

**TOWN OF TRUMBULL
REQUEST FOR PROPOSAL
TRUMBULL EMERGENCY MEDICAL SERVICES (TEMS)
EMT STAFFING SERVICE**

GENERAL INFORMATION

RFP: # 5989

DUE: MAY 22, 2013 @ 3:00 PM

The Town of Trumbull Emergency Medical Services Department (hereinafter referred to as Town or TEMS) invites licensed and qualified parties (hereinafter referred to as vendor, proposer or service provider) to submit a proposal for Emergency Medical Services (EMS) EMT Staffing to the Town of Trumbull Emergency Medical Service as per the specifications, requirement, terms and conditions detailed in this request.

It is requested that proposals conform to this request as closely as possible. Any exceptions or alternative proposal shall be clearly delineated in a separate attachment to the proposal submitted.

A. PREPARATION OF PROPOSALS

1. One (1) ORIGINAL and one (1) EXACT COPY of your proposal shall be submitted using the PROPOSAL FORM contained herein. All proposals shall be submitted in a clear, concise and legible manner to permit proper evaluation.
2. Proposers may also submit, under separate cover with their proposal, any additional reports and documents that are necessary to meet the requirements of this request.
3. It is requested that the proposer submit with their proposal a Sample copy of their standard contract service contract for EMS Staffing.

B. PROPOSAL SUBMISSION

1. Proposals are to be submitted in a sealed envelope and addressed as follows:

**RFP #5989 EMS Staffing
Attention: Robert J. Chimini
Purchasing Agent
Town of Trumbull**

5989 Main Street, Trumbull, CT 06611

2. Proposals must be signed by an authorized principal or agent of your organization and the person signing the Proposal Form must be authorized by the organization to contractually bind that organization with regard to price and related contractual obligations. Unsigned proposals or proposals received after the due date and time noted above shall not be considered.
3. A proposal may be withdrawn at any time prior to the above scheduled date.
4. A proposal received after the above scheduled date and time shall not be considered or opened.

C. TOWN OPTIONS

The Town reserves the right to reject any or all proposals and to waive any requirements, irregularities, technical defects or service therein when it is deemed to be in the best interest of the Town.

D. TAXES

All purchases made by the Town, and associated with the award of this requirement shall be tax exempt. Any taxes must not be included in proposal prices. A Town Tax Exemption Certificate shall be furnished upon request.

E. INQUIRIES

1. Inquiries regarding this request may be directed to Mr. Joseph Laucella, Chief of TEMS at 203-452-5079 or jlaucella@trumbull-ct.gov. To ensure consistent interpretation of certain items, answers to questions the Town deems to be in the interest of all proposers will be made available in writing or by Fax as appropriate to all proposers.
2. Additionally, after proposals are received, the Town reserves the right to communicate with any or all of the proposers to clarify the provisions of this request. The Town further reserves the right to request additional information at any time after proposals are opened.

F. AWARD AND AUTHORITY

Final acceptance and award by the Town shall occur upon mutual agreement by the Town and service provider and upon execution by both parties of a signed contract.

G. CONTRACT AND PRICING

1. All pricing quoted shall remain firm fixed for a period of one (1) year from date of proposal opening.
2. The duration of the contract shall be for one (1) year and may be renewed for (1) one additional year at the price stated in the Proposal Form by giving the service provider at least ninety (90) days written notice and upon mutual consent of both parties.
3. Notwithstanding the foregoing the Town may cancel a contract at any time upon material breach by the service provider with seven (7) days written notice prior to the termination date.

H. ASSIGNMENT OF RIGHTS, TITLES, AND INTERESTS AND SUBCONTRACTING

Any assignment or subcontracting for service to be performed related to this request, in whole or in part, and any other interest in conjunction with Town procurement shall not be permitted without the express written consent of the Town.

