

# EXHIBIT "Ai"

## RFP NOTICE

Polk County, a political subdivision of the State of Florida, requests the submittal of proposals from vendors that are interested in providing annual firefighter physicals to Polk County Fire Rescue Department employees as described herein. Sealed proposals must be received in the Procurement Division, prior to the due date and time listed below.

**RFP Number and Title:** 22-411, Firefighter Physicals

**Description:** Provide approximately 650-700 annual firefighter physicals to Polk County Fire Rescue Department employees. The medical requirements are based on National Fire Protection Association (NFPA) 1582 and on in-depth consideration of essential functions. These essential functions are what members are expected to perform at emergency incidents and are derived from the performance objectives stated in NFPA 1001, Standard for firefighting Professional Qualifications.

**Receiving Period:** Prior to 2:00 p.m., Wednesday, June 22, 2022

**Bid Opening:** Wednesday, June 22, 2022, at 2:00 p.m. or as soon as possible thereafter.

This form is for RFP registration only. Please scroll down for additional information.

**Special Instructions:** Questions regarding this RFP must be in writing and must be sent to Brad Howard, Sr. Procurement Analyst, via email at [bradhoward@polk-county.net](mailto:bradhoward@polk-county.net) or via fax at (863) 534-6789. All questions must be received by Wednesday, June 15, 2022, at 5:00 p.m.

To receive a copy of the attachment(s), please go the following FTP site: <https://ftp3.polk-county.net>, you will be prompted for a User ID and Password. The User ID is procurevendor and the password is solicitation. After you have logged in to the FTP site, double click on the file folder "RFP 22-411, Firefighter Physicals.zip", select "Open" or "Save As" to download the RFP documents, drawings, and technical specifications. If you need assistance accessing this website due to ADA or any other reason, please email Brad Howard at [bradhoward@polk-county.net](mailto:bradhoward@polk-county.net).

## RFP REGISTRATION

You must register using this form to receive notice of any addenda to these documents. Please fax the completed form to the Procurement Division as soon as possible. It is the vendor's responsibility to verify if addenda have been issued.

RFP Number: 22-411

RFP Title: Firefighter Physicals

This form is for registration only. Please scroll down for additional information.

Carefully complete this form and return it to the Procurement Division via e-mail to [procurement@polk-county.net](mailto:procurement@polk-county.net) or fax (863) 534-6789. You must submit one form for each solicitation that you are registering for.

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## Bid Label

Cut along the outer border and affix this label to your sealed bid envelope to identify it as a "Sealed RFP". Be sure to include the name of the company submitting the proposal where requested.

Sealed Bid. DO NOT OPEN	
<b>Sealed RFP Number</b>	22-411
<b>RFP Title</b>	Firefighter Physicals
<b>Due Date/Time:</b>	June 22, 2022, prior to 2:00 pm
<b>Submitted by:</b>	Vendor Name:
<b>Deliver To:</b>	Polk County Procurement Division 330 West Church Street, Room 150 Bartow, Florida 33830

Proposals may be mailed, express mailed or hand delivered. It is the Proposers responsibility to ensure their package is delivered to the Procurement Division prior to 2:00 p.m. on the Receiving date and time referenced above. Proposals delivered at 2:00 p.m. or later will not be accepted.

**POLK COUNTY**  
**Procurement Division**  
**Fran McAskill**  
**Procurement Director**  
**REQUEST FOR PROPOSAL 22-411, FIREFIGHTER PHYSICALS**

Sealed proposals will be received in the Procurement Division, Wednesday, June 22, 2022, prior to 2:00 p.m.

Attached are important instructions and specifications regarding responses to this Request for Proposal (the "RFP"). The failure of a responding proposer (a "Proposer") to follow these instructions could result in Proposer disqualification from consideration for a contract to be awarded pursuant to this RFP.

This document is issued by Polk County (the "County") which is the sole distributor of this RFP and all addenda and changes to the RFP documents. The County shall record its responses to inquiries and provide any supplemental instructions or additional documents pertaining to this RFP in the form of written addenda to the RFP. The County shall post all such addenda, together with any other information pertaining to this RFP, on the County's website at <https://www.polk-county.net/procurement/bids>. It is the sole responsibility of each Proposer to review the website prior to submitting a responsive proposal (a "Proposal") to this RFP to ensure that the Proposer has obtained all available instructions, addenda, changes, supporting documents, and any other information pertaining to this RFP.

The County is not responsible for any solicitations issued through subscriber, publications, or other sources not connected with the County and the Proposer should not rely on such sources for information regarding the RFP solicitation.

Questions regarding this RFP must be in writing and must be sent to Brad Howard, Sr. Procurement Analyst, via email at [bradhoward@polk-county.net](mailto:bradhoward@polk-county.net) or via fax at (863) 534-6789. **All questions must be received by 5:00 p.m. on Monday, June 15, 2022.**

**Proposers and any prospective proposers shall not contact, communicate with or discuss any matter relating in any way to this RFP with any member of the Polk County Board of County Commissioners or any employee of Polk County other than the County Procurement Director or the individual designated above. This prohibition begins with the issuance of the Request for Proposal and ends upon execution of the final contract. Any such communication initiated by a Proposer or prospective proposer shall be grounds for disqualifying the offender from consideration for a contract to be awarded pursuant to this RFP and for contracts to be awarded pursuant to RFPs or Requests for Bid that the County may issue in the future.**

A Proposer's responsive Proposal to this RFP may be mailed, express mailed, or hand delivered to:

**Polk County Procurement Division**  
**330 West Church Street, Room 150**  
**Bartow, Florida 33830**

## **Introduction/Background**

Polk County, a political subdivision of the State of Florida, is soliciting proposals from qualified firms/vendors/consultants to provide approximately 650-700 annual firefighter physicals to Polk County Fire Rescue Department employees. The medical requirements are based on National Fire Protection Association (NFPA) 1582 and on in-depth consideration of essential functions. These essential functions are what members are expected to perform at emergency incidents and are derived from the performance objectives stated in NFPA 1001, Standard for firefighting Professional Qualifications.

It is the intent of the County to enter into an agreement with one (1) firm.

## **Scope of Services**

The successful Proposer shall provide physical exams to Polk County Fire Rescue Department (PCFR) on an annual basis. The medical requirements are based on National Fire Protection Association (NFPA) 1582 and on in-depth consideration of essential functions. These essential functions are what members are expected to perform at emergency incidents and are derived from the performance objectives stated in NFPA 1001, Standard for firefighting Professional Qualifications. When making his/her assessment of candidate/personnel's ability to perform the job, the factors the physician needs to take into consideration includes, but are not limited to:

- Operating both as a member of a team and independently at incidents of uncertain duration.
- Spending extensive time outside exposed to the elements.
- Tolerating extreme fluctuations in temperature while performing duties. Firefighters are often required to perform physically demanding work in hot (up to 400F); humid (up to 100%) atmospheres while wearing equipment that significantly impairs body-cooling mechanisms.
- Experiencing frequent transition from hot to cold and from humid to dry atmosphere.
- Working in wet or muddy areas.
- Performing a variety of tasks on slippery, hazardous surfaces such as on rooftops or from ladders.

- Working in areas where sustaining traumatic or thermal injuries is possible.
- Facing exposure to carcinogenic dusts, such as asbestos, toxic substances such as hydrogen cyanide, acids, carbon monoxide, or organic solvents, either through inhalation or skin contact.
- Facing exposure to infectious agents such as Hepatitis or HIV.
- Wearing personal protective equipment (PPE) that weighs approximately 50lbs while performing firefighting tasks.
- Performing physically demanding work while wearing positive pressure breathing equipment
- Performing complex tasks during life-threatening emergencies.
- Working for long periods of time requiring sustained physical activity and intense concentration.
- Facing life-or-death decisions during emergency conditions.
- Being exposed to grotesque sights and smells associated with major trauma and burn victims.
- Making rapid transitions from rest to near-maximal exertion without warm-up periods.
- Operating in environments of high noise, poor visibility, limited mobility, at heights, and in enclosed or confined spaces.
- Using manual and power tools in the performance of duties.
- Relying on senses of sight, hearing, smells, and touch to help determine the nature of the emergency, maintain personal safety, and to make critical decisions in a confused, chaotic, and potentially life-threatening environment throughout the duration of the operation.

1. **Technical Requirements for Firefighter Annual Physical Exam - A**  
comprehensive medical examination to include a health risk assessment, a complete medical history review to determine any health conditions that would prevent, or could be aggravated by, performing the duties of the position, including but not limited to, the ability to carry equipment, wear protective equipment/clothing and meet the physical and psychological demands of the

firefighter position. This medical history shall also include any significant changes, job related exposures and new symptoms since the previous physical.

The Annual Exams shall include:

A. Physical Examination: Firefighter physical NFPA 1582 Compliant

- Hands-on Physical
- Vital Signs
- Clinical Breast Examination

B. Cardiac Assessment (all employees)

- Echocardiogram
- Resting EKG
- Abdominal Aorta Ultrasound
- Carotid Artery Ultrasound
- Cardiac Stress Test with VO2 max calculation (Stress test treadmill electrocardiograms will be supervised by a Physician, Clinical Exercise Physiologist, PA, MSN, or NP)

C. Cancer and Disease Assessment

- Skin cancer screening
- DRE for lower intestinal masses (test optional to the employee)
- Hemoccult Test for Colon Cancer Screening
- Prostate Ultrasound (MEN ONLY)
- Testicular Ultrasound (MEN ONLY)
- Thyroid Ultrasound
- Liver, Pancreas, Gall Bladder, Bladder, Spleen, and Kidney Ultrasound
- Pelvic Ultrasound (WOMEN ONLY) \*\*\*Not necessary for post total hysterectomy
- Osteoporosis risk assessment (based on age and risk factors) – Females only

D. Pulmonary Function Test for respirator use

E. Lab Tests

- Urinalysis

- Total Lipid Profile
- Complete Blood Count
- Comprehensive Metabolic Panel
- Thyroid Stimulating Hormone (TSH)
- CA-125 Ovarian Cancer blood test (all WOMEN employees- approximately 150)
- PSA Prostate Specific Antigen blood test (all MEN employees)
- Diabetes tests (Glucose and Hemoglobin A1C)
- Tuberculosis screening, annually by QuantiFERON®–TB Gold In-Tube test (QFT-GIT)
- Hepatitis C Test (Antigen Test)
- Hazmat Testing (Heavy Metals and/or Cholinestrese)
- Testosterone Test (MEN ONLY)

#### F. TITMUS Vision Test

- Visual acuity corrected vision shall be to at least 20/30 Snellen in each eye
- Color vision
- Depth perception
- Peripheral vision- Visual field performance shall be 140 in the horizontal meridian combined
- Night blindness- A history of night blindness should be evaluated to determine employee's capacity to perform essential tasks at night or in the dark or low settings.

#### G. Hearing Exam

- Audiometric exam

#### H. Personal consultation

- Consultation with Physician, PA, MSN, or NP to review test results and receive recommendations for medical interventions and counseling for disease management.

#### I. Behavioral modification recommendations for:



- Tobacco cessation
- Stress management
- Diet and nutrition plan
- Healthy heart
- Diabetes management
- Healthy mind, healthy body information

J. Fitness Evaluations per Fire Service Joint Labor Management Wellness-Fitness Initiative

- Fitness and Agility evaluation
- Muscular Strength evaluation
- Muscular Endurance evaluation
- Cardiovascular Aerobic endurance evaluation
- Resistance evaluation
- Stretching/Flexibility evaluation
- Body composition analysis
- Exercise Prescription
- Nutritional analysis
- Weight management goals

K. Additional Services (Priced separately)

- Chest x-ray: Optional annually, required a minimum every five (5) years
- Respirator Fit Testing (SCBA Face piece Fit test/N-95 Respirators)
- Hepatitis B Test (antigen)
- Hepatitis B Titer (antibody)
- Hepatitis B Vaccine (3 per series)
- Hepatitis A Test (antigen)
- Hepatitis A Titer (antibody)
- Hepatitis A Vaccine (2 per series)
- PPD Test

## **2. Minimum Qualifications of Proposer**

### **Personnel Requirements:**

- The successful Proposer's physician and/or medical director shall be board certified with experience in occupational medicine health care to Fire, Rescue and EMS Agencies with a minimum of (5) five-year experience. The sonographer's personnel shall be registered diagnostic medical sonographers. Provide a detailed biography of the provider(s). The successful Proposer shall develop a detail staffing plan that ensures that an adequate number of full and/or part-time staffing is trained and available the personnel meet performance criteria and adhere to strict safety and security measures. The staffing plan shall include duties and responsibilities for each assigned position, staffing method to be used. The staffing plan is to be submitted with the proposal submission.
- The successful Proposer Project Managers and/or Supervisors shall have excellent communication skills and be capable of directing and coordinating with the designated County staff.
- The successful Proposer Project Managers and/or Supervisors shall constantly use their experience and training to properly guide the program.
- To provide an adequate number of personnel specifically trained, experienced, and licensed in all areas of the project.
- Provide other qualified licensed professionals as needed.
- The County reserves the right to direct the successful Proposer to rearrange work schedules or annual work plan to meet the immediate needs of the County. This shall include weekend work and staffing.
- The successful proposer must have the capability of being mobile so as to perform the exams at various locations throughout the county.

## **3. Reporting:**

A copy of the complete examination and test results must be provided to the employee either in person or via U.S. Mail within 30 days of the exam. A Fit-for-Duty exam report stating whether the employee is medically fit to perform the

essential duties of a firefighter and results of Hepatitis titers/Screenings, must be provided for each employee to the PCFR Deputy Chief of Operations within 14 days of the exam. If the employee is found to be unfit for duty, the County shall be notified by phone within twenty-four (24) hours of the exam and provided a written notification within three (3) days of any tests that reveal conditions that could place the employee or teams in immediate danger by continuing unrestricted duty. The final evaluation shall be reviewed and signed by a licensed Physician, NP, MSN, or PA. The Proposer shall develop samples of reporting and are to be submitted with the proposal submission. The County reserves the right to request, modify or alternate reports throughout the term of the Agreement.

**4. Mobile Testing:**

The successful Proposer will be responsible for performing these physicals onsite at various sites around the county covering multiple shifts. This will include approximately 9 to 12 employees scheduled per day and will include approximately 5 site locations.

If not utilizing their own mobile units to provide the physicals, the successful Proposer may utilize County owned sites, if available, as a project location. Should the successful Proposer use the County owned facilities, they shall be responsible for all public utilities, phone lines, insurance, mobile vehicle and or portable equipment capability. The successful Proposer shall also be responsible for maintaining all County supplied facilities in a neat, clean and functional manner, and will be responsible for any damages beyond normal wear and tear, and/or vandalism. The successful Proposer shall be responsible for the compliance to all Federal, State and local statutes and regulations pursuant to the safe and proper storage of all regulated substances, materials, and equipment at the successful Proposer's sole expense. The successful Proposer shall be responsible for transport of all equipment, fuel, materials, and supplies to and from the site.

**5. Comprehensive Safety and Security Program:**

Safety and security are a prime consideration to the County staff. A variety of emergencies may occur that could adversely affect, endanger, or inconvenience the County personnel or its information; the successful Proposer shall design a comprehensive safety and security program in accordance with the Health Insurance Portability and Accountability Act (HIPPA) that conforms to the validity of a test and/or results. The safety and security plan is to be submitted with the proposal submission. The safety and security program should address at a minimum, but not be limited to the following:

- a) Processes and procedures for employee safety and security
- b) Processes and procedures for facilities and equipment security
- c) Emergency Preparedness Plan
- d) Safety equipment
- e) Coordination and reporting to the County's Risk Management Office regarding accidents and /or damages
- f) Records confidentiality procedures
- g) Testing safety and accuracy

**6. Subcontracting:**

Subcontracting and/or assigning of any and/or all portions of this agreement are subject to County review and approval. The successful Proposer shall perform required services through its own employees or subcontractors. The successful Proposer shall include the subcontractor's name, location, equipment, and personnel with the proposal submission.

**7. Medical laboratory:**

The Medical laboratory shall meet all equipment, location and personnel requirements as established by Department of Transportation regulations (49 CFR 40, 59, FR 4300, as amended) and be properly licensed. The successful

Proposer shall provide a facility and certified technicians to collect blood and urine specimens.

The County shall request the services on an as-needed basis. There is no guarantee that any or all of the services described in the agreement will be assigned during the term of the agreement. Further, the Consultant is providing these services on a non-exclusive basis. The County, at its option, may elect to have any of the services set forth herein performed by other consultants or County staff.

### **AGREEMENT**

The term of this agreement will be for approximately three (3) years with two (2) automatic annual renewals. The anticipated commencement date will be October 1, 2022. The actual term and commencement date will be negotiated as part of Elevation Level 4, Contract Negotiations.

