

Patricia A. Peshka  
Purchasing Agent



Frank J. Picozzi  
Mayor

**City of Warwick**  
Purchasing Division  
3275 Post Road  
Warwick, Rhode Island 02886  
Tel (401) 738-2013  
Fax (401) 737-2364

The following notice is to appear on the City of Warwick's website Thursday, July 15, 2021.  
The website address is <http://www.warwickri.gov/bids>.

**CITY OF WARWICK  
BIDS REQUESTED FOR**

**Bid2022-097 Firefighter Occupational Medical Evaluations**

Specifications are available in the Purchasing Division, Warwick City Hall, Monday through Friday, 8:30 AM until 4:30 PM on or after Thursday, July 15, 2021.

Sealed bids will be received by the Purchasing Division, Warwick City Hall, 3275 Post Road, Warwick, Rhode Island 02886 up until **11:00 AM**, Wednesday, July 28, 2021. The bids will be opened publicly commencing at **11:00 AM** on the same day in the Lower Level Conference Room, Warwick City Hall. *Please note due to COVID-19, employees and visitors must adhere to social distance guidelines. All visitors are advised to wear masks if not fully vaccinated.*

Awards will be made on the basis of the lowest evaluated or responsive bid price.  
Please note that no bids can be accepted via email or fax.

The City of Warwick, in addition to soliciting bids in response to this bid, may consult, consider, and make an award for any and all open bid offers for a comparable unit as sought herein at the following websites:

RI State MPA: <https://www.ridop.ri.gov/contract-portal/>

NASPO: <https://www.naspo.org/>

NJPA (National Joint Powers Alliance): <https://www.njpacoop.org/cooperative-purchasing>

MHEC (Massachusetts Higher Education Consortium): <https://www.mhec.net/>

Individuals requesting interpreter services for the hearing impaired must notify the Purchasing Division at 401-738-2013 at least 48 hours in advance of the bid opening date.

**Original Signature on File**

Patricia A. Peshka  
Purchasing Agent

**PLEASE COMPLETE THIS PAGE & SUBMIT WITH YOUR BID**

**Acknowledgement of Addendum (if applicable)**

<b>Addendum Number</b>	<b>Signature of Bidder</b>
_____	_____
_____	_____

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

BIDDER'S SIGNATURE: \_\_\_\_\_

BIDDER'S NAME (PRINT): \_\_\_\_\_

TITLE: \_\_\_\_\_ TEL. NO.: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\*

\*Please include your email address. Future bids will be emailed, unless otherwise noted.

**II. AWARD AND CONTRACT:**

The CITY OF WARWICK, acting as duly authorized through its Purchasing Agent/Finance Director/Mayor, accepts the above bid and hereby enters into a contract with the above party to pay the bid price upon completion of the project or receipt of the goods unless another payment schedule is contained in the specifications. All terms of the specifications, both substantive and procedural, are made terms of this contract.

DATE: \_\_\_\_\_

Bid2022-097

\_\_\_\_\_

Purchasing Agent

**PLEASE COMPLETE THIS PAGE & SUBMIT WITH YOUR BID**

**CERTIFICATION & WARRANT FORM\***

**This form must be completed and submitted with sealed bid.  
Failure to do so will result in automatic rejection.**

Any and all bids shall contain a certification and warrant that they comply with all relevant and pertinent statues, laws, ordinances and regulations, in particular, but not limited to Chapter 16- Conflicts of Interest, of the Code of Ordinances of the City of Warwick. Any proven violation of this warranty and representation by a bidder at the time of the bid or during the course of the contract, included, but not limited to negligent acts, either directly or indirectly through agents and/or sub-contractors, shall render the bidder's contract terminated and the bidder shall be required to reimburse the City for any and all costs incurred by the City, including reasonable attorney fees, to prosecute and/or enforce this provision.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

**\*This form cannot be altered in any way**

**CITY OF WARWICK  
NOTICE TO BIDDERS**

**Bid2022-097 Firefighter Occupational Medical Evaluations**

If you received this document from our homepage or from a source other than the City of Warwick Purchasing Division, please check with our office prior to submitting your bid to ensure that you have a complete package. The Purchasing Division cannot be responsible to provide addenda if we do not have you on record as a plan holder.

Bids received prior to the time of the opening will be securely kept, unopened. No responsibility will be attached to an officer or person for the premature opening of a bid not properly addressed and identified. No bids will be accepted via facsimile or email.

The opening of bids will be in the order established by the posted agenda and the agenda will continue uninterrupted until completion.

