USER REQUIREMENTS

SUPPLY OF MEDICAL OXYGEN THROUGH CYLINDERS OR OXYGEN ENRICHING MACHINES TO PATIENTS TREATED AT HOME AND SERVICES BY REGISTERED PROFESSIONAL NURSES TO SUCH PATIENTS TO THE STATE FOR THE PERIOD 1 July 2014 TO 30 June 2017

RT72-2014

VALIDITY PERIOD 120 DAYS

National Treasury

Contract Management

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1. BACKGROUND

The primary beneficiaries are patients with chronic arterial hypoxemia. The following additional criteria should also be adhered to:

a) Only non-smokers will be eligible for the service. Continued smoking reduces the efficacy of treatment and is a contraindication to oxygen therapy. Furthermore, people that are on oxygen for 75% of the day and smoke with their oxygen next to their beds are endangering their own safety and the safety of others.

b) Adults patients should have non-reversible pulmonary illness for ± 3 months, on maximum non-drug and maximum drug treatment.

c) Children should have chronic hypoxaemia secondary to chronic lung disease of prematurity, congenital lung and airway malformations, chronic lung disease or genetic disorders that result in chronic lung disease.

d) Oxygen requirement must be for a total minimum period of 15 hours per day at the lowest flow rate (either 0.5 - 5 litres per minute) or up to 10 litres per minute when prescribed as high flow oxygen by a pulmonologist or a designated physician specialist and in rural areas by trained physicians of the specific provincial department.

e) An appropriate source of oxygen, as determined by the special needs and circumstances of the individual patient, should be used.

f) All patients, family/caregivers should be adequately counselled and educated, including particularly about the nature and aim of long-term domiciliary oxygen therapy (LTDOT). Patients and their families need to understand both the purpose of the treatment, and the need to use it for at least 15 hours per day.

g) The patient must be assessed by a pulmonologists or a designated physician specialist and in rural areas by trained physicians of the specific Provincial Department of Health. Long-term oxygen treatment must be prescribed by the pulmonologists or designated physician specialists and in rural areas by trained physicians of the specific Provincial Department of Health. The prescription is an official standardised form with the provincial logo for the prescribing of oxygen needs. A prescription is valid for a maximum period 12 months. The issuing of repeat prescriptions must be done by pulmonologists, designated physician specialists and in rural areas by trained physicians of the specific Provincial Department of Health.

h) The prescription is in the patient's name and is part of the patient's medical record-not the possession of the contractor

i) The purpose of this programme is that the contractor must render an effective, safe and comprehensive service package to all state patients in all nine (9) provinces including the department of defence that meet the criteria and have an official legal prescription for long-term oxygen treatment at their homes.

2. MANDATORY REQUIREMENTS (Refer to mandatory tick sheet)

a) Comprehensive all inclusive package for the administration and management of Long-Term Domiciliary Oxygen Therapy (LDOT) for patients with chronic arterial hypoxaemia in their homes.

b) Supply of Medical Oxygen through cylinders or through oxygen enriching machines (concentrator machines) to patients treated at home and services by registered professional nurses to such patients in the Republic of South Africa.

3. END-USER REQUIREMENTS

A comprehensive all-inclusive package for the administration and management of Long-Term Domiciliary Oxygen Therapy (LTDOT) services is required for various users within the State. The all inclusive package for the contract are presented below

a) The supply and delivery of oxygen to patients who qualify for Long Term Domiciliary Oxygen Therapy (LTDOT).

b) It would be required of the successful bidder be able to provide a cylinder, concentrator and (In the case of children of school-going age who are enrolled in a basic educational facility) a portable oxygen concentrating device as well as services provided by registered professional nurses. The three distinct supply regimens are as follows:

- By way of Compressed Medical Oxygen contained in High Pressure Cylinders with an Oxygen Conserving Device complete with a regulator and the necessary ancillary equipment for patients without electricity; (In general referred to as **Cylinder Supplied Service**) or
- By way of an Oxygen Concentrator Machine plus a suitable sized back-up Compressed High Pressure Medical Oxygen cylinder complete with a regulator and flow meter, as well as the necessary ancillary equipment. (In general

referred to as **Concentrator Supplied Service**). This machine must have a facility which allows patients not diagnosed with COPD to use it as a nebuliser.

