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- TPSGC
11 Laurier St./ 11 rue, Laurier
Place du Portage, Phase III
Core 0A1 / Noyau 0A1
Gatineau, Québec K1A 0S5
Bid Fax: (819) 997-9776

SOLICITATION AMENDMENT MODIFICATION DE L'INVITATION

The referenced document is hereby revised; unless otherwise indicated, all other terms and conditions of the Solicitation remain the same.

Ce document est par la présente révisé; sauf indication contraire, les modalités de l'invitation demeurent les mêmes.

Comments - Commentaires

Vendor/Firm Name and Address
Raison sociale et adresse du
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Issuing Office - Bureau de distribution
Scientific, Medical and Photographic Division /
Division de l'équipement scientifique, des produits
photographiques et pharmaceutiques
11 Laurier St./ 11 rue, Laurier
6B1, Place du Portage
Gatineau, Québec K1A 0S5

Title - Sujet Automatic External Defibrillators	
Solicitation No. - N° de l'invitation HT267-132641/B	Amendment No. - N° modif. 001
Client Reference No. - N° de référence du client HT267-132641	Date 2014-09-23
GETS Reference No. - N° de référence de SEAG PW-\$\$PV-873-65545	
File No. - N° de dossier pv938.HT267-132641	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2014-09-29	Time Zone Fuseau horaire Eastern Daylight Saving Time EDT
F.O.B. - F.A.B. Plant-Usine: <input type="checkbox"/> Destination: <input checked="" type="checkbox"/> Other-Autre: <input type="checkbox"/>	
Address Enquiries to: - Adresser toutes questions à: Paul Roy	Buyer Id - Id de l'acheteur pv938
Telephone No. - N° de téléphone (819) 956-6919 ()	FAX No. - N° de FAX (819) 956-3814
Destination - of Goods, Services, and Construction: Destination - des biens, services et construction:	

Instructions: See Herein

Instructions: Voir aux présentes

Delivery Required - Livraison exigée	Delivery Offered - Livraison proposée
Vendor/Firm Name and Address Raison sociale et adresse du fournisseur/de l'entrepreneur	
Telephone No. - N° de téléphone Facsimile No. - N° de télécopieur	
Name and title of person authorized to sign on behalf of Vendor/Firm (type or print) Nom et titre de la personne autorisée à signer au nom du fournisseur/ de l'entrepreneur (taper ou écrire en caractères d'imprimerie)	
Signature	Date

This amendment is raised in order to post questions and answers received up to September 19, 2014

Q.1.

1. c - built in handle on the AED? Can handle be on carry case that comes with unit? There is no evidence that a built in handle verses a carrying case handle effects the overall emergency scene rescue and thus should be removed.

A.1.

Yes, Health Canada accepts the proposed revision.

Q.2.

1.c. The AED must have a built-in handle for carrying.

The AED will be installed in a carrying case which will then be installed in a wall cabinet. The carrying case is especially designed to hold the device securely in place even if the case is open..

We are asking PWGSC to please change the question to:

The AED must be installed in a case with handle for carrying with room for spare set of pads and battery if needed.

A.2

HC does not require room for spare set of pads and battery.

Q.3.

2. b - requirement for text messages. As we live in a multi-cultural society, there are many rescuers who do not speak or can read English. If there is a requirement for both audio and text in one language, this will not help the rescuer in all situations. Will universal images be an accepted alternative for text messaging?

A.3

HC's internal AED protocol prescribes text messages as the latter addresses the requirements of HC's AED user community.

Q.4.

2. b. The AED must have an LCD screen which displays text messages corresponding to:

- i. voice prompts;
- ii. CPR depth feedback prompt; and
- iii. shock discharge count display.

Is it possible to propose an AED that has icons but not an LCD screen?

And we are asking PWGSC to please change the question to:

- ii. Provide description of user assistance for CPR
- iii. Provide event information summary method.

A.4.

HC's internal AED protocol prescribes text messages as the latter addresses the requirements of HC's AED user community.

Q.5

2.b - requirement for shock count. Under current CPR/AED guidelines, rescuers are simply to follow the AED units instruction and when a shock is required, the rescuer is to administer the shock. The number of shocks does not come into effect for the rescuer. Would an AED unit that records the number of shock (internally) and can be download at the site of the emergency (full ECG included) be accepted alternative? This would then allow EMS not only have records of the number of shocks delivered, it would give them a full read of the event in PDF right away.

A.5.

HC cannot accept the proposed revision. HC internal protocols requires our users to provide the number of shocks delivered to Emergency Services as they arrive and to record the information in appropriate internal forms.

Q.6.

2.c The AED must provide audiovisual CPR advisory messages for depth and rate of compressions.

We are asking PWGSC to please change the question to:
Explain in detail the CPR feedback mechanism designed for your defibrillator, and how it supports Guidelines 2010 for a minimum of 100 compressions.

A.6.

CPR depth feedback is required to ensure quality of compression and rate feedback is required to ensure the quantity of compressions of quality.

Q.7.

3.a. The AED must be capable of a storage temperature range between -30oC and 60oC.

We are asking PWGSC to please change the question to:
Provide storage temperature range for the proposed model.

A.7.

HC cannot accept the proposed revision. HC is obligated to temporarily warehouse some AEDs in non heated and/or non air conditioned facilities. In these facilities temperature gradients can range from minus 30C and plus 60C.

Q.8.

4. d. Each set of one-piece or two-piece electrode must have a minimum shelf life of three (3) years.

We are asking PWGSC to please change the question to:
Provide description of pads, shelf life, conservation and testing method.

A.8

Expected shelf-life is a minimum of three (3) years as Health Canada must ensure replacement and distribution among all of its Canadian work places, including remote facilities and as per HC's internal protocol.

Q.9.

4. g. The self-test must be user programmable for daily, weekly, and monthly time intervals.

Our self-tests are not user-programmable, however, Our AEDs run over 80 automatic daily, weekly, and monthly self-tests, as well as periodic self-tests, etc... to ensure readiness. We only see that this would be a mandatory requirement for those devices on the market that do not perform daily self-tests as a default.

We are asking PWGSC to please change the question to:
Describe default and frequency of self-tests performed by the AED.

A.9

HC can not accept the proposed change. Users are required to program and perform some tests as per the HC internal protocol, in addition to the default self-tests.

Q.10

5. All non-rechargeable batteries supplied must be capable of a minimum of 250 shocks on a fully-charged battery.

Battery number of shocks minimum of 250? Why is there a requirement for 250 shocks? No individual rescue attempt would go for 250 shock. Some units will replace the battery after every rescue at no cost, would this be an acceptable alternative?

We are asking PWGSC to please change the question to:
Provide shelf-life, standby life and capacity of all non-rechargeable fully-charged batteries supplied.
Should the default self-tests not be performed on a daily basis, what incidence changing the default would have on the longevity of the battery.

A.10

HC cannot accept the proposed amendment. HC has determined that a capability to deliver 250 shocks, from a fully charged battery, will ensure that an AED, over a three period, has a resident charge capacity to deliver shocks during a cardiac emergency. The determination (250 shocks) takes into account self tests and minimum shocks required during a cardiac emergency.

All other terms and conditions remain the same