



Florida Department of Environmental Protection

Marjory Stoneman Douglas Building
3900 Commonwealth Boulevard
Tallahassee, Florida 32399-3000

Rick Scott
Governor

Jennifer Carroll
Lt. Governor

Herschel T. Vinyard, Jr.
Secretary

January 27, 2012

Prospective Vendors:

Subject: DEP Request for Information No. 2012011C
Request for Information (RFI) for Statewide Medical Monitoring Services

This is a RFI from qualified vendors regarding statewide medical monitoring services. The purpose of this RFI is for the Department of Environmental Protection's (DEP) planning purposes only.

The designated DEP Contact Person for this RFI is the undersigned. All communications hereon should cite the subject RFI number and be directed to my attention at the address provided herein.

The Department of Environmental Protection appreciates your time and interest in responding to this Request for Information.

Sincerely,

Debbie Bates

Debbie Bates
Operations & Management Consultant II

DEP REQUEST FOR INFORMATION NO. 2012011C STATEWIDE MEDICAL MONITORING SERVICES

The Department of Environmental Protection (DEP) is requesting information from potential contractors regarding their ability to provide statewide medical monitoring services for approximately 600 DEP employees. Employees are located in Tallahassee as well as other cities throughout the state. These employees may be monitored due to potential exposure to hazardous substances, may be monitored for hearing conservation due to exposure to loud noises, or they may be monitored because they are divers.

Medical Monitoring Program Description:

DEP voluntarily complies with Subparts C through T and Subpart Z of the Occupational Safety and Health Standards (OSHS), 29 CFR 1910, revised July 1, 1993, per Executive Order No. 00-292 promulgated by Governor Jeb Bush, effective September 25, 2000.

This program is intended to protect the safety, health and well-being of employees involved in job duties where 1) there is a potential for exposure to hazardous waste/materials, and where such exposure is correlated with an element of risk to their health and safety, as identified through the periods of exposure and the levels of hazardous materials to which they may be exposed; 2) diving meets the requirements for scientific diving; and 3) occupational noise exposure levels are equal to or exceed an eight hour time weighted average of eighty-five decibels.

Requirements for Employees that may be Exposed to Hazardous Materials

Classification Levels

Employees that may be exposed to hazardous substances are medically monitored based on the following EPA risk classifications:

Class I (Highest Risk): These employees typically work with hazardous substances in uncontrolled environments, or in extremely demanding physical conditions, routinely visit facilities storing or generating hazardous substances or waste or where emergency response actions are being conducted. They may use supplied air respirators or may use air-purifying respirators greater than 30 days/year.

Class II (Moderate Risk): These employees conduct limited visits to regulated hazardous waste sites, and the employee is not expected to collect highly hazardous samples, be exposed to unknown concentrations of hazardous substances, or be exposed to hazardous substances approaching or exceeding OSHA Permissible

Exposure Level (PEL). They may utilize air purifying respirators, but typically less than 30 days per year.

Class III (Lowest Risk): These employees do not have routine exposure to hazardous substances which exceed the OSHA PEL. This group includes employees in laboratories whose exposures to hazardous chemicals are not expected to approach the OSHA PEL and therefore, would not use a respirator. By definition, the potential exposures of the incumbents of positions which fall into the Class III risk group are below any OSHA exposure limits requiring participation in a medical monitoring program. If the supervisor and Division/District Medical Monitoring Representative determine that the risk to hazardous substances is negligible, then such positions would not be required to be medically monitored. If the PEL level cannot be determined, it should be assumed that there could be a potential exposure. A potential exposure is a reasonable expectation of encountering an agent. Reasonable expectation means that it is likely to happen, based on known information (such as, industry practice, MSDS, etc.).

Medical Evaluation Frequency

Class I (Highest Risk) : Annual evaluations are recommended for those personnel who meet the criteria, and are over 40 years of age, have significant medical problems or findings on prior medical monitoring examinations (i.e., insulin requiring diabetes, cardiovascular disease, elevated liver enzyme tests, etc.), an emergency response or HazMat Team member, an employee whose position requires engaging in field or laboratory activities more than 30 days per year, or an employee or diver with potential exposure to a substance regulated by OSHA and requiring annual medical examinations.

