft must be capable at FL250 of a normal cruise speed of at least 245 knots True Air Speed at normal cruise power settings.
- G.84.11 If the Aircraft must have a pressurised cabin, capable of maintaining sea-level pressure to at least 14,000 feet altitude, and is to be fitted with a Cabin Pressure Controller capable of varying the cabin altitude in level flight. Back lighting of the rear altimeter is to be provided.
- G.84.12 The aircraft must have an audible and visual alert for the pilot in the event of an unplanned depressurisation.
- G.84.13 All equipment listed in this Specification must be serviceable and capable of operation at the time of issuing of a Flight Order (AV booking).
- G.84.14 The Aircraft must be fitted with suitable foul weather channelling around doors (and wing lockers, if applicable) to limit water entry onto stowed medical equipment during transit stops in adverse weather conditions.
- G.84.15 The Aircraft must have high floatation type landing gear or equivalent, enabling operations to and from unsealed and wet / soft airstrips.

G.85 AIRCRAFT ELECTRICAL AND AVIONICS

- G.85.1 The Aircraft must meet the instrumentation and equipment requirements specified in CAO 20.18 for single pilot regular public transport category operations.
- G.85.2 In addition to the equipment required by CAO 20.18 for the category of operation, the Aircraft must at all times be equipped with:
- a. An IFR certified Three-Axis Auto Pilot with Flight Director;
 - b. Traffic Collision Avoidance System (TCAS);
 - c. Electronic Engine Trend Monitoring;
 - d. A Radar Altimeter with GPWS compatibility;
 - e. A Ground Position Warning System (GPWS) providing protection against controlled flight into terrain. Warnings will include excessive rates of descent, terrain closure rate, excessive altitude loss after take-off or missed approach, insufficient terrain clearance, descent below glideslope and excessive bank angle;
 - f. Dual VHF Omni Directional Radio Range/Instrument Landing System (VOR/ILS);
 - g. Dual Automatic Direction Finder (ADF) with the indicator displaying as an RMI;
 - h. Marker Beacons with audio output;
 - i. Single Distance Measuring Equipment (DME);
 - j. Illuminated "No Smoking / Fasten Seat Belts" signs in the cabin;
 - k. Two Transponders capable of operating in Modes A and C;
 - l. ADS-B in with cockpit display of traffic information (CDTI);
 - m. Colour Weather RADAR incorporating Multi-Function Display or Nav-Overlay;
 - n. Global Positioning System (GPS) meeting the U.S. FAA Technical Standards Order (TSO) C-146 or a CASA approved equivalent. The GPS will be approved for use under Instrument Flying Rules (IFR) as a primary means IFR navigation aid and supplemental means IFR non precision approach navigation aid, as described by AIP1.5 -12 paragraph 8 "Area Navigation (RNAV) Systems Approval and Operation, specifically section 8.5.5.4 GNSS Applications - IFR RNAV (GNSS) Non precision Approach". The GPS Tracking System, it must be able to transmit to the AV Base. This will require download to TracPlus, with seven (7) minutes or less interval update, with positional (azimuth) data transmission link;
 - o. A TSO C-126, GPS coupled ELT;
 - p. High capacity emergency oxygen system in the passenger cabin, satisfying the requirements of CAO 20.4;

- q. Dual VHF Communications Transceivers;
- r. An independent heavy-duty battery to power an independent aeromedical electrical sub-system, providing 12 and 28 volt DC, and 240 volt AC power in a stationary aircraft without risk of discharge of the Aircraft main electrical system;
- s. Communications and navigation equipment required at Aeronautical Information Publication (AIP) GEN 1.5 for single pilot IFR flight in the category of operation; and
- t. A cabin pressure altimeter, with internal lighting that can be viewed by the designated primary carer in the rear cabin, is to be installed. This unit is to measure the atmospheric pressure in the cabin.

G.86 SAFETY EQUIPMENT

- G.86.1 The Contractor must ensure the Aircraft is equipped at all times with safety equipment as required by relevant legislation and as outlined in **PTP690 – Standard Equipment** and **PTP695- Safety Equipment - Aircraft** together with the following:
- a. seat belt cutters;
 - b. life raft meeting CAO 2011 requirements;
 - c. buoyant survival radio beacon (to operate on 406 Mhz); and
 - d. crash axe accessible to both flight crew and cabin personnel.

