

**TOWN OF TRUMBULL
REQUEST FOR PROPOSAL
TRUMBULL EMERGENCY MEDICAL SERVICES (TEMS)
PARAMEDIC COVERAGE**

GENERAL INFORMATION

RFP: # 6222 DUE: MARCH 16, 2017 @ 2:00 PM

The Town of Trumbull (hereinafter referred to as Town) invites licensed and qualified parties (hereinafter referred to as proposer or service provider) to submit a proposal for paramedic coverage to the Town of Trumbull Emergency Medical Service (TEMS) 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 Paramedic Coverage

B. PROPOSAL SUBMISSION

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

RFP # 6222 Paramedic Coverage Due: 03/16/2017, 2017

Attention: Kevin Bova

Purchasing Agent

Town of Trumbull

5866 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 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 A proposal may be withdrawn at any time prior to the above scheduled date.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 of a technical nature and General questions concerning this request and submission requirements may be directed to Chief Joseph Laucella (203.452.5146 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

The Town Purchasing Agent will give a letter of Award.

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 can be for three (3) years 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, Local, Service or joint Sponsor Hospital protocols and/or 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. All staff assigned to Trumbull EMS must keep all licenses and certification current to ensure the service is compliant with all Medicare and Medicaid rules and regulations.

H. INSURANCE

The selected service provider shall to furnish to the Town a Certificate of Insurance naming the Town of Trumbull as additional insured. The selected service provider shall maintain medical malpractice insurance in an amount of not less than one million dollars (\$1,000,000) covering the care provided by the paramedic(s) assigned to the Town of Trumbull TEMS. A certificate of insurance evidencing such coverage shall be provided to the Town upon the signing of a contract between the Town and service provider. The policy shall provide that no coverage shall be changed or cancelled unless thirty- (30) day's prior notice of such change or cancellation shall be made to the Town. Such notice shall be made by registered mail; postage prepaid, to the Purchasing Agent, Town of Trumbull, Town Hall, Trumbull, Connecticut 06611. In the event of cancellation, the proposer shall cease all service provided on or before the effective date of said cancellation and he shall not commence work again until replacement insurance is in place and has delivered a Certificate of Insurance to the office of the Town's Purchasing Department.

A. The vendor shall maintain medical malpractice insurance in the amount not less the one million dollars covering care provided by the Paramedic(s) assigned to the ambulance/fly car. 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 Paramedic 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 a Paramedic(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.

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 .

**TOWN OF TRUMBULL
REQUEST FOR PROPOSAL
TRUMBULL EMERGENCY MEDICAL SERVICES (TEMS)
PARAMEDIC COVERAGE**

RFP: # 6222 DUE: MARCH 16, 2017 @ 2:00 PM

GENERAL REQUIREMENTS, SCOPE OF SERVICE, AND QUALIFICATIONS

GENERAL

The Town of Trumbull is accepting proposals from qualified, certified and/or licensed firms within the State of Connecticut to furnish one (1) fully qualified and licensed (as set forth herein) paramedic to provide paramedic coverage service to the Town of Trumbull TEMS department on a 24 hour per day, seven (7) days per week, 365 days per year basis. The cost should be all inclusive.

TRUMBULL TEMS AND TOWN STATISTICS

1. 2016 Call Volume: Approximately 4,507 calls to service
2. Town of Trumbull Population: 34,000 (approximate)
3. Special Needs Facilities: 20 (approximate)
4. Schools: 11
5. ECF/Assisted Living Facilities: 5
6. Large Industrial Parks: multiple
7. Physicians/Outpatient Services: Many

The second request in this proposal should include providing the Town of Trumbull additional paramedics when needed based upon increasing call volume, standbys, up staffing due to special events, weather emergencies or critical incidents requiring additional resources. At the time of this proposal request, Trumbull EMS currently staffs a second paramedic weekdays from 8a-4pm. Depending on future call volume, the Town of Trumbull may decide to work with the vendor to increase paramedic coverage and add additional hours to the daily operation. For the purposes of this portion of the proposal, vendors should consider a minimum of 40 hours of paramedic coverage and provide an hourly per hour rate for a second paramedic, or any additional paramedics, that may be needed for future expanded coverage.