Class II (Moderate Risk): Biennial evaluations are recommended for those employees not fitting the criteria for annual examinations (e.g., a healthy employee not exposed to a substance for which OSHA requires annual monitoring examinations and/or who visits various field/lab sites an average of 30 or fewer days per year).

Class III (Lowest Risk): Baseline and exit physicals are required. Subsequent exams (every two (2), three (3), five (5) years), may be scheduled as required by the director or the position profile.

Requirements for Divers

Divers are required to pass a baseline diving medical evaluation prior to performing diving tasks, have periodic evaluations as scheduled and be declared fit to engage in diving activities with limitations and restrictions noted in the DEP Medical Clearance Statement (copy provided as Exhibit I). Divers are also required to pass a medical

Requirements for Hearing Conservation Monitoring

Supervisors determine which employees will need hearing conservation medical monitoring based on the following:

- (1) Participants who work with heavy equipment such as earth moving equipment, large industrial trucks, air boats, power boats, boiler rooms, machinery rooms, or road construction;
- (2) Participants who work with small gas powered machinery such as lawnmowers, trimmers, chain saws, blowers, or spray painting;
- (3) Participants who work in areas of repeated impacts such as printing operations, punch presses, nail guns, stamping machines, impact tools; and
- (4) Participants who perform operations such as sawing and cutting using power tools or pneumatic tools and jackhammers.
- (5) Participants who perform duties or operate equipment-machinery where there is exposure to noise levels that equal or exceed the following decibel level [dBA - a unit of measurement of sound level corrected to the weighted scale, as defined in ANSI S1.4-1971(R1976), using a reference level of 20 micropascals (0.00002 Newton per square meter)].

8 hours exposure 90 dBA
6 hours exposure 92 dBA
4 hours exposure 95 dBA
3 hours exposure 97 dBA
2 hours exposure 100 dBA
1 1/2 hours exposure 102 dBA
1 hour exposure 105 dBA
1/2 hour exposure 110 dBA
1/4 hour exposure 115 dBA

DEP's General Process for Evaluations

Supervisors complete and sign a Medical Monitoring Justification Form identifying an employee as a Medical Monitoring participant and what type of monitoring is needed (medical monitoring for exposure to hazardous materials, medical monitoring for divers, or medical monitoring for hear conservation). The DEP Medical Monitoring Representative schedules the appropriate examination for the participant.

The medical monitoring physician/facility is required to complete a copy of the DEP Medical Clearance Statement providing the physician's opinion of the participant's fitness to dive (if applicable) and any restrictions or limitations. The form(s) is sent to

the DEP Medical Monitoring Representative and a copy, marked confidential, is mailed to the participant's home address.

RFI Response Requirements:

This Request for Information is issued in an attempt to explore the possibility of finding one vendor to provide statewide medical monitoring services for employees rather than many separate vendors throughout the state. Vendors who are capable of providing such services should send a package of information regarding detailed potential project information and the company's capabilities and experience for performing its associated services.

The Response must reference the DEP RFI number and include the Vendor's name, address, contact person, telephone number, and e-mail address.

In their Response, the Vendor is requested to provide detailed answers to the following questions:

1. Do you currently provide medical monitoring services?
2. What is the scope of these services?
3. In what cities would you be able to provide medical monitoring services (what are the locations of your current facilities)?
4. Are you able to provide all the medical procedures/tests shown on the attached Scope of Services (copy provided as Exhibit II)? If so, would you be willing to develop a statewide fee schedule (i.e., fees for a particular test are the same at all locations throughout the state)?
5. Would your company be interested in responding to a formal solicitation from the DEP?
6. Would you be willing to enter into a three-year contract?
7. How would you approach providing services statewide?
8. How do you currently handle medical monitoring services?

Public Records: Any material submitted in response to this RFI will become a public record pursuant to Chapter 119, Florida Statutes, when the DEP opens the responses. Any claim of confidentiality is waived upon submission, unless addressed as set forth in below.