Once an item has been reached and any bids on that item has been opened, no other bids on that item will be accepted and any such bid will be deemed late.

The contractor will not discriminate against any employee or applicant for employment because of physical or mental handicap for any position for which the employee or applicant is qualified and that in the event of non-compliance the City may declare the contractor in breach and take any necessary legal recourse including termination or cancellation of the contract.

A bidder filing a bid thereby certifies that no officer, agent, or employee of the City has a pecuniary interest in the bid or has participated in contract negotiations on the part of the City, that the bid is made in good faith without fraud, collusion, or connection of any kind with any other bidder for the same call for bids, and that the bidder is competing solely in his own behalf without connection with, or obligation to, any undisclosed person or firm.

All bids should be submitted with one (1) original and one (1) copy in a sealed envelope, which should read: *YOUR COMPANY NAME* plainly marked on the exterior of the envelope as well as "Bid2022-097 Firefighter Occupational Medical Evaluations."

All proposals submitted become the property of the City and will not be returned. If the company intends to submit **confidential or proprietary information** as part of the proposal, **any limits on the use or distribution of that material should be clearly delineated in writing. This information should be submitted in a sealed envelope, clearly labeled confidential** and where it should be submitted in the response. Please be advised of the Freedom of Information Act as it may pertain to your submittal.

Should you have any questions, please contact Assistant Chief Jason Umbenhauer, WFD, at 401-468-4044.

All bids should be written in ink or typed. If there is a correction with whiteout, the bidder must initial the change.

Negligence on the part of the bidder in preparing the bid confers no rights for the withdrawal of the bid after it is open.

Any deviation from the specifications must be noted in writing and attached as part of the bid proposal. The bidder must indicate the item or part with the deviation and indicate how the bid will deviate from specifications.

The IRS Form W-9 available on [www.warwickri.gov](http://www.warwickri.gov) should be completed and submitted with the bid if the bidder falls under IRS requirements to file this form.

The successful bidder must provide the City of Warwick with an original **Certificate of Insurance** for Professional Liability in a minimum amount of \$1 million. It is the vendor's responsibility to provide the City of Warwick with an updated certificate of insurance upon expiration of the original certificate.

For a bid to be awarded to a corporation, limited liability company or other legal entity, prior to commencing work under the awarded bid, that corporation, company or legal entity may be required to provide to the Purchasing Agent a **Certificate of Good Standing** from The Rhode Island Secretary of State dated no more than thirty (30) days prior to the date upon which the bid approval was made. **Please note that no other State's Certificate of Good Standing will be accepted.**

The successful bidder will provide said **Certificate of Insurance** and **State of Rhode Island's Certificate of Good Standing** (if required) within ten (10) calendar days after notification or the City reserves the right to rescind said award.

Prices to be held firm August 24, 2021 through August 23, 2022. Term contracts may be extended for one additional term upon mutual agreement unless otherwise stated.

The contractor must carry sufficient liability insurance and agree to indemnify the city against all claims of any nature, which might arise as a result of his operations or conduct of work.

The City is exempt from the payment of the Rhode Island Sales Tax under the 1956 General Laws of the State of Rhode Island, 44-18-30, Paragraph I, as amended.

The Purchasing Agent reserves the right to reject any and all bids, to waive any minor deviations or informalities in the bids received, and to accept the bid deemed most favorable to the interest of the City.

The successful bidder must comply with all Rhode Island Laws applicable the public works projects, including, but not limited to provisions of Chapter 13 of Title 37 of the

Rhode Island General Laws, pertaining to prevailing wage rates, and all other applicable local, state and federal laws.

The City reserves the right to terminate the contract or any part of the contract in the best interests of the City, upon 30-day notice to the contractor. The City will incur no liability for materials or services not yet ordered if it terminates in the best interests of the City. If the City terminates in the interests of the City after an order for materials or services have

been placed, the contractor will be entitled to compensation upon submission of invoices and proper proof of claim, in that proportion which its services and products were satisfactorily rendered or provided, as well as expenses necessarily incurred in the performance of work up to time of termination.

No extra charges for delivery, handling or other services will be honored. All claims for damage in transit will be the responsibility of the successful bidder. Deliveries must be made during normal working hours unless otherwise agreed upon.

All costs directly or indirectly related to the preparation of a response to this solicitation, or any presentation or communication to supplement and/or clarify any response to this solicitation which may be required or requested by the City of Warwick will be the sole responsibility of and will be borne by the respondent.

