



County of Fresno

INTERNAL SERVICES DEPARTMENT
ROBERT BASH, DIRECTOR - CIO

Facility Services • Fleet Services • Graphics
Information Technology • Purchasing
Security • Telecommunications

December 2, 2015

LETTER OF INTEREST NUMBER 964-5404 EXPOSURE TO PATHOGENIC DISEASE - PRE/POST EXPOSURE CARE

The County of Fresno will be issuing a Request for Proposal (RFP) for Exposure to Pathogenic Disease - Pre/Post Exposure Care. To contain reproduction and mailing costs, we will mail the RFP only to those organizations that request it.

This interest form must be received by email or mail at Fresno County Purchasing by **December 28, 2015 at 10:00 am.**

If your organization is interested in receiving the RFP for the above services, please return this completed form to:

Letter of Interest Number 964-5404
County of Fresno Purchasing, Carolyn Flores
4525 E. Hamilton Avenue, 2nd Floor
Fresno, CA 93702
countypurchasing@co.fresno.ca.us

If you have any questions, please contact Carolyn Flores, Purchasing Analyst III, Purchasing Division at (559) 600-7112.

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_____ Organization		
_____ Individual/Contact Person		_____ Title
_____ Street Address/P.O. Box		
_____ City	_____ State	_____ Zip Code
_____ Telephone	_____ Fax Number	_____ E-Mail Address

OVERVIEW

The County of Fresno, on behalf of Personnel Services, is seeking interest from qualified medical facilities to provide preventive services such as Hepatitis A/B vaccinations and Tuberculosis screening for those County employees who are reasonably anticipated to come into contact with blood or other potentially infectious materials.

For the purpose of continuity, the County also desires to have the contractor provide post exposure care and follow-up under the appropriate California Code of Regulations (CCR) sections and the Workers' Compensation statutory construct. This will require that the contractor be a current member of the County's Medical Provider Network (MPN). The contractor must be able to demonstrate an understanding of the various statutory constructs involved in providing the requested services and a demonstrated ability to comply with these standards for each service.

SERVICES TO BE PROVIDED:

PREVENTIVE MEASURES

The following items shall be required for all preventive services requested in this proposal:

1. **Authorization/Scheduling/Follow-Up:** The contractor will be required to work closely with the departments for scheduling and follow-up. The departments will be required to arrange visits for their employees and the contractor will need to follow-up with the departments when employees miss their scheduled appointment(s). The contractor shall provide proof (such as immunization cards), that the employee received services.
2. **Payment for Services:** Each County department having employees meeting the criteria will be required to cover the cost of the preventive services. This includes all vaccinations/tests, follow-ups, and visits. The contractor shall work directly with the departments for authorization and billing.

To ensure that only appropriate employees receive vaccinations/screening, an authorization protocol will need to be established between the contractor and the County.

3. **Timeframe Requirements for Services:** The contractor shall begin the initial vaccination series/screening/tests within 10 days after notification by a department that services are needed. If it is contemplated that employees will present for immunization/testing services on a walk-in basis, they should be seen within a reasonable amount of time not to exceed 2 hours from the time of arriving to receive services. If it is contemplated that employees will present for immunization/testing services by appointment, they should be seen within a reasonable amount of time not to exceed 30 minutes from the time of the scheduled appointment. Quarterly reports will be provided to County Risk Management summarizing all services provided.

Hepatitis B Vaccinations

The contractor should be knowledgeable of CCR, Title 8, Section 5193, Bloodborne Pathogens and adhere to the following:

1. **Qualifications/Vaccination Requirements:** Hepatitis B vaccinations and vaccination series shall be:
 - A. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional.
 - B. Provided according to the recommendations of the U.S. Public Health Services current at the time the evaluations and procedures take place (CDC's Morbidity and Mortality Weekly Report, U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV for Post exposure Prophylaxis). This would also apply toward any booster doses that may be required.
 - C. Laboratory tests shall be conducted by an accredited laboratory.
2. **Recordkeeping:** The contractor must