G.87 MINIMUM EQUIPMENT LIST (MEL)

- G.87.1 The Contractor must provide each Aircraft with a CASA approved MEL specific to the Aircraft serial number and therefore covering its specific equipment list. A copy of the relevant MEL will be accessible to the operating crew in the Aircraft cockpit at all times during operations.
- G.87.2 At the time of booking a flight, all equipment listed in the Specifications will be serviceable and capable of operation at the time Aircraft are dispatched in accordance with the terms of the Agreement. The only exceptions are in relation to items listed within the aircraft's MEL, which are appropriately and duly recorded on the aircraft Maintenance Release Defect section, as an MEL approved unserviceability.

G.88 AEROMEDICAL EQUIPMENT LIST (AMEL)

- G.88.1 In addition to a CASA approved MEL specific to the Aircraft serial number and therefore covering its specific equipment list, an AMEL is provided in **PTP 690 – Standard Equipment**, to include equipment critical to AV missions. A copy of the relevant AMEL is to be accessible to the operating crew in the Aircraft cockpit at all times during operations.

G.89 MAINTENANCE

- G.89.1 The Contractor will ensure that Personnel, procedures, equipment, workshop facilities, parts and consumables associated with the maintenance of the Aircraft, conform to the maintenance data, the Law and sound industry practice. The Contractor will also ensure that all Airworthiness Directives issued by the NAA of the country of manufacture or by CASA, all Alert Bulletins or other urgent notices, mandatory modifications or other instructions to ensure the continuing airworthiness of the Aircraft are incorporated or otherwise complied with within the timeframe specified
- G.89.2 The Contractors Operations Manual and the procedures prescribed therein for NEPT passenger operations.
- G.89.3 Aircraft are to be maintained in accordance with CASA defined Class A aircraft maintenance requirements. The Contractor is to prepare a Maintenance Control Manual or include the Aircraft into the Contractor's existing Maintenance Control Manual in accordance with the requirements of CAR (1988) 42ZY and ensure compliance with its Maintenance Control Manual and the legislation in force at the time. The Contractor must nominate a Maintenance Controller whose appointment must be approved in accordance with CAR (1988) 42ZW.
- G.89.4 The Contractor will provide a system of maintenance for the aircraft which is compliant with the requirements of Division 3 - Approved Systems of Maintenance of CAR (1988) and approved in accordance with CAR (1988) 42M and maintain the Aircraft in an airworthy condition at all times and in accordance with the relevant maintenance data, legislative requirements and sound industry practices, as well as any reasonable instructions or directions issued by AV.
- G.89.5 At least four months prior to the Commencement Date, the Contractor must demonstrate that its organisation and Personnel, and/or those of any sub-contracted maintenance organisation, are approved by CASA to undertake maintenance of the Aircraft fleet.
- G.89.6 The Contractor must at all times comply with limitations and inspection requirements issued by the manufacturer of the airframe, engine/s or component parts, or any other authority governing the Aircraft. The Contractor must have the agreement of AV prior to seeking exemption from compliance with the limitations or inspection cycles.
- G.89.7 The Contractor must provide details of the proposed arrangements for the maintenance of the Aircraft, as part of the Tender submission. The Contractor must advise AV, in writing, of any material changes to these maintenance arrangements.

- G.89.8 The Contractor must complete scheduled maintenance as soon as possible after the time that the Aircraft is presented for maintenance for that purpose, and in all cases endeavour to complete the maintenance in the shortest practical time.
- G.89.9 The Contractor will be responsible for repair and maintenance of the Stretcher Loading Devices, pedestal and platforms, stretchers, stretcher lock-down devices, passenger seats and lock-down systems, medical cabinets, medical cabinet lock-down systems and overhead track systems, and must have access to the appropriate spares.
- G.89.10 The Contractor will be responsible for the maintenance of all avionics and navigation equipment fitted to the Aircraft and must have access to the appropriate spares.
- G.89.11 The Contractor must implement and maintain continuing airworthiness programs, or similar recommended by the Aircraft manufacturer, in a timely manner, except where AV has consented to a deferral.
- G.89.12 The Contractor must advise AV in writing within twenty-four (24) hours of any direction issued by CASA or other applicable aviation regulatory authority, which may affect either the Certificate of Airworthiness or the Maintenance Release.