If the respondent is awarded a contract in accordance with this solicitation and the respondents bid or response and if the respondent fails or refuses to satisfy fully all of the respondents obligations thereunder, the City of Warwick will be entitled to recover from the respondent any losses, damages or costs incurred by the City as a result of such failure or refusal.

The City reserves the right to award in part or full and to increase or decrease quantities in the best interest of the City.

Any quantity reference in the bid specifications are estimates only, and do not represent a commitment on the part of the City of Warwick to any level of billing activity. It is understood and agreed that the agreement will cover the actual quantities ordered during the contract period.

The City reserves the right to rescind award for non-compliance to bid specifications.

The successful bidder must adhere to all City, State and Federal Laws, where applicable.

**Warwick Fire Department**  
**Request for Bids**

**Firefighter Occupational Medical Evaluations**

The Warwick Fire Department is seeking bids for Firefighter Occupational Medical Evaluations, in accordance with the following specifications.

All prices will remain in effect for one (1) year from date of award with the option of an additional term

**EXCEPTIONS TO SPECIFICATIONS:**

All exceptions to the below specifications must be clearly stated for each specification listed. Use additional pages for exceptions, if necessary.

**PURPOSE:**

To provide the Warwick Fire Department with a confidential occupational medical evaluation program for its firefighters and new firefighter candidates. These evaluations will be conducted as a baseline for surveillance and annually thereafter. This medical evaluation program is intended to fulfill the requirements of both NFPA 1500 - Standard on Fire Department Occupational Safety, Health and Wellness Program (Chapter 11) and NFPA 1582 – Standard on Comprehensive Occupational Medical Program for Fire Departments. Approximately 204 examinations are estimated to be performed.

**Preference will be given to vendors who can administer the physicals on site or within a close radius of the City of Warwick. Please contact Assistant Chief Jason Umbenhauer (401) 468-4044 for any additional information.**

	<b>GENERAL REQUIREMENTS</b>	<b>Meets Requirements</b>		
a	The bidder must assist the Fire Department management in planning the testing process. The bidder must supply all equipment necessary to perform the evaluations including clinical testing facilities, medical questionnaires, all specimen collection supplies, and instructional materials. The bidder must be able to provide enough medical personnel to perform all testing in a timely fashion.	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Exception</b> <input type="checkbox"/>
b	All medical testing and screening must be performed by technicians who are appropriately trained and certified, as required.	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Exception</b> <input type="checkbox"/>
c	All processes required to complete the evaluation must comply with NFPA 1582 Standard on Comprehensive Occupational Medical Programs for Fire Departments - 2018 Edition.	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Exception</b> <input type="checkbox"/>
d	The medical evaluation must be performed by a licensed medical doctor or osteopathic physician qualified to provide professional expertise in the areas of occupational safety and health as they relate to emergency services, in accordance with	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Exception</b> <input type="checkbox"/>

	NFPA 1582 – 2018 Edition.  The bidder must provide the name of the one individual physician who would be fulfilling the role of Fire Department Physician, who must be responsible for the medical evaluation program, record-keeping (including medical certifications), and advising the members with regard to their health, fitness, and suitability for duty as required by NFPA 1500 & NFPA 1582.			
e	The bidder must provide documentation outlining their policy and procedures for quality control and quality assurance on all medical equipment.	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Exception</b> <input type="checkbox"/>
f	All test results and interpretations must be treated as a confidential medical record. The bidder must ensure member privacy and confidentiality regarding medical conditions identified during the medical evaluation except as required by law. The distribution of the results must be at the direction of the Fire Department.	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Exception</b> <input type="checkbox"/>
g	At the conclusion of the evaluations, a list must be provided to the Fire Department of all members who completed the evaluation, or any portion thereof, listing the specific tests and procedures performed, for billing purposes.	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Exception</b> <input type="checkbox"/>
h	Evaluations must be conducted on an ongoing schedule, throughout mutually agreed-upon days, by staff which is dedicated to that purpose. While testing, the firefighters must not have other patients inserted into the process, thus slowing down the testing being done for the City. The firefighters must be seen, one at a time, from a grouping assigned for that day, without placing patients from other employers in between.	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Exception</b> <input type="checkbox"/>
i	A release must be secured by the bidder from each member to be examined and a copy of their completed reports must be delivered securely to each member.	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Exception</b> <input type="checkbox"/>
j	All procedures necessary for the conducting of physicals must take place at a single facility, with the option to perform the tests at the Fire Department Headquarters, if necessary.	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Exception</b> <input type="checkbox"/>
k	Bidder must provide a DOT driver's certification cards if applicable, when requested by the member being evaluated.	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Exception</b> <input type="checkbox"/>
l	Only the tests and exams authorized for the purpose of completing this evaluation will be administered. Under no circumstances will any additional tests be administered other than those specified.	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Exception</b> <input type="checkbox"/>
m	Bidder must maintain medical records for a period of not less	<b>Yes</b>	<b>No</b>	<b>Exception</b>



