



Grandview Fire Department

7005 Highgrove Road

Grandview, Missouri 64030

(816) 316-4960

REQUEST FOR PROPOSAL

ANNUAL & NEW HIRE PHYSICAL EXAMINATIONS

OBJECTIVE

The City of Grandview, Missouri is seeking a qualified contractor to provide annual and new hire physical examinations to members of the Grandview Fire Department for the upcoming three (3) fiscal years (2025, 2026, 2027). Qualified contractor shall provide and furnish all labor and equipment in providing NFPA 1582 compliant physicals.

The objective of this Request for Proposal (RFP) and resulting contract is to obtain proposals from and the services of a qualified professional firm to perform annual physical and new hire examinations per the NFPA

1582 standards for the Grandview Fire Department members.

The program requires a medical provider with in-depth knowledge regarding fire-service specific medical assessments in accordance with the Firefighter Life Safety Initiative and NFPA 1582 Standards to provide consolidated medical assessment, possible immunizations, and data record-keeping services of all incumbent personnel.

The Physical Medical Evaluation is designed to accomplish the following services:

- To provide a cost-effective investment in the early detection, disease prevention, and health promotion of firefighters.
- To create physical data to monitor future effects of exposure to specific biological, physical, or chemical agents.
- To detect changes in an individual's health that may be related to harmful working conditions.
- To provide the fire department personnel with information about the individual's occupational hazards and current health.
- Comply with federal, state, and local requirements.
- Reduce out-of-service time through preventative early intervention of potential problems.

Scheduling will be coordinated with the Fire Chief, or designees. Specific scheduling will be determined with the awardee.

Any blood work, urinalysis, or other pre-examination work should be completed in such a way for the examining qualified medical provider to have results to review with the individual at the time of the exam. If multiple trips will be required, this should be identified in the proposal for scheduling purposes.

Physicals will include a description and synopsis, including a detailed description of how the services will be delivered, detailing its methodology and approach to providing the Scope of Services as described in this RFP. Include how a mobile unit if not brick and mortar site will be utilized with all components of the Scope. Discuss if any subcontractors will be utilized and for which tasks they may be utilized. Pricing for any utilized subcontractors shall be figured into each itemized pricing. The firm contracted to provide services under this contract shall be responsible for subcontractors work and payment.

The City of Grandview is considering having the requested services provided in a mobile setting that is convenient for those being tested but will consider all options (including typical office visits) offered by the providers. If mobile facilities are not available, facility locations(s) to be used shall be identified along with any deviation in regular scheduled hours.

A summary profile will be provided to Grandview Fire Department through both the Fire Chief identifying trends, department-wide recommendations for each, and general data summary including comparisons between other benchmarks. This summary shall be suitable for sharing with the entire membership. Profile will be done after each completed round of fire fighters physicals and as required by the Fire Chief, or their designees. Confidential data shall not be shared with full HIPPA compliance.

I. Instructions to bidders

- a) Bidders shall complete all required documentation and explain all exceptions taken. Additionally, bidders may provide services that exceed the bid specifications, which should be noted as well.

- b) Bids are to be delivered by email, to the following email address: Jobrien@grandview.org between the hours of 8:00am – 2:00pm CST on May 2nd, 2024.

Contact Information:

Jeremy O'Brien

Asst. Chief/Shift Commander

Training Program Manager

Grandview Fire Department

Jobrien@grandview.org

(816)316-4966 (O).

(816)606-8212 (C).

- c) No Faxed bids will be considered.

- d) All Bidders must understand that the City of Grandview reserves the following rights:
 - 1) The right to reject any and all bids; and
 - 2) Choose the best bid based on the City of Grandview's judgment.

e) This bidding document provides for two options regarding the delivery of services. Bidders that provide a bid on both options have a greater chance of being awarded the bid. The two options are detailed below:

	Option 1	Option 2
Location	Your Facility	Our Facility
Method	Anniversary Date (Over the course of a month)	Mass Physical Exams (40 Total)
		3-4 Days Total

II. Services Provided

a) The physical annual medical evaluation process will consist of the following:

- 1) Documentation and Registration;
- 2) Laboratory specimen collection (Blood and Urine);
- 3) Physical Examination by Physician;
- 4) Strength and Flexibility Evaluation;
- 5) Bruce Treadmill Protocol; and
- 6) Final review of information, advice, and wellness goals for the upcoming year.

b) The new hire physical medical evaluation process will consist of the following:

1. Documentation and Registration;
2. Laboratory specimen collection (Blood and Urine);
3. Physical Examination by Physician;
4. Strength and Flexibility Evaluation;
5. Bruce Treadmill Protocol
6. Resting ECG
7. Base line Chest X-Ray
8. Final review of information, advice, and wellness goals for the upcoming year.

III. Documentation and Registration

a) The employee will complete the required documentation as requested by your staff. The following shall apply:

- 1) Identification numbers--- The employee shall NOT be required to submit their social security number. The employee shall be allowed to utilize their City of Grandview Employee Identification number, OR an alternative number that the provider issues.
- 2) The City of Grandview and IAFF Local 42 have developed a unique "Consent and Information Release Authorization Form", which is specific and appropriate to our situation. Employees will not sign your standard form, but will sign the COG / IAFF Local 42 form.
- 3) The City of Grandview and IAFF Local 42 have developed a unique "Fitness for Duty" form which fits our needs. This form simply declares the employee "Fit for Duty" or "Not Fit

for Duty”, and is forwarded to the City of Grandview Human Resources Director. Unless the employee advises the fire department of why they are not fit for duty, the issue is between the employee and the physician.