G.90 MAINTENANCE PERSONNEL

- G.90.1 The Contractor's Chief Engineer/Senior Base Engineer must hold a valid Aircraft Maintenance Engineer's Licence issued by CASA in accordance with CASR Part 66 and containing appropriate endorsements for the Airframe and Engine systems of the Contracted Aircraft. Preferably their Aircraft Maintenance Engineer's Licence should also contain additional airframe and engine endorsements.
- G.90.2 The Contractor's Chief Engineer/Senior Base Engineer must
 - a. have a minimum of ten (10) years' experience covering a wide range of aircraft maintenance;
 - b. have held senior supervisory engineering positions for a period of at least three (3) years; and
 - c. have spent at least one (1) year as a Chief Engineer in a registered aviation company.
- G.90.3 Maintenance of the Aircraft may be undertaken only by persons approved pursuant to the Law to undertake the category of work performed.
- G.90.4 Supervision and certification of completion of maintenance services may be undertaken only by engineers holding licences issued pursuant to the Law for the category of work being performed and certified.

G.90.5 Engineers must hold a valid Aircraft Maintenance Engineer's Licence issued by CASA in accordance with CASR Part 66 which contains an appropriate endorsement for at least the Airframe or Engine systems of the contracted Aircraft and are to have a minimum of eight (8) years of aircraft engineering experience. The Contractor must ensure that at least one (1) additional appropriately qualified Licensed Aircraft Maintenance Engineer (LAME) is available on call at all times, when the aircraft is contracted to AV, upon two (2) hours' notice.

G.90.6 The Aircraft Maintenance Engineer Licences required to maintain the Aircraft must be issued under CASR Part 66 for the following categories.

a. Airframes and Engines

B1 (Mechanical) Licence with appropriate endorsements for the Airframes and/or Engines in either or both the B1.1 and B1.2 Categories and it is preferable that the Licence also contains a C Category endorsement for the Aircraft if such an endorsement is relevant to the Aircraft

b. Avionics

The Aircraft Maintenance Engineer Licence required for maintenance certification of the Avionics systems must be a CASR Part 66 B2 (Avionics) Licence containing all relevant Avionic system endorsements relevant to the avionic and electrical systems installed in the Aircraft.

G.91 GROUND HANDLING OF AIRCRAFT

G.91.1 The Contractor is responsible for all ground handling of the Aircraft, including man handling and Aircraft towing, both on any airfield and/or apron areas, and within any hangar for all purposes including patient embarkation or disembarkation. For clarity, all purposes includes all Aircraft movement for the purposes of patient transfer.

G.91.2 The Contractor will ensure that all taxiing and engine run-ups performed in respect of the Aircraft are carried out only in an approved area by Personnel qualified and approved pursuant to the Law.

G.92 COMPUTERISED TRACKING

G.92.1 The Contractor must maintain a computerised data base and component tracking system acceptable to AV for:

- a. the tracking of both lifted and overhaul Aircraft components;
- b. the tracking of the Aircraft spare parts inventory; and
- c. the tracking of all Aircraft fixed and removable safety equipment.

- G.92.2 The component tracking system must be capable of producing accurate and readable historical records, and forecast maintenance planning information, upon request.
- G.92.3 The Contractor must ensure that all Aircraft documentation and paper work including but not limited to, the Aircraft Log Books, Log Book Statements, Certificates of Registration, Airworthiness Certificates, Component History Cards, Aircraft Worksheets and Maintenance Releases, and elsewhere as may be required pursuant to the Law are accurate and up-to-date.

G.93 AEROMEDICAL TRAINING

- G.93.1 The Contractor must provide aviation/aircraft safety and orientation training, on the Aircraft, for all relevant NEPT Personnel, as outlined in CAO 20.11
- G.93.2 The Contractor must also provide when required, aircraft familiarisation for medical retrieval personnel (e.g. PIPER, ARV & AAV personnel).
- G.93.3 This training must be documented in a formalised training program and will include instruction, and demonstration, in the relevant aviation safety related areas.
- G.93.4 All training and checking activities are to be recorded on the company Training and Checking File System which is accessible to a designated AV representative on demand.

G.94 MEDICAL EQUIPMENT

- G.94.1 The Contractor must be responsible for the provision of all medical equipment and consumables required to deliver the service, in accordance with Regulation 51 of the NEPT Patient Transport Regulations and as outlined in the relevant PTPs.
- G.94.2 The Contractor must ensure that any modifications carried out to or on the Aircraft are done so in compliance with CASA requirements for such work including all requirements for engineering and operational approvals, certifications and any instructions for continuing airworthiness are included into the aircraft system of maintenance and complied with.
- G.94.3 The Contractor must ensure that any defibrillator carried is a shock advisory external defibrillator.
- G.94.4 The Contractor must ensure that the clinical facilities and equipment are placed in a position to allow continued patient treatment at all times, including during adverse weather conditions.
- G.94.5 The Aircraft must have sufficient and appropriate storage space and restraint for any medical equipment carried on board.