Please include and provide a description for the following:

1. All vendors submitting proposals should submit a comprehensive plan as to how their company will conduct annual compliance training for their staff and how they anticipate to manage and keep track of the employee's compliance records, certifications and all necessary licenses. Vendors are required to provide this information to the Town of Trumbull 1) on an annual basis, 2) the start of a new hire and 3) as certifications and licenses are renewed.
2. All vendors submitting proposals should include a comprehensive business plan that includes their proposed schedule, the duration of shifts and how many full time employee's vs how many part time employees they would employ for the Town of Trumbull. This should be based on our current model that includes (1) paramedic on duty 24/7/365 a year and an additional paramedic that provides coverage currently on weekdays from 8am-4pm daily. In regards to the second paramedic that works weekdays: these hours are subject to change. Trumbull EMS is recommending no less than 3 Full Time Paramedics for this operational model.
3. In addition, the interested parties should include whether a site supervisor will be scheduled full time to staff the Town of Trumbull site. Currently, the Paramedic Supervisor is responsible for conducting or overseeing another qualified paramedic from their staff, completing 100% QA/QI for all ALS patient care reports and/or patient contacts. The current Paramedic Supervisor is also responsible for maintaining and following-up with repairs for ALS equipment or vehicles, submitting requested or a needed ALS supply list on a weekly basis, is responsible to ensure compliance with Joint Sponsor Hospital Narcotic policies, paramedic protocols and ensuring 100% all paramedic staff comply with Federal/State/ and/or hospital narcotic policies, local sponsor hospital and/or state protocols and/or Town of Trumbull policies. Please indicate in your proposal if the proposal includes the site supervisor assisting with these responsibilities.
4. All vendors should submit to the Town of Trumbull the anticipated pay rate for Full Time Paramedics and/or a Part Time Paramedics who are assigned to the Town of Trumbull. Also please include if there is a pay differential for those Paramedics who may have more experience. Please include all benefits you're employees are eligible for. It is highly encouraged you submit this information with your bid package and will weight in the award of this BID.

5. In addition to the expected starting rate, please include if the employees are eligible for annual salary increases and what are the means of a staff member earning those increases. Please provide the pay increase structure used for your last fiscal year and the average increase for full and part time paramedics.

A. SCOPE OF SERVICE AND QUALIFICATIONS

1. Provide licensed Paramedics who can safely work on an ambulance and/or independently on a paramedic fly car. All staff are expected to consistently maintain a great attitude and work effectively on a team, provide exceptional patient care to those in need while ensuring a high level of service to all customers that includes Town of Trumbull residents, employees, departments, hospital staff, EMS providers, Public Safety partners and all those that we have contact with.
2. Paramedics that are assigned to the Town of Trumbull must be licensed with the State of Connecticut, have all required medical control credentials, have a clean driving and criminal record, and have at least a minimum of one (1) year of paramedic experience working in an emergency 911 system. Such experience should be within the last 3 years. The amount of minimum experience can be waived with the approval of the Chief of Service.