- By way of a mobile oxygen concentrating device with a minimum battery life of 5 hours, an additional back-up battery with a battery life span of 3 hours; a belt, a charger and a carry bag. These items should be supplied as a package and should not weight more than 3.5 Kilograms.

c) A monthly visit by a professional nurse for the first three months, thereafter once every three (3) months or as required.

d) Training as specified in par 4.4.4;

e) 24 hrs emergency services;

4. SPECIAL REQUIREMENTS OF CONTRACT

4.1. CAPACITY

Full particulars are required with regard to infrastructure and capacity offered for the efficient implementation and management of Long-term domiciliary oxygen therapy (LTDOT) contract.

4.2. CUSTOMER SUPPORT

4.2.1. CALL CENTRE

a) For the purposes of logging, answering and resolving queries, problems and emergencies, a call centre facility must be in place by the Contractor (at no additional cost) as follows:

- Operated 24 hours a day, 7 days a week;
- Toll free telephone number (made available to all patients)
- Call logging and recording facilities;
- Incoming calls must wait no longer than 30 (thirty) seconds before being attended to by an operator;
- Call centre operators must at least be conversant in English, Zulu, Afrikaans and Sotho;
- Patient/carer logging a call must be afforded opportunity to log a call in one of those four languages;

- Internal quality control monitoring system must be in place in order to assess timeous completion of reaction to call;
- Capable of generating electronic call centre reports; and
- Continuous follow-up communication with individual until successfully resolved.

4.2.2. PROVISION OF LTDOT MANAGEMENT

a) The applicable State Department will arrange for patients to be assessed in terms of the internal policies. Should such patient be required to be treated as part of LTDOT, the responsible State Department will supply the appointed Service Provider with the necessary official written instruction/order/prescription to commence with LTDOT.

b) Only the authorised pulmonologists, designated physicians and in rural areas by trained physicians of the specific Provincial Department of Health is allowed to diagnose and prescribe Long Term Domiciliary Oxygen Therapy (LTDOT) on the official prescription form.

c) The instruction/order/prescription will be forwarded by the designated person as defined in the provincial Long Term Domiciliary (LTDOT) policy to the appointed supplier via fax, e-mail and original delivered by hand or post.

d) As this service entails long-term treatment, an issued prescription/script will be deemed to be valid for a maximum of 12 full calendar months from the date of issue. In other words, a patient may be supplied this services continuously for up to full 12 consecutive calendar months based on the issued written prescription.

e) In order to maintain continuity, the contractor should inform the provincial coordinator/representative two (2) months before prescriptions need to be renewed.

f) An all-inclusive package service is required and the contractor must ensure that:

- Adequate numbers of Medical Oxygen Cylinders, Portable Devices, Concentrator Machines, Oxygen Conserving Devices as well as all the required accessories are available at all times.
- All equipment must be connected immediately after delivery and must function in order for patients to commence with the prescribed LTDOT without delay.
- With the initial delivery, a competent person must train the patient with the basic operation as well as safety aspects of the equipment in order to enable the

patient to immediately commence with treatment.

g) Suppliers must ensure a 24-hour emergency service to all patients.

h) Should a patient die or no longer require this service, the designated person as defined in the provincial Long Tern Domiciliary Therapy policy will be informed accordingly by the contractor and the service will be discontinued to such patient. As part of good housekeeping, the designated person as defined in the provincial Long Term Domiciliary Therapy policy (LTDOT) will issue the contractor a written instruction to discontinue the service as well as billing as indicated in paragraph (i)

i) The contractor will however be entitled to implement the monthly charges (if any) for the remainder of the applicable calendar month. (In other words should the service rendered to a patient for 3 months and such patient do not require the service any longer say from the 10th, day of month 4, monthly charges will also apply in respect of month 4 but not in respect of months 5 and onwards)

j) The contractor must have systems in place to ensure the continuous rendering of services to patients visiting outside their province.