- G.94.6 The Contractor must ensure that all patients dependent on a mechanical ventilator are protected with a disconnect alarm and have capnography available to them.

G.95 COMMUNICATIONS

- G.95.1 The Contractor providing air transport services must communicate with the rural non-emergency communications centre. As outlined earlier in this RFT, rural call taking and dispatch is managed by ESTA.
- G.95.2 The method of dispatch for air transport services is expected to be by telephone to the Contractor's communications office.
- G.95.3 The Contractor must ensure that the Aircraft is able to maintain constant two way communication with their base station, during the course of transport.
- G.95.4 The Contractor will ensure that the Aircraft is fitted with a clinical communication system that facilitates direct, duplex communication between Personnel and other medical and transport services on the ground or any health service by the public switched telephone network.
- G.95.5 Communication will include, but is not limited to, the following:
- a. Case assignment and acceptance within agreed timeframes;
 - b. Provision of status updates for all cases assigned and accepted for transport;
 - c. Any issues that may impact arrival of patient at their appointment or delay arrival of return transport; and
 - d. Any clinical issues arising from patient deterioration, accident, injury or incident en route.

G.96 PROVISION OF CERTIFICATES, DOCUMENTS AND MANUALS

- G.96.1 The Contractor must have on site and keep current at all times all OEM maintenance data, Aircraft Flight Manual data and other approved data as amended from time to time including instructions for continuing airworthiness or aircraft or aircraft system operations issued following the incorporation of any modification to the Aircraft as required by regulation or this agreement, and will duly and punctually comply with all the requirements of that data.
- G.96.2 The Contractor must provide copies of its operations and maintenance control manuals, having had them surveyed and approved or accepted by the appropriate regulatory divisions of CASA within the past twelve (12) months.
- G.96.3 Prior to the commencement of AV operations, the Contractor is to have included and approved by CASA, a section in its operations manual covering the use of Aircraft in patient transport functions.

- G.96.4 The Contractor must have a CASA approved Dangerous Goods Manual for the carriage of dangerous goods (as prescribed in the ICAO Technical Instructions for the Safe Transport of Goods by Air) and such carriage will be in accordance with that manual.
- G.96.5 The Contractor must ensure that current certificates, documents, and manual in respect of the Aircraft, issued by CASA, are obtained and validly maintained at all times during the term of this Agreement. Copies are to be provided to AV by the Contractor within five (5) Business Days of request by AV, they are to include:
- a. Air Operations Certificate;
 - b. Operations Manual;
 - c. Certificate of (Maintenance) Approval;
 - d. Aircraft Progressive Maintenance Schedule;
 - e. Maintenance Control Manual;
 - f. Approved Minimum Equipment List for each Aircraft;
 - g. Certificates of Registration;
 - h. Certificates of Airworthiness; and
 - i. Current Maintenance Releases.
- G.96.6 The Contractor must observe at all times, the limitations and inspection cycles on all components, parts and the airframe of the Aircraft issued by manufacturers and CASA or any other authority governing the Aircraft and will not seek exemption from compliance with such limitations and inspection cycles unless otherwise previously agreed in writing by AV.
- G.96.7 The Contractor must hold all appropriate engine, airframe and system maintenance manuals, or their equivalent on an approved information system, and maintain their currency, The Contractor is responsible for maintaining the currency of all appropriate amendment services. If the Contractor holds, information in CD form an appropriate portable laptop computer complete with spare battery and charger will be available at all times for field use.

G.97 STRETCHER REQUIREMENTS

- G.97.1 The Aircraft cabin must accommodate up to two complete (stretcher top and base) specialist aero-medical stretchers within the cabin with sufficient room to allow access to both stretchers from the medical seat, with both stretchers interchangeable in either position in the Aircraft.
- G.97.2 For the purposes of design the weight budget for this stretcher must include:
- a. stretcher self-weight;
 - b. 160kg patient;