### **SUBMITTAL**

Submittals should not contain information more than that requested, must be concise, and must specifically address the issues of this RFP. The responses should be in the same order as the selection and evaluation procedures. Proposals are to be printed double-sided. Unnecessarily elaborate brochures or other presentations beyond those sufficient to present a complete and effective submittal to this solicitation are not desired and may be construed as an indication of the proposer's lack of cost consciousness. Elaborate artwork, expensive visual aids, and other presentation aids are neither necessary nor desired, unless specifically requested. The proposal submittals should be contained within a three (3) ring binder (original and each copy in separate binders). Each submittal should contain:

#### **Tab 1, Introduction**

Introduction letter describing your firm, experience, number of years in business, contact name, company address, phone number and email address of contact person.  
(One page, single or double sided)

## **Tab 2, Experience and Expertise (25 Points)**

- Provide your firm's organization structure
- Provide a detailed resume of both the Proposer's physician and/or medical director including evidence of board certification and experience in occupational medicine health care to Fire, Rescue and EMS Agencies with a minimum of five (5) years' experience (1 page single or double sided for each resume).
- Provide a detailed resume of each of the Proposer's sonographers to be used on this project including evidence that they are a registered diagnostic medical sonographer (1 page single or double sided for each resume).
- Provide a detailed staffing plan that demonstrates that the Proposer has adequate staff (both full and/or part time employees) and that they are adequately trained and available to meet the performance specifications and adhere to strict safety and security measures. The staffing plan shall include duties and responsibilities for each position assigned and the staffing method to be used (maximum of 5 pages).
- Describe the firm's experience with providing similar size and scope of work as outlined in this RFP. (One page, single or double sided)
- Provide a minimum of three (3) and a maximum of five (5) projects that demonstrate your firm's experience with projects of similar size and scope of work (including the same mobile testing strategy) in the past seven (7) years. For each project identified please include (2 pages for each project, single or doubled sided):
  - Client/agency name
  - Contact person
  - Contact's phone number and email address
  - Cost of the services
  - Start and end date of project
  - Brief description of the services provided
- Identify subcontractors, if any. For each subcontractor identified please provide the following:

- A brief description of their experience outlining their qualifications to perform the intended services including:
  - Name
  - Address
  - Equipment
  - A brief resume for each key personnel that will be assigned to perform the intended services
  - Copy of any required license or certifications
- Identify medical laboratories to be used. For each laboratory identified please provide the following:
  - Laboratory Name
  - Address
  - Licensure information

**Tab 3, Approach and Methodology (45 points)**

- Provide a short narrative project approach outlining how you propose to respond to and manage this project.
- Please describe the specific abilities of the firm/team to be assigned to this project in regard to this approach. Include any innovative approaches to providing the services, and include any additional information not directly cited in the scope of services.
- Briefly describe firm's quality assurance/quality control program.
- Please include a project schedule outlining the entire process from receiving a Notice to Commence from Polk County through providing the required reports to PCFR
- Please provide copies of sample reports that will be used to comply with the criteria outlined under "Reporting" in the Scope of Work detailed in this RFP.
- Please detail the strategy to be used for the Mobile Testing to be used. Please include if you will need to utilize County owned sites, if you will provide your own mobile units, or a combination of both (maximum of two pages).
- Please describe your preferred method of performing the physicals. Examples:
  - 1) would perform X number of physicals per month covering all shifts utilizing Y

strategy. 2) would perform X number of physicals within a three-month period, covering all shifts utilizing Y strategy. For the method described, please include how you will handle last minute cancellations of employees due to sick time, etc. (maximum of two pages).

- Please provide the safety and security plan the Proposer will use if awarded this RFP. This plan should address at a minimum, but not be limited to items (a) through (g) as outlined under the Comprehensive Safety and Security Program portion of the Scope of Work provided for in this RFP (maximum of five pages).

#### **Tab 4, Cost (20 Points)**

Please provide cost information as requested below. If during Elevation Level 4, Contract negotiations, it is determined that additional services are needed, the cost amount submitted may also be negotiated.

- Please complete and submit Attachment A – Price Sheet.
  - Provide cost per employee for all requirements and items to be performed annually as outlined and defined in the Scope of Work of this RFP. The cost per person identified should be inclusive of all costs associated with the annual physical exam including overhead, indirect costs, etc. When the awarded vendor bills the county for these services it will bill on a per employee cost. Proposers must provide a unit cost for all items listed; failure to do so may cause your proposal to be deemed non-responsive.
  - “A la carte” costs for the additional services listed below may be requested by the County on a case-by-case basis. These items are also included on Attachment A – Price Sheet.
    - Chest x-ray: Optional annually, required a minimum every five (5) years
    - Respirator Fit Testing (SCBA Face piece Fit test/N-95 Respirators)
    - Hepatitis B Test (antigen)
    - Hepatitis B Titer (antibody)
    - Hepatitis B Vaccine (3 per series)
    - Hepatitis A Test (antigen)
    - Hepatitis A Titer (antibody)



- Hepatitis A Vaccine (2 per series)
- PPD Test

**Tab 5, Surveys of Past Performance (10 Points)**

- Provide reference surveys from past clients for the projects identified under Tab 2.
- Completed surveys. (See Exhibit 1) Procurement will take the average of all surveys and score as follows:
  - Average Score between 9-10 (10 Points)
  - Average Score between 7-8 (8 Points)
  - Average Score between 5-6 (6 Points)
  - Average Score between 3-4 (4 Points)
  - Average Score between 1-2 (2 Points)
  - Average Score of 0 (0 Points)

**SUBMITTAL OF PROPOSALS**

Interested parties are invited to submit one (1) original marked ORIGINAL and five (5) copies marked COPY of their proposal in a sealed envelope to the Procurement Division. The envelope should be labeled “RFP #22-411, Firefighter Physicals” and marked with the proposer’s name and address. The Proposals may be mailed or delivered to:

**Polk County Procurement Division  
330 West Church Street, Room 150  
Bartow, FL 33830**

The response shall be received by the County only at the above address prior to **2:00 p.m., Wednesday, June 22, 2022.**

The delivery of the response on the above date and prior to the specified time is solely the responsibility of the proposer.

The submittal may be withdrawn either by written notice to the Procurement Director or in person, if properly identified, at any time prior to the above submittal deadline.

## **BID OPENING**

Proposers may attend the Bid Opening via conference call by dialing (646) 558-8656 and enter Meeting ID: 327 647 2818. Proposers that want to attend in person may do so in compliance with safe COVID 19 practices. A listing of all proposers will be posted to Procurement's website as soon as possible after bid opening.

## **EVALUATION CRITERIA AND SELECTION PROCESS**

Proposals will be evaluated in accordance with this section and all applicable County procurement policies and procedures.

The County shall appoint a selection committee (the "Selection Committee") that will be responsible for evaluating and scoring/ranking the Proposals in accordance with this Section.

The County will use a competitive selection process based on the Elevation Levels described in this Section. At Elevation Levels 2 and 3, the Selection Committee will score and/or rank the Proposals as applicable.

Selection of a final Proposal will be based upon the following steps and factors:

### **Elevation Level 1 (Procurement Requirements Assessment)**

The County Procurement Division shall review all Proposals for conformance with RFP guidelines and detailed submittal requirements. At the County's discretion, non-conforming Proposals may be eliminated from further consideration and conforming Proposals shall be elevated to Elevation Level 2.

Procurement will distribute Proposals and evaluation criteria to the Selection Committee.

The Selection Committee may convene to review questions that arise during individual member review of submitted Proposals before Elevation Level 2 to allow for questions, clarifications, explanations, or other discussion to be held before the review of Proposals is completed.

### **Elevation Level 2 (Selection Committee Evaluation)**

Procurement shall score each Proposal on the following evaluation criteria:

- Cost (Tab 4) 20 points
- Surveys of Past Performance (Tab 5) 10 points
- Subtotal Points 30 Points

by the process stated under each corresponding Tab description

Each Selection Committee member shall score each Proposal on the following evaluation criteria:

- Experience and Expertise (Tab 2) 25 points
- Approach and Methodology (Tab 3) 45 points
- Subtotal Points 70 points

by the following process:

Each Selection Committee member shall determine which of the following descriptions applies to each of the foregoing evaluation criteria:

**EXCELLENT (1.0):** Of the highest or finest quality; exceptional; superior; superb; exquisite; peerless. The Proposer provided information for a given criteria that satisfied the requirements and described specifically how and what will be accomplished in such a manner that exhibited an exceptional and superior degree of understanding, skill, and competency, both qualitatively and quantitatively. The facts included in the narrative (including all supporting documentation, diagrams, drawings, charts, and schedules, etc.) demonstrate the Proposer's ability to perform and deliver far beyond expectation.

**VERY GOOD (0.8):** To a high degree; better than or above competent and/or skillful. The Proposer provided information for a given criteria that satisfied the requirements and described specifically how and what will be accomplished in such a manner that exhibited a very high degree of understanding, skill, and competency, both qualitatively and quantitatively. The facts included in the narrative (including all supporting documentation, diagrams, drawings, charts, and schedules, etc.) demonstrate the Proposer's ability to perform and deliver beyond expectation.

**GOOD (0.6):** Having positive or desirable qualities; competent; skilled; above average. The Proposer provided information for a given criteria that satisfied the requirements and described specifically how and what will be accomplished in such a manner that exhibited a skillful and above-average degree of understanding, skill, and competency,

both qualitatively and quantitatively. The facts included in the narrative (including all supporting documentation, diagrams, drawings, charts, and schedules, etc.) demonstrate the Proposer's ability to perform and deliver at the expected level.

**FAIR (0.4):** Average; moderate; mediocre; adequate; sufficient; satisfactory; standard.

The Proposer provided information for a given criteria that satisfied the requirements and described sufficiently how and what will be accomplished in a manner that exhibited an adequate and average degree of understanding, skill, and competency, both qualitatively and quantitatively. The facts included in the narrative (including all supporting documentation, diagrams, drawings, charts, and schedules, etc.) demonstrate the Proposer's ability to perform and deliver at a level slightly below expectation.

**POOR (0.2):** Inadequate; lacking; inferior in quality; of little or less merit; substandard; marginal.

The Proposer provided information for a given criteria that did not satisfy the requirements and described in an inadequate manner how and what will be accomplished. The information provided simply reiterated a requirement, contained inaccurate statements or references, lacked adequate information, or was of inferior quality. The facts included in the narrative (including all supporting documentation, diagrams, drawings, charts, and schedules, etc.) demonstrate the Proposer's ability to perform and deliver at a substandard and inferior level.

**UNACCEPTABLE (0.0):** The Proposer failed to provide any information for a given criteria, provided information that could not be understood, or did not provide the information for a given category as requested.

After a Selection Committee member has determined the description applicable for each evaluation criterion, the total points available for such criterion shall be multiplied by the factor associated with the applicable description to produce the number of points allocated for that evaluation criterion. For example, a Selection Committee member classifies the "Experience and Expertise" criterion (which shall be worth 25 points for the purpose of this example) as "Very Good" (which is a description factor multiplier of 0.8). The points that Selection Committee member allocated for that evaluation criterion

would be 20, calculated as follows: 25 available points x 0.8 applicable description factor multiplier = 20 points.

A Selection Committee member's total score for each Proposal shall equal the sum of the total points allocated for each evaluation criteria.

When all Selection Committee members have completed their Proposal evaluations, the individual Selection Committee member's total scores for each Proposal will be added together to produce a final score for each Proposal.

Procurement will confirm the calculations for the final score for each Proposal. Then, Procurement shall publish a rank-ordered listing of the Proposals to the Selection Committee with the Proposal receiving the highest point as the highest-ranked Proposal.

If the Selection Committee decides to interview Proposers based on the final scores, then at a minimum the Selection Committee shall elevate the two highest-ranked Proposers to Elevation Level 3 for interviews. If the Selection Committee decides not to interview Proposers, they will collectively decide if they would like to recommend the Board, or if applicable the County Manager authorize staff to enter into Contract Negotiations with all Proposers, starting with the highest scoring Proposer. After Board or County Manager approval, as applicable, to authorize staff to negotiate a contract, the Proposers will then be elevated to Elevation Level 4 for contract negotiations.

The determination of whether the County Manager may authorize negotiations, without further approval of the Board, is contingent upon whether the anticipated cost of the agreement exceeds \$100,000. The County Manager may authorize contract negotiations for contracts which are not anticipated to exceed \$100,000 in total.

### **Elevation Level 3 (Proposer Interviews)**

The Selection Committee shall conduct interviews of the Proposers that it has elevated from Elevation Level 2 to Elevation Level 3. During an interview, elevated Proposers shall make a presentation describing the key elements of their Proposal and/or address any specific topics the Selection Committee may determine necessary. The Selection Committee members will have an opportunity to inquire about any aspect of the RFP

and the Proposer's Proposal. After all elevated Proposer interviews, each Selection Committee member shall evaluate each Proposer with emphasis on the following:

Proposer interview and presentation focusing on the key elements of their presentation and answers to questions of the Selection Committee.

After the interviews, each Selection Committee member will individually rank the Proposers in numerical order beginning at number 1 for the highest-ranked Proposer. Procurement shall receive and compile each Selection Committee member's ranking of each Proposer, and then publish a rank-ordered listing of Proposers to the Selection Committee, based on the combined average rankings given each Proposer. The Selection Committee members will then collectively decide if they would like to recommend the Board, or if applicable the County manager, authorize staff to enter into Contract Negotiations with all Proposers elevated to Proposer Interviews, starting with the highest-ranked Proposer. After Board or County Manager approval, as applicable, to authorize staff to negotiate a contract, the highest-ranked Proposer will then be elevated to Elevation Level 4, Contract Negotiations.

The determination of whether the County Manager may authorize negotiations, without further approval of the Board, is contingent upon whether the anticipated cost of the agreement exceeds \$100,000. The County Manager may authorize contract negotiations for contracts which are not anticipated to exceed \$100,000 in total.

#### **Elevation Level 4 (Contract Negotiations)**

If a Proposer is elevated to this level, Procurement, with the assistance of the County Attorney's Office, shall negotiate an Agreement with the elevated Proposer.

If after negotiating for a reasonable time period the parties cannot agree on a contract, the County shall, in its sole discretion, terminate further contract negotiations with that Proposer. Procurement shall notify the Selection Committee that contract negotiations with the elevated Proposer have terminated. The Selection Committee shall then determine whether to enter into contract negotiations with the next-highest-ranked Proposer, and so on. If the Selection Committee decides not to recommend contract negotiations with the next-highest-ranked Proposer, and so on, or if the County determines there is no other Proposer with whom the County can successfully negotiate a contract, then the RFP Selection Process shall terminate.

After contract negotiations with a Proposer are successfully completed pursuant to Elevation Level 4, the Selection Committee shall recommend to the Board of County Commissioners or County Manager, as applicable, that it selects such Proposer to provide the services as outlined in the Agreement. The Board of County Commissioners or County Manager, as applicable, shall make the final decision whether the County shall enter into an Agreement with a Proposer.

The determination of whether the County Manager may execute a contract, without further Board approval, is contingent upon whether the cost of the agreement exceeds \$100,000. The County Manager may execute contracts that do not exceed \$100,000 in total.

## **GENERAL CONDITIONS**

### **BID OPENING**

Proposers may attend the Bid Opening via conference call by dialing (646) 558-8656 and enter Meeting ID: 327 647 2818. Proposers that want to attend in person may do so in compliance with safe COVID-19 practices. A listing of all proposers will be posted to Procurement's website as soon as possible after bid opening.

### **COMMUNICATIONS**

After the issuance of any Request for Proposal, prospective proposers shall not contact, communicate with or discuss any matter relating in any way to the Request for Proposal with the Board of County Commissioners, the County Manager, or any employee of Polk County other than the Procurement Director or as directed in the cover page of the Request for Proposal. This prohibition begins with the issuance of any Request for Proposal and ends upon execution of the final contract. Such communications initiated by a proposer shall be grounds for disqualifying the offending proposer from consideration for award of the proposal and/or any future proposal.

### **INSURANCE REQUIREMENTS**

The following coverages are required per this Request for Proposal:

- Workers' Compensation Insurance: \$1,000,000 Employer's Liability coverage or greater amount required to provide statutory benefits, including those that may be required by any applicable federal statute.
- Commercial General Liability Insurance: \$1,000,000 combined single limit of liability for bodily injuries, death, and property damage, and personal injury resulting from any one occurrence, including the following coverages: Completed Operations, Broad Form CG.
- Comprehensive Automobile Liability Insurance: \$1,000,000; combined single limit of liability for bodily injuries, death and property damage resulting from any one occurrence, including all owned, hired and non-owned vehicles.
- Medical Professional Liability: \$1,000,000 per claim, \$2,000,000 aggregate on a per policy year on claims made basis for bodily injuries, death, and personal injury resulting from any one occurrence. The occurrence date shall be



retroactive to the date of the contract. Vendor shall be covered for any errors or omissions they may make in providing Services to firefighters.

The selected Contractor, if any, shall maintain, at all times, in force during the contract period the insurance as specified with an insurer licensed to do business in the State of Florida; rated "A VIII" or better by A.M. Best Rating Company for Class VIII financial size category.

Polk County, a political subdivision of the State of Florida, must be named as an additional insured with respect to liability arising from all work being performed for Polk County, for Automobile and General Liability policies of insurance.

The certificate holder must be Polk County, a political subdivision of the State of Florida, 330 W Church St, Rm 150, Bartow, Florida 33830.

The general liability and worker's compensation policies shall contain a waiver of subrogation in favor of Polk County.

An original certificate of insurance must be on file in the Procurement Division before a purchase order will be issued.

## **INDEMNIFICATION**

Consultant, to the extent permitted by law, shall indemnify, defend (by counsel reasonably acceptable to County), protect and hold the County, and its officers, employees and agents, harmless from and against any and all, claims, actions, causes of action, liabilities, penalties, forfeitures, damages, losses, and expenses whatsoever (including, without limitation, attorneys' fees, costs, and expenses incurred during negotiation, through litigation and all appeals therefrom) including, without limitation, those pertaining to the death of or injury to any person, or damage to any property, arising out of or resulting from (i) the failure of Consultant to comply with applicable laws, rules or regulations, (ii) the breach by Consultant of its obligations under any Agreement with the County entered into pursuant to this solicitation, (iii) any claim for trademark, patent, or copyright infringement arising out of the scope of Consultant's performance or nonperformance of the Agreement, or (iv) the negligent acts, errors or omissions, or intentional or willful misconduct, of Consultant, its professional associates,

subcontractors, agents, and employees; provided, however, that Consultant shall not be obligated to defend or indemnify the County with respect to any such claims or damages arising out of the County's sole negligence. The obligations imposed by this Section shall survive the expiration or earlier termination of the Agreement.

#### **PUBLIC ENTITY CRIMES STATEMENT**

A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid/proposal on a contract to provide any goods or services to a public entity; may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list. By submitting this proposal, the proposer hereby certifies that they have complied with said statute.

#### **EQUAL OPPORTUNITY/AFFIRMATIVE ACTION**

The County is an equal opportunity/affirmative action employer. The County is committed to equal opportunity employment effort; and expects Contractors that do business with the County to have a vigorous affirmative action program.

#### **WOMEN/MINORITY BUSINESS ENTERPRISE OUTREACH**

The County hereby notifies all Proposers that W/MBE's are to be afforded a full opportunity to participate in any request for proposal by the County and will not be subject to discrimination on the basis of race, color, sex or national origin.

#### **AFFIRMATION**

By submitting their proposal, the Proposer affirms that the proposal is genuine and not made in the interest of or on behalf of any undisclosed person, Contractor or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; the Proposer has not directly or indirectly induced or solicited any other person to submit a false or sham proposal; the Proposer has not solicited or induced any person, Contractor or corporation to refrain from

submitting a proposal; and the Proposer has not sought by collusion to obtain for him/herself any advantage over other persons or over the County.

### **DEVELOPMENT COSTS**

Neither the County nor its representative(s) shall be liable for any expenses incurred in connection with preparation of a submittal to the RFP. Proposers should prepare their proposals simply and economically, providing a straightforward and concise description of the proposer's ability to meet the requirements of the RFP.