	than 30 years after the member's retirement date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>TECHNICAL SPECIFICATIONS</b>	<b>Meets Requirements</b>		
1	<p><u>Medical Evaluation</u> Each medical evaluation must include a medical history (including exposure history), physical examination, blood tests, urinalysis, vision tests, audiograms, spirometry, chest x-ray (as indicated), ECG, cancer screening (as indicated), and immunizations and infectious disease screening (as indicated).</p> <p>The physician must ensure that all members are made aware of all currently recommended immunizations per CDC guidelines (at minimum, Hepatitis B, TDAP, MMR, Polio, Hepatitis A, Varicella, seasonal and novel influenzas)</p> <p>The components of the medical evaluations must conform to all applicable U.S. OSHA standards, including 29 CFR 1910.120, "Hazardous waste operations and emergency response"; 29 CFR 1910.134, "Respiratory protection"; 29 CFR 1910.95, "Occupational noise exposure"; and 29 CFR 1910.1030, "Bloodborne pathogens."</p>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Exception</b> <input type="checkbox"/>
2	<p><u>Medical History for Existing Members</u> A medical history questionnaire, including a respirator questionnaire, which includes changes in health status and known occupational exposures since the previous annual evaluation, must be provided to, and completed by, each member to provide follow-up information.</p> <p><u>Medical History for Firefighter Candidates</u> A medical history questionnaire, including a respirator questionnaire must be provided to, and completed by, each candidate to provide follow-up information. The medical history should include the candidate's known health problems, such as major illnesses, surgeries, medication use, and allergies. Symptom review is also important for detecting early signs of illness. A medical history should also include a personal health history, a health habit history, an immunization history, and a reproductive history.</p> <p>An occupational history should also be obtained to collect information about the person's past occupational and environmental exposures.</p>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Exception</b> <input type="checkbox"/>
3	<p><u>Physical Examinations</u> The physical examination must include each of the following components:</p>	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	<b>Exception</b> <input type="checkbox"/>

	<p>(1) Vital signs [temperature, pulse, and respiratory rate, and blood pressure (BP)]</p> <p>(2) Head, eyes, ears, nose, and throat (HEENT)</p> <p>(3) Neck</p> <p>(4) Cardiovascular</p> <p>(5) Pulmonary</p> <p>(6) Breast</p> <p>(7) Gastrointestinal with digital rectal exam as clinically indicated</p> <p>(8) Hernia</p> <p>(9) Lymph nodes</p> <p>(10) Neurological</p> <p>(11) Musculoskeletal</p> <p>(12) Skin (includes screening for cancers)</p> <p>Examinees must be advised during the procedure of abnormalities identified by the examiner that require immediate follow-up.</p>			
4	<p><b><u>Blood Pressure</u></b>  Blood Pressure must be measured by a training technician with a properly calibrated and validated instrument. Blood Pressure must be measured according to the recommendations of the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7).</p> <p>The criteria for evaluation must be those established by the American Heart Association, and patients must be immediately notified of any significant abnormality. Repeat measurements must be provided for all members not meeting the AHA normal criteria.</p>	<p><b>Yes</b>  <input type="checkbox"/></p>	<p><b>No</b>  <input type="checkbox"/></p>	<p><b>Exception</b>  <input type="checkbox"/></p>
5	<p><b><u>Blood Tests</u></b>  Blood tests must be performed, at minimum, every three years for those under the age of 40, and every year for those over the age of 40, and must include the following:</p> <p>(1) CBC with differential, RBC indices and morphology, and platelet count</p> <p>(2) Electrolytes (Na, K, Cl, HCO<sub>3</sub>, or CO<sub>2</sub>)</p> <p>(3) Renal function (BUN, creatinine)</p> <p>(4) Glucose</p> <p>(5) Liver function tests (ALT, AST, direct and indirect bilirubin, alkaline phosphatase)</p> <p>(6) Total cholesterol, HDL, LDL, clinically useful lipid ratios (e.g., percent LDL), and triglycerides</p> <p>Specimen collection must be performed by trained phlebotomists to ensure proper procedures for accurate</p>	<p><b>Yes</b>  <input type="checkbox"/></p>	<p><b>No</b>  <input type="checkbox"/></p>	<p><b>Exception</b>  <input type="checkbox"/></p>