k) The patient, family or caregiver must be educated on this matter to ensure that the patient does not experience any undue distress

4.3. DELIVERY OF EQUIPMENT

4.3.1. INITIAL DELIVERY

a) The initial delivery of equipment to the patient must be made within 24 hours after the contractor receives the instruction.

b) With the initial delivery a competent person must train the patient and family or caregiver in the basic operation as well as safety aspects of the equipment in order to enable the patient to immediately commence with treatment.

c) The Contractor is responsible for ensuring that the equipment supplied is suitable to meet the needs of the patient.

d) The contractor must ensure that all equipment supplied is functioning as required so that patient can begin with the treatment immediately.

4.3.2. REPLACEMENT

a) Replacement of consumable items must be done as and when required at no additional cost to the state.

b) In the case of failure of equipment, replacement equipment must be delivered to the patient within 5 hours.

4.4. NURSING SERVICE

4.4.1. NURSING CREDENTIALS

a) Only suitable qualified professional registered nurses (Registered with South African Nursing Council) with a minimum qualification of General Nursing and additional applicable training in Long Term Domiciliary Oxygen Therapy must be utilised for this services.

b) According to the government's legal framework no government-employee (including registered nurses) can be recruited /enlisted to provide services on behalf of the contractor while still employed by the government.

c) It is required that the bidder submit list of nurses names and valid registration certificates to a Long Term Domiciliary Oxygen Therapy coordinator within 3 months after the contract has been awarded.

4.4.2. NURSING VISITS

a) Within five (5) days after the initial delivery of equipment the nurse must visit the patient.

b) The nurse must visit the patient on a monthly basis for the first three months and once every three (3) months thereafter, or if required by the patient.

c) At each visit the nurse will assess the patient's condition, propose any necessary changes to the treatment and review the continuing need for oxygen therapy. The prescribing doctor must confirm any changes.

4.4.3. SERVICE DELIVERY

a) The nurse must provide the patient and family or caregiver with comprehensive education regarding the Long Term Domiciliary Oxygen Therapy during the first visit

b) With each visit the nurse must do the following:

- Full assessment of the patient (including O_2 saturation);

- Assessment of patient compliance e.g. the patient is not smoking;
- Inspection and routine non-technical maintenance of equipment (e.g. replacement of filters, ancillary equipment etc);
- Education of patient and caregivers; and
- Official acknowledgement of visit by patient (signature, time and date on visit report)

4.4.4. TRAINING

a) Training of contractor's personnel, the following must be available for perusal:

- Proof of training of; person doing initial delivering of equipment, registered nurses, call centre staff and technicians.
- Training programme of the above-mentioned categories must also be available for perusal upon request.

b) Training of patients and family or caregivers

- The contractor is required to provide appropriate training in the language understood by the patient and carers on the use of oxygen equipments provided, installed or other settings and with regards to the following:
  - Written instruction supported by appropriate training in the use of oxygen equipment including basic user maintenance.
  - Knowledge of safety aspects particularly the dangers of smoking and the potential hazards presented by open and gas fire. Information on ordering supplies and arrangements for contacting the contractor in an emergency (e.g. machine failure)
  - The importance of healthy lifestyle and compliance behaviour
  - Information on 24 hour/7days a week free phone contact number

4.4.5. GEOGRAPHICAL LOCATION OF BRANCHES

a) Bidders must be able to supply the required service in all geographical areas.