### **ADDENDA**

The County may record its responses to inquiries and any supplemental instructions in the form of written addenda. The addenda will be posted on the County's website at <https://www.polk-county.net/procurement-bids>. It is the sole responsibility of the proposers to check the website to ensure that all available information has been received prior to submitting a proposal.

### **CODE OF ETHICS**

If any proposer violates or is a party to a violation of the code of ethics of Polk County or the State of Florida, with respect to this proposal, such proposer may be disqualified from performing the work described in this proposal or from furnishing the goods or services for which the proposal is submitted and shall be further disqualified from bidding on any future proposals for work, goods, or services for the County.

### **DRUG FREE WORKPLACE**

Preference shall be given to businesses with Drug Free Workplace (DFW) programs. Whenever two or more proposals, which are equal with respect to price, quality and service, are received by the County for the procurement of commodities or contractual services, a proposal received from a business that has provided a statement that it is a DFW shall be given preference in the award process.

### **APPLICABLE LAWS AND COURTS**

This RFP and any resulting agreements shall be governed in all respects by the laws of the State of Florida and any litigation with respect thereto shall be brought only in the courts of Polk County, State of Florida or the Middle District of Florida, Hillsborough

County, Florida. The proposer shall comply with all applicable federal, state and local laws and regulations.

## **CONTRACT**

All contracts are subject to final approval of the Polk County Board of County Commissioners or County Manager, as applicable. Persons or Contractors which incur expenses or change position in anticipation of a contract prior to the Board's approval do so at their own risk.

## **PROPOSAL ACCEPTANCE PERIOD**

A proposal shall be binding upon the offeror and irrevocable by it for one hundred and twenty (120) calendar days following the proposal opening date. Any proposal in which offeror shortens the acceptance period may be rejected.

## **ADDITION/DELETION**

The County reserves the right to add to or delete any item from this proposal or resulting agreements when deemed to be in the best interest of the County.

**INVOICING AND PAYMENT:** The successful proposer shall submit a properly certified invoice to the County at the contract prices. **An original invoice shall be submitted to the appropriate User Division.** The proposer shall include the contract number and/or the purchase order number on all invoices. By submitting an invoice, the proposer's Project Manager or any authorized officer is attesting to the correctness and accuracy of all charges. Invoices will be processed for payment when approved by the appropriate Division's Project Manager or designee. The County's payment of an invoice shall not constitute evidence of the County's acceptance of the Proposers performance of the Service or the County's acceptance of any work.

## **PROPRIETARY INFORMATION**

In accordance with Chapter 119 of the Florida Statutes (Public Records Law) and except as may be provided by other applicable State and Federal Law, all proposers should be aware that Request for Proposals and the submittals thereto are in the public domain. However, the proposers are required to identify specifically any information contained in their proposals which they consider confidential and/or proprietary and

which they believe to be exempt from disclosure, citing specifically the applicable exempting law. Proposers should provide a redacted copy of their proposal with their submittal or must provide within thirty (30) days from the Proposal due date.

All proposals received from proposers in response to this Request for Proposal will become the property of the County and will not be returned to the proposers. In the event of contract award, all documentation produced as part of the contract will become the exclusive property of the County.

### **REVIEW OF PROPOSAL FILES**

In accordance with Chapter 119.071 of the Florida Statutes, the submittals received for this Request for Proposal are exempt from review for thirty (30) days after the Bid Opening Date or at Recommendation of Award, whichever event occurs first.

Should the RFP be cancelled and re-solicited for any reason, proposal submittals shall remain exempt from disclosure for a period not to exceed twelve (12) months or at Recommendation of Award of the subsequent solicitation.

**RFP PROTEST:** Any proposer desiring to file a protest, with respect to a recommended award of any RFP, shall do so by filing a written protest. The written protest must be in the possession of the Procurement Division within three (3) working days of the Notice of Recommended Award mailing date. All proposers who submitted a proposal will be sent a Notice of Recommended Award, unless only one proposal was received.

A copy of the protest procedures may be obtained from the Polk County Procurement Division or can be downloaded from the County's website at <https://www.polk-county.net/procurement/protest-procedures>.

**FAILURE TO FOLLOW PROTEST PROCEDURE REQUIREMENTS WITHIN THE TIME FRAMES PRESCRIBED HEREIN AS ESTABLISHED BY POLK COUNTY, FLORIDA, SHALL CONSTITUTE A WAIVER OF THE PROPOSER'S RIGHT TO PROTEST AND ANY RESULTING CLAIM.**

## **UNAUTHORIZED ALIEN(S)**

The vendor agrees that unauthorized aliens shall not be employed nor utilized in the performance of the requirements of this solicitation. The County shall consider the employment or utilization of unauthorized aliens a violation of Section 274A(e) of the Immigration and Naturalization Act (8 U.S.C. 1324a). Such violation shall be cause for unilateral termination of this Agreement by the County. As part of the response to this solicitation, the successful Contractor will complete and submit the attached form "AFFIDAVIT CERTIFICATION IMMIGRATION LAWS."

## **EMPLOYMENT ELIGIBILITY VERIFICATION (E-Verify)**

A. For purposes of this section, the following terms shall have the meanings ascribed to them below, or as may otherwise be defined in Section 448.095, Florida Statutes, as amended from time to time:

(i) "Contractor" means a person or entity that has entered or is attempting to enter into a contract with a public employer to provide labor, supplies, or services to such employer in exchange for salary, wages, or other remuneration; and

(ii) "E-Verify system" means an Internet-based system operated by the United States Department of Homeland Security that allows participating employers to electronically verify the employment eligibility of newly hired employees; and

(iii) "Subcontractor" means a person or entity that provides labor, supplies, or services to or for a contractor or another subcontractor in exchange for salary, wages, or other remuneration.

B. Pursuant to Section 448.095(2)(a), Florida Statutes, effective January 1, 2021, public employers, contractors and subcontractors shall register with and use the E-verify system in order to verify the work authorization status of all newly hired employees. The Contractor acknowledges and agrees to utilize the U.S. Department of Homeland Security's E-Verify System to verify the employment eligibility of:

(i) All persons employed by the Contractor to perform employment duties during the term of this contract; and

(ii) All persons (including subvendors/subconsultants/subcontractors) assigned by the Contractor to perform work pursuant to this contract.

C. The Contractor acknowledges and agrees that use of the U.S. Department of Homeland Security's E-Verify System and compliance with all other terms of this section is an express condition of this contract, and the County may treat a failure to comply as a material breach of this contract. By entering into this contract, the Contractor becomes obligated to comply with the provisions of Section 448.095, Fla. Stat., "Employment Eligibility," as amended from time to time. This includes but is not limited to utilization of the E-Verify System to verify

the work authorization status of all newly hired employees, and requiring all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. The *Contractor* shall maintain a copy of such affidavit for the duration of the contract. Failure to comply will lead to termination of this contract, or if a subcontractor knowingly violates the statute, the subcontract must be terminated immediately. Any challenge to termination under this provision must be filed in the Tenth Judicial Circuit Court of Florida no later than 20 calendar days after the date of termination. If this contract is terminated for a violation of the statute by the Contractor, the Contractor may not be awarded a public contract for a period of 1 year after the date of termination. The Contractor shall be liable for any additional costs incurred by the County as a result of the termination of this contract. Nothing in this section shall be construed to allow intentional discrimination of any class protected by law.

## **LIMITATIONS**

The County reserves the right to revise, amend or withdraw this proposal at any time to protect its interest. Proposers will not be compensated by the County for costs incurred in preparation of responses to this RFP.

## **ATTORNEY'S FEES AND COSTS**

Each party shall be responsible for its own legal and attorney's fees, costs and expenses incurred in connection with any dispute or any litigation arising out of, or relating to this Agreement, including attorney's fees, costs and expenses incurred for any appellate or bankruptcy proceedings.

## **PUBLIC RECORD LAWS**

(a) The Consultant acknowledges the County's obligations under Article I, Section 24, of the Florida Constitution and under Chapter 119, Florida Statutes, to release public records to members of the public upon request and comply in the handling of the materials created under this Agreement. The Consultant further acknowledges that the constitutional and statutory provisions control over the terms of this Agreement. In association with its performance pursuant to this Agreement, the Consultant shall not release or otherwise disclose the content of any documents or information that is specifically exempt from disclosure pursuant to all applicable laws.

(b) Without in any manner limiting the generality of the foregoing, to the extent applicable, the Consultant acknowledges its obligations to comply with Section 119.0701, Florida Statutes, with regard to public records, and shall:

(1) keep and maintain public records required by the County to perform the services required under this Agreement;

(2) upon request from the County's Custodian of Public Records or his/her designee, provide the County with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes, or as otherwise provided by law;

(3) ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the term of this Agreement and following completion of this Agreement if the Consultant does not transfer the records to the County; and

(4) upon completion of this Agreement, transfer, at no cost, to the County all public records in possession of the Consultant or keep and maintain public records required by the County to perform the service. If the Consultant transfers all public records to the County upon completion of this Agreement, the Consultant shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Consultant keeps and maintains public records upon completion of this Agreement, the Consultant shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the County, upon request from the County's Custodian of Public Records, in a format that is compatible with the information technology systems of the County.

**(c) IF THE CONSULTANT HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONSULTANT'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, CONTACT THE COUNTY'S CUSTODIAN OF PUBLIC RECORDS AT:**

**RECORDS MANAGEMENT LIAISON OFFICER  
POLK COUNTY  
330 WEST CHURCH ST  
BARTOW, FL 33830  
TELEPHONE: (863) 534-7527  
EMAIL: RMLO@POLK-COUNTY.NET**

**Scrutinized Companies and Business Operations Certification; Termination.**

**A. Certification(s)**

(I) By its execution of this Agreement, the Vendor hereby certifies to the County that the Vendor is not on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, Florida Statutes, nor is the Vendor engaged in a boycott of Israel, nor was the Vendor on such List or engaged in such a boycott at the time it submitted its bid, proposal, quote, or other form of offer, as applicable, to the County with respect to this Agreement.



(II) Additionally, if the value of the goods or services acquired under this Agreement are greater than or equal to One Million Dollars (\$1,000,000), then the Vendor further certifies to the County as follows:

(a) the Vendor is not on the Scrutinized Companies with Activities in Sudan List, created pursuant to Section 215.473, Florida Statutes; and

(b) the Vendor is not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, created pursuant to Section 215.473, Florida Statutes; and

(c) the Vendor is not engaged in business operations (as that term is defined in Florida Statutes, Section 287.135) in Cuba or Syria; and

(d) the Vendor was not on any of the Lists referenced in this subsection A(ii), nor engaged in business operations in Cuba or Syria when it submitted its proposal to the County concerning the subject of this Agreement.

(iii) The Vendor hereby acknowledges that it is fully aware of the penalties that may be imposed upon the Vendor for submitting a false certification to the County regarding the foregoing matters.

B. Termination. In addition to any other termination rights stated herein, the County may immediately terminate this Agreement upon the occurrence of any of the following events:

(i) The Vendor is found to have submitted a false certification to the County with respect to any of the matters set forth in subsection A(i) above, or the Vendor is found to have been placed on the Scrutinized Companies that Boycott Israel List or is engaged in a boycott of Israel.

(ii) The Vendor is found to have submitted a false certification to the County with respect to any of the matters set forth in subsection A(ii) above, or the Vendor is found to have been placed on the Scrutinized Companies with Activities in Sudan List, or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, or has been engaged in business operations in Cuba or Syria, and the value of the goods or services acquired under this Agreement are greater than or equal to One Million Dollars (\$1,000,000).

## Proposers Incorporation Information

(Submittal Page)

The following section should be completed by all bidders and submitted with their RFP submittal:

Company Name: \_\_\_\_\_

DBA/Fictitious Name (if applicable): \_\_\_\_\_

TIN #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Note: Company name must match legal name assigned to the TIN number. A current W9 should be submitted with your submittal.

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Organization (select one type)

- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ Non-Profit
- ☐ Sub Chapter
- ☐ Joint Venture
- ☐ Corporation
- ☐ LLC
- ☐ LLP
- ☐ Publicly Traded
- ☐ Employee Owned

State of Incorporation: \_\_\_\_\_

The Successful vendor must complete and submit this form prior to award. The Successful vendor must invoice using the company name listed above.

## **EXHIBIT 1**

### **DETAILED INSTRUCTIONS ON HOW TO PREPARE AND SEND PERFORMANCE SURVEYS**

The objective of this process is to identify the past performance of the Consultant submitting a proposal package. This is accomplished by sending survey forms to past customers. The customers should return the forms directly to the Consultant. The Consultant is to include all surveys in their proposal package.

#### **Sending the Survey**

The surveys shall be sent to all clients for whom the Proposer has identified under Tab 2. Surveys should correlate to all projects identified under Tab 2.

If more surveys are included, Procurement will only use those for references identified under Tab 2.

1. The Consultant shall complete the following information for each customer that a survey will be sent

CLIENT NAME	Name of the company that the work was performed for (i.e. Hillsborough County).
FIRST NAME	First name of the person who will answer customer satisfaction questions.
LAST NAME	Last name of the person who will answer customer satisfaction questions.
PHONE NUMBER	Current phone number for the reference (including area code).
EMAIL ADDRESS	Current email address for the reference.
PROJECT NAME	Name of the project (Firefighter Physicals), Etc.
COST OF SERVICES	Cost of services (\$40,000)
DATE COMPLETE	Date when the services were completed. (i.e. 5/31/2017)

2. The Consultant is responsible for verifying that their information is accurate prior to submission for references.

3. The survey must contain different services/projects. You cannot have multiple people evaluating the same job. However, one person may evaluate several different jobs.

4. The past projects can be either completed or on-going.

5. The past client/owner must evaluate and complete the survey.

**Preparing the Surveys**

1. The Consultant is responsible for sending out a performance survey to the clients that have been identified under Tab 2. The survey can be found on the next page.
2. The Consultant should enter the past clients' contact information, and project information on each survey form for each reference. The Consultant should also enter their name as the Consultant being surveyed.
3. The Consultant is responsible for ensuring all references/surveys are included in their submittal under Tab 5.
4. Polk County Procurement may contact the reference for additional information or to clarify survey data. If the reference cannot be contacted, there will be no credit given for that reference.

## Survey Questionnaire – Polk County

### RFP 22-411, Firefighter Physicals

To: \_\_\_\_\_ (Name of Person completing survey)

\_\_\_\_\_ (Name of Client Company/Contractor)

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Total Annual Budget of Entity \_\_\_\_\_

Subject: Past Performance Survey of Similar work:

Project name: \_\_\_\_\_

Name of Vendor being surveyed: \_\_\_\_\_

Cost of Services: Original Cost: \_\_\_\_\_ Ending Cost: \_\_\_\_\_

Contract Start Date: \_\_\_\_\_ Contract End Date: \_\_\_\_\_

**Rate each of the criteria on a scale of 1 to 10, with 10 representing that you were very satisfied (and would hire the Consultant /individual again) and 1 representing that you were very unsatisfied (and would never hire the Consultant /individual again). Please rate each of the criteria to the best of your knowledge. If you do not have sufficient knowledge of past performance in a particular area, leave it blank.**

NO	CRITERIA	UNIT	SCORE
1	Ability to manage cost	(1-10)	
2	Ability to maintain project schedule (complete on-time/early)	(1-10)	
3	Quality of workmanship	(1-10)	
4	Professionalism and ability to complete exams for all Fire and EMS positions	(1-10)	
5	Ability to communicate with Client's staff in a timely manner	(1-10)	
6	Ability to resolve issues promptly	(1-10)	
7	Ability to follow requirements based on NFPA standards	(1-10)	
8	Ability to maintain proper documentation and complete in a timely manner	(1-10)	
9	Appropriate application of technology used for mobile testing	(1-10)	
10	Overall Client satisfaction and comfort level in hiring	(1-10)	
11	Ability to offer solid recommendations based on exam result	(1-10)	
12	Ability to facilitate consensus and commitment to the plan of action among staff	(1-10)	

Printed Name of Evaluator \_\_\_\_\_

Signature of Evaluator: \_\_\_\_\_

Please fax or email the completed survey to: \_\_\_\_\_

## AFFIDAVIT CERTIFICATION IMMIGRATION LAWS

SOLICITATION NO.: RFP 22-411, FIREFIGHTER PHYSICALS

POLK COUNTY WILL NOT INTENTIONALLY AWARD COUNTY CONTRACTS TO ANY CONSULTANT WHO KNOWINGLY EMPLOYS UNAUTHORIZED ALIEN WORKERS, CONSTITUTING A VIOLATION OF THE EMPLOYMENT PROVISIONS CONTAINED IN 8 U.S.C. SECTION 1324 a(e) {SECTION 274A(e) OF THE IMMIGRATION AND NATIONALITY ACT ("INA").

POLK COUNTY MAY CONSIDER THE EMPLOYMENT BY ANY CONSULTANT OF UNAUTHORIZED ALIENS A VIOLATION OF SECTION 274A(e) OF THE INA. **SUCH VIOLATION BY THE RECIPIENT OF THE EMPLOYMENT PROVISIONS CONTAINED IN SECTION 274A(e) OF THE INA SHALL BE GROUNDS FOR UNILATERAL CANCELLATION OF THE CONTRACT BY POLK COUNTY.**

PROPOSER ATTESTS THAT THEY ARE FULLY COMPLIANT WITH ALL APPLICABLE IMMIGRATION LAWS (SPECIFICALLY TO THE 1986 IMMIGRATION ACT AND SUBSEQUENT AMENDMENTS).

Company Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

State of: \_\_\_\_\_

County of: \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this \_\_\_\_ day of \_\_\_\_\_, 2022, by \_\_\_\_\_ (*name*) as \_\_\_\_\_ (*title of officer*) of \_\_\_\_\_ (*entity name*), on behalf of the company, who ☐ is personally known to me or ☐ has produced \_\_\_\_\_ as identification.