	sampling is observed. The bidder must demonstrate compliance with 29 CFR 1910.1030 in its collection procedures and staff employed.			
6	<p><u>Heavy Metal Tests</u> A heavy metal test and zinc protoporphyrin (ZPP) blood test will be performed for any <b>new Hazardous Materials Technicians</b> in accordance with OSHA 1910.120 or at the request of the department. The heavy metal test will be for arsenic, mercury, lead and cadmium.</p>	<p><b>Yes</b> <input type="checkbox"/></p>	<p><b>No</b> <input type="checkbox"/></p>	<p><b>Exception</b> <input type="checkbox"/></p>
7	<p><u>Urine Laboratory Tests</u> The urine laboratory tests required must include the following:  (1) Dipstick analysis for glucose, ketones, leukocyte esterase, protein, blood, and bilirubin (2) Microscopic analysis for RBC, WBC, casts, and crystals if indicated by results of dipstick analysis</p>	<p><b>Yes</b> <input type="checkbox"/></p>	<p><b>No</b> <input type="checkbox"/></p>	<p><b>Exception</b> <input type="checkbox"/></p>
8	<p><u>Vision Tests</u> Vision screening must be performed by trained technicians, and test results must be interpreted by qualified clinician. The test procedures must meet the standards imposed by DOT for vision acuity screening. Abnormal results must be referred to the member's PCP or optometrist.</p>			
9	<p><u>Audiometric Testing</u> Audiometric testing must be performed by a Certified Occupational Hearing Conservation (CAOHC) technician. The equipment room and procedures must meet both the OSHA standard set forth at 29 CFR 1910.95 as well as the ANSI guidelines (s3.6-1969). The frequencies to be tested are 500, 1000, 2000, 3000, 4000, 6000, and 8000 Hz. Abnormal test results will be interpreted by a certified audiologist and recommendations are to be made for follow-up action where indicated, per NFPA 1582 Appendix A, Section A.7.7.3.</p>	<p><b>Yes</b> <input type="checkbox"/></p>	<p><b>No</b> <input type="checkbox"/></p>	<p><b>Exception</b> <input type="checkbox"/></p>
10	<p><u>Spirometry Testing</u> Pulmonary function testing must be performed by technicians having passed NIOSH approved curriculum courses in occupational spirometry.  Pulmonary function testing must be conducted to measure the member's forced vital capacity (FVC), forced expiratory volume in 1 second (FEV1), and the absolute FEV1/FVC ratio. FEV1 and FVC results must be expressed as the absolute value (liters or milliliters) and as percent predicted adjusted for gender, age, height, and ethnicity using NHANES III normative equations.</p>	<p><b>Yes</b> <input type="checkbox"/></p>	<p><b>No</b> <input type="checkbox"/></p>	<p><b>Exception</b> <input type="checkbox"/></p>

	These tests must meet all OSHA and state imposed regulations for pulmonary function testing. Abnormal results must be referred to the member's PCP or pulmonologist and recommendations are to be made for follow-up action where indicated, per NFPA 1582 Appendix A, Section A.7.7.4.			
11	<p><u>Chest Radiographs</u> A posterior-anterior and/or lateral chest x-ray must be administered by a registered X-ray technician. X-rays must be interpreted by a NIOSH certified "B" reader. The x-ray room must be fully lead-shielded to prevent hazardous emissions to the environment X-Rays will be performed at five (5) year intervals, or as clinically indicated.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Exception <input type="checkbox"/>
12	<p><u>Electrocardiograms</u> A resting 12-lead ECG must be performed by trained technicians. Test results must be interpreted by a board-certified cardiologist when a significant problem is discovered. The physician's report must contain appropriate commentary regarding the examinee's cardiac condition and follow-up recommendations must be made where warranted.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Exception <input type="checkbox"/>
13	<p><u>Risk Stratification</u> Asymptomatic fire fighters 40 years of age or older with no known atherosclerotic cardiovascular disease (ASCVD) must be assessed for their 2-year and 10-year risks of ASCVD, defined as coronary death, nonfatal myocardial infarction, or fatal or nonfatal stroke.</p> <p>Asymptomatic fire fighters younger than 40 years of age known to be at high risk for ASCVD must be assessed for coronary artery disease.</p> <p>The 10-year Heart Risk Calculator created by the American College of Cardiology/American Heart Association (ACC/AHA) must be used to generate a 10-year risk of ASCVD, taking into consideration the individual's age, sex, race, total cholesterol, high density lipoprotein (HDL) cholesterol, systolic blood pressure, blood pressure-lowering medication use, diabetes status, and smoking status.</p> <p>The Framingham Heart Study 2-year risk prediction score sheets must be used to generate a 2-year risk of ASCVD, using all the factors described above except race.</p> <p>Members found to be at "Intermediate" or "High" risk should be referred for further evaluation in accordance with NFPA 1582 – Section 7.7.7</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Exception <input type="checkbox"/>
14	<u>Immunizations and Infectious Disease Screening</u>	Yes	No	Exception