- c. stretcher bridge self-weight; and
 - d. bridge load of 20kg.
- G.97.3 Stretcher restraint mechanism must be such to support the aircraft certification basis cabin seating loads assuming a 160kg patient (refer to the paragraph above for total system weight).
- G.97.4 Aeromedical Stretchers must have a retractable undercarriage with wheels of at least 140mm diameter, to allow relatively smooth passage over slightly broken ground and patient manoeuvring and transfer with ground ambulances.
- G.97.5 The stretcher's retractable undercarriage is to lock in a folded position to allow free use of the trundle undercarriage wheels.
- G.97.6 The stretcher's retractable undercarriage is to be of a design that provides stability over the length of the stretcher when laden with a patient, stretcher bridge and equipment.
- G.97.7 The stretcher undercarriage must have fixed wheels at the head end and 360° swivel wheels at the foot end.
- G.97.8 Both swivel wheels of the stretcher's retractable undercarriages must have wheel-lock mechanisms that can be engaged / disengaged by foot operation.
- G.97.9 The stretchers must be a minimum useable length of 1950 mm in length.
- G.97.10 The stretchers must have a minimum mattress width of 500 mm. The stretchers may taper at the foot end to a minimum width of 400 mm.
- G.97.11 The stretcher mattress may be of segmented area construction to provide a single piece two-area mattress, with joints hinging at the head elevation tray.
- G.97.12 The stretcher mattresses must be a minimum of 80 mm thick and have wedge-shaped rising outer edges of 20 mm over 100 mm from each edge.
- G.97.13 The foam construction of stretcher mattresses is to be of sealed-cell, medical grade materials with composite layer construction to provide optimum patient comfort with spine support and body contour properties and cover the full area of the stretcher mainframe.
- G.97.14 The mattress cover material is to be made from stain-resistant, nil-porous medical grade vinyl, with tear-away Velcro attachment to the stretcher tray plates, and with all seams fully heat-sealed against fluid entry.
- G.97.15 The stretchers must have two (2) integral, interchangeable harness systems, consisting of at least a pair of diagonal crossover torso-restraint straps and waist restraint strap, with a single separate or integral leg restraint strap to suit an adult weight range of 40-160 kilograms, and child weight range of 10-40 kilograms.

- G.97.16 The stretcher harness systems must be capable of removal for washing and decontamination purposes.
- G.97.17 The harness systems, utilising the patient harness attachment points, must be provided to lock-down paediatric thermo cots and infant bassinets and provide additional harness lock-down for paediatric medical retrieval modular units.
- G.97.18 The head end of the stretcher must be capable of pivoting upwards at the area where the patient's hips will be located and will be capable of being raised and secured in incremental positions to a maximum of 60 degrees.
- G.97.19 The stretchers must have foldout side rails, locked in an upright position, and capable of being folded out and down to a vertical position.
- G.97.20 An intravenous fluid pole, extendable to 800 mm, is to be provided for or attached to the stretcher side rails, with optional attachment to either the left or right side of the stretcher.
- G.97.21 The Aeromedical stretchers must have a height from the ground to top of patient mattress within the range of:
 - a. 900mm to 1,000mm as measured on flat ground with undercarriage in the extended position; and
 - b. 200mm to 400mm as measured on flat ground with undercarriage in the retracted position.

G.98 SEATING REQUIREMENTS

- G.98.1 A seat must be provided for any person travelling on the Aircraft.
- G.98.2 The passenger seats must be required to be able to be mounted facing either forward or aft.
- G.98.3 Passenger seats will have a four-point harness with lockable shoulder inertial restraint.

G.99 NEONATAL UNITS

- G.99.1 The Aircraft should be capable of carrying a Victorian NETS cot (neonatal unit, weighing approximately 256.7kg) capable of being secured in either stretcher position and the larger NETS cot used for returning patients, capable of being secured in the front stretcher position (refer to ***Part 11 Non-Returnable Appendices, Appendix 24 - Air Transport Neonatal Units Specification***)
- G.99.2 Where a purpose-designed aeromedical stretcher is used it must be designed to accommodate the existing neonatal units.

G.100 STRETCHER BRIDGES

- G.100.1 Stretcher bridges must be supplied for all stretchers, regardless of the stretcher option offered (excluding neonatal units).
- G.100.2 The stretcher bridge must have a capacity of 20kg and be designed to meet the aircraft base certification loads and carry and secure AV/ARV/PETS retrieval equipment, monitors and syringe pumps/drivers.
- G.100.3 Dimensions of the stretcher bridge must be approximately 350 mm long and have 300 - 400mm clearance measured from the top of the patient mattress.
- G.100.4 Stretcher bridges must be mounted in an ergonomic manner that allows monitoring from a seated position whilst in flight.