Notary Public Signature: \_\_\_\_\_

Printed Name of Notary Public: \_\_\_\_\_

Notary Commission Number and Expiration: \_\_\_\_\_

(AFFIX NOTARY SEAL)

**EXHIBIT "Aii"**



**POLK COUNTY PROCUREMENT DIVISION  
THE POLK COUNTY FIRE RESCUE DEPARTMENT**

**REQUEST FOR PROPOSAL  
BID #22-411  
FIREFIGHTER PHYSICALS**

**Polk County Procurement Division  
Fran McAskill, Procurement Director  
220 West Church Street. Room 150  
Bartow, Fl 33830**

**Due Date:  
Wednesday July 6, 2022  
at 2:00 P.M. (EST)**

**LIFE EXTENSION CLINICS, INC.  
D/B/A: Life Scan Wellness Centers  
1011 North MacDill Avenue  
Tampa, Florida 33607  
(813) 876-0625  
Patricia Johnson, CEO**

**Original**

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- a. Attachment A: Price Sheet**
- b. Life Scan Wellness Centers Approach to physicals pricing**

## **TAB 5: SURVEY OF PAST PERFORMANCE**

- a. Surveys**
  - 1. Fort Lauderdale Fire Rescue Survey**
  - 2. Palm Bay Fire Rescue Survey**
  - 3. Osceola Fire Rescue Survey**
  - 4. Jacksonville Sheriffs Fire Rescue Survey**
  - 5. Seminole County Fire Department Survey**

## **TAB 6: ADDITIONAL INFORMATION**

- a. Signed Addendums**
- b. Submittal Page**
- c. COI**
- d. W-9**



# LIFE EXTENSION CLINICS, INC.

D/B/A Life Scan Wellness Centers

Legal Name:	Life Extension Clinics, Inc.
DBA:	Life Scan Wellness Centers
Corporate Address:	1011 North MacDill Avenue Tampa, FL 33607
On-site at location(s) provided by	The Polk County Fire Rescue Department
Phone Number:	Phone: (813) 876-0625
Fax Number:	Fax: (813) 876-0653
Authorized Signature:	Patricia Johnson, CEO
Email:	<a href="mailto:Patricia.Johnson@lifescanwellness.com">Patricia.Johnson@lifescanwellness.com</a>
Incorporated:	Florida, August 1998
Corporate Medical Director:	Anthony L. Capasso, M.D., P.A.
To:	Polk County Fire Rescue Department
Request for Information:	RFP: #22-411 Firefighter Physicals
Due Date:	Wednesday, July 6, 2022, at 2:00 P.M EST

On behalf of Life Scan Wellness Centers, I am pleased to present this proposal for Polk County Fire Rescue Department, RFP # 22-411 Firefighter Physicals. Life Scan Wellness Centers proposes to provide an on-site program for the Polk County Fire Department at location(s) designated and provided by the Polk County Fire Rescue Department. An on-site program can help to ensure an expedient time frame for services as well as provides an option to keep employees on-duty resulting in a reduction in costs, time away from the job, or even overtime. *Life Scan Wellness Centers follows the guidelines outlined in the current editions of NFPA 1582 (2022) and NFPA 1583.*

## **BACKGROUND:**

Life Scan Wellness Centers is the nation's leading provider of NFPA 1582/1583 compliant physicals with over 45,000 public safety exams annually 650 departments. Life Scan Wellness Centers has over twenty- four years' experience in the development and implementation of programs for state, municipalities, and counties to fit their specific needs. Our commitment to police and fire service is well established. Life Scan Wellness Centers is a nationally recognized expert and educator regarding the health and fitness of first responders. Life Scan Wellness Centers is represented on the technical committee of NFPA 1582, IAFC Safety, Health, and Survival Section, and the IAFF/IAFC Wellness Fitness Initiative Committees. We have recognized the vital importance of combining the key components of health, wellness, and fitness to generate the healthiest, most productive employees.

## **LIFE SCAN WELLNESS CENTERS PUBLIC SAFETY PHYSICALS:**

Life Scan Wellness Centers specializes in providing government agencies with public safety physical exams that comply with NFPA 1582, NFPA 1583, OSHA, and the IAFF/IAFC Wellness Fitness Initiatives as well as incorporating an advanced level of enhanced screening assessments for the early detection of cancer,

cardiovascular diseases, and other potentially catastrophic illness. In 1998, Life Scan established the Life Scan Wellness model of POCUS (Point of Care Ultrasound) ultrasound-aided physical exams for Public Safety Officers that has been incorporated into the annual and candidate physical exam standards for over 650 Fire Service, EMS, and Law Enforcement Departments. Life Scan Wellness Centers has a distinctive approach to firefighter health. The Life Scan Firefighter Physical is an integrated model that combines NFPA 1582 and NFPA 1583 compliant physicals with enhanced ultrasound screenings for the early detection of major diseases before they reach a catastrophic level. It provides your employees with a thorough assessment of their physical and mental health as well as recommendations for achieving and maintaining long term wellness.

The Life Scan Firefighter Physical includes a NFPA 1582 compliant comprehensive physical exam with a Life Scan ARNP that includes a hands-on assessment, advanced laboratory blood profiles, mental health and sleep evaluations, vision, audiometry, and a personalized wellness plan.

Each Life Scan Firefighter Physical includes extensive Cardiopulmonary testing as well as a comprehensive WFI Fitness Evaluation. Our Clinical Exercise Physiologists have the expertise and experience to assess the physical fitness levels of each employee in relationship to their cardiovascular and overall health condition and will recommend personal fitness goals as well as diet and nutritional improvements.

Each Life Scan Firefighter Physical also incorporates enhanced early detection ultrasound screenings of the internal organs, vascular system, and heart for the early detection of major diseases such as heart disease, stroke, cancer, and aneurysms.

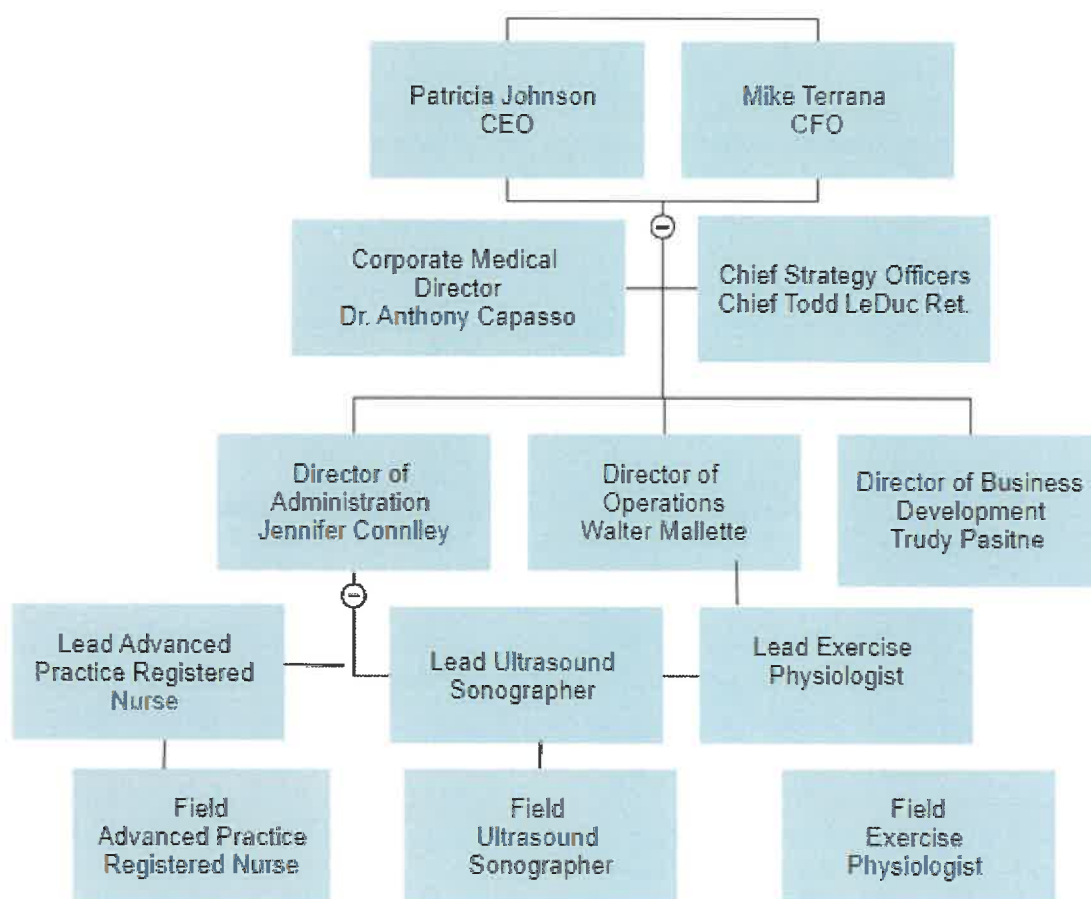
At the conclusion of the Life Scan Wellness exam, each patient is given a comprehensive understanding of their current health as well as their health risk stratification and recommendations.

## **SUMMARY**

Life Scan Wellness thoroughly understands the requirements contained in the scope of work. As an on- going program of Health, Wellness, and Fitness, Life Scan Wellness Centers will continue to be your health and wellness team dedicated to identifying areas of concern, monitoring the recommended interventions and programs, and assuring that your employees attain and maintain the level of health and well-being that is crucial to perform their jobs optimally and greatly reduce the chance for illness and injury.

Thank you for the opportunity to respond to RFP# 22-441 Firefighter Physicals

## AB 2 A Corporate Organizational Chart



## **Life Scan Medical Director**

**ANTHONY L. CAPASSO, M.D.,**

### **EDUCATION**

- 1984-1987 Ohio State University, Columbus, Ohio. Bachelor of Science--Biology  
Cum Laude.
- 1984-1986 Cleveland State University, Cleveland, Ohio.

### **POST GRADUATE TRAINING**

- 1988-1990 Ohio State College of Medicine, Columbus, Ohio
- 1991-1993 University of Alabama School of Medicine, Birmingham Alabama, M.D.
- 1993-1994 University of Florida Health Science Center, Jacksonville  
Florida; Internal Medicine Internship.
- 1994 University of Hawaii Integrated Medical Residency  
Honolulu, Hawaii; Internal Medicine Residency 7/1/94 - 12/4/94
- 1995-1996 University of Florida Health Science Center, Jacksonville  
Florida; Internal Medicine Residency.  
Graduation July 1996

### **HONORS AND AWARDS**

- 1984-1987 Dean's List
- 1985 Summa Award, University College, Ohio State University.
- 1987 Graduate Cum Laude, College of Arts and Sciences, Ohio State University.
- 1989 Honorary Letter from the Department of Anatomy for outstanding performance,  
Ohio State College of Medicine.

### **CERTIFICATION**

Diplomat of the National Board of Medical Examiners, June 1993

Diplomat ABIM, August 1998

### **MEDICAL LICENSURE**

FL ME 0069518

## **MEMBERSHIPS**

1984-1987	National Key Honor Society, Ohio State University
1988-1993	American Medical Student's Association
1991-1993	Tuscaloosa County Medical Association
1991-1993	Larry Mayes Society
1993-1997	American Medical Association
1994-1997	ACP Member
1999-present	Duval County Medical Society

## **EMPLOYMENT**

2007-present	Life Scan Wellness Centers-Medical Director
2003-present	Hospice of Jacksonville –Associate Medical Director
1997-present	Smart for Life Jacksonville-Medical director
2002-present	Anthony L. Capasso M.D. P.A.-private practice
2001- 2003	University Of Florida – Clinical Assistant Professor
1999-2000	Premier Family Care - Internal Medicine
1998-1999	Jacksonville Emergency Consultants - Emergency Medicine
1997-1998	Premier Family Care - Local Tenum
1996-1997	South Beaches Medical - Internal Medicine
1996-1998	Bamen Venus M.D.P.A. - CCU intensivist

## TAB 2. B: LICENSE OF MEDICAL DIRECTOR



Department of Health

**ANTHONY L CAPASSO**

**License Number: ME69518**

*Data As Of 5/31/2022*

<b>Profession</b>	Medical Doctor
<b>License</b>	ME69518
<b>License Status</b>	CLEAR/ACTIVE
<b>License Expiration Date</b>	1/31/2024
<b>License Original Issue Date</b>	10/27/1995
<b>Address of Record</b>	1351 13TH AVE SOUTH JACKSONVILLE BEACH, FL 32250
<b>Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)</b>	No
<b>Discipline on File</b>	No
<b>Public Complaint</b>	No

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

## BARBARA A. PALINCHIK MSN, NP-C

### NURSE PRACTITIONER EXPERIENCE

Life Scan Wellness Centers Tampa, FL

Responsibilities include the on-site annual and pre-employment NFPA 1582 physicals for public safety, clinical assessments, administer the infectious disease program, and medical fit for duty clearances. Provides patient education, wellness plans, and health promotion for long term risk reduction. 2018- current

### STUDENT NURSE PRACTITIONER EXPERIENCE

Western Maryland Healthcare System, Frostburg, MD	3/2017-8/2017
Frostburg Urgent Care Center 225 clinical hours	
Western Maryland Healthcare System, Cumberland, MD	8/2017-12/2017
Primary Care Center 135 clinical hours	
Western Maryland Healthcare System, Cumberland, MD	10/2017-12/2017
Emergency Department 90 clinical hours	
Advanced Neighborhood Pediatrics, Silver Spring and Clarksburg, MD	2/2018-5/2018
Pediatric Primary Care 135 clinical hours	
itals4Life, Lauderhill, FL	5/2018
Primary Care 90 clinical hours	

### SUMMARY OF QUALIFICATIONS

- Obtained detailed history of chief complaint upon interviewing the patient
- Performed focused physical exams such as ears, nose, throat, cardiac, respiratory, abdominal, and musculoskeletal
- Performed 100 adult annual physical and work exams
- Performed school sports physicals
- Performed 100 well child visits from 3-day-old infants to young adults, as well as school sports physicals
- Sutured lacerations of varying depths
- Performed superficial abscess drainages
- Inserted central lines with assistance
- Limb reductions with assistance
- Documentation in EHR, Clinical Works, MediTech, Athena
- Prescribed non-narcotic medications
- Ordered diagnostic tests such as rapid strep, rapid influenza, chest XRAY, and orthopedic XRAY

### RN EXPERIENCE

Medical Solutions, Omaha, NE	Travel Registered Nurse	5/2013 – 3/2019
Cardiac Cath Lab and Interventional Radiology, Community to teaching facilities		
Aventura Hospital and Medical Center, Aventura FL	Registered Nurse	11/2015 - 3/2017
Cardiac and Vascular Institute		
American Mobile Nurses, San Diego, CA	Travel Registered Nurse	9/2011- 4/2013

Cardiac Cath Lab and Interventional Radiology, Community to teaching facilities		
Memorial Regional Hospital, Hollywood, FL	Registered Nurse	5/2006 - 5/2014
Cardiac Vascular Institute		
Doctors Hospital, Miami, FL	Registered Nurse	1/2004 - 5/2006
Interventional Radiology		
American Mobile Nurses, San Diego, CA	Travel Registered Nurse	1/2003-12/2003
Critical Care, Community facility		
Alan Weinstein MD, Washington, DC	Registered Nurse	10/1999 –1/2003
Clinical Study Coordinator/ Asthma, Allergy, Immunology		
National Institute of Health, Bethesda, MD	Contract Registered Nurse	6/1999 –10/1999
Research Nurse Heart, Lung, & Blood Institute		
Washington Adventist Hospital, Takoma Park, MD	Registered Nurse	2/1994 –1/2003
TransCare Unit		

## RN SKILLS

- Mentored 10 nurses to the cardiac cath lab at different facilities with great success
- Educated over 500 patients and patient's family members about procedure providing a thorough knowledge of procedure
- Administered moderate or conscious sedation to over 500 patients during procedure with patients maintaining a comfort level during procedure
- Ability to improve operational policies, systems, and processes in coherence with the organizational goal
- Knowledge of and experience to manage and improve the effectiveness and efficiency of department
- Play a major role in long-term planning, including an initiative geared toward operational excellence
- Provide superior customer-relations satisfaction, ensuring the highest quality service
- Proficient working knowledge of EPIC, McKesson, Cerner, MS Office, and several Cardiac Cath Lab monitoring systems

## LICENSES

- FL ARPN license 7/2022

## CERTIFICATIONS

- Family Nurse Practitioner 9/9/2023
- Advanced & Basic Life Support Certification 2020

## EDUCATION

The Catholic University of America, Master of Science in Nursing, Family Nurse Practitioner  
Washington, DC 9/2015-8/2018

Arizona State University, Bachelor of Science in Nursing  
Phoenix, AZ 9/2011-5/2015

Allegany Community College, Associate of Science in Nursing  
Cumberland, MD 6/1988-5/1990



TAB 2 C BARBARA PALINCHIK LICENSE  
AC# 9678136

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
06/04/2020	APRN 9200514	66908

THE ADVANCED PRACTICE REGISTERED NURSE  
NAMED BELOW HAS MET ALL REQUIREMENTS OF  
THE LAWS AND RULES OF THE STATE OF FLORIDA

Expiration Date: JULY 31, 2022  
BARBARA ANN PALINCHIK  
1011 N MACDILL AVE  
TAMPA, FL - 33607



QUALIFICATION(S):  
Nurse Practitioner

  
Ron DeSantis  
GOVERNOR

DISPLAY IF REQUIRED BY LAW

  
Scott A. Rivkees, MD  
State Surgeon General

QUALIFICATION(S):  
Nurse Practitioner

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

AC#

9678136

DATE	LICENSE NO.	CONTROL NO.
06/04/2020	APRN 9200514	66908

THE ADVANCED PRACTICE REGISTERED NURSE

NAMED BELOW HAS MET ALL REQUIREMENTS OF  
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date : JULY 31, 2022

BARBARA ANN PALINCHIK

  
LICENSEE SIGNATURE

## TAB 2 C: ULTRASOUND CV

Christine Christopher, RCS, RDCS

### EDUCATION

Certified Cardiovascular Technologist

October 2015-Aug 2017

*(Non-Invasive Adult Echocardiography & Vascular Sonography)*

American Institute of Medical Sciences & Education, NJ

#### Accreditations:

- **Middle States (CESS-MSA)** i.e. recognized by the U.S. Secretary of Education and the Council for Higher Education Accreditation (CHEA)
- **Programmatically Accredited by CAAHEP** (General Cardiac Sonography Concentration – Adult Echocardiography)

#### Area of Study:

- |   |  |   |
|---|--|---|
| • Medical Terminology                       | • Scanning of Valves                                     | • Vascular Anatomy - normal & abnormal, hemodynamic and Scanning Techniques |
| • Introduction to Anatomy & Physiology      | • Cardiac masses, infection and congenital abnormalities | • Arterial ultrasound duplex (carotids)                                     |
| • Diagnostic Ultrasound Physics             | • Special situations and conditions                      | • ABPI and segmental pressure / PVR   |
| • Instrumentation and Doppler               | • Electrocardiogram                                      | • Patient Care / Patient Assessment and QA                                  |
| • Different Echo techniques                 | • Stress testing   | • PACS / Cardiologist worksheet   |
| • Heart Failure, myocardium and pericardium | • Holter monitoring                                      |   |
|   | • Pharmacology   |   |

### CERTIFICATIONS

- |                                     |   |
|-------------------------------------|---|
| • <b>CCI (RCS)</b> – December 2017  | • <b>Sonography of Principles and Instrumentation (SPI)</b> -2016 |
| • <b>ARDMS (RDCS)</b> – August 2018 | • <b>CPR/BLS</b> -2021 (Active)                                   |

### SUMMARY OF SKILLS

- |  |   |   |
|--|---|---|
| • Diagnostic Cardiac & Vascular-Doppler scanning (Echocardiography / LEV/LEA/UEA/UE V/Carotid) | • Knowledge of Heart Failure, myocardium and pericardium              | Testing, Holter Monitoring  |
| • Able to perform Different Echo techniques  | • Knowledge of Cardiac masses, infection and congenital abnormalities | • HIPAA, Medical Laws & Ethics, Patient care, Patient Assessment & QA |
|  | • Electrocardiogram (EKG), Stress                                     |   |

### EQUIPMENT FAMILIARITY

GE logic, Biosound portable, Zonare, Sonosite Portable (Titan, Micro-Max & Turbo), Philips Image point, HDI 5000, HP Sono 5500, Unetixs MultiLab PVR System. Terrason.