	<p>The following infectious disease immunizations or infectious disease screenings must be provided, as indicated:</p> <p>(1) Tuberculosis (TB) screening — by either tuberculin skin testing using the tuberculin purified protein derivative (PPD) or the tuberculin blood test (interferon gamma release assay); tuberculosis screening to be performed unless the member has a history of positive tuberculin screening test, in which case CDC guidelines for management and subsequent chest radiographic surveillance apply. Results will be interrupted in accordance with NFPA 1582 – Appendix A - Section A.7.7.9(1). Reading the TB skin test (PPD) results is the responsibility of the bidder.</p> <p>a. If the TB skin test (PPD) is used, the following is required:</p> <p>i. Placement of the PPD and subsequent reading by a trained, designated reader within 48 hours to 72 hours of placement. Members with a history of positive PPD should instead fill out a questionnaire and might be required to have a chest radiograph.</p> <p>ii. PPD results should be documented in millimeters (mm). A test with no skin reaction should be recorded as 0 mm. PPD measurement should not include erythema and should include only induration in the axis perpendicular to the forearm.</p> <p>(2) Hepatitis B virus titers — as specified in CDC guidelines; laboratory confirmation of immunity to be tested 1–2 months after completion of the vaccination 3 dose series, performed as a baseline for <b>new Firefighter Candidates only</b>.</p> <p>(3) Hepatitis C screening – performed as a baseline for <b>new Firefighter Candidates only</b>.</p>	□	□	□
15	<p><u>Cancer Screening</u></p> <p>(1) Colon Cancer Screening - Fecal occult blood testing risks and benefits must be discussed with all members above the age of 40, or earlier if clinically indicated. Colonoscopy services must be recommended to all members above the age of 50, or earlier if clinically indicated and repeated at regular intervals.</p> <p>(2) Prostate Cancer Screening - Due to increased prostate cancer risk, the physician must discuss the risks and benefits of prostate cancer screening, including prostate specific antigen (PSA) testing, with all male fire fighters</p>	<b>Yes</b> □	<b>No</b> □	<b>Exception</b> □

	<p>beginning at age 40 and annually thereafter.</p> <p>(3) Lung Cancer Screening - Low-dose computed tomography (LDCT) must be performed annually on fire fighters over the age of 55 who have a 30-pack-a-year smoking history and currently smoke or have quit within the past 15 years.</p> <p>(4) Cervical Cancer Screening – The physician will recommend that female members be screened for cervical cancer with cytology (Pap smear) every 3 years or screened for a combination of cytology and human papillomavirus (HPV) testing every 5 years.</p> <p>(5) Testicular Cancer Screening - A baseline examination must be performed by a health care provider</p> <p>(6) Bladder Cancer Screening - Urine must be evaluated for blood (hematuria). A positive dipstick for hematuria must require a follow-up and referral which could involve upper tract imaging, cystoscopy, and/or urine cytology.</p> <p>(7) Oral Cancer Screening - The entire mouth must be examined for signs of oral and oropharyngeal cancers.</p> <p>(8) Thyroid Cancer Screening - Physical exam for palpable nodules must be part of the physical examination.</p>			
16	<p><u>Medical Certification</u></p> <p>At the conclusion of the medical evaluation, and after analysis of the information contained in this document, the designated physician (acting as the Fire Department Physician) must determine if the member or candidate meets the medical requirements of NFPA 1582 – 2018 Edition. A copy of this signed medical certification must be delivered in a timely fashion to the Fire Department Administrative designee.</p> <p><b>Medical certification for existing members</b> - Existing members will be evaluated for the ability to perform specific job tasks, utilizing the list of Warwick Fire Department essential job tasks, found in Appendix A of these specifications. Determination of medical certification will be based on the guidelines defined in <b>Chapter 9</b> of NFPA 1582 – 2018 Edition</p> <p><b>Medical certification for Firefighter Candidates</b> - Firefighter Candidates will be evaluated for the ability to perform specific job tasks, utilizing the list of Warwick Fire Department essential job tasks, found in Appendix A of these specifications. Determination of medical certification will be based on the guidelines defined in <b>Chapter 6</b> of NFPA 1582 – 2018 Edition</p> <p>(1) Medical conditions that can affect a candidate's ability to safely perform essential job tasks must be designated either Category A or Category B.</p> <p>(2) Candidates with Category A medical conditions must not be certified as meeting the medical requirements of</p>	<p><b>Yes</b></p> <p><input type="checkbox"/></p>	<p><b>No</b></p> <p><input type="checkbox"/></p>	<p><b>Exception</b></p> <p><input type="checkbox"/></p>

