



Becky Dawes
Procurement Director

Aiken County Government Request for Qualifications 16-05-P, Employee Physicals

Aiken County Government is soliciting Request for Qualifications from medical providers for Employee Physicals. The selected vendor will provide the listed services for a period of one (1) year with four (4) optional years. There are approximately 250 new hires each year, with 90 being emergency workers and 20 CDL drivers. The selected facility must have the ability to provide new-hire physicals, CDL physicals, emergency worker's respirator checks, random drug screens, and other services as required. All services should be available during the provider's regular business hours, Monday – Friday, without an appointment. County staff will work with the awarded vendor to provide as much advance notice as possible. Questions should be submitted to procurement@aikencountysc.gov before October 14, 2015 at 5:00 p.m. Q&A will be posted to our website on October 16, 2015 before 5:00 p.m. <https://www.aikencountysc.gov/Depts/PRC/PRCmain.php> . Phone calls will not be accepted.

Proposal Requirements:

Offerors must submit the following information:

1. Letter stating the location of the facilities, and the capability of each one to meet the County's medical services. This should include:
 - a. Description of the facility, including any common areas where patients may be seen and the number of patient rooms available; if there are times when all rooms are not available, please discuss the scheduling of these rooms
 - b. Triage protocol – how patients are checked in, protocol for the order in which patients are seen, average wait time
 - c. Capability of each facility – equipment and testing procedures available, including any x-ray or scanning equipment
2. Signed Proposal Document
3. Hours of operation – include all holiday schedules
4. Number and qualification of all staff
 - a. Education, years of experience, board certifications/affiliations, areas of specialty/expertise, special awards or recognition; please also state
 - b. Describe employment relationship with each staff member, i.e., part-time, full-time, or subcontracted. If subcontracted, please provide the name and address of the provider of their services, a copy of the contract, and a document verifying the required insurance is current and to remain throughout the period of this contract period.
5. References from two current clients attesting to providing similar services
6. Price List (attached)
7. Malpractice - \$1,000,000 per occurrence/ \$3,000,000 annual aggregate.
8. Liability and Workman's Compensation - \$1,000,000 per occurrence for GL and Statutory limits for WC.

TYPE PE 1 – PRE-EMPLOYMENT PHYSICAL EXAM (ADMINISTRATION)

<u>Procedures and Fees</u>	
Physical Exam (PE)	\$
Urinalysis (UA)	\$
TB Skin Test (PPD)	\$
10 Panel Drug Screen (IDP10)	\$
TOTAL	\$

TYPE PHYSICAL EXAM 2 – DRUG SCREEN ONLY

<u>Procedures and Fees</u>	
IDP10	\$

TYPE PE 3 – PRE-EMPLOYMENT PHYSICAL EXAM (PUBLIC WORKS, NON CDL)

<u>Procedures and Fees</u>	
PE	\$
UA	\$
Respirator (P-BPFT)	\$
Lumbar/Spine X-ray (XLS2)	\$
PPD	\$
IDP10	\$
TOTAL	\$

TYPE 4 – PRE-EMPLOYMENT PHYSICAL EXAM (PUBLIC WORKS, CDL)

<u>Procedures and Fees</u>	
DOT (physical)	\$
UA	\$
P-BPFT	\$
XLS2	\$
Federal Drug Screen (COLFEE)	\$
TOTAL	\$

TYPE 5 – PHYSICAL EXAM – Random Drug Screen (UDS DOT)

<u>Procedures and Fees</u>	
COLFEE	\$

TYPE 6 – PRE-EMPLOYMENT PHYSICAL EXAM – SHERIFF’S OFFICERS

<u>Procedures and Fees</u>	
PE	\$
UA	\$
PPD	\$
RPR (Syphilis)	\$
Chest X-ray (XC2)	\$
IDP10	\$
Hemoglobin (HEMO)	\$
P-BPFT	\$
TOTAL	\$

TYPE 7 – PRE-EMPLOYMENT PHYSICAL EXAM - EMERGENCY MEDICAL TECHNICIANS

<u>Procedures and Fees</u>	
PE	\$
UA	\$
PPD	\$
RPR (Syphilis)	\$
Chest X-ray (XC2)	\$
XLS2	\$
IDP10	\$
Hemoglobin (HEMO)	\$
Hepatitis B Surface Antigen	\$
TOTAL	\$

TYPE 8 – PRE-EMPLOYMENT/ANNUAL PHYSICAL EXAM – HAZMAT

<u>Procedures and Fees</u>	
PE	\$
UA	\$
Executive Profile (EP)*	\$
P-BPFT	\$
Chest X-ray (XC2)	\$
Hearing (AST-A)	\$
IDP10	\$
TOTAL	\$

ADDITIONAL TESTS IF NEEDED

<u>Procedures and Fees</u>	
Hepatitis B Antibody (HEPBSA)	\$
Hepatitis B Surface Antigen	\$
Hepatitis C	\$
Rapid HIV	\$
HIV 1/2 Antibody with Reflex	\$
Chest X-Ray (XC1)	\$

PRICING FOR INNOCULATIONS

<u>Innoculation and Fees</u>	
Rabies	\$
DBT	\$
Hepatitis B	\$
Tetanus	\$
Flu Shot	\$

EVALUATION:

The County staff, led by the Human Resource Director, will evaluate all the proposals according to the following criteria. The final contract award will be made by the County Council.

- Ability of the facility to meet Aiken County’s medical service’s needs;
- Number of qualified staff;
- Convenience to County staff – hours and location;
- Ability to do on-site testing/x-ray;
- Price.