## PROFESSIONAL EXPERIENCE

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**Life Scan Wellness Centers, Houston, TX**  
Mobile Ultrasound Sonographer (Full Time)

Nov 2018- Present

- Works in a team of three with a nurse practitioner and exercise physiologist on a daily basis
- Performs ultrasounds for yearly wellness physical exams for fire and police departments in the Houston area.
- Educates and informs patients on beneficial health information
- Scans performed- Carotid, Thyroid, Echo, Abdominal, Pelvic, and Scrotal.

**Multi Mobile Imaging, Long Island City, NY**  
Mobile Sonographer / Echocardiographer (Full Time)

Oct 2017-Oct 2018

- Trained fully in the use of mobile sonography equipment
- Performing echocardiograms and vascular studies daily
- Crossed trained in general ultrasound (abdominal/pelvic)
- Interpreting and submitting studies to reading radiologist
- Working on an independent basis
- Ultrasound platform use - Samsung HM70A

## CLINICAL EXPERIENCE

---

**Staten Island University Hospital (South)/Northwell Health**  
Cardiovascular Technology (Clinical Rotation – 640 hours)

March – August 2017

- Performed approximately 700+ echoes
- Able to recognize both normal and abnormal heart defects
- Observed a scan of a heart transplant
- Observed stress echoes
- Placed 3 lead for EKG's prior to each echocardiography scan
- Provided great patient care and patient assessment pre, during and post each diagnostic exam
- Proficient using the Vivid I Echocardiography machine
- Abided by all hospital HIPAA Rules and Regulations

## PROFESSIONAL EXPERIENCE

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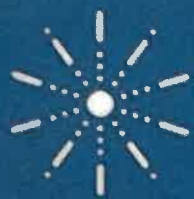
**Direct Support Professional**  
**Heart Share Human Services, NY, NY**

June 2010-April 2016

## REFERENCES

---

Available Upon Request



**ARDMS®**

**American Registry for  
Diagnostic Medical Sonography**

**2022**

**ARDMS HAS AWARDED CREDENTIALS TO  
CHRISTINE CHRISTOPHER**

**CREDENTIALS  
RDCS(AE)**

**ID #  
205951**

**REGISTERED SINCE  
2018**

**EXPIRES ON  
12/31/2022**

Check for up-to-date status at [ARDMS.org/VerifyStatus](https://www.ardms.org/VerifyStatus).

## **ARDMS CREDENTIALS**

**RDMS®** Registered Diagnostic Medical Sonographer®

**RDCS®** Registered Diagnostic Cardiac Sonographer®

**RVT®** Registered Vascular Technologist®

**RMSKS™** Registered Musculoskeletal Sonographer™

**Midwife Sonography Certificate**

1401 Rockville Pike, Suite 600, Rockville, MD 20852-1402

Toll Free 800-541-9754

[ARDMS.org](http://ARDMS.org)

This card is property of ARDMS® and must be returned upon request.

If found, please return to the address above.

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## Rebecca C. Knecht

### EDUCATION

**George Washington University, Washington, DC**

*August 2013-May 2015*

*Major: Masters of Science in Clinical Exercise Physiology*

**West Virginia University, Morgantown, WV**

*August 2008-May 2012*

*Major: Sport and Exercise Psychology*

### TRAINING AND CERTIFICATIONS

- Advanced Cardiac Life Support
- Basic Life Support
- ACSM Certified Exercise Physiologist
- ACE Fitness Nutrition Specialist

*June 2017 – June 2019*

*Oct. 2018 – Oct. 2020*

*Dec. 2018 – Dec 2021*

### RELATED EXPERIENCE

**Life Scan Wellness Center, Tampa, FL**

*April 2017 - Present*

*Exercise Physiologist*

#### Duties:

- Perform pulmonary function testing and submaximal cardiac stress tests on first responders
- Review health history of patient and work closely with nurse practitioner and ultrasound tech to evaluate health and fitness of individuals
- Calculate body composition through skinfold measurement and BMI
- Perform and read both resting and exercise EKG during submaximal stress test
- Take manual blood pressure both at rest and during exercise
- Discuss and customize exercise and diet regimen with each patient

**Howard County General Hospital, Columbia, MD**

*Nov. 2014 – Jan. 2017*

*Cardio/Pulmonary Exercise Physiologist & Cardiac Diagnostics Tech*

#### Duties:

- Work with cardiac and pulmonary patients before during and after exercise to develop exercise plans tailored to their specific condition
- Teach cardiac education classes about exercise, nutrition, and medications. Teach pulmonary educations relating to exercise and nutrition.
- Perform EKGs, as well as hook-up patients to 24-hour Holter monitor and 24-hour BP monitor. Work with nurses to properly enter EKG orders and help troubleshoot EKG machine.
- Administrative duties including filing, entering patient information into databases, reconciliation of CST error work queue, update educational materials, and collect and input diagnostic data each month.

#### Skills

- Experienced in Microsoft Word, Excel, PowerPoint, Outlook and Photoshop
- Proficient in Epic hospital database, GE Muse and Pyramis EKG carts and database, and Cardioperfect by Welch Allyn
- LEAN Sigma Trained
- Public Speaking
- Inventory Management

# Rebecca Knecht

## WORK EXPERIENCE

### Exercise Physiologist

Johns Hopkins Howard County General Hospital - Columbia, MD - March 2015 to January 2017

- Work with patients before during and after exercise to develop exercise plans tailored to their specific condition
- Take resting and exercise blood pressures manually, as well as take blood sugar for patients using glucometer when necessary.
- Teach cardiac education classes about exercise, nutrition, and medications, monitor patients EKGs, recognize and record dysrhythmias and report to cardiologist.
- Assist patients with exercise machines and proper free weight use
- Perform EKGs, as well as hook-up patients to 24-hour Holter monitor and 24-hour BP monitor.
- Hook-up patient, take blood pressure, and run computer for Nuclear Stress Tests

## EDUCATION

### MS in Exercise Science

George Washington University - Washington, DC  
2013 to 2015

BS in Sport and Exercise Psychology  
West Virginia university - Morgantown, WV 2008 to 2012

### CERTIFICATIONS/LICENSES

ASCM certified exercise physiologist  
May 2015 to May 2018

CPR/AED

September 2014 to September 2016

### ADDITIONAL INFORMATION

Skills

---

# ANCED CARDIAC LIFE SUPPOR

---

ACLS Certification  
Institute

Training  
Center #: 32633

FL, US

Provider #: 846248429

tor: Anne Perry

Instructor #: 1201746833

tor's  
re:



Provider's  
Signature:



Use this letter as proof that the following ACSM certification(s) have been recertified:

*Rebecca Knecht*

Certificate Number	Name of Certification	Expiration Date	Amount Received	New Expiration Date
<u>1040511</u>	ACSM Certified Clinical Exercise Physiologist	12/31/2018	55.00	12/31/2022

Expect your new certificate and wallet card within six weeks.

PLEASE NOTE: The ACSM Certification Department audits a percentage of randomly selected ACSM Recertification/Renewal Forms at each credential level every year.

If you are randomly chosen for audit, you will be required to provide documented proof of

## **2. D: DETAILED STAFFING PLAN:**

Our Life Scan Wellness Centers Program is designed specifically for public safety and the entire medical staff has extensive knowledge and experience in providing firefighter physicals. The medical staff works in teams and each of them is experienced in all aspects of the scope of services and the Life Scan Wellness Centers program including NFPA 1582, NFPA 1583, OSHA Respiratory Standard, the Wellness Fitness Initiative fitness evaluations, annual medical clearances, and reporting processes.

### **STAFFING:**

- The Life Scan Wellness Centers staff dedicated to Polk County Fire Rescue Department will include three (3) full-time Life Scan Wellness Centers' clinical employees that are extensively trained and experienced in our Life Scan Wellness Centers NFPA 1582 and 1583 firefighter physicals using an integrated, team approach. The lead nurse practitioner will perform the physicals as well as oversee the clinical staff and medical clearances.
- Each team member is a direct employee of Life Scan Wellness Centers and has undergone extensive training with Life Scan Wellness Centers to fully understand the technical, clinical, Life Scan Wellness procedures, and individual protocols of the assessments and medical clearances.
- All Life Scan Wellness Centers clinical staffing receives annual, recurrent training in areas such as ACLS certification, Public Safety Disease Risks, Diabetes, Hazmat testing, Infectious Diseases, Blood borne Pathogen and Safety Protocols, Medical Reporting updates, NFPA 1582 and 1583 updates, IAFF/IAFC Wellness Fitness Initiative, and Life Scan Wellness

### **ON-SITE MEDICAL STAFF:**

The Life Scan Wellness Centers program is designed specifically for Fire and Police Rescues and the entire clinical staff has extensive knowledge and experience in providing NFPA 1582/1583 public safety physicals and fitness evaluations. The clinical staff works in teams and each of them are experienced in all aspects of the scope of services and the Life Scan Wellness Centers program including NFPA 1582, NFPA 1583, OSHA Respiratory Standard, the IAFF/IAFC WFI Initiatives, medical clearances, and reporting processes. The team that will be designated to the Polk County Fire Rescue Department will be determined upon award of contract and will be approved by the Polk County Fire Rescue Department prior to the initiation of the program. The team will be full-time Life Scan Wellness Centers employees that are experienced and extensively trained in our procedures and processes.

#### ***Advanced Practice Registered Nurse***

Barbara Palinchik, APRN Florida Licensed. ACLS Certified.

Barbara with their team of Life Scan Wellness Center's Advanced Practice Registered Nurses perform the on-site annual and pre-employment physicals, clinical assessments, administer the infectious disease program, and medical clearances under in collaboration with the public safety departments medical director. Our nurse practitioners have experience providing medical

clearances, pre-placement employment physicals, fitness for duty, NFPA 1582(2022), WFI, and OSHA Respirator Medical Clearance. They each have a thorough understanding of the unique needs, physical requirements, and mental stress related to the profession of firefighter and police personnel. Our Life Scan Wellness Centers nurse practitioner will collaborate with the public safety departments medical director.

***Clinical Exercise Physiologist***

Rebecca Knecht, BS, MS

Rebecca along with Life Scan Wellness Centers 's Clinical Exercise Physiologists are experienced in cardiac testing and interpretation, lung capacity (pulmonary function) testing and interpretation, firefighter fitness evaluations, diet and nutrition, body fat and body composition, and all aspects of NFPA 1582, NFPA 1583, and WFI fitness assessments. All Life Scan physiologists are trained and experienced in OSHA Respiratory Protection 1910.134 medical testing and Mask Fit Testing Protocol Certified

***Sonographer, Ultrasound Technician***

Christine Christopher, RCS, RDCS

Christine and Life Scan Wellness Centers sonographers are fully cross- trained in all modalities of ultrasound including vascular, heart, abdominal, and general ultrasound. Our ultrasound sonographers provide a key component to the overall health assessments, early detection testing, and education of our patients. The Life Scan Wellness Centers Ultrasound Technicians are all direct, full-time Life Scan Wellness Centers employees. ARDMS Certified, BLS Certified

## **2. E: RESPONDENT EXPERIENCE**

### **Corporate:**

**Founded: August 1998**

**Number of years in business: 24 years**

**Medical Director: Anthony Capasso, M.D.**

**Number of years in practice: 25 years**

**Number of years as Medical Director for Life Scan: 18 years**

Life Scan Wellness Center's background is in early detection and prevention-based wellness physicals for government agencies with a specialty in public safety. We have over twenty-four years' experience in the development and implementation of firefighter and police physical exams to fit their specific needs. We recognize the vital importance of combining the key components of health, wellness, and fitness to produce the healthiest, most productive firefighters and police officers. After researching and developing a program that is specifically designed to meet the needs of public safety, we started our first on-site wellness center in 2001 for the City of Jacksonville. Since then, we have contracted with over 650 government agencies throughout the United States in multiple states. Our Life Scan Wellness Centers Program provides annual public safety wellness exams as well as post-offer candidate exams, respiratory protection programs, vaccines, and general employee exams at the same time integrating a model of early detection and prevention.

Life Scan Wellness Centers has over 24+ years of proven experience as the leader in NFPA 1582 compliant physicals providing financial stability and capability to perform the scope of services in this RFQ.

### ***Life Scan Wellness Program:***

- NFPA 1582 Compliant Physicals for Police and Firefighters
- NFPA 1583 Compliant Fitness Evaluation for Police and Firefighters
- IAFF/IAFC Health and Wellness Initiative
- Hazmat Physicals
- SWAT Team Physicals
- Bomb Squad Physicals
- OSHA Respirator Medical Clearance
- OSHA Respirator Mask Fit Testing
- Fit for Duty Testing
- On-site Program for all medical testing and X-rays
- Infectious Disease testing and vaccines
- On-site X-ray services
- On-site blood draws
- Post Offer Employment Physicals

## **PRINCIPALS, MANAGEMENT, AND PHYSICIAN SUPERVISORY TEAM:**

**Principal:** Patricia Johnson, CEO, and co-founder of Life Scan Wellness Centers, has over thirty-five years of medical expertise and is an authority on the health and wellness of public employees and public safety officers. Patricia integrated occupational medical services with preventative medicine specializing in the early detection and prevention of both chronic and acute diseases including heart attacks, strokes, cancer, and other catastrophic diseases, for the benefit of government entities. Patricia will be the business liaison with the Polk County Fire Rescue Department.

**Principal:** Michael Terrana, Esq., CFO, and co-founder of Life Scan Wellness Centers. Mike serves full time in his position of Chief Financial Officer and Chief Legal Counsel for Life Scan Wellness Centers. Mike is responsible for ensuring legal and corporate compliance as well as the fiscal stability of Life Scan. Mike oversees all contracts and serves as corporate counsel.

**Corporate Medical Director:** Anthony Capasso, M.D. Dr. Capasso is Board Certified in Internal Medicine and has over 25 years in medical practice. Dr. Capasso is the supervisory medical director and directs the medical clearance reviews. Dr. Capasso has served as the Life Scan Wellness Centers' corporate medical director for over 18 years.

**Clinical Team Leaders:** Barbara Palinchik is the Life Scan Wellness Centers' Lead Nurse Practitioner. She is responsible for the supervision of the medical specialists and for the continuing education as well as medical procedures and protocol for the Life Scan Wellness Center medical program. Barbara will ensure quality control over medical reporting and records and manage scheduling timelines. Barbara has extensive experience with NFPA 1582 guidelines and interpretation including annual and candidate medical clearances.

**Chief Strategy Officer:** Chief Todd J. LeDuc, MS, CFO, FIFire (Ret.) served over thirty years at Broward County Sheriff Fire Rescue in Florida retiring as Assistant Fire Chief. He is also the past Secretary of the International Association of Fire Chief's (IAFC) Safety, Health & Survival Section Board of Directors where he has served for the last 15 years, Chief LeDuc is focused on assuring the highest levels of clinical excellence as well as forging national partnerships with leading fire service organizations to enhance cutting edge early detection screenings are available for identification of occupational cardiac disease, cancer and behavioral health. Chief LeDuc will be the public safety health and wellness liaison with the Polk County Fire Rescue Department.

**Project Manager:** Jennifer Connelly. Jennifer is the Life Scan Wellness Centers Administrative Director and Project Manager. Jennifer will be the liaison with the Polk County Fire Rescue Department. She is responsible for the supervision of the medical staff. Jennifer will ensure quality control over medical reporting and records and manage scheduling timelines.

## **PROFESSIONAL CONTRIBUTIONS TO FIREFIGHTER HEALTH AND SAFETY:**

Life Scan is a nationally recognized expert and educator regarding the health and fitness of police and firefighters. Life Scan has advised NFPA 1582 and the IAFF/IAFC Wellness Fitness Initiative Committees regarding firefighter health and fitness.