B. GENERAL REQUIREMENTS AND STANDARDS

1. Contracted period of service shall cover the period **JULY 1, 2017 through JUNE 30, 2020**.
2. Paramedic service shall be based at the Trumbull TEMS, 250 Middlebrooks Avenue, Trumbull, CT and be able to respond to all Mutual Aid requests when necessary in surrounding communities.
3. Contracted service provider shall furnish a local "on-call" supervisor available twenty-four (24) hours a day who will manage all paramedic scheduling, as well as ensure the client always has an up to date record of all necessary, certifications, licenses, training records and/or federal, state, local, or medical control documentation required to ensure compliance.
4. Paramedics shall conform to all licenses and qualifications requirement, rules and regulations of the State of Connecticut. OEMS, Sponsor Hospital of Greater Bridgeport, TRUMBULL EMS, and employer.
5. Paramedic(s) assigned to the Town shall have at least twelve (12) months active experience as a paramedic. The amount of minimum experience can be waived with the approval of the Chief of Service
6. The contracted service provider shall provide, at a minimum, a two (2) week schedule of personnel assigned to the Trumbull TEMS
7. The contracted service provider shall maintain adequate medical malpractice insurance as required by the Town of Trumbull.
8. Paramedic(s) shall not be deemed to be an employee of the Town or have any contractual relationship with the Town
9. Selected service provider and/or the site supervisor shall attend Trumbull TEMS, State, local or Sponsor Hospital meetings as requested.
10. The contracted service provider shall be responsible for purchasing full time employees the required uniforms consisting of a minimum of (2) French Blue color long sleeve uniform shirts, a minimum (2) short sleeve uniform shirts, a Trumbull EMS approved winter and/or fall outer apparel that consistent with TEMS uniform policy. All uniforms and outer wear will be made by the same manufacturer to ensure all crew members are dressed appropriately according to department uniform policy. For part time staff, or those working less than 29.5 hours per week, the contracted service provider shall provide a minimum of (1) French Blue color long sleeve uniform shirts, a minimum (1) short sleeve uniform shirts, a Trumbull EMS approved winter and/or fall outer wear that is consistent with TEMS uniform policy. All uniforms and outer wear will be made by the same manufacturer to ensure all crew members are dressed appropriately according to department uniform policy.
11. The contracted service provider shall assign no less than three full time employees to cover the Town of Trumbull Paramedic shifts. The remainder of the open shifts can be covered by part time staff.
12. The Paramedic will staff the ambulance and/or fly car provided by the Town of Trumbull.
13. The vendor will be responsible for all annual compliance training that includes, but is not limited to, annual local and state policy/protocol training and review, all annual OSHA training, annual Hazardous Material training, annual HIPPA Compliance training, annual town policy review/training, annual Defensive Driving training and any other required training to meet local, state, federal or local Sponsor Hospital policies and/or regulations.

14. The vendor must provide a driving record and criminal background check for all new hired staff that are assigned to Trumbull EMS. A driving record report should be provided to Trumbull EMS for all staff assigned to Trumbull EMS on an annual basis.
15. 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. This may due to call outs or no shows by the vendors employees. It is the vendor's responsibility to ensure all staff are on time and present when scheduled. Failure to be available to respond to a call due to the absence of a scheduled employee will result in the vendor paying the Town of Trumbull \$350 per call.

Additional Requirements: (To be submitted with Proposal)

- A. Provide with your bid a list of all holidays and hourly pay rates for staff that may assigned for duty on those specific holidays. Include in your proposal if there is an additional fee to the Town of Trumbull for those hours worked on those identified holidays.
- B. Provide a list of existing clients with contact names and numbers for references.
- C. Please include a copy of your employee handbook that contains your company's policies and procedures.

**TOWN OF TRUMBULL
REQUEST FOR PROPOSAL
TRUMBULL EMERGENCY MEDICAL SERVICES (TEMS)
PARAMEDIC COVERAGE**

RFP: # 6222 DUE: MARCH 16, 2017 @ 2:00 PM

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): _____

**TOWN OF TRUMBULL
REQUEST FOR PROPOSAL
TRUMBULL EMERGENCY MEDICAL SERVICES (TEMS)
PARAMEDIC COVERAGE**

RFP: # 6222 DUE: MARCH 16, 2017 @ 2:00 PM

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.

List additional categories the proposer feels necessary for the Town to completely judge the proposed. (Use additional sheets as necessary)

Please provide an annual all-Inclusive price for (1) - 24/7/365 Paramedic. Please also provide an hourly rate for a second and/or additional paramedics who would be scheduled to work as needed. Currently, Trumbull EMS staffs a second paramedic Monday through Friday from 8am-4pm.

		Year One	Year Two	Year Three	Additional One (1) Year (Option)
PROPOSED FEE To Furnish One (1)Paramedic 24/7/365 days	Annual- All- inclusive	\$	\$	\$	\$
PROPOSED FEE Additional Paramedics hourly rate	Hourly Rate	\$	\$	\$	\$

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