Disclosure and Ownership of Response Contents: A Vendor's response to this RFI shall be a public record and subject to production, disclosure, inspection and copying consistent with the requirements of Chapter 119, Florida Statutes. All information in a Vendor's response (including, without limitation, technical and price information) will

be a matter of public record, subject to the provisions of Florida's Public Records Act, Chapter 119, Florida Statutes, regardless of copyright status. Submission of a response to this RFI shall constitute a waiver of any copyright protection which might otherwise apply to the DEP's production, disclosure, inspection and copying of such response and contract, or any part thereof, except those parts asserted to be exempt under Chapter 119, Florida Statutes. The response, upon submission, shall be the property of the DEP (except those parts asserted to be exempt in the manner set forth below), and the DEP, in its sole discretion, shall have the right to use, reproduce, and disseminate the response. The DEP reserves the right to use any and all information contained in a response received to this RFI.

Any content submitted to DEP which is asserted to be exempt under Chapter 119, Florida Statutes, shall be set forth on a page or pages separate from the rest of the response, and clearly marked "exempt," "confidential," or "trade secret" (as applicable), with the statutory basis for such claim of exemption, confidentiality, or trade secret specifically identified in writing on each and every such page. Failure to segregate and so identify any such content shall constitute a waiver of any claimed exemption, confidentiality, or trade secret as applied to the portion of the response or other document in which the content is set forth.

Per Section 287.012(21), Florida Statutes, "Responses to this RFI are not offers and may not be accepted by the DEP to form a binding contract." Vendors submitting information to this RFI are not prohibited from responding to any related subsequent solicitation. The DEP reserves the right to use or reject any information supplied in response to this RFI.

RFI SCHEDULE

Any questions from Vendors concerning this RFI shall be submitted in writing, identifying the submitter, to Deborah Bates at the address specified below, or by email to Deborah.Bates@dep.state.fl.us or by facsimile to 850-245-2411, no later than **Monday, February 6, 2012**. E-mail inquiries are preferred; however a hard copy or facsimile is acceptable.

The DEP anticipates posting the questions and answers on the Department of Management Services (DMS) Vendor Bid System (VBS) on **Wednesday, February 8, 2012**.

Vendor's responses must be in writing, including five (5) copies of any printed materials, and should be received by 5:00 p.m. on Tuesday, February 14, 2012.

Responses should be sent to:

**Debbie Bates
Department of Environmental Protection
Procurement Section
3800 Commonwealth Boulevard, MS#93
Tallahassee, Florida 32399-3000**

If, as a result of this Request for Information, the DEP decides to pursue contracts to provide any of the services mentioned and vendors capable of providing such services are identified, a competitive procurement package will be developed and issued at a later date.

END OF DEP REQUEST FOR INFORMATION NO. 2012011CC

**CONFIDENTIAL INFORMATION -
To be retained by Department of
Environmental Protection in Employee's
Medical Monitoring Personnel Files**

Exhibit I

**MEDICAL CLEARANCE STATEMENT
DEPARTMENT OF ENVIRONMENTAL PROTECTION**

**MAIL COPY OF THIS FORM TO:
Representative**

Department of Environmental Protection

Respective Medical Monitoring

**Medical Services Coordinator
3900 Commonwealth Blvd., M.S. 70
Tallahassee, FL 32399-3000**

AND

Results of Medical Monitoring Examination for:

Name of Employee _____

Health Center _____

Employee's Social Security Number _____

Employee's Work Address _____

Division/District Bureau/Section/Park

Health Center Phone No. _____

Street Address City

The above named DEP employee has been medically examined under the provisions of the DEP Medical Monitoring Surveillance Program, and has been advised of the examination findings.