4.5. MANAGEMENT INFORMATION SYSTEM AND DATABASE

4.5.1. REPORTING

a) The contractor must make available an on-line facility for the provinces and National Department of Health to access basic patient information via the Internet and the state will not bear any additional cost.

b) All records must be computerized and accessible by the Call Centre personnel.

c) It is the responsibility of the Contractor to supply accurate and relevant management information on a continuous basis to both the provinces and National Department of Health.

d) The contractor is required to put in place a formal record and review system covering all aspects of the initial installation of any oxygen equipment, including arrangements for each installation to be signed off by the contractor and the patient or carer.

e) The user departments / provinces should agree with the information loaded on the Systems

f) In the event of termination or breach of contract, the Contractor shall provide the original instruction/order/prescription of all patients and its entire database containing the up-to-date information in respect of the State's Long Term Domiciliary Oxygen Therapy contract, in any compatible electronic format (e.g. Ms Word, Ms Excel and Ms Access) within 24 (twenty-four) hours of such termination or breach, to the State. The cost of such transfer of information will be for the account of the Contractor

4.5.2. VISIT REPORTS AND COMPLIANCE.

For each visit by the registered nurse a patient compliance report must be completed:

a) The report must be signed by the patient as an official acknowledgement of the visit. The time and date of the visit must be indicated on the report.

b) A copy of this report must be attached to the monthly claim form and sent to the provincial coordinator/representative of the Long Term Domiciliary Oxygen Therapy programme on a monthly basis.

c) No payments can be made without proof of visit/patient compliance report.

d) In the event of visits not being conducted for that specific month (due to 3-monthly visits) the contractor must indicate it on the claim form that must be approved by the

relevant paying officer. Additional required visits by the nurse being of her/his own doing, or on request of the patient/caregiver is part of the all inclusive package.

4.5.3. REPORT AND MEETINGS

Provincial meetings

a) The provincial coordinator/representative of each province must schedule at least three meetings in twelve months with the contractor.

b) The contractor must compile a provincial progress report that must include:
   - Updated list of patients as per provided template
   - List of deceased patients
   - List of missing patients
   - List of patients refusing treatment
   - List of patients discharged (stop scripts)
   - List of back-up cylinders refills
   - List of lost machines
   - List of patients with prescriptions due for renewal
   - Financial report indicating outstanding balances and payments
   - achievements and challenges
   - Other aspects that need to be brought to the attention of National Department of Health.

c) The provincial progress report must be sent electronically to the provincial coordinator at least two weeks prior to these meetings. The provincial progress reports must be approved and co-signed by the provincial coordinator/representative as a true reflection of the programme in the province.

Any other meetings

a) Meetings may be scheduled between the contractor and the relevant State Departments as and when required.

4.5.4. HISTORICAL VALUE AND VOLUME REPORTS

a) It is requested that successful bidders electronically submit historical volume and value reports on an annual basis. Electronic templates will be supplied to the Contractor.

4.5.5. PERFORMANCE MEASURES

a) The following performance measures are required to be electronically supplied on annual basis to Contract Management, National Treasury by the contractor. Electronic templates will be supplied to successful bidders.

b) Performance measures that will be measured in this contract include:

- Supplier Measure:
  - On-time delivery of functional equipment and service; and
  - Call-out response time
  - Adherence to special conditions including visits and reports
  - Complains received and successfully addressed or not
- End-User Measure
  - On time payment percentage; and
  - Rand value of on-time payment

4.5.6. COPYRIGHT AND OWNERSHIP OF DATA

a) On commencement of the contract, the provincial coordinators shall arrange with the current Contractor to hand-over the instructions/orders/prescriptions of all current patients and to electronically transfer the data base information to the new Contractor within one (1) week.

b) The State is, and remains, the sole owner of all data generated during the execution of this contract. The Contractor shall provide the data to third party only upon written request in paper and/or electronic format, upon approval from the National Treasury.

c) All documents produced by the Contractor, including its employees and agents, in the fulfilment of the terms of this contract shall be and remain the sole property of the State and all copyrights and ownership of documents shall vest with the State.