G.101 SPECIALIST RETRIEVAL TEAMS – CARRIAGE OF EQUIPMENT

- G.101.1 The Contractor must provide an allowance of 30kg for additional operating equipment carried by specialist retrieval teams, (ARV, PETS), and for the large Victorian NETS cot. The Contractor will provide an indication of their ability to transport retrieval teams, including carriage of relevant operating equipment.

G.102 AEROMEDICAL ELECTRICAL SYSTEMS

- G.102.1 The Aeromedical electrical power supplies must be fitted with sunlight readable indicator lights to identify to the Aeromedical Personnel electrical circuits that are in use.
- G.102.2 The cabin must contain the following power supply outlets:
 - a. Four (4) 28 volt DC, 20 amp outlets. Two in close vicinity of each stretcher position and each outlet able to provide 20 amps but the total supply capacity is 20 amps at 28 VDC;
 - b. Three (3) 12 v DC, 20 amps. One located in the vicinity of each stretcher position, one that is convenient to the medical seat locations and each outlet able to provide 20 amps but the total supply capacity is 20 amps at 12VDC; and
 - c. Four (4) 240 v AC, 50 Hz, to a total of 5 amps power outlets, Two located in the vicinity of each stretcher position, and arranged in two dual GPO positioned at the head end of either stretcher position
- G.102.3 Military specifications (MIL) connectors must be compatible with current AV air connectors (CA3102E20-19SBF80 & CA3106E20-19EB).
- G.102.4 The Contractor must isolate the aircraft electrical system such that conducted harmonics back into the aircraft electrical systems are within the limits defined by RTCA DO-160.

- G.102.5 The Aircraft must be capable of supplying from internal supplies, without engines running (or with generators failed), the total Volt-Amps capacity specified for a period of 30 minutes both on the ground and in flight.
- G.102.6 The Aeromedical electrical supply must be configured such that it can meet the 30 minute requirement without any impact upon the ability of the existing aircraft batteries to provide engine start and without any impact on the existing avionics supply duration following generator failure.
- G.102.7 The Aeromedical electrical system must meet the supply requirements (for no generator operation) for the power outlets, lighting, oxygen system control, suction and stretcher loading four cycles – unloading and loading two patients concurrently without detriment to the aircraft batteries as above.
- G.102.8 The Aircraft starting batteries and the Aeromedical batteries must be able to be manually interconnected to allow start from the Aeromedical batteries in an emergency. There must be no system failure mode that allows interconnection between the two systems under normal operations.

G.103 AEROMEDICAL OXYGEN

- G.103.1 The Aircraft must be fitted with a medical oxygen system capable of storing and supplying at least three thousand (3,000) litres of medical oxygen to be distributed to standard outlets mounted in the Aircraft cabin walls.
- G.103.2 The Aircraft must be capable of being fitted with at least 1600 litres of medical air.
- G.103.3 The design, installation and testing of the medical oxygen system must conform to AS 2896-1998 or higher airworthiness standards as applicable.
- G.103.4 The pressure reduction system for the oxygen must be fitted at the bulk supply.
- G.103.5 The medical oxygen system must provide three (3) oxygen twin-outlets for medical oxygen supply as well as two venturi suction outlets in the cabin.
- G.103.6 Oxygen with twin outlets will be located in close proximity to each stretcher head and between passenger seats,
- G.103.7 The oxygen fittings will be recessed where possible and sealed against the trim in such a manner as to ensure no gaps that preclude adequate cleaning exist. They will be positioned to preclude head-strike.
- G.103.8 The Aeromedical oxygen system must be independent of and in addition to the Aircraft emergency oxygen system.
- G.103.9 The medical oxygen distribution system must conform to US MIL-T-6845 or higher airworthiness standard as applicable.

- G.103.10 A low pressure electric solenoid on/off valve, or manual on/off valve, must be connected to the oxygen pressure regulator and is to be controlled from both the Attendant/Nurse position in the cabin and the Pilot and Co-pilot positions in the cockpit.
- G.103.11 Each of the outlets must be capable of delivering a flow rate of sixty (60) litres per minute at a pressure of 400Kpa.
- G.103.12 An oxygen contents gauge and low-pressure oxygen alarm must be installed within the Aircraft cabin at a location easily visible to the medical seating positions.
- G.103.13 In addition to the main Aeromedical oxygen supply, a minimum emergency supply of at least six hundred (600) litres of medical oxygen must be located within the cabin. The Contractor will provide an oxygen regulator and cylinder and must arrange for it to be safely mounted in a fitting.
- G.103.14 The Contractor will dispatch the Aircraft with a minimum of 75% of medical oxygen.