F. HOLD HARMLESS CLAUSE

The selected service provider agrees to indemnify, hold harmless and defend the Town from and against any and all liability for loss, damage or expense which the Town may suffer or for which the Town may be held liable by reason of injury, including death, to any person or damage to any property arising out of or in any manner connected with the operations to be performed under this request and subsequent Contract, whether or not due in whole or in part of any act, omission or negligence of the Town or any of its representatives or employees.

G. WORK REGULATIONS AND STANDARDS

All work activities performed in association with this request must be performed and completed for the Town in accordance with current Federal, State and Local labor regulations. All services performed shall also conform to the latest OSHA standards and/or regulations as well as other standards and requirements stated in this request.

H. INSURANCE

See Insurance requirements under **GENERAL REQUIREMENTS, SCOPE OF SERVICE, AND QUALIFICATIONS** section

I. ADDENDUMS

It is the responsibility of all proposers to verify with the Town if any addendums or changes to this have been. All and any addendums will be posted on the Town of Trumbull – Purchasing department website. www.trumbull-ct.gov .

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GENERAL REQUIREMENTS, SCOPE OF SERVICE, AND QUALIFICATIONS

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GENERAL

The Trumbull EMS is a combination volunteer/paid municipal ambulance service that provides 24/7 emergency ambulance service to the residents of Trumbull, CT. Trumbull is a vibrant community of more than 34,000 citizens that combines small-town New England character and charm with extensive retail, commercial, and light manufacturing activity.

- A. The Town of Trumbull is accepting proposals for a third party vendor who is licensed in the State of Connecticut to provide EMT's to supplement our volunteer staffing.
- B. We anticipate a need of 1-4 EMT's at various times each day. We anticipate a need for staffing for approximately a total of 48 man hours each day. There is no minimum or maximum number of hours per day that may be required and the number of hours may vary from week to week.
- C. Trumbull EMS is the primary R-5 provider for the Town of Trumbull and currently contracts a paramedic through a third party vendor.
- D. **This request is solely for the purpose of BLS level services and the need for Emergency Medical Technicians.**

EMT QUALIFICATIONS

Each EMT shall have or shall be:

- A. Licensed or certified by the State of Connecticut, with at least one year continuous experience as a minimum of an EMT higher before being placed at Trumbull EMS.
- B. Ability to obtain Medical Control and pass protocol exam through Bridgeport/St. Vincent's Joint Hospital
- C. All EMT's must have and maintain current CPR certification
- D. Blood borne Pathogen, Hazmat Awareness, Sexual Harassment, Workplace Violence Training, HIPPA Training must be provided by the 3rd party vendor and work in conjunction with Town policies and procedures.
- E. Must be in good standing with the CT. Department of Public Health and cannot have been on probation at any time with the State of CT.
- F. Must have a good driving record and all employees must complete an emergency vehicle driving course such as CEVO or EVOC before operating a Trumbull EMS Vehicle.

SERVICE PROVIDER RESPONSIBILITIES

- A. Ensuring that all staff maintain certification as well have annual Bloodborne Pathogen, Hazmat Awareness, Sexual Harassment, Workplace Violence Training, HIPPA Training and Sponsor Hospital Protocol Training.
- B. Vendor will be responsible for providing uniforms and appropriate jacket that is approved by Trumbull EMS Chief.
- C. Vendor will provide criminal and motor vehicle background checks to ensure that all EMT's have a clean record before being placed at Trumbull EMS. Trumbull EMS reserves the right to confirm background checks.
- D. All employment benefits, including applicable worker's compensation insurance, unemployment taxes, payroll, vacation, sick days and the like, are the sole responsibility of the vendor
- E. Vendor management will be asked to conduct monthly QA/QI of all Patient Care Reports and have a documented process of addressing areas of improvement for their employees.
- F. Vendor will be responsible for compensating the Town of Trumbull for any calls missed at a rate of \$350 per call due to the failure of having staff available to cover scheduled shifts due to call out or no show by an EMT(s). It is the vendor's responsibility to ensure staff is on time and present when scheduled. Failure to be available to respond to a call due to the absence will result in the vendor paying the Town of Trumbull \$350 per call missed due to the absence, tardiness or no show by a vendors employee.
- G. Vendor is responsible to ensure that staff abide by Trumbull EMS Standard Operating Procedures and Policies as well as follow the Trumbull EMS Command Structure.
- H. Vendor will agree to allow the Trumbull EMS Chief to have the ability to request an employee be removed from client site.