4.6. IMPLEMENTATION PLAN

a) The service will start on the first day of the contract period; all newly diagnosed patients will be the responsibility of the incoming contractor.

b) The **data-distributing** procedure is as follows:

- Within one (1) week after the successful contractor has been officially notified the contractor will receive a list with all the contact details from the department of defence and all nine (9) provincial Long Term Domiciliary Oxygen Therapy coordinators/representatives.
- Within one (1) month after the commencing of this contract each provincial coordinator/representative will ensure that the incoming contractor has received a complete database of all the outgoing contractor's current patients.
- It is the responsibility of each provincial coordinator/representative to ensure that the database has all the contact details (including telephone numbers and physical addresses) of all the patients. In case of incomplete information, the provincial coordinator/representative must approach the outgoing contractor to obtain the information.

c) The provincial coordinator/representative responsible for the Long Term Domiciliary Oxygen Therapy programme in each province and the department of defence will coordinate the whole take-over process of **current patients** who are on the database of the outgoing contractor.

- The provincial coordinator/representative must compile a weekly-roster with the assistance of the outgoing contractor indicating which patients will be transferred in a specific week.
- The provincial coordinator/representative will be responsible that the outgoing contractor receives a stop script/order for each patient at takeover.
- The incoming contractor must obtain a written, signed acknowledgement of the date, time, completeness and working order of equipment from each patient with take-over and a copy must be given to the provincial coordinator/representative within **one (1) month** after take-over took place.
- The take-over period must not exceed **three (3) months** from the first day of the contract period.

d) Should the current contractor be the unsuccessful bidder, the contractor should continue to render the all-inclusive package service for the duration of the handover period of three (3) months at the same terms and conditions of the contract.

4.7. PRODUCT REQUIREMENTS

4.7.1. QUALITY ASSURANCE

a) All items offered, must comply with the minimum specifications.

b) All the concentrators, depending on where they are manufactured must be accredited according to the regulations of the manufacturing country i.e. FDA or CE.

c) All machines must adhere to the compulsory specification for electrical and electronic apparatus as stipulated in the Standards Act, 1993 as per Regulation R 1792 as published in the Government Gazette Not. 5794 of 8 November 1996.

d) It is required that a product (concentrator machine) must conform to specific specifications, a test report from any testing agent accredited or recognised by the South African National Accreditation Standards (SANAS) proving compliance, must be handed in with the bid document at closing date and time. This test report must not be older than twelve months at the closing date and time of the bid. The cost of obtaining such a test report will be at the bidder's expense.

e) With respect to the products offered, the manufacturing facility is required to be in compliance with the Quality Management System, ISO 9002-for Manufacturing.

4.7.2. EQUIPMENT

a) All equipment supplied by the contractor will remain the property of the contractor.

b) During the period that the equipment is in transit or in the possession of the contractor, up to and including the date of acceptance by the patient, the contractor shall be responsible for all risks of loss or damage to the equipment.

c) The cost of loss and damages through negligence by the patient (other than wear and tear) will be charged to the relevant Department at the contractor's then ruling rate for such repair.

d) Equipment supplied to patients may not differ from the equipment (make and model) offered and specified in this bid.

e) In the case where equipment has been discontinued and replaced with a new model, contractors are required to submit letters from manufacturers/suppliers stating the changes and approval is to be obtained from National Treasury and the National Department of Health for the execution of such changes.

f) Furthermore, the price of the new model should not differ from the current applicable price for the original model.

g) The new model must adhere to the minimum specification for the item category.

h) Contractors are not to deliver new equipment models prior to approval of models change by the National Treasury.

Note: bidders must include a catalogue or photographs of all equipment which are considered compliant with their bid offer.

4.7.3. MAINTENANCE AND REPAIRS

a) All equipment supplied must be serviced, maintained and repaired by the original manufacturer or an officially appointed and accredited distributor's service centres. State Departments retain the right at any time to call for substantiating documentation in this regard.

b) It is required that sufficient spare parts be held in stock to ensure that equipment supplied in terms of the contract, are kept in acceptable working condition for the duration of the contract.