IV. Guiding Principles.

a) The National Fire Protection Association (NFPA) standard 1582 is the consensus standard that shall be utilized for the annual medical evaluations. The winning bidder shall obtain a copy of this standard and follow it when evaluating employees. The City of Grandview reserves the right to:

- 1) Evaluate each situation on a case by case basis to help determine fit for duty status and discuss that with your physician;
- 2) Eliminate or interpret any portion of NFPA 1582 to our unique situation;
- 3) Request that the occupational health physician discuss and consult with an employee’s personal physician about conditions when appropriate; and
- 4) Accept an employee’s personal physician’s “Fit for Duty” determination if appropriate.

b) Non-Punitive Statement.

The City of Grandview and IAFF Local 42 have a common interest in ensuring that fire department employees are fit for duty and are healthy and well. Annual Medical evaluations are to be conducted in a non-punitive manner and neither party, or the provider has any motivation for any action that is punitive. Employees are found to be “Fit for Duty” or “Not Fit for Duty”, and that information is forwarded to the City of Grandview Human Resources Director.

Until a time where the City of Grandview has the need to make a determination about the employee’s future ability to perform as a firefighter, medical management is between the employee, the occupational physician, and his or her personal physician. Discussion with the City of Grandview should only be “prognosis based” without discussing specific medical conditions when possible.

- c) The provider must share medical information including all results, examinations, findings, and diagnoses with the employee or his/her personal physician upon request and the proper execution of appropriate documentation and release of information form. Further, the provider must consult with the employee’s personal physician if requested.

V. Laboratory Specimen Collection

- a) Blood and urine specimens will be collected PRIOR to the annual medical evaluation date so that the employee and physician may review the results together.

If you are bidding services as being conducted on our site, the specimens would need to be collected over 3-5 days on our site, generally one week prior to the date of the annual medical evaluations.

If you are bidding services as being conducted on your site, the employee would need to be at your location generally one week prior to the date of the annual medical evaluation.

In any case, results shall be available to the employee and the physician ON the date of the annual medical evaluation.

VI. The Annual Medical Evaluation

- a) Each employee will receive a physical examination by a physician as part of their annual medical evaluation. This examination shall follow NFPA 1582 and the professional competence and judgment of the occupational physician;
- b) Each employee will receive a strength and flexibility evaluation administered by a medical professional such as a physician, nurse, exercise physiologist, physical therapist, or physical therapy assistant;

- c) Employees over the age of 40 will receive a Bruce Treadmill Protocol test to evaluate the employee's exercise tolerance, establish an estimated VO2Max, and examine the employee for medical anomalies associated with this test. This test shall be administered by a medical professional, with cardiovascular monitoring, and the provider must be certified in Advanced Cardiac Life Support with ACLS equipment (Crash Cart) near the exercise area;

- d) Each employee, after completing each of the steps, should have a consultation with the physician. In this consultation, the physician should ask pertinent questions, evaluate all data established from the annual medical evaluation, and develop strategies or goals for each employee to work on for the next year.

Additionally, if the employee is not fit for duty, the physician must discuss the issue with the employee so that the medical issue can be rectified if possible.

- e) Please provide responses to the following spreadsheet related to services provided in the annual medical evaluation. The City of Grandview reserves the right to add to, or delete from the list at any time.

Included in Bid?	Yes	No	Cost	Comments
Medical History				
Vital Signs				
Complete Medical Exam (MD/DO)				
Body Composition				
CBC w Differential				
Liver Enzymes				
Glucose				
Creatnine, GFR, BUN				
Ca,Na,K,CO2				
Protein				
Cholesterol (LDL, HDL, Ratio)				
Heavy Metal Screening				
Urinalysis				
Micro Urine				
Vision, Hearing				
Pulmonary Function				
CXR (Baseline then q5y)				
Cancer (skin, breast, testicular)				
Digital Rectal Exam				
Hep A Immunization / Titer				
Heb B Immunization / Titer				
Hep C Immunization / Titer				
DTP Immunization				
MMR Immunization				
HIV Testing				
Bruce Treadmill Protocol Testing				
PSA				

VII. Cost of services.

Please provide the cost of services in the format below. Please attach any supporting documentation. Costs are per employee.

Option 1— Annual Medical Evaluations To Be Conducted at Your Site (Office)	Cost		Option 2— Annual Medical Evaluations to be Conducted at Our Facility in Grandview, MO	Cost	
Laboratory			Laboratory		
Medical Testing			Medical Testing		
Physical Exam w Physician			Physical Exam w Physician		
Immunizations			Immunizations		
Strength and Flex			Strength and Flex		
Bruce Treadmill			Bruce Treadmill		
X-Ray			X-Ray		
Other Costs			Other Costs		
Total Cost Per Employee			Total Cost		

Signature: _____ Date: _____