SUPPLEMENTAL/ BID BULLETIN NO. 1

IB2024 – 061E
PROCUREMENT OF ANESTHESIA MACHINE

This Supplemental/Bid Bulletin No. 1 is being issued to revise provisions/specifications in the Bidding Documents for a forecited project:

1. Query during Pre-bidding Conference:

Technical Specifications	Query	Response of the End User Unit
The machine should be capable of delivering Low flow and Minimal flow anesthesia	The machine should be capable of delivering Low flow and Minimal flow anesthesia. – for clarification with end user	The machine should be capable of delivering Low flow and Minimal flow anesthesia. – RETAINED the original specs
Mechanical flow meters for O2, N2O & Air with O2 maximum flow rates not less than 10 l/min	Mechanical or Digital flow meters for O2, N2O & Air with O2 maximum flow rates not less than 10 l/min	Mechanical or Digital flow meters for O2, N2O & Air with O2 maximum flow rates not less than 10 l/min
Electronically controlled, electrically or pneumatically driven ventilator with no bellows.	Electronically controlled, electrically or pneumatically driven ventilator with no bellows. – for clarification with end user	Electronically controlled, electrically or pneumatically driven ventilator with no bellows. – RETAINED the original specs
PEEP: Off, 2 - 35 cmH2O	PEEP: Off, 2 - 35 cmH2O or 1 – 30 cmH2O – for clarification with end user	PEEP: Off, 2 - 35 cmH2O or better

Bidders are advised to use the **following attached forms and submit them together with all required documents for the submission of bids on the 7th day of August 2024, 9:00 AM:**

This Supplemental/Bid Bulletin No. 1 shall be integral to the Bidding Documents. All other provisions indicated in the bidding documents not affected by this Supplemental/Bid Bulletin No. 1 shall remain in effect.

For guidance and information of all concerned.

Issued this 31st day of July 2024 in MMCHD

Approved by:

JEREMIAS FRANCIS Y. CHAN, MD
Licensing Officer V / BAC Chairperson

Republic of the Philippines
DEPARTMENT OF HEALTH
Metro Manila Center for Health Development

BAGONG PILIPINAS

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TECHNICAL SPECIFICATIONS			
Item No. **1**	**ANESTHESIA MACHINE**	Qty./Unit	**5 UNITS**
Name of Manufacturer:			Country of Origin
Brand:			Model: (if applicable)
ABC: **12,500,000.00**			
PURCHASER'S SPECIFICATION			STATEMENT OF COMPLIANCE

Technical Specifications:

General

- The machine should be capable of delivering Low flow and Minimal flow anesthesia.
- Should have non-interchangeable pipeline hose inlet connection to pipelines for medical Oxygen, Nitrous Oxide and medical air.
- Has at least four castors/wheels.
- Has a Central brake with at least two castor brakes.
- With at least one (1) non-lockable drawers for storing accessories.
- With table top work space.
- With integrated, dimmable illumination of working and documentation surfaces.
- Built with a top shelf, maneuvering handle and foot rest.
- With battery back-up facility for the ventilator (120 mins operation).
- Power Supply: 220V, 50/60Hz

Gas Flow:

- *Mechanical or Digital flow meters for O2, N2O & Air with O2 maximum flow rates not less than 10 l/min.*
  - With low flow meters for O2 and N2O (Range: 0.1-1 lt.)
  - Fresh gas flow can be reduced up to 0.2L/min whilst suitable for low flow & minimal flow anesthesia.
- With audible and visual alarm for oxygen failure.
- With N2O cut-off facility if O2 supply fails.
- With Oxygen flush facility (non-lockable) bypassing Vaporizer.
- With mechanical anti-hypoxic device system to control the ratio of Oxygen and Nitrous Oxide.
- Anti-Hypoxic device for O2 and N2O: Oxygen Ratio Controller minimum of 21% oxygen in O2/N2O mixture.
- N2O cut off when O2 flow is less than 0.2 L/min or no oxygen flow.
- Mechanical ventilation with ambient air in case of failure of the gas supply.
- Mechanical ventilation must not stop and be possible in the event of failure of any external media supply, failure of the central gas supply and empty reserve gas cylinders.
- Mechanical ventilation with ambient air intake in the event of a total gas supply shutdown shall be available.
- Manual ventilation using a manual breathing bag and APL valve at least with O2 and a volatile anesthetic must be possible in the event of a fault and with the device switched off.