	<p>this standard.</p> <p>(3) Candidates with Category B medical conditions must be certified as meeting the medical requirements of this standard only if they can perform the essential job tasks without posing a significant safety and health risk to themselves, members, or the public.</p> <p>(4) A list of Category A or Category B medical conditions can be found in Chapter 6 of NFPA 1582 – 2018 Edition.</p>			
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**Appendix A – Warwick Fire Department Essential Job Tasks**

The physician must consider the physical, physiological, intellectual, and psychological demands of the occupation when evaluating the candidate's or member's ability to perform the essential job tasks.

The physician must evaluate the following 14 essential job tasks when making a determination on medical certification for both new candidates and existing members.

- (1) While wearing personal protective ensembles and self-contained breathing apparatus (SCBA), performing firefighting tasks (e.g., hoseline operations, extensive crawling, lifting and carrying heavy objects, ventilating roofs or walls using power or hand tools, forcible entry), rescue operations, and other emergency response actions under stressful conditions, including working in extremely hot or cold environments for prolonged time periods. Common firefighting tasks include:
  - a. Lifting and carrying tools and equipment (e.g., axe, halligan tool, pike pole, chain saw, circular saw, rabbit tool, high-rise pack, and hose) that weigh between 7 lb and 20 lb (3.2 kg and 9 kg) and are used in a chopping motion over the head, extended in front of the body, or in a push/pull motion.
  - b. Advancing a 1 3/4 in. (45 mm) or a 2 1/2 in. (65 mm) diameter hose line, which requires lifting, carrying, and pulling the hose at grade, below or above grade, or up ladders. In addition to the weight of the hose itself, a 50 ft (15 m) section of charged 1 3/4 in. (45 mm) hose contains approximately 90 lb (41 kg) of water, and a 50 ft (15 m) section of 2 1/2 in. (65 mm) hose holds approximately 130 lb (59 kg) of water.
  - c. Performing forcible entry while utilizing tools and equipment (e.g., axe, halligan tool, chain saw, circular saw, or rabbit tool) that requires chopping, pulling, or operating these items to open doors, windows, or other barriers to gain access to victims or possible victims or to initiate firefighting operations.
  - d. Performing ventilation (horizontal or vertical) utilizing tools and equipment (e.g., axe, circular saw, chain saw, pike pole) while operating on a flat or pitched roof or operating off a ground or aerial ladder. This task requires the fire fighter to chop or push tools through roofs, walls, or windows.

- (2) Wearing an SCBA, which includes a demand valve–type positive-pressure facepiece or HEPA filter mask, which requires the ability to tolerate increased respiratory workloads
- (3) Exposure to toxic fumes, irritants, particulates, biological (infectious) and nonbiological hazards, and heated gases, despite the use of personal protective ensembles and SCBA
- (4) Depending on the local jurisdiction, climbing six or more flights of stairs while wearing a fire protective ensemble, including SCBA, weighing at least 50 lb (22.6 kg) or more and carrying equipment/tools weighing an additional 20 to 40 lb (9 to 18 kg)
- (5) Wearing a fire protective ensemble, including SCBA, that is encapsulating and insulated, which will result in significant fluid loss that frequently progresses to clinical dehydration and can elevate core temperature to levels exceeding 102.2°F (39°C)
- (6) While wearing personal protective ensembles and SCBA, searching, finding, and rescue-dragging or carrying victims ranging from newborns to adults weighing over 200 lb (90 kg) to safety despite hazardous conditions and low visibility
- (7) While wearing personal protective ensembles and SCBA, advancing water-filled hoselines up to 2 1/2 in. (65 mm) in diameter from fire apparatus to occupancy [approximately 150 ft (50 m)], which can involve negotiating multiple flights of stairs, ladders, and other obstacles
- (8) While wearing personal protective ensembles and SCBA, climbing ladders, operating from heights, walking, or crawling in the dark along narrow and uneven surfaces that might be wet or icy, and operating in proximity to electrical power lines or other hazards
- (9) Unpredictable emergency requirements for prolonged periods of extreme physical exertion without benefit of warm-up, scheduled rest periods, meals, access to medication(s), or hydration
- (10) Operating fire apparatus or other vehicles in an emergency mode with emergency lights and sirens
- (11) Critical, time-sensitive, complex problem solving during physical exertion in stressful, hazardous environments, including hot, dark, tightly enclosed spaces, that is further aggravated by fatigue, flashing lights, sirens, and other distractions
- (12) Ability to communicate (give and comprehend verbal orders) while wearing personal protective ensembles and SCBA under conditions of high background noise, poor visibility, and drenching from hoselines and/or fixed protection systems (sprinklers)
- (13) Functioning as an integral component of a team, where sudden incapacitation of a member can result in mission failure or in risk of injury or death to civilians or other team members
- (14) Working in shifts, including during nighttime, that can extend beyond 12 hours