- I. The vendor will develop a training program that each employee must complete prior to being "signed off" to work at Trumbull EMS.
- J. The vendor will also ensure that the staff will maintain, clean and stock vehicles, keeping them in a ready to respond mode, maintain out of chute times of 1 minute or less, an average overall response times of less than 8:00 minutes on all Priority 1 (high priority) responses, providing responses to mutual aid calls as directed by dispatch, follow directions received by Trumbull EMS command structure, ensure time on task is as efficient as possible, ensure employees transfer patient care as efficiently as possible at hospitals and return to service in an expeditious manner.

Insurance Requirement:

- A. The vendor shall maintain medical malpractice insurance in the amount not less than one million dollars covering care provided by the EMT(s) assigned to the ambulance. The policy should name the TOWN as an additional insured on said policy. A certificate of insurance evidencing such coverage shall be provided to the Town upon signing an agreement.
- B. Comprehensive General Liability Insurance coverage on a combined single limit basis of at least one million dollars per occurrence and two million dollars in the aggregate for bodily injury including death, property damage, personal injury, contractual liability.
- C. Comprehensive automobile liability insurance covering the use of all town owned vehicles operated by EMT's, providing Bodily Injury Liability and Property Damage Liability coverage with a combined single limit of at least one million dollars each occurrence.
- D. The vendor will also be responsible to pay for any at fault damage to any company property if an EMT(s) damages a piece of Town property. This includes any insurance deductibles for any equipment such as a vehicle being damaged in an "at fault" collision with an object and/or motor vehicle.

Additional Requirements: (To be submitted with Proposal)

- A. Provide with your bid a list of all holidays and applicable holiday hours and hourly rate per EMT on those days.
- B. Provide documentation that verifies organization is licensed to provide services by State of CT DPH.
- C. Provide a list of existing clients with contact names and numbers for references.

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REFERENCES

(To be submitted with proposal – attach additional pages as necessary)

List references for similar services provided for at least three (3) clients in the past five (5) years (attach any other client references if desired). **PLEASE NOTE IT IS THE TOWN'S INTENT TO COMMUNICATE WITH THE REFERENCES LISTED HEREIN.**

CLIENT 1:

Organization Name: _____
Contact Name: _____ Phone: _____
Service Dates: _____
Project(s): _____

CLIENT 2:

Organization Name: _____
Contact Name: _____ Phone: _____
Service Dates: _____
Project(s): _____

CLIENT 3:

Organization Name: _____
Contact Name: _____ Phone: _____
Service Dates: _____
Project(s): _____

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PROPOSAL FORM

The undersigned, in compliance with this RFP, affirms that the specifications and related documents contained herein have been examined and proposes to provide the service requested in accordance with this RFP and any contract documents within the time frames set forth herein and at the prices (fees) proposed below.

The undersigned certifies that this proposal meets all the specifications, requirements, standards, and conditions requested herein. Any substitutions to the specifications requested are clearly and completely noted and attached. Any alternate proposals are presented in similar format as requested and are attached herein. It is understood that the Town reserves the right to reject any or all proposals in whole or in part.

	Rate	Year One	Additional One (1) Year (Option)
PROPOSED FEE Per EMT	Hourly	\$ _____/hr	\$ _____/hr

It is requested that the proposer submit with their proposal a Sample copy of their standard contract service contract for Paramedic Coverage for review.

 Company Name

 By (Signature)

 Address

 Print Name (A Duly Authorized Representative)

 Address

 Title

 Date

 Telephone/Fax

 email

 Website