I have reviewed the employee's medical history, physical examination findings and diagnostic tests. The employee:

- is medically qualified to participate in the essential functions of this position and wear all suitable respiratory protective equipment (Level A, B, C, D) if applicable.
- is medically qualified to participate in the essential functions for this position, but is medically qualified to wear only a full face air purifying respirator with full body chemical resistant protective clothing. (Level C, D), if applicable.
- is medically qualified to participate in the essential functions of this position, but is not medically qualified to wear respiratory protective equipment. (Level D only)
- is medically qualified to participate in DEP office and/or laboratory activities, but not field activities.
- requires special corrective lenses for use with full-face respirators.
- reported no need to use respiratory protective equipment for this position.
- is qualified to participate in DEP field/laboratory activities with the following job modifications:

(PLEASE COMPLETE REVERSE SIDE OF THIS FORM)

- hearing falls within normal ranges.
- hearing does not fall within normal ranges (see recommendations below):
- is qualified to participate in DEP diving activities.
- is qualified to participate in DEP diving activities with the following restrictions:
- is not qualified to participate in DEP diving activities (note limitation below):

The following **occupationally related** findings were noted during this evaluation:

My recommendations, if any, include:

Reviewing Physician's Signature: _____ Date _____

Reviewing Physician's Name: (print/type): _____

Reviewing Physician's Address: _____

Exhibit II

Scope of Services

CONTRACTOR RESPONSIBILITIES

- A. The Contractor shall provide medical examinations designed to identify early signs or symptoms of toxic exposure that may be work related. The medical evaluation shall be based on the following:
1. Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.120 and 29 CFR 1910.134 with appendices,
 2. A description of the employee's duties as they relate to the employee's exposure(s), based on information provided by the employee and the Department,
 3. The position profile as indicated on the DEP Medical Surveillance Program Form (Attachment D),
 4. A description of known and suspected contaminants and their concentrations, based on information provided by the employee and the Department, and
 5. A description of any personal protective equipment used or to be used, based on information provided by the employee and the Department.
- B. These services shall include the following:
1. Medical evaluation including medical history, occupational and family history, and comprehensive physical examination;
 2. Visual acuity testing, including near and far vision, tonometry and color discrimination;
 3. Audiometry;
 4. Pulmonary function spirometry (FVC, FEV, FVC/FEV ratio);
 5. Stool for occult blood (hemocult); and,
 6. Laboratory tests as delineated in Attachment C, attached hereto and made a part hereto. Lab tests repeated for verification shall be completed at no additional charge.

In the event that the Contractor determines that the following tests are indicated, or if the Position Profile requires them, these services may also include any of the following:

7. 12 lead resting electrocardiogram with interpretation, if indicated.
8. Stress electrocardiogram with interpretation, if indicated on the Position Profile.
9. TB Skin Test.
10. Tetanus Toxoid, if indicated.
11. Pap smear, if appropriate.
12. Prostate Specific Antigen (PSA), if indicated (males over 40).
13. Chest X-ray, PA and Lateral, if clinically indicated or required on the Position Profile.
14. Lab - Lyme Titer, if indicated.
15. Lab - Hepatitis A, B, or C Antibody, if indicated (which one should be indicated on the invoice).
16. Lab - Heavy Metals including Lead, Mercury, Arsenic, Cadmium, Chromium, PCB or Blood Lead (which one should be indicated on the invoice).
17. Hepatitis A or B Vaccine, if appropriate (which one should be indicated on the invoice).

Additional tests may be approved by the Department's Contract Manager prior to testing. The Contractor shall notify the Department's Contract Manager by phone identifying the test needed by name, code number, and the cost of such testing. For invoice purposes, the Contractor shall acknowledge such test(s) by the name, code number and price.

- C. The Contractor shall oversee chemical tests which will be performed by a certified and accredited laboratory. The Contractor shall obtain the Department's consent to the use of subcontracted laboratory services in accordance with paragraph 24 of this Contract.
- D. Each new employee included in medical monitoring shall be given an initial physical examination within four weeks of the date the Contractor is notified by the Department of the employee's addition to the Medical Monitoring Program.
- E. Each Department employee who terminates from the Medical Monitoring Program and who has not received a medical monitoring physical within six (6) months prior to the

date of termination, shall be given an exit physical examination within two (2) weeks of the date the Contractor is notified by the Department of this termination.