Vaporizers:

- The unit should accommodate at least two vaporizers for Anesthetic agent delivery.

• Must be maintenance free. **Ventilator:** • Display: The unit shall incorporate a configurable touch screen display. • Electronically controlled, electrically driven ventilator with no bellows. • Display has Daytime and Nighttime color schemes. • At least three user configurable views that can be changed intraoperatively. • Machine must be able to ventilate patient using the preset settings provided by end-user even when the driving gas is temporarily unavailable • Should be able to cater a diverse patient groups from neonates to adult. • No changes in the volume and airway pressure delivery during Mechanical Ventilation when fresh gas settings is changed, or O2 flush is pressed. • Ventilation Modes: - Volume Control Ventilation (VCV) - Pressure Control Ventilation (PCV) - Volume Control Synchronized Intermittent Mandatory Ventilation - Pressure Control Synchronized Intermittent Mandatory Ventilation - Pressure Support Ventilation (PSV) - Volume Control with decelerating flow pattern - Volume Control SIMV with decelerating flow pattern - Manual/Spontaneous - Has Cardiac Bypass Mode • Monitoring mode with measurement of EtCO2. • With fully automatic self test that requires no user interaction once the test has started. • All required manual steps including pictures of the self test are indicated on the display of the anesthesia device. • Should have a leak and compliance test. • Must be able to display waveforms for flow and airway pressure. • The volume measurement flow sensors/transducers shall be housed completely within the breathing system absorber and not remoted via tubes or channels. • Volume measurement sensors should not be disposable. • Ventilator Parameters - Tidal Volume: 10 ml - 1500 ml during Volume Control Modes - Frequency: 3 - 100 bpm - Inspiratory Pause: 0 to 60% - *PEEP: Off, 2 - 35 cmH2O or better* - Pressure Limit: PEEP +5 to 80 cmH2O **Breathing System**: • All parts that are in contact with the patient gas shall be latex free and Autoclavable except for non-autoclavable parts. • Breathing system must have an integrated heater and integrated inspiratory and expiratory flow sensors without additional cables. • In case of flow sensor failure the device shall still be able to continue mechanical ventilation. • With fully integrated breathing system that can be detached from the main unit without tools required. - Cleaning, disinfection, replaceable without tools, components during reprocessing. • Should have a heater system to avoid water condensation.	

• Quick release canister for sodalime capacity: At least 1500 ml. • With pup off pressure release valve located at the APL valve. • FiO2 monitoring cell and FiO2 value should be monitored on the main screen. • Bag arm with height and positional adjustment. **Compliance to Standards and Tests**: • FDA approved parts of the machine: - Anesthesia machine - Vaporizer • JIS T 0601-1 Compliance to basic safety and general performance of electric medical equipment. • AS/NZ 3200.1.0 Compliance to the general requirements for safety of electromedical equipment. • IEC 60601-1-2 for the compliance to electromagnetic compatibility or (EMC). • ISO 80601-2-13: Safety standard for anesthesia workstation and accessories. • ISO 17664: Compliance for the processing of healthcare products. • ISO/IEEE 11073: Compliant to Service-oriented Device Connectivity (SDC) protocol for medical devices. **Accessories**: • High pressure hoses for (O2, N2O and air) • Adult patient circuit (Reusable or Disposable) • Face Mask (Reusable or Disposable) • 2 Liter Breathing bags (2 pcs) • Power Cord • 1 Vaporizer (For Sevoflurane) • O2 sensor cell • With constant temperature hot-wire anemometer flow sensor	
REQUIREMENTS, if awarded the contract 1. **Completion Period**: The delivery, installation, testing and commissioning of the equipment and its accessories, including the training of end-users and maintenance staff must be completed within **90** calendar days upon receipt of Notice to Proceed. 2. **Testing**: Prior to acceptance, the end user shall conduct a physical inspection and functionality test. The equipment must be functioning and must have no physical damage and defect. 3. **Training**: The supplier shall provide a training on the proper use and maintenance of the equipment to the end-users and to the hospital maintenance staff within 3 days upon delivery of the equipment. 4. **Warranty**: a) Warranty certificate for two (2) years on parts and service. The supplier shall either repair or replace any item or part in the equipment that is found to be defective in material or workmanship under normal use. The warranty period shall commence from the date of acceptance by the end-user after testing and commissioning. b) Preventive maintenance at least every six (6) months or according to	

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