G.104 SUCTION SYSTEMS

- G.104.1 The Aircraft must be fitted with adjustable high-level suction, provided by two (2) complementary systems for airborne and ground operation.
- G.104.2 The primary suction system must be powered from the Aeromedical electrical system and be capable of being operated without the main generators for a duration of 10 minutes.
- G.104.3 The design, installation and testing of the primary suction system must conform to AS 2120.1 as well as the CASA certification requirement.
- G.104.4 The Aircraft must also be fitted with a secondary, oxygen-powered suction system. The Contractor will ensure that the design and position of the oxygen outlets is suitable for use with the secondary suction system.
- G.104.5 Primary suction outlets must be located in close proximity to each stretcher head.

G.105 CABIN LIGHTING SYSTEMS

- G.105.1 The cabin lighting system must be available for a minimum period of thirty (30) minutes when the Aircraft generators/ alternators are not operating.
- G.105.2 The light fittings must be designed to avoid potential for head-strike.
- G.105.3 The normal cabin lighting must provide an equivalent of 400 lumen over the patient care areas and should be skin tone corrected.

- G.105.4 Cabin lighting must be of a natural colour balance with capacity to dim to soft light.
- G.105.5 There must be lighting to a minimum of 400 lumen over the stretcher positions, with a 70 degree light diffusion through clear glass lens providing an even light spread over the stretcher area. These lights must have rheostat or 3-series dimmer control.
- G.105.6 Cabin lighting systems must be controllable from Attendant seating position.
- G.105.7 Reading (spot) lights must be provided above each seating position, with positional adjustment to illuminate optional positions anywhere in the Attendant/Nurse seat and work area.
- G.105.8 For night and low-light operations light/s sufficient to adequately illuminate the stretcher / patient loading area must be fitted.

G.106 INTER COMMUNICATION SYSTEM

- G.106.1 The ICS must allow:
 - a. the pilots to isolate the medical attendants from their ICS loop; and
 - b. the Attendant/Nurse to isolate the pilots from their ICS loop.
- G.106.2 There must be call buttons/annunciators to allow the Pilots and Attendant/Nurse to request reconnection.

G.107 CABIN ENVIRONMENTAL SYSTEMS

- G.107.1 The Aircraft must be equipped with an environmental control system that covers both the cockpit and cabin areas, and is capable, during normal engine operations, of maintaining 20 degrees Celsius.
- G.107.2 The Aircraft cabin windows must be fitted with multi position slide blinds that are non-intrusive in the cabin area.
- G.107.3 The Aircraft must be fitted with a cabin lining and floor covering of a smooth, non-skid, anti-static, washable material, sealed against the Aircraft sidewalls to window level.
- G.107.4 For night flights the Aircraft must be fitted with opaque washable curtains or dividers fitted between the cockpit and cabin.

G.108 CABIN DOOR AND STRETCHER LOADING SYSTEM (FOR STRETCHER PATIENT OPERATIONS)

- G.108.1 The Stretcher Loading Device (SLD) must be designed to provide occupationally safe and efficient loading and unloading of Stretcher Patients on Aircraft.

- G.108.2 The SLD must require no more than one (1) person to deploy and assemble the device, without excessive manoeuvring and with a maximum weight of fifteen (15) kilograms to be borne by the individual.
- G.108.3 The SLD must be designed to be stowed inside the cabin, in an unobtrusive position when not in use.
- G.108.4 The SLD must be powered from the independent, 28 volts, Aeromedical electrical sub-system. Operation of the SLD will be taken into account when establishing the 30 minute operational capacity of the Aeromedical supply system.
- G.108.5 The SLD must have a minimum safe working load capable of handling a 160kg patient, stretcher and loaded bridge.
- G.108.6 Stretcher loading or unloading must require not more than two (2) persons with a maximum weight of fifteen (15) kilograms to be borne by each person.
- G.108.7 The SLD must be designed to ensure that the loading and unloading of Stretcher Patients is achievable without rotating the patient more than ten degrees in roll, or eight degrees in pitch, measured relative to the floor of the Aircraft.
- G.108.8 The SLD must be designed to ensure that access to the patient is maintained at all times during the loading and unloading.
- G.108.9 The Aircraft must be fitted with a large rear access door (cargo door) hinged at the top, measuring a minimum of 1.24m in width x 1.32m in height.
- G.108.10 The cargo door should be mechanically operated/assisted to avoid manual handling of the door.
- G.108.11 The Aircraft must be fitted with a cabin/air stair door with a second door support cable, which may be incorporated into the rear cargo door, hinged at the bottom, and incorporate integral step and handrail assemblies which automatically extends and retracts as the door is opened and closed.
- G.108.12 If the cabin air stair door is fitted to the cargo door the air stair door is to be operated manually.
- G.108.13 A means of boarding and exiting the Aircraft with the cargo door open must be provided.
- G.108.14 The SLD must be able to be operated manually in the event of its power system failing.
- G.108.15 The cargo door must be able to be operated manually in the event of its power system failing.