Life Scan attends conferences and provides Firefighter Educational Seminars, CEU courses, and professional articles to:

- Metro Fire Chiefs Association
- IAFC/IAFF Fire Rescue International
- IAFC Safety, Health, and Survival Section
- Firefighter Cancer Symposium, NFFF
- Florida Fire Chiefs
- Florida Professional Firefighters
- Texas Fire Chiefs
- International Firefighter Smoke Symposiums
- Firefighter Safety and Health Conferences
- Firefighter Cancer Survivor Network
- FBI LEEDA

**TAB 2: F: Client Reference List**

Client 1	
CLIENT NAME	Fort Lauderdale Fire Rescue
FIRST NAME	Assistant Chief Jo- Ann
LAST NAME	Lorber
PHONE NUMBER	954-828-6809
EMAIL ADDRESS	JLorber@fortlauderdale.gov
PROJECT NAME	NFPA 1582 Annual Physicals for Firefighters
COST OF SERVICES	\$150,000.00 annually
DATE COMPLETED	2017 to Present

Client 2	
CLIENT NAME	Palm Bay Fire Rescue
FIRST NAME	Marvena
LAST NAME	Eck
PHONE NUMBER	321-409-6376
EMAIL ADDRESS	<a href="mailto:Marvena.eck@palmbayflorida.org">Marvena.eck@palmbayflorida.org</a>
PROJECT NAME	NFPA 1582 Annual /Candidate Physicals
COST OF SERVICES	\$50,000.00 annually
DATE COMPLETED	2014-Present

Client 3	
CLIENT NAME	Osceola Fire Department
FIRST NAME	Chief Matt
LAST NAME	Escobar
PHONE NUMBER	407-742-6980
EMAIL ADDRESS	Matt.escobar@osceola.org
PROJECT NAME	NFPA 1582 Annual/Candidate Physicals
COST OF SERVICES	\$220,000.00 Annually
DATE COMPLETED	2018- Present

Client 4	
CLIENT NAME	Jacksonville Sheriff's Office
FIRST NAME	Don
LAST NAME	Ferris
PHONE NUMBER	904-630-2125
EMAIL ADDRESS	<a href="mailto:safety.officer@jaxsheriff.org">safety.officer@jaxsheriff.org</a>
PROJECT NAME	Wellness Physicals-NFPA 1582 Physicals
COST OF SERVICES	Confidential
DATE COMPLETED	1998 to Present

Client 5	
CLIENT NAME	Seminole County Fire Department
FIRST NAME	Terri
LAST NAME	Touchton
PHONE NUMBER	407-665-5002
EMAIL ADDRESS	<a href="mailto:ttouchton@seminolecountyfl.gov">ttouchton@seminolecountyfl.gov</a>
PROJECT NAME	NFPA 1582 Physicals
COST OF SERVICES	\$345,000 annually
DATE COMPLETED	2016-2021, 2021-present

**2. G: SUB-CONTRACTOR**

None



## **2. H: Medical Laboratory**

LabCorp  
Regional Office  
Laboratory Corporation of America  
5610 W. LaSalle Street  
Tampa, FL

LabCorp Services Centers within 25 miles of Bartow, FL

1. LabCorp Patient Services Center  
2142 E. Edgewood Dr  
Lakeland, FL 33803
2. LabCorp  
1120 Havendale Blvd  
Winter Haven, FL33881
3. LabCorp  
350 1<sup>st</sup>. St. N  
Winter Haven, FL
4. LabCorp  
3037 Lakeland Hills Blvd  
Lakeland, FL 33805

CENTERS FOR MEDICARE & MEDICAID SERVICES  
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS  
CERTIFICATE OF ACCREDITATION

LABORATORY NAME AND ADDRESS  
LABORATORY CORPORATION OF AMERICA  
5610 W LASALLE ST  
ATTN ETHEL MISAEL-QA DEPT  
TAMPA, FL 33607

CLIA ID NUMBER  
10D0289827

EFFECTIVE DATE  
04/28/2021

LABORATORY DIRECTOR  
SEAN E FARRIER M.D.

EXPIRATION DATE  
04/27/2023

Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



*Monique Spruill*  
Monique Spruill, Director  
Division of Clinical Laboratory Improvement & Quality  
Quality & Safety Oversight Group  
Center for Clinical Standards and Quality

120 Certs2\_033021

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
BACTERIOLOGY (110)	10/13/1995
MYCOBACTERIOLOGY (115)	03/04/2013
MYCOLOGY (120)	10/13/1995
PARASITOLOGY (130)	10/13/1995
VIROLOGY (140)	10/13/1995
SYPHILIS SEROLOGY (210)	10/13/1995
GENERAL IMMUNOLOGY (220)	10/13/1995
ROUTINE CHEMISTRY (310)	10/13/1995
URINALYSIS (320)	10/13/1995
ENDOCRINOLOGY (330)	10/13/1995
TOXICOLOGY (340)	08/15/2003
HEMATOLOGY (400)	10/13/1995
ABO & RH GROUP (510)	10/13/1995

<u>LAB CERTIFICATION (CODE)</u>	<u>EFFECTIVE DATE</u>
ANTIBODY NON-TRANSFUSION (530)	10/13/1995
ANTIBODY IDENTIFICATION (540)	07/17/2008
HISTOPATHOLOGY (610)	10/13/1995
ORAL PATHOLOGY (620)	04/29/2008
CYTOLOGY (630)	08/15/2003



FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT [WWW.CMS.GOV/CLIA](http://WWW.CMS.GOV/CLIA)  
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR  
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.  
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.

### **3. A-H PROJECT APPROACH AND METHODOLOGY**

#### **A: STATEMENT OF QUALIFICATIONS**

Life Scan Wellness Centers has the proven experience, knowledge, clinical staffing, equipment, and resources to successfully continue to provide Polk County Fire Rescue Department with an unprecedented public safety health and wellness program and can successfully meet all timelines and performance criteria for the annual physicals.

As one of the Nation's leading providers and experts in the field of Public Safety Physicals for over two decades, Life Scan Wellness Centers proposes to provide the Polk County Fire Rescue Department with NFPA 1582/1583 compliant physicals that are focused on early detection and long-term health and wellness. Life Scan Wellness Centers has a thorough understanding of the Fire Department needs and the Scope of Work. We have the unique knowledge and experience as well as the resources, staffing, and logistics required.

#### **B: TEAMS/ EMPLOYEES**

The Life Scan Wellness Centers Firefighter Physical is an integrated model that combines NFPA 1582 and NFPA 1583 compliant physicals with enhanced ultrasound screenings for the early detection of major diseases before they reach a catastrophic level. It provides your employees with a thorough assessment of their physical and mental health as well as recommendations for achieving and maintaining long term wellness.

The Life Scan Wellness Centers' public safety physical utilizes Mid-Level Health Care Professionals-Advance Practice Registered Nurses to perform the physicals as well as supervise the clinical staff and on-site program. Each are full-time employees with extensive training and experience in NFPA 1582/1583 Firefighter physicals. Our APRN model provides immediate medical clearance and complies with the Scope of Work.

- The Life Scan Wellness Centers Program is designed exclusively for police and fire departments. Our entire clinical team has extensive knowledge and experience in providing occupational public safety physicals. All Life Scan Wellness Centers clinical team members are trained and experienced in all aspects of the Scope of Work and the Life Scan Wellness Program including NFPA 1582, NFPA 1583, OSHA Respiratory Standard, and The WFI Initiatives.
- The Life Scan Wellness Centers' licensed health practitioner (LHCP) designated for the Polk County Fire Rescue Department will be a Life Scan Florida licensed APRN (Advanced Practice Registered Nurse).
- All Life Scan Wellness Centers' employees are full-time, direct employees and are extensively trained and experienced in NFPA 1582/1582 annual physicals and examinations. The Life Scan Wellness Centers' APRN will be on site at The Polk County Fire Rescue Department designated location(s) to conduct the physical exam, vision, audiometry, and oversee all aspects of the program. They also provide their patients with same day consultation for review of results and recommendations.

- Each ARNP is experienced in occupational public safety physicals. They have a thorough knowledge of job-related activities/essential duties, the physical demands of the occupation, and the mental stresses associated with public safety. They understand the various job analysis/essential duties and receive annual training on matters relating to public safety service.
- Life Scan Wellness Centers has multiple clinical/fitness teams that can undertake a range of differing projects. The clinical/fitness staff members that will be assigned to the Polk County Fire Rescue Department has extensive experience with Life Scan Wellness Centers in similar projects with over 650 fire departments and law enforcement agencies in the United States caring for over 45,000 first responders and are fully-trained in all aspects of the Life Scan Wellness Centers Program and the Scope of Work for this RFP (Annual Physicals only)

#### **Advanced Practice Registered Nurse**

Life Scan Wellness Center's Advanced Practice Registered Nurses perform the on-site annual and pre-employment physicals, clinical assessments, administer the infectious disease program, and medical clearances under in collaboration with the public safety departments medical director. Our nurse practitioners have experience providing medical clearances, pre-placement employment physicals, fitness for duty, NFPA 1582(2022), WFI, and OSHA Respirator Medical Clearance. They each have a thorough understanding of the unique needs, physical requirements, and mental stress related to the profession of firefighter and police personnel. Our Life Scan Wellness Centers nurse practitioner will collaborate with the public safety departments medical director.

#### **Clinical Exercise Physiologist**

Life Scan Wellness Centers's Clinical Exercise Physiologists are experienced in cardiac testing and interpretation, lung capacity (pulmonary function) testing and interpretation, firefighter fitness evaluations, diet and nutrition, body fat and body composition, and all aspects of NFPA 1582, NFPA 1583, and WFI fitness assessments. All Life Scan physiologists are trained and experienced in OSHA Respiratory Protection 1910.134 medical testing and Mask Fit Testing Protocol Certified

#### **Sonographer, Ultrasound Technician**

Life Scan Wellness Centers sonographers are fully cross-trained in all modalities of ultrasound including vascular, heart, abdominal, and general ultrasound. Our ultrasound sonographers provide a key component to the overall health assessments, early detection testing, and education of our patients. The Life Scan Wellness Centers Ultrasound Technicians are all direct, full-time Life Scan Wellness Centers employees. ARDMS Certified, BLS Certified

## **C. QUALITY ASSURANCE:**

### **LIFE SCAN WELLNESS CENTERS COMPREHENSIVE QUALITY ASSURANCE AND SECURITY POLICY**

**The Life Scan Comprehensive Safety and Security Policy is a safety and security management plan designed to maintain a safe environment free of hazards and reduce risk of injuries for patients and employees**

- a. Process for employee safety and security:
  - 1. New employee orientation and education program and annual recurrent training that address Safety Procedures:
    - i. Blood borne pathogen policy: Attachment A
    - ii. Biohazard waste policy: Attachment B
    - iii. Equipment: Attachment C
- b. Process and procedures for facilities and equipment security
  - 1. Life Scan will coordinate with the on-site facility manager to determine what the Polk County Fire Rescue Department procedures and processes are for specific site as well as best manner to secure equipment during program.
- c. Emergency Preparedness Plan
  - 1. Life Scan will coordinate with the on-site facility manager to determine what The Polk County Fire Rescue Department procedures and process are for the specific site.
- d. Safety Equipment
  - 1. Life Scan routinely maintains and tests all equipment. Any equipment utilized will be tested prior to program start on-site.
- e. Reporting to risk Management regarding accidents and/or damages.
  - 1. Life Scan management will receive any accident and or damage reports and report them directly to Life Scan Wellness and the Polk County Fire Rescue Department.
- f. Records Confidentiality and Security
  - 1. Life Scan Wellness Centers has designed a unique EMR system for Public Safety. Our EMR has been developed using Quick Base, a low- code database and application development platform. It incorporates all the advanced security measures needed to ensure HIPA Compliance an Electronic Medical Record (EMR) system is the software platform that allows the Life Scan Wellness Centers to do a variety of tasks: electronic entry, storage, and maintenance of digital medical data. From a patient perspective, it is a digital version of a patient's medical information that would have previously been recorded in a paper chart.
  - 2. Life Scan follows all HIPPA, State, and local guidelines regarding patient confidentiality and will review the process with the Polk County Fire Rescue Department.
  - 3. Patients receive a copy of their medical records on the day of their physical exam and will have access to records when requested through the secure Life Scan Wellness Centers' EMR.

## **D: SCHEDULING**

### **TIMELINE AND IMPLEMENTATION STRATEGY PLAN**

**A. Phase 1:** Conference call/Zoom meeting with Life ScanWellness Centers' project management team and The Polk County Fire Rescue Department coordinators.

1. Discuss program components and requirements.
2. Determine space requirements and coordinate on-site programs.
  - a. 3-4 Rooms to accommodate the following components:
    - Physical exam
    - Audiometry testing area with minimal noise.
    - Cardiopulmonary/Fitness evaluations.
    - Ultrasound exams

3. Plan timeline.

4. Review and approve Patient Packet and Aggregate Data format.

5. Review and approve Fit for Duty/Not Fit for Duty reporting process

**B. Phase 2:** Schedule dates for physicals:

700 Firefighters annual physicals = 16+ weeks required

1. Nine patients per day in three intervals of three patients each:

Example: 3 @ 8:00, 3 @ 11:00 am, and 3 @ 2 pm.

- Start time determined by the Fire Department
- Each annual physical exam will require 3 hours per patient.
- Three (3) patients will rotate between the three (3) components of the physical (ultrasound, physical, and cardiopulmonary/fitness)

**C. Phase 3:** Blood draws (Coordinated 4 to 6 weeks prior to physicals)

**D. Phase 4:** Life Scan Wellness Centers Physicals

1. Annual Physicals: Requirements based on NFPA 1582/1583 (Current Editions).

**E. Phase 5:** Reporting per the Polk County Fire Rescue Department requirements.

1. On the day of their physical, all patients will receive immediate consultation
2. and written recommendations along with copies of their results, ultrasound images, laboratory results, cardiopulmonary results, fitness evaluations, and a personal fitness Rx and a Wellness Plan.
3. All medical information is confidentially stored and maintained by Life Scan Wellness Centers unique EMR system for Public Safety. Our EMR has been developed using Quick Base, a low-code database and application development platform. Patients must provide a written request to receive any copies of their personal health information. All Life Scan reports are customizable based on the individual needs and requirements of each department.

Each employee will receive copies of his Life Scan examination and test results on the day of their Life Scan exam to include a summary form, lab results, EKG, exercise data, ultrasound reports and images of abnormal studies, patient



## **E. Reporting and Sample Reports**

All Life Scan Wellness Centers are customizable based on the individual needs and requirements of each department.

Employees:

1. On the day of their physical, all patients will receive immediate consultation and written recommendations along with copies of their results, ultrasound images, laboratory results, cardiopulmonary results, fitness evaluations, and a personal fitness Rx and a Wellness Plan.
2. All medical information is confidentially stored and maintained by Life Scan Wellness Centers unique EMR system for Public Safety. Our EMR has been developed using Quick Base, a low- code database and application development platform. Patients must provide a written request to receive any copies of their personal health information. All Life Scan reports are customizable based on the individual needs and requirements of each department.
3. Each employee will receive copies of his Life Scan examination and test results on the day of their Life Scan exam to include a summary form, lab results, EKG, exercise data, ultrasound reports and images of abnormal studies, patient educational handouts, and personal wellness plan.

Polk County Fire Rescue

1. The Polk County Fire Rescue Department will receive a FIT FOR DUTY Medical Clearance report within 14 days of the exams.
2. Final Evaluations will be reviewed and signed by a board-certified Nurse Practitioner licensed in Florida.
3. The Polk County Fire Rescue Department will be notified by phone within 24 hours for any employee that is found to be NOT FIT FOR DUTY.

Reporting Samples Included

1. FIT FOR DUTY/OSHA RESPIRATOR MEDICAL CLEARANCE
2. OSHA MASK FIT TESTING REPORT

Life Scan Wellness Centers will provide sample of patient chart forms and patient results upon request.

## **F. ON-SITE LOCATION AND SCHEDULING- NOT MOBILE UNIT**

### **ON-SITE LOCATION (S) Provided by The Polk County Fire Rescue Department**

- Life Scan Wellness Centers has the capability, experience, and equipment to provide all services including the blood draws and physical exams at on -site locations (s) provided by The Polk County Fire Department.
- Set-up, equipment (excluding treadmill), and staffing will be the responsibility of Life Scan Wellness Centers.
- The Polk County Fire Rescue Department will provide on-site location, space, treadmill, and overhead.

## **F: EQUIPMENT**

**All equipment used for the Life Scan program is state of the art and owned by Life Scan. The equipment is portable and easily set up by the Life Scan staff. Life Scan will bring portable exam tables as well as all the equipment necessary to completely provide the comprehensive medical and fitness exams.**

- All set-up, equipment, and associated costs will be the responsibility of Life Scan.
- All equipment maintenance will be performed by Life Scan and will be kept clean and sanitized. All equipment will be kept in optimal working order or repaired/replaced within a reasonable time frame. Life Scan maintains backup of all equipment as well as service contracts to ensure timely replacement as needed.
- The Polk County Fire Rescue Department will provide the treadmill.

<b>Equipment</b>	<b>Item</b>	<b>Manufacturer</b>
Ultrasound		
Ultrasound Units		Terason
Ultrasound Printers/Video Units		Sony
Secondary Monitors		Sony
Cardiopulmonary		
Cardiopulmonary Stress Systems		Welch Allyn
EKGs		Welch Allyn
Computer System for Stress Units		Toshiba
Spirometry Unit		Easy One
BP Cuff		Welch Allyn
Stethoscope		Welch Allyn
Fitness		
Grip Strength		Jamar
BF Calipers		Lange
Body Composition Scale		Tanita
Weight Bench and Free weights		TSA
Flexibility Sit and Reach		Accuflex One
BP Cuff		Welch Allyn
Stethoscope		Welch Allyn
Physical Exam		
Otoscope		Welch Allyn
Ophthalmoscope		Panoptic Welch Allyn
Thermometer		Welch Allyn
Vision		Titmus
Audiometer		Welch Allyn
BP Cuff		Welch Allyn
Stethoscope		Welch Allyn
OSHA		
Respirator Mask Fit Computer Unit		Portacount with N95 Companion and OHD
Administrative		
Computer Systems		Hewlett Packard and



## **G. PREFERRED METHOD OF PERFORMING PHYSICALS**

- Life Wellness Centers Physicals are comprised of three sections. The Life Scan Wellness Centers professional team will see three (3) patients who will rotate between the three (3) components of the physical (ultrasound, physical, and cardiopulmonary/fitness)
- Nine patients per day in three intervals of three patients each.
- Example: 3 @ 8:00, 3 @ 11:00 am, and 3 @ 2 pm.
- Start time determined by the Fire Department
- Employee can be rescheduled anytime during the time frame that Life Scan Wellness is on-site. If employee is unavailable to make up during this time-frame alternative option is to schedule them at any of the area departments during their Life Scan scheduled physicals.