**CITY OF WARWICK**

**BID AND CONTRACT FORM**

**TITLE OF SPECIFICATION:** Bid2022-097 Firefighter Occupational Medical Evaluations

**I. BID:**

WHEREAS, the CITY OF WARWICK has duly asked for bids for performance of services and/or supply of goods in accordance with the above-indicated specifications.

The person or entity does irrevocably offer to perform the services and/or furnish the goods in accordance with the specifications, which are hereby incorporated by reference in exchange for the bid price below;

This offer will remain open and irrevocable until the CITY OF WARWICK has accepted this bid or another bid on the specifications or abandoned the project.

The bidder agrees that acceptance by the CITY OF WARWICK will transform the bid into a contract. This bid and contract will be secured by Bonds, if required by the specifications.

**Pricing as follows**

**Continued next page**

**PLEASE COMPLETE THIS PAGE & SUBMIT WITH YOUR BID**

**(PRICING SHEET MAY NOT BE CONFIDENTIAL)**

**Warwick Fire Department**  
**Firefighter Occupational Medical Evaluations**  
**PRICING PAGE**

<b>Item #</b>	<b>Procedures and Tests Required for Medical Certification</b>	<b>Price</b>
1	Firefighter Medical Evaluation including the following: <ul style="list-style-type: none"><li>• Medical Certification</li><li>• Medical History Questionnaire</li><li>• Respirator Questionnaire &amp; Certification</li><li>• Cancer Screening (without tests)</li></ul>	
2	Physical Examination	
3	Blood Test	
4	Heavy Metal Test (Arsenic, Cadmium, Mercury, Lead)	
5	ZPP Blood Test	
6	Urine Test – Dipstick	
7	Urine Test - Microscopic analysis, if indicated	
8	Vision Test	
9	Audiometric Test	
10	Spirometry Test	
11	Chest Radiograph - posterior-anterior only	
12	Chest Radiograph - posterior-anterior and lateral chest	
13	Electrocardiogram	
14	Risk Stratification	
15	Tuberculosis (TB) screening using Skin Test (PPD)	
16	Tuberculosis (TB) screening using Blood Test	

**Continued next page**

**PLEASE COMPLETE THIS PAGE & SUBMIT WITH YOUR BID**

**(PRICING SHEET MAY NOT BE CONFIDENTIAL)**

**Warwick Fire Department**  
**Firefighter Occupational Medical Evaluations**  
**PRICING PAGE**

<b>Item #</b>	<b>Additional Tests &amp; Vaccines <u>NOT</u> Required for Completion of Evaluation (only to be performed at the authorization of the Fire Department Administrative designee)</b>	<b>Price</b>
17	Hepatitis A Vaccine series (2 doses)	
18	Hepatitis B Vaccine series (3 doses)	
19	Hepatitis B Surface Antibody (titer) Test	
20	Hepatitis C Surface Antibody Test	
21	HIV Test	
22	MMR Vaccine	
23	Tdap Vaccine	
24	Varicella Vaccine	
26	Prostate specific antigen (PSA) Test	
27	Drug Screen (5-panel)	
28	Archiving of Urine and Blood (for Haz-Mat Technicians)	
29	Fecal Occult Blood Test	
30	Physical DOT Driver's Certification Card	

**Please submitted the name and license number of physician that will serve as the Fire Department Physician as required in these specifications.**

**Name:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**EXCEPTIONS TO SPECIFICATIONS**

**Any and all exceptions to the above specifications must be clearly stated for each specification listed. Use additional pages for exceptions, if necessary.**