G.109 AEROMEDICAL FIT-OUT AND CABIN CERTIFICATION

- G.109.1 The Aeromedical fit-out must meet CASA's design and certification requirements using CASA approved data. This may be achieved by using OEM design data, Supplemental Type Certificate data or CASR Part 21M design approvals.
- G.109.2 The Contractor must be able to demonstrate that they have an agreement in place with the airframe Original Equipment Manufacturer (OEM) to provide appropriate data and technical support to enable the modification program.

G.110 AEROMEDICAL SYSTEMS AND CABIN OH&S

- G.110.1 The Contractor must be able to demonstrate that the completed Aeromedical Cabin (and associated equipment such as stretchers and stretcher loaders) provides a safe working environment in accordance with the applicable Victorian and Australian OH&S legislation.

G.111 INFECTION CONTROL MANAGEMENT PLAN

- G.111.1 The Contractor must be able to develop and maintain an Infection Control Management Plan that complies with Regulation 43 of the Non-Emergency Patient Transport Regulations.

G.112 AIRCRAFT CLEANING

- G.112.1 The Contractor must develop and maintain an Aircraft Cleaning Plan that complies with the requirements of the Infection Control Management Plan.
- G.112.2 The Contractor must ensure that the Aircraft is cleaned in accordance with Aircraft Cleaning Plan.

G.113 LINEN

- G.113.1 The Contractor must ensure that the use, disposal and laundering of linen is included in the Infection Control Management Plan.
- G.113.2 The Contractor must ensure that the use, disposal and laundering of linen is in accordance with the Infection Control Management Plan.

G.114 AIRCRAFT LIVERY

- G.114.1 The Contractor must ensure that all Aircraft are clearly marked in accordance with Regulation 50 of the Non-Emergency Patient Transport Regulations.

G.115 STOWAGE

- G.115.1 The Aircraft must have provision for the carriage and stowage of passenger or patient cabin baggage and five kilograms of luggage per passenger.

G.116 REGULATORY REQUIREMENTS

- G.116.1 The Contractor must notify AV's Representative immediately after becoming aware of any accident, incident or event that the Contractor or a Sub-Contractor is legally required to report and any other serious accident, incident, or event that may impact on the Services. The notification must include a description of the accident, incident or event and a summary of any proposed rectification, if applicable.
- G.116.2 The Contractor must provide copies with an explanation of any non-compliance notices issued by the CASA during the period.
- G.116.3 The Contractor must provide copies with an explanation of Aircraft survey reports issued by the CASA during the period.
- G.116.4 The Contractor must provide copies with an explanation of any major defect reports issued by either the CASA or the maintenance organisation during the period.
- G.116.5 The Contractor must provide details with an explanation for any exemptions granted during the period by the CASA against the provisions of the Civil Aviation Regulations, Civil Aviation Safety Regulations or Civil Aviation Orders.
- G.116.6 The Contractor must provide copies of any airworthiness bulletins, airworthiness directives, service bulletins, or like notices issued by the CASA, the relevant NAA, any other appropriate authorities, or the Aircraft manufacturer.

G.117 SERVICE REQUIREMENTS

- G.117.1 The Contractor is required to manage their resources to ensure that a resource is dispatched as follows:
 - a. Where the Contractor provides road transport to the departure point, patients must be delivered to the departure point between 15 and 45 minutes prior to a scheduled departure time;
 - b. Where the Contractor provides road transport from the destination point, patients must be collected upon arrival of aircraft carrying the patient. The collecting road crew must arrive at the pick up airfield at least 15 minutes prior to the estimated time of aircraft arrival;
 - c. All requested transports must be confirmed as accepted or declined, within a one hour period of receiving the initial enquiry;

- d. When a Contractor accepts an Air case, the Contractor must retain and complete the transport and must arrange their resource availability and complete the case within the required timeframe; and
- e. The Contractor must not accept cases and then nearer to the booked time transfer the booking to AV.