4.8. TECHNICAL SPECIFICATIONS

The following specifications are applicable to the medical oxygen, gas cylinders and oxygen-conserving device, oxygen concentrators and ancillary equipment**.**

4.8.1. MEDICAL OXYGEN

a) Medical oxygen must comply with the clinical and physical requirements as described in the latest issue of CKS40 and must be registered with the Medicines Control Council (MCC).(Take note that a pending application for registration is not acceptable).

4.8.2. MEDICAL GAS CYLINDERS AND OXYGEN-CONSERVING DEVICE

a) Compressed Medical Oxygen may be supplied in a cylinder of which the actual outside diameter and measurements are equal to the **4, 5 to 5kg** cylinders content size.

b) The cylinders must have flat bottoms.

c) The cylinders must be appropriately secured in an oxygen trolley.

d) Cylinders for adults must be fitted with an oxygen conserving device

e) Cylinders for children should be either used as free-flow oxygen or with an oxygen conserving device as specified in the prescription..

ANCILLARY EQUIPMENT FOR CYLINDER SUPPLIED SERVICE

The following must be supplied as required for Cylinder Supplied Service

a) Soft 2 metre Nasal Canula (Hudson Softech or similar or equal)

BACK-UP CYLINDER FOR CONCENTRATOR SUPPLIED SERVICE

a) Compressed Medical Oxygen for back-up purposes may be supplied in a cylinder of which the actual outside diameter and measurements are equal to the **1, 80 to 2kg** cylinder content size.

- The actual size of the cylinder must be small enough for easy handling.

b) The back-up cylinders must have flat bottoms.

c) Provide oxygen for a minimum of **8 hours** at **2 L/min**

d) It must be fitted with a **regulator** and flow meter (not an oxygen conserving device)

ANCILLARY EQUIPMENT FOR BACK-UP CYLINDER

The following must be supplied as required for back-up cylinder

a) Soft 2m Nasal Canula (Hudson Softech or similar or equal)

ADULT OXYGEN-CONSERVING DEVICE

a) Cylinders must be fitted with an oxygen conserving device where Cylinder supplied Service is provided.

b) Supply of batteries (including replacements) must be included in the all-inclusive price

c) Oxygen conserving efficiency of the device offered must be indicated.

4.8.3. OXYGEN CONCENTRATORS AND ANCILLARY EQUIPMENT

a) The machine must be mounted on swivel castors

b) The machine must have handles to facilitate easy movement

c) Maximum weight of machine not to exceed 26 kg(In case of machine with the capacity to provide up to 5 litres per minute oxygen) or 30 kg (In the case of machine with capacity to provide up to 10 litres per minute oxygen)

d) Batteries (if required), and replacement thereof must be included in the all inclusive price quoted

e) The unit must have an external disposable humidifier with 4 psi pressure relief valve.

f) The machine must have air entrance and exit openings situated in such a manner that air circulation is not impaired/ ruined when unit is placed near a wall or other solid object

g) The machine must have a facility, to use a nebuliser.

- Note: Contractor cannot accept a prescription for nebulising for patients diagnosed with COPD.
- In the event of abuse by COPD diagnosed patients in this regard, this abuse must be reported in the compliance report.

h) The machine must have a washable or disposable air-intake filter that can be easily removed, cleaned and replaced. The unit must be fitted with a bacterial filter at the air-intake and/or exit protecting the oxygen enriched air. This filter must be routinely replaced during servicing. The cost of replacement filters must be included in the all-inclusive price.

i) It must be possible to connect the unit's oxygen outlet to dry connector/tubing and Humidifier.

j) The machine must have a ball type flow meter that is positioned so that it is protected against mechanical damage and can be read from a wide angle.

k) The machine must have a tamper-proof hour meter reflecting total number of operating hours of machine and the meter must not be adjustable by the patient.

l) The machine must have an on/off switch with an electrical power breaker/fuse and the switch must clearly indicate when machine is switched on.

m) Power requirements. The machine must operate on the following electrical current:

- 220 to 240 volts AC
- 50 Hz
- Single phase

n) The unit must be fitted with a power cord of at least 3 meters long, fitted with a standard (South Africa) 3 prong 15 amp plugs.

o) The unit must conform to SA Electrical and Safety standards and must be suppressed to prevent disturbance and interference with radio and electromagnetic waves

p) The maximum power consumption of the motor must be 450 watt

q) The unit must have a capacity of at least 5 litres per minute or 10 litres per minute in the case of a valid prescription for high-flow oxygen.

r) Oxygen concentration. The machine must provide the following oxygen concentrations:

- 90% (± 3%) at 8 LPM
- 92% (± 4%) at 5 LPM
- 94% (± 3%) at 2 LPM

s) The machine must be fitted with the following audible alarms

- Power break
- Rise in concentrator air pressure
- Fall in concentrator air pressure

t) Maximum noise level at a distance of 1 metre when operating at a rate of 5 LPM must not exceed 45 dB

u) The following must be supplied as required for cylinder supplied service:

- Full Face Masks (Hudson Cat. No 1041 and or Cat. No. 1042 or similar or equal) with 2 metre tubing for patients who cannot use a nasal canula.
- Nasal Cannula (Hudson Softech or similar or equal)
- Disposable Humidifier with 4 psi pressure relive valve (Hudson Cat. No 3230 or similar or equal) with nipple and nut (dry connector- to be used in emergency in case of faulty humidifier)
- Plastic delivery tubes – 15 meters (Hudson or similar or equal) with a swivel twist and pull connector.
- Initial as well as replacements must be included in the all-inclusive price

4.8.4. Portable oxygen concentrating device

A portable oxygen package should be supplied to children of school going age who are enrolled in a basic educational facility. This package should include:

a) A concentrating device with a battery life of 5 hours.
b) An additional battery with a battery life of 3 hours
c) A battery belt
d) A charger that can be used for items (a) and (b)
e) A carry bag

The combination of items (a) to (e) must provide a total of 8 hours portable oxygen at a flow rate of up to and including 5 litres per minute. The combined weight of items (a) to (e) should not be more than 3.5 Kilograms

4.9. INSPECTION

a) It is a condition of bid that services to be rendered should at any stage during execution be subjected to inspection; the premises of the bidder or contractor shall be open, at all reasonable hours, for inspection by representative of the National Treasury or Department of Health or organization acting on behalf of both National Treasury and Department of Health.

5. GENERAL

5.1. ORDERING AND DELIVERY PROCEDURES

a) Provisioning of service shall only commerce upon receipt of an official government order/script.

b) Delivery of products must be made to destinations in the Republic of South Africa in accordance with the instructions appearing on the official order forms and as stated herein.

c) All deliveries or despatches must be accompanied by a delivery note stating the official order number against which the delivery has been made.

d) Contractors must adhere to the delivery periods spelled out in this contract.

e) Contractors are responsible for the delivery of all contract items as well as the cost of delivery.

5.2. INSPECTION AND AUDIT

a) The State reserves the right to inspect or audit any documentation and services pertaining to this contract within one year of the date of expiry of the contract. This may also include queries and complaints.

b) Should any audit or inspection reveal that the Contractor has not complied with any of the terms of this contract, the Contractor shall be charged for the cost of the audit or inspection as well as the cost of any losses incurred by the State associated with such non-compliance.

6. ABBREVIATIONS

In this bid document, the following words or expressions shall have the meanings hereby assigned to them, except where the context otherwise requires.

a) **CE** – Conformite European Standards.

b) **CONTRACTOR** – the successful bidder who is awarded the contract to maintain and administer the required and specified services to the State.

c) **COPD** – Chronic Obstructive Pulmonary Disease.

d) **LPM** – Litres per Minute

e) **LTDOT** – Long-term Domiciliary Oxygen Therapy.

f) **MCC** – Medicines Control Council.

g) **SANAS** – The South African National Accreditation System (SANAS)