- F. Department employees may use any of the Contractor's locations listed below. It is understood and agreed that appointments must be made for participants by a Department Medical Monitoring Representative prior to their examinations.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

FEE SCHEDULE

All rates provided below shall be current and effective during the first twenty-four (24) months of this Contract. The Contractor or the Department may request an increase or decrease in rates, up to 5%, for each additional year of the Contract and the possible renewal period(s). The request to increase or decrease the rates must be made in writing to the Department and must be supported by a detailed justification which warrants the requested increase or decrease. The request must be submitted at least sixty (60) calendar days prior to the anniversary date of the Contract in order for a request to be considered by the Department. The Department shall review the Contractor's written request and supporting documentation to determine whether an increase or decrease is warranted and, if so, what percentage increase (not to exceed 5% in any one year) shall be authorized by formal amendment to the Contract.

Each participant shall receive the following examinations:

- a. Medical evaluation including medical history, family and work history, and comprehensive physical exam
- b. Pulmonary function (spirometry)
- c. Audiometry
- d. Titmus
- e. Tonometry
- f. Stool for occult blood
- g. Laboratory tests as delineated in Laboratory Analysis

(Lab tests repeated for verification shall be completed at no additional cost to the Department.)

In the event the Contractor determines a need for additional tests or if the participant's position profile indicates the necessity, the following charges shall apply:

- h. 12 lead resting electrocardiogram with interpretation
- i. Stress electrocardiogram with interpretation, if indicated on position profile
- j. Respirator Physical Exam, if indicated on position profile
- k. TB Skin test, if indicated
- l. Tetanus toxoid, if indicated
- m. Pap smear and Lab fee, if appropriate
- n. Prostate specific and Lab fee, if appropriate
- o. Chest X-ray, PA and Lateral, if clinically indicated or position profile requirement
- p. Hepatitis Vaccine, if appropriate Hep A (Series of 2)
- q. Hepatitis Vaccine, if appropriate Hep B (Series of 3)
- r. Lyme Titer

OPTIONAL LAB TESTS

- s. Heavy Metals (in urine) – Lead, Mercury, Arsenic
- t. Heavy Metals (in urine) – Cadmium
- u. Heavy Metals (in urine) – Chromium
- v. Heavy Metals (in blood) – Lead, Mercury, Arsenic
- w. Heavy Metals (in blood) – Cadmium
- x. Heavy Metals (in blood) – Chromium
- y. PCB
- z. Lab Hepatitis – A or B Immunity Profile (one must be indicated on invoice)
- aa. Lab Hepatitis – C Immunity Profile

Additional tests shall be approved by the Department Contract Manager prior to testing. The Contractor shall notify the Department Contract Manager by telephone, identifying the name, code number, and the cost of such testing. For invoicing purposes, the Contractor shall acknowledge such tests by description of services, code number, standard rate and contract rate only.

Dive Physical Studies

- ab. Medical evaluation including medical history, family and work history, and comprehensive physical exam
- ac. Complete Blood Count with Differential and Platelets
- ad. Urinalysis, Routine Microscopic and Reflex Culture
- ae. Lipid Panel with LDL/HDL Ratio

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK

LABORATORY ANALYSIS

Comprehensive Metabolic Panel

Glucose
Sodium Potassium
Chloride
Bicarbonate
BUN (Blood Urea Nitrogen)
Creatinine
BUN/Creatinine ratio
Uric Acid
Calcium
Phosphorus
Calcium albumin ration
Total Protein
Albumin
Globulin (Protein levels for serum)
A/G ration
Alkaline phosphates

Lipid profile

Cholesterol
Triglyceride

Liver Profile

SGOT (Serum Glutamate Oxalacetate
Transaminase or Aspartate Transferase)
LDH (Lactate Dehydrogenase)
Bilirubin
SGPT (Serum Glutamate Pyruvate
Transaminase or Alanine Transaminase)

Complete blood count

CBC (Complete Blood Count)
WBC (Whole Blood Count)
Hb (hemoglobin)

Cholinesterase (RBC & Plasma)
Thyroid profile with TSH

Urinalysis (Routine)

NOTES:

1. Special tests: Tests required in addition to those described in the Fee Schedule and Laboratory Analysis must be approved in advance by the Department's Contract Manager.
2. Lab tests repeated for verification shall be completed at no additional charge.