## **H. LIFE SCAN COMPREHENSIVE QUALITY ASSURANCE AND SECURITY POLICY**

- **Exhibit A: Bloodborne Pathogen Exposure Control Policy**
- **Exhibit B: Biohazard Waste Plan**
- **Exhibit C: Life Scan Wellness Centers Equipment Maintenance Program**

**The Life Scan Comprehensive Safety and Security Policy is a safety and security management plan designed to maintain a safe environment free of hazards and reduce risk of injuries for patients and employees**

- a. Process for employee safety and security:
  1. New employee orientation and education program and annual recurrent training that addresses Safety Procedures:
    - i. Blood borne pathogen policy
    - ii. Biohazard waste policy
    - iii. Equipment
- b. Process and procedures for facilities and equipment security
  1. Life Scan will coordinate with the on-site facility manager to determine what the Polk County Fire Rescue Department procedures and processes are for specific site as well as the best manner to secure equipment during program.
- c. Emergency Preparedness Plan
  1. Life Scan will coordinate with the on-site facility manager to determine what The Polk County Fire Rescue Department procedures and process are for the specific site.
- d. Safety Equipment
  1. Life Scan routinely maintains and tests all equipment. Any equipment utilized will be tested prior to program start on-site.
- e. Reporting to risk Management regarding accidents and/or damages.
  1. Life Scan management will receive any accident and or damage reports and report them directly to the Life Scan and the Polk County Fire Rescue Department.

f. Records Confidentially and Security

1. Life Scan Wellness Centers has designed a unique EMR system for Public Safety. Our EMR has been developed using Quick Base, a low- code database and application development platform. It incorporates all the advanced security measures needed to ensure HIPA Compliance an Electronic Medical Record (EMR) system is the software platform thatallows the Life Scan Wellness Centers to do a variety of tasks: electronic entry, storage, and maintenance of digital medical data. From a patient perspective, it is a digital version of a patient's medical information that would have previously been recorded in a paper chart.
2. Life Scan follows all HIPPA, State, and local guidelines regarding patient confidentiality and will review the process with the Polk County Fire Rescue Department
3. Patients receive a copy of their medical records on the day of their physical exam and will have access to records when requested through the secure Life Scan Wellness Centers' EMR.

### TAB 3: EXHIBIT A BLOODBORNE PATHOGEN PROCEDURES

LIFE SCAN WELLNESS CENTERS SAFETY DEPARTMENT			
<b>SUBJECT: BLOODBORNE PATHOGEN EXPOSURE CONTROL PROCEDURESSOP #005</b>	<b>APPROVED BY PATRICIA JOHNSON CEO</b>	<b>EFFECTIVE DATE: SEPT 22,2013</b>	<b>REFERENCE:</b>

#### INTRODUCTION

The Occupational Safety and Health Administration (OSHA) reports that 5.6 million employees in the United States are at-risk of exposure to blood borne pathogens where they work. This Bloodborne Pathogen (BBP) Exposure Control Procedure is designed to protect **all Life Scan Wellness Centers' employees. The authority having jurisdiction for this procedure is derived from the Code of Federal Regulations 1910.1030 and Florida Department of Health Code cites Chapter 64E-16 of the Florida Administrative Codes.**

This procedure includes the following key elements:

- A. **Identification of Job Classifications** and tasks where there is exposure to blood and other potentially infectious materials.
- B. **Methods of Compliance including:**
  - Universal precautions,
  - Engineering and work practice controls,
  - Personal protective equipment,
  - Housekeeping
- C. **Training of Employees.**
- D. **Hepatitis B Prevention.**
- E. **Post-Exposure Evaluation.**
- F. **Procedures for evaluation of circumstances of an exposure incident.**
- G. It will be the responsibility of the **Life Scan Wellness Centers' Safety Department** to maintain this procedure. **Life Scan Wellness Centers' Bloodborne Pathogen Exposure Control Procedure** will be accessible to all employees. This procedure will be reviewed and updated annually by the Life Scan Wellness Centers' **Safety Department** and whenever regulations change or alterations in work practices create a new occupational exposure.

#### Exposure Determination -Job Classifications List

OSHA defines occupational exposure as those individuals who can "reasonably anticipate skin, eye, mucous membrane or parenteral exposure to blood or to other potentially infectious materials that may result from the performance of an employee's duties."

All Life Scan employees full and part time are to follow the following guidelines and procedures.

All employees will have mandatory blood born pathogen (BBP) training within ten (10) days of employment and on an annual basis. Hepatitis B immunization will be offered to a new employee within ten 10 days of employment at no cost to the employee on a mandatory with right to waiver basis. If the employee when hired has waived the immunization requirement and later has an exposure to a BBP, Life Scan must offer immunization to the employee within 24 hours of the exposure at no cost to the employee. The Human Resources (HR) Department will make new hire Blood borne Pathogen training available to all full time and part-time at-risk employees. Ongoing training and booster shots will be made available by the employee's supervisor.

If any employee has an exposure to a BBP, they should complete the Report of Injury process and notify management to create an incident report. In the event of an exposure to BBP incident. If there has been no prior immunization Hepatitis B immunization must be offered within 24 hours at no cost to the employee.

## **EMPLOYEE TRAINING**

**Life Scan Wellness Centers** will require training on BBP for all full time and part time at-risk employees at the time of initial employment and annually. The instructor is required to be knowledgeable in the subject matter. Employees having questions will be directed to their health care provider. Training will be tailored to the education and language level of the employees and offered during normal work hours. The training will be interactive and include:

- An explanation of the **OSHA** standard.
- An explanation of the modes of transmission of blood-borne pathogens.
- An explanation of the Life Scan Blood Borne Pathogen Exposure Control Procedure, and how employees can obtain a copy.
- The recognition of tasks, which may involve exposure.
- An explanation of their use and limitations of methods to reduce exposure. These include engineering controls, work practices, and personal protective equipment (PPE) offered at no cost to all full time and part time employees.
- Information on the types, use, location, handling, decontamination, and disposal of PPE.
- An explanation of the basis of selection of PPE.
- Information on the hepatitis B vaccination (HBV) to include efficacy, safety, method of administration, benefits and that it is offered at no cost to all full time and part time employees.
- An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow up.

**The Record Information** -Employee training records shall be maintained in Human Resources at a minimum for the duration of employment. These records shall include the following:

- The dates of the BBP training sessions.
- An outline describing the materials presented.
- The names and qualifications of persons conducting the sessions.

- The names and job titles of all persons attending the training sessions and signature of each employee.

**Life Scan Wellness Centers** will be responsible for maintaining training records. The new at-risk full or part time employee will be notified that training is required at the time of employee orientation.

Life Scan Wellness Centers will be responsible for completing an annual review of the Blood borne Pathogen training procedure and program, updating it as necessary.

### **COMPLIANCE (PREVENTION) METHODS**

Universal precautions will be observed at Life Scan Wellness Centers to prevent contact with blood and other potentially infectious materials. Where it is difficult to differentiate between body fluid types, all such body fluids shall be considered potentially infectious materials.

Universal precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine and vomitus unless they contain visible blood. The risk of transmission of Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV) from these fluids and materials may be extremely low or nonexistent. However, some of the above fluids and excretions represent a potential source of acquired infections with other pathogens, and Life Scan Wellness Centers' procedure for preventing the transmission of non-blood borne pathogens would be to use universal precautions.

**Personal Protective Equipment (PPE)** - Universal precautions require that PPE be used where exposure to BBP is possible. Each department administrator is responsible for ensuring that the following provisions are met:

- Life Scan Wellness Centers will supply PPE to at-risk employees which is appropriate to their reasonably anticipated blood or potentially infectious materials exposure. PPE will be provided free of cost to employees.
- It will be mandatory that each Life Scan Wellness Centers employee (both full and part time) use the appropriate PPE provided by Wellness Centers in areas where exposure to blood borne pathogens might occur.
- Each of our at-risk employees will be issued properly fitted PPE by their department manager. Disposals of contaminated PPE will be provided to the employees free of cost. PPE examples are safety glasses, face shields and gloves.
- Before leaving the work area, employees shall remove all PPE and place it in a designated container for storage, washing, decontamination, or disposal as appropriate to the work area.
- Gloves shall be worn where it is reasonably anticipated that employee may have hand contact with blood or other potentially infectious materials and when handling or touching contaminated items or surfaces. If hands are cut or scratched, double gloves should be worn or heavy-duty latex gloves if available. Employees will wear gloves for all blood draws, vaccinations, injections, ultrasound imaging, and handling of urine cups and DRE cards. No exceptions.

- Disposable gloves used shall not be washed or re-used after contamination.
- Disposable gloves shall be replaced as soon as their protective ability is compromised, such as being torn or punctured.  
Gloves shall be used for handling contaminated waste and for clean-up procedures.
- For any at-risk employee who has allergic sensitivity, Wellness Centers will provide hypoallergenic gloves, or powderless gloves, at no cost to the employee.

### **Housekeeping, Engineering and Workplace Controls**

Hand washing facilities with antiseptic soap or single use antiseptic towelettes will be provided for immediate use after contamination.

At-Risk employees will wash hands immediately after removing gloves.  
Eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses is prohibited in work areas where exposure to BBP is possible.

Labels and other warnings, as specified in **Code of Federal Regulations 1910.1030(9)**, will be affixed to contaminated materials to warn others. Life Scan Wellness Centers will monitor the Blood borne Pathogen program for contaminated material to be defined as Bio-Hazardous Waste.

### **Contaminated waste will be handled in the following manner:**

- A. All contaminated waste will be placed into appropriately marked medical waste storage containers. The Jacksonville Sheriff's Office will contract with a certified biomedical waste disposal company to dispose of waste for Life Scan Wellness Centers.
- B. In areas where there is to be a cleanup of infectious waste material the following procedure should be followed:
  1. Put on gloves and other PPE protective equipment, as necessary. Post wet floor signs if available. Apply a tuberculocidal disinfectant over the potentially infectious material in accordance with label directed use.
  2. Clean up the contaminated material with disposable paper towels and place and seal in a plastic bag to be disposed of as biomedical waste.
  3. Remove gloves and if disposable, discard in the **Biomedical** trash **container**.  
Wash hands thoroughly

These compliance (prevention) methods will be reviewed annually, and updated Life Scan Wellness Centers as new regulations or information becomes available or when new employee positions with the potential for exposure are created.

### **HEPATITIS B PREVENTION**

This section addresses the procedures, which are to be implemented to meet the minimum **standards** in reference to Hepatitis B Vaccination. The procedure implemented in this section provides a means to protect both full and part time employees at **Life Scan Wellness Centers** from infection caused by Hepatitis B. The Hepatitis B vaccination refers to both the Hepatitis B vaccine and vaccination series.

All required services would be provided to the employee at no cost. The employee will receive these services at the Life Scan Wellness Center.

The Hepatitis vaccination will be available to occupationally exposed employees after receiving proper training on information relating to the Hepatitis B vaccine, including information on its safety, efficacy, method of administration, benefits of vaccination and that the services will be provided free of cost.

The Hepatitis B vaccine will be made available to the employee within ten (10) working days of the initial assignment regardless of which training has been received. There are four (4) exceptions to receiving the series:

1. The employee previously received the complete Hepatitis B series.
2. Antibody testing has revealed that the employee is immune.
3. The vaccine is contraindicated for medical reasons.
4. The employee declined the vaccine. In this case, if the employee initially declines Hepatitis B vaccination but at a later date, still covered under the standard, decides to accept the vaccination, it will be provided to the employee at no cost at that time.

If Exception 1, 2, or 3 is relevant to a particular employee's case, documentation of applicability of the exception must be obtained and included in the employee's human resource medical file.

If the employee declines the vaccine (Exception 4), the employee must sign the Hepatitis B declination form attached hereto. Once completed, this form must be included in the employee's human resource medical file. The term "no cost to the employee" means there will be not out of pocket expense to the employee. If a routine booster dose(s) of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, a booster will be made available to all employees in the same manner as described above for Hepatitis B vaccination.

#### **POST EXPOSURE EVALUATION AND FOLLOW UP**

If employees follow the prevention guidelines as presented in this policy, an exposure incident to a BBP should be a rare event. However, if the employee does have an exposure incident it shall be reported, investigated and documented. Employees who have been exposed to BBP shall report the incident through normal Worker's Compensation (WC) procedures; by first notifying their supervisor, completing incident report and WC First Report of Injury report. After exposure, all costs of care will be treated as a workman's compensation incident.

**Titers (or retesting of immunization) will be offered after completion of the series if five years has elapsed since completing the series.**

#### **PROCEDURE FOR EVALUATION OF AN EXPOSURE INCIDENT**

When an exposure incident occurs, it will be the responsibility of Life Scan management to investigate the circumstances, develop an incident report, distributing it to the President of Life Scan Wellness Centers

#### **OTHER UNREGULATED WASTE**

Sanitary Napkin Disposal -**OSHA** considers the disposal of sanitary napkins an effective engineering control against exposure to blood. Sanitary napkins do not require bio-hazardous labeling or disposal. **Plant Service Workers (PSW)** will be provided, and it is mandated that gloves be worn when handling trash with waste bags being kept away from the body.

**OSHA** does not generally consider discarded feminine hygiene products, used to absorb menstrual flow, to fall within the definition of regulated waste. The intended function of products such as sanitary napkins is to absorb and contain blood; the absorbent material of which they are composed would, under most circumstances, prevent the release of blood. **OSHA** expects the waste containers into which these products are discarded to be lined with a plastic or a wax paper bag. Such bags should protect the employee from physical contact with the contents. If the inspection of a sanitary napkin disposal container carries visible signs of soil, the entire dispenser should be cleaned with an appropriate disinfectant product.

Questions, concerns, or remarks regarding this policy should be directed to Life Scan Wellness Centers' management

**I have read and agree to the follow the Life Scan Wellness Center Bloodborne pathology exposure control procedures.**

Life Scan Employee:

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Patricia Johnson, CEO, President Life Scan Wellness Centers

Issue Date **September 22, 2013**

Last Review Dated **January 10, 2022**



### **TAB 3: Exhibit B: Biohazard Waste Plan**

#### **Life Scan Wellness Centers Biohazard Waste Plan - Employee Education (Florida Administrative Code 64E-16)**

Life Scan educator will provide an initial (within 30 days of employment) and yearly education for all employees on the proper handling and disposal of Biohazard Waste.

**Objectives:**

- I. The employee will be able to:
  - identify 'sharps' and 'non-sharps' which is designated as a 'biohazard' identify the 'Point of Origin' at the clinic and onsite -
  - properly prepare and store completed 'sharps' container(s) and/or 'bio-hazard' red bag(s) for scheduled disposal
  - demonstrate Universal Precautions when handling all potential 'biohazard' materials locate the 'Bio-Hazard' binder containing the most current Health Department
  - guidelines, up to date employee signed education, previous surveys and be prepared with this information for an onsite Health Department survey
  - properly clean up a 'bio-hazard' spill
- I. Bio-hazard Sharp and Non-sharps
  - a. Sharps are considered any needle that has been contaminated with blood whether it be from a blood draw, vaccine injection or a PPD test.
  - b. Non-sharps (absorbent or non-absorbent) item(s) that are considered "soaked" in blood or other bodily fluids considered potentially a 'biohazard'. They may be disposable rubber gloves, extension tubes used for blood draws, gauze and/or band-aids. Small amount of blood is not considered a 'biohazard'.
- II. Universal Precautions

All personnel will need to use proper hand washing before and after the blood draw. Gloves must be worn during a blood draw and when coming in contact with a contaminated surface(s) with bodily fluids.
- III. Point of Origin and Sharps Disposal
  - a. Point of Origin is a room where biohazard waste is generated such as the designated room for blood draws. When working "off-site" an area will be designated away from potential exposure to other people.

After utilizing a needle on a client whether it is from a blood draw, vaccine or PPD testing, there must be a sharps container within a short distance from the person providing these services. All needles will be single use and properly disposed of immediately. There should be no cross contamination of vaccine or PPD substances or materials. Any potentially contaminated materials will be documented and disposed of immediately in a Bio-Hazard container.
  - b. One should be able to use a safety cover on the needle immediately after use utilizing one hand. If the needle does not have this protective, then immediately deposit the used needle into the sharps container.

- IV. Sealing and Preparing Bio-Hazard Containers for Transport
- a. The red "sharps" containers and bags are to include the "Bio-Hazard" symbol and a separate sticker bearing the office address label as the place of origin before being picked up by the designated disposal company.
  - b. The biohazard red bag will need to be scheduled for pickup within 30 days after first use.
  - c. All sharps containers need to be securely closed and labeled with the Life Scan label after  $\frac{3}{4}$  full.
  - d. Transporting biohazards containers in a personal vehicle under 25 pounds is permissible without a permit.
  - e. There will be designated containers to hold the used sharps boxes and biohazard bags until pickup. This container will be of a sturdy smooth surface and non-permeable. The Life Scan Educator will notify you if this location.
- V. Location of the 'Bio-Hazard' binder containing the most current Health Department Guidelines. The binder will contain the past 3 years of employee education. Each employee will have an initial education on the biohazard plan and subsequent yearly review.

The binder will also include all Health Department survey's, which are kept indefinitely

### **Biohazard Cleanup**

Equipment to were for large spills i.e., broken vial of blood

1. Protective wear: gown, gloves (heavy rubber), eye protection
2. Wisk broom, dustpan
  - Pick up the broken glass with the broom and dust. Place in sharps container.
  - Clean up using plain soap and water and place contaminated items in a biohazard red bag. Clear the area again using a 1: 10 blend of 1 oz bleach and 9 oz water.
  - As a reminder, all used bio-hazard bags should be labeled with Life Scan's address and transported from site by the designated disposal service within 30 days after being first used.

**TAB 3 Exhibit C: Life Scan Wellness Centers Equipment Maintenance Program**

- **LIFE SCAN EQUIPMENT MAINTENANCE PROGRAM:**  
Life Scan has routine maintenance and calibration of all medical equipment on an annual basis according to the recommendations of the manufacturers.
- All equipment maintenance will be performed by Life Scan and will be kept clean and sanitized. All equipment will be kept in optimal working order or repaired/replaced within a reasonable time frame.
- Life Scan maintains backup of all equipment as well as service contracts to ensure timely replacement as needed.
- Polk County will have the ability to inspect all equipment.



**Terason Ultrasound Unit with Sony Printer Welch Alyn Easy One Spirometry Unit  
Welch Alyn EKG/Stress Unit  
Welch Alyn Audiometry Unit  
Titmus Vision Tester**

# **LIFE SCAN** Wellness Centers

## OSHA RESPIRATOR MASK FIT TEST

Employer: Polk County Fire Rescue Department Exam Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient ID#: \_\_\_\_\_ Job Title: \_\_\_\_\_

### **Mask Fit Test (For Clinical Use Only)**

Respirator Medical Clearance: ☐ Pass ☐ Fail Date of Medical Clearance: \_\_\_\_\_

Vision Correction Required: ☐ Yes ☐ No

If yes, what type correction used when wearing a respirator:

☐ Contact Lenses ☐ Glasses ☐ None

### **Fit Testing Results (For Clinical Use Only)**

Test Date: \_\_\_\_\_ Test Completed: ☐ Yes ☐ No

If No, give reason: \_\_\_\_\_

Respirator Type: ☐ N95 Paper ☐ Full Face Negative Pressure ☐ Half Face Negative Pressure

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Style: \_\_\_\_\_ Size: \_\_\_\_\_

Mask Fit Test Date: \_\_\_\_\_ Fit Test Protocol Used: Quantitative

☐ PortaCount Model Number: 8095 Serial Number: 80950148

☐ Dynamics Occupational Fit Tester Model Number: 3000CE Serial Number: 1193

Overall Fit Factor: ☐ Pass ☐ Fail

Medical Practitioner Print Name: \_\_\_\_\_

Medical Practitioner Signature: \_\_\_\_\_

**LIFE SCAN**  
Wellness Centers

Department: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Patient DOB: \_\_\_\_\_ Exam Date: \_\_\_\_\_

**EMPLOYEE MEDICAL QUALIFICATION:** The examination of this employee must include a complete physical examination at a level of specificity to determine whether there is any medical or physiological reason that may impair the employee's ability to perform the essential functions of his or her job. Disabilities, impairment, or limitations identified by the examination, which would prevent the employee from performing the essential functions of the position, will be reported to their employer. The reviewing medical personnel should note all abnormalities which might predispose the employee to injury or aggravation of the condition due to the nature of the duties and tasks required of the employee.

☐ **MEDICALLY QUALIFIED**☐ **NOT MEDICALLY QUALIFIED. This patient must be examined by a medical specialist for follow up evaluation and final clearance.**

**OSHA RESPIRATOR CLEARANCE:** This medical evaluation determines any limitations on respirator use related to the medical condition of the employee or relating to the workplace conditions in which the respirator will be used, including whether or not the employee is medically able to use a respirator.

☐ **MEDICALLY QUALIFIED TO WEAR A RESPIRATOR.****There are no restrictions on respirator use related to the medical condition of the employee.**☐ **NOT MEDICALLY QUALIFIED TO WEAR A RESPIRATOR.****A follow up examination is needed to make a final determination for respirator clearance.****Medical Practitioner Information:**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

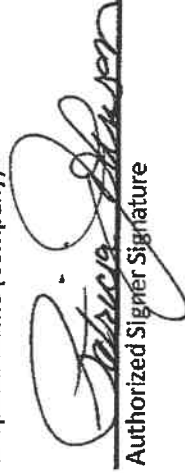
# RFP 22-411, Firefighter Physicals

## Attachment A - Price Sheet

Estimated Quantity	Unit of Measure	Service	Unit Cost	Extended Cost (qty x unit cost)
700	person	Comprehensive Medical Exam (defined in the Scope of Work)	\$732.00	\$512,400
700	person	Chest x-ray: Optional annually, required a minimum every five (5) years	\$70.00	\$49,000
700	person	Respirator Fit Testing (SCBA Face piece Fit test /N-95 Respirators)*	\$45.00	\$31,500
700	person	Hepatitis B Test (antigen)	\$55.00	\$38,500
700	person	Hepatitis B Titer (antibody)	\$30.00	\$21,000
200	person	Hepatitis B Vaccine (3 per series ) 3x 65= \$195	\$195.00	\$39,000
700	person	Hepatitis A Test (antigen)	\$55.00	\$38,500
700	person	Hepatitis A Titer (antibody)	\$30.00	\$21,000
700	person	Hepatitis A Vaccine (2 per series) 2x65=\$130	\$130.00	\$91,000
700	person	PPD Test	\$15.00	\$10,500
			<b>TOTAL</b>	<b>\$852,400.00</b>

Life Extension Clinics, Inc. D/B/A Life Scan Wellness Centers

Proposer Name (Company)

  
Authorized Signer Signature

Patricia Johnson, CEO

Authorized Signer Name

06/30/2022

## **TAB 5: SURVEY RESULTS**

1. Fort Lauderdale Fire Rescue Survey
2. Palm Bay Fire Rescue Department Survey
3. Osceola Fire Rescue Department Survey
4. Jacksonville Sheriff's Office Survey
5. Seminole County Fire Department Survey

## Survey Questionnaire – Polk County

### RFP 22-411, Firefighter Physicals

To: Assistant Chief Jo Ann-Lorber (Name of Person completing survey)

Fort Lauderdale Fire Rescue (Name of Client Company/Contractor)

Phone Number: 954-828-6809 Email: JLorber@fortlauderdale.gov

Total Annual Budget of Entity \$150,000 → Life Scan

Subject: Past Performance Survey of Similar work:

Project name: NFPA 1582 Compliant Physicals

Name of Vendor being surveyed: Life Scan Wellness Centers

Cost of Services: Original Cost: \$380 / person Ending Cost: \$410 / person

Contract Start Date: 1/2017 Contract End Date: 2/20/2023

**Rate each of the criteria on a scale of 1 to 10, with 10 representing that you were very satisfied (and would hire the Consultant /individual again) and 1 representing that you were very unsatisfied (and would never hire the Consultant /individual again). Please rate each of the criteria to the best of your knowledge. If you do not have sufficient knowledge of past performance in a particular area, leave it blank.**

NO	CRITERIA	UNIT	SCORE
1	Ability to manage cost	(1-10)	9
2	Ability to maintain project schedule (complete on-time/early)	(1-10)	10
3	Quality of workmanship	(1-10)	10
4	Professionalism and ability to complete exams for all Fire and EMS positions	(1-10)	10
5	Ability to communicate with Client's staff in a timely manner	(1-10)	10
6	Ability to resolve issues promptly	(1-10)	10
7	Ability to follow requirements based on NFPA standards	(1-10)	10
8	Ability to maintain proper documentation and complete in a timely manner	(1-10)	10
9	Appropriate application of technology used for mobile testing	(1-10)	10
10	Overall Client satisfaction and comfort level in hiring	(1-10)	10
11	Ability to offer solid recommendations based on exam result	(1-10)	10
12	Ability to facilitate consensus and commitment to the plan of action among staff	(1-10)	10

Printed Name of Evaluator Jo Ann-Lorber, Asst. Chief

Signature of Evaluator: [Signature]

Please fax or email the completed survey to: \_\_\_\_\_



## Survey Questionnaire – Polk County

### RFP 22-411, Firefighter Physicals

To: Marvena Petty ECK (Name of Person completing survey)  
Palm Bay Fire Rescue (Name of Client Company/Contractor)  
 Phone Number: 321-409-6376 email Marvena.Petty@palmbayflorida.org  
 Total Annual Budget of Entity \$16,467,389

Subject: Past Performance Survey of Similar work:

Project name: Public Safety Annual Physicals

Name of Vendor being surveyed: Life Extension Clinics, Inc. D/B/A Life Scan Wellness Centers

Cost of Services: Original Cost: \$410 pp Ending Cost: \$410 pp

Contract Start Date: 2014 Contract End Date: present

**Rate each of the criteria on a scale of 1 to 10, with 10 representing that you were very satisfied (and would hire the Consultant /individual again) and 1 representing that you were very unsatisfied (and would never hire the Consultant /individual again). Please rate each of the criteria to the best of your knowledge. If you do not have sufficient knowledge of past performance in a particular area, leave it blank.**

NO	CRITERIA	UNIT	SCORE
1	Ability to manage cost	(1-10)	10
2	Ability to maintain project schedule (complete on-time/early)	(1-10)	10
3	Quality of workmanship	(1-10)	10
4	Professionalism and ability to complete exams for all Fire and EMS positions	(1-10)	10
5	Ability to communicate with Client's staff in a timely manner	(1-10)	10
6	Ability to resolve issues promptly	(1-10)	10
7	Ability to follow requirements based on NFPA standards	(1-10)	10
8	Ability to maintain proper documentation and complete in a timely manner	(1-10)	9
9	Appropriate application of technology used for mobile testing	(1-10)	10
10	Overall Client satisfaction and comfort level in hiring	(1-10)	10
11	Ability to offer solid recommendations based on exam result	(1-10)	9
12	Ability to facilitate consensus and commitment to the plan of action among staff	(1-10)	10

Printed Name of Evaluator MARVENA ECK

Signature of Evaluator: Marvena ECK

Please fax or email the completed survey to: \_\_\_\_\_

## Survey Questionnaire – Polk County

### RFP 22-411, Firefighter Physicals

To: Chief Matt Escobar (Name of Person completing survey)  
Osceola Fire Department (Name of Client Company/Contractor)  
 Phone Number: 407-742-6980 Email: matt.escobar@osceola.org

Total Annual Budget of Entity \_\_\_\_\_

Subject: Past Performance Survey of Similar work:

Project name: Public Safety Annual Physicals

Name of Vendor being surveyed: Lifescan

Cost of Services: Original Cost: \_\_\_\_\_ Ending Cost: \_\_\_\_\_

Contract Start Date: \_\_\_\_\_ Contract End Date: Present

Rate each of the criteria on a scale of 1 to 10, with 10 representing that you were very satisfied (and would hire the Consultant /individual again) and 1 representing that you were very unsatisfied (and would never hire the Consultant /individual again). Please rate each of the criteria to the best of your knowledge. If you do not have sufficient knowledge of past performance in a particular area, leave it blank.

NO	CRITERIA	UNIT	SCORE
1	Ability to manage cost	(1-10)	9
2	Ability to maintain project schedule (complete on-time/early)	(1-10)	10
3	Quality of workmanship	(1-10)	10
4	Professionalism and ability to complete exams for all Fire and EMS positions	(1-10)	10
5	Ability to communicate with Client's staff in a timely manner	(1-10)	10
6	Ability to resolve issues promptly	(1-10)	9
7	Ability to follow requirements based on NFPA standards	(1-10)	10
8	Ability to maintain proper documentation and complete in a timely manner	(1-10)	10
9	Appropriate application of technology used for mobile testing	(1-10)	10
10	Overall Client satisfaction and comfort level in hiring	(1-10)	9
11	Ability to offer solid recommendations based on exam result	(1-10)	10
12	Ability to facilitate consensus and commitment to the plan of action among staff	(1-10)	10

Printed Name of Evaluator Division Chief Matt Escobar

Signature of Evaluator: Matt Escobar #376

Please fax or email the completed survey to: \_\_\_\_\_

### Survey Questionnaire – Polk County

To: Don Ferris RFP 22-411, Firefighter Physicals  
 (Name of Person completing survey)  
Jacksonville Sheriff's Office  
 (Name of Client Company/Contractor)  
 Phone Number: 904-630-5753 Email: don.ferris@jaxsheriff.org  
 Total Annual Budget of Entity \$ 508 million  
 Subject: Past Performance Survey of Similar work:  
 Project name: WELLNESS  
 Name of Vendor being surveyed: LIFESCAN WELLNESS  
 Cost of Services: Original Cost: Confidential Ending Cost: —  
 Contract Start Date: 1998 Contract End Date: Current

Rate each of the criteria on a scale of 1 to 10, with 10 representing that you were very satisfied (and would hire the Consultant /individual again) and 1 representing that you were very unsatisfied (and would never hire the Consultant /individual again). Please rate each of the criteria to the best of your knowledge. If you do not have sufficient knowledge of past performance in a particular area, leave it blank.

NO	CRITERIA	UNIT	SCORE
1	Ability to manage cost	(1-10)	10
2	Ability to maintain project schedule (complete on-time/early)	(1-10)	10
3	Quality of workmanship	(1-10)	10
4	Professionalism and ability to complete exams for all <del>Fire and EMS</del> positions <u>Police &amp; Corrections</u>	(1-10)	10
5	Ability to communicate with Client's staff in a timely manner	(1-10)	10
6	Ability to resolve issues promptly	(1-10)	10
7	Ability to follow requirements based on NFPA standards	(1-10)	NA
8	Ability to maintain proper documentation and complete in a timely manner	(1-10)	10
9	Appropriate application of technology used for mobile testing	(1-10)	10
10	Overall Client satisfaction and comfort level in hiring	(1-10)	10
11	Ability to offer solid recommendations based on exam result	(1-10)	N/A
12	Ability to facilitate consensus and commitment to the plan of action among staff	(1-10)	10

Printed Name of Evaluator: Donna L. Ferris

Signature of Evaluator: [Signature]

Please fax or email the completed survey to: \_\_\_\_\_

### Survey Questionnaire – Polk County

#### RFP 22-411, Firefighter Physicals

To: Terri Touchton (Name of Person completing survey)  
Seminole County Fire Department (Name of Client Company/Contractor)  
 Phone Number: 497-665-5002 Email: ttouchton@seminolecountyfl.gov

Total Annual Budget of Entity \_\_\_\_\_

Subject: Past Performance Survey of Similar work:

Project name: Public Safety Annual Physicals

Name of Vendor being surveyed: Life Scan Wellness Centers

Cost of Services: Original Cost: 345,000. Ending Cost: 400,000.

Contract Start Date: 3/10/21 Contract End Date: present

**Rate each of the criteria on a scale of 1 to 10, with 10 representing that you were very satisfied (and would hire the Consultant /individual again) and 1 representing that you were very unsatisfied (and would never hire the Consultant /individual again). Please rate each of the criteria to the best of your knowledge. If you do not have sufficient knowledge of past performance in a particular area, leave it blank.**

NO	CRITERIA	UNIT	SCORE
1	Ability to manage cost	(1-10)	10
2	Ability to maintain project schedule (complete on-time/early)	(1-10)	10
3	Quality of workmanship	(1-10)	10
4	Professionalism and ability to complete exams for all Fire and EMS positions	(1-10)	10
5	Ability to communicate with Client's staff in a timely manner	(1-10)	10
6	Ability to resolve issues promptly	(1-10)	10
7	Ability to follow requirements based on NFPA standards	(1-10)	10
8	Ability to maintain proper documentation and complete in a timely manner	(1-10)	9
9	Appropriate application of technology used for mobile testing	(1-10)	9
10	Overall Client satisfaction and comfort level in hiring	(1-10)	10
11	Ability to offer solid recommendations based on exam result	(1-10)	10
12	Ability to facilitate consensus and commitment to the plan of action among staff	(1-10)	10

Printed Name of Evaluator Sam Thompson - Assistant Chief EMS

Signature of Evaluator: [Signature]

Please fax or email the completed survey to: \_\_\_\_\_

## AFFIDAVIT CERTIFICATION IMMIGRATION LAWS

SOLICITATION NO.: RFP 22-411, FIREFIGHTER PHYSICALS

POLK COUNTY WILL NOT INTENTIONALLY AWARD COUNTY CONTRACTS TO ANY CONSULTANT WHO KNOWINGLY EMPLOYS UNAUTHORIZED ALIEN WORKERS, CONSTITUTING A VIOLATION OF THE EMPLOYMENT PROVISIONS CONTAINED IN 8 U.S.C. SECTION 1324 a(e) {SECTION 274A(e) OF THE IMMIGRATION AND NATIONALITY ACT ("INA").

POLK COUNTY MAY CONSIDER THE EMPLOYMENT BY ANY CONSULTANT OF UNAUTHORIZED ALIENS A VIOLATION OF SECTION 274A(e) OF THE INA. **SUCH VIOLATION BY THE RECIPIENT OF THE EMPLOYMENT PROVISIONS CONTAINED IN SECTION 274A(e) OF THE INA SHALL BE GROUNDS FOR UNILATERAL CANCELLATION OF THE CONTRACT BY POLK COUNTY.**

PROPOSER ATTESTS THAT THEY ARE FULLY COMPLIANT WITH ALL APPLICABLE IMMIGRATION LAWS (SPECIFICALLY TO THE 1986 IMMIGRATION ACT AND SUBSEQUENT AMENDMENTS).

Company Name: Life Extension Clinics, Inc. D/B/A Life Scan Wellness Centers

Signature: *Patricia Johnson*

Title: CEO

Date: 06/25/2022

State of: FL

County of: Hillsborough

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 25<sup>th</sup> day of June, 2022, by Patricia Johnson (name) as CEO (title of officer) of Life Extensions Clinics, Inc. (entity name), on behalf of the company, who ☒ is personally known to me or ☐ has produced \_\_\_\_\_ as identification.

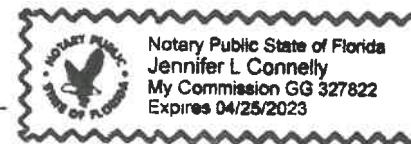
Notary Public Signature: *Jennifer L. Connelly*

Printed Name of Notary Public: Jennifer Connelly

Notary Commission Number and Expiration: GG 327822

(AFFIX NOTARY SEAL)

Exp. - 04/25/2023



June 22, 2022

**POLK COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA**

**ADDENDUM #1**

**Bid 22-411, Firefighter Physicals**

---

This addendum is issued to clarify, add to, revise and/or delete items of the bid documents for this work. This Addendum is a part of the bid Documents and acknowledgment of its receipt should be noted on the Addendum.

---

Contained within this addendum:

- Extension to submittal deadline: The Bid Receiving Date has been extended two (2) weeks. The revised Bid Receiving Date is Wednesday, July 6, 2022, prior to 2:00 p.m.

Brad Howard

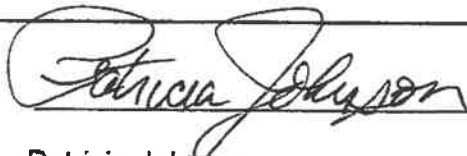
Sr. Procurement Analyst  
Procurement Division

---

**This Addendum sheet should be signed and returned with your submittal. This is the only acknowledgment required.**

---

Signature:



Printed Name:

Patricia Johnson

Title:

CEO

Company:

Life Extension Clinics, Inc. D/B/A Life Scan Wellness Centers

---

**EXHIBIT “Aiii”**  
**NEGOTIATED MODIFICATIONS TO RFP SCOPE OF**  
**SERVICES**

Scope of Services #4, Mobile Testing (RFP page 11)

1. 4 locations at a time will be selected
2. Locations and schedule will be set with Shawn Smith or other Polk County Fire Rescue designee

Scope of Services #6, Subcontracting (RFP page 12)

Vendor has provided the following information on planned subcontractor:

Clinical Pathology Laboratories

9200 Wall Street

Austin, TX 78754

Personnel: Phlebotomist coordinator, Debbie Wisecup

Location for blood draws: On-site at PCFR Supplies/Equipment: Centrifuges, tubes for blood draws, tourniquets, band aids, gauze, needles, alcohol swabs, sharp containers, vacutainers, specimen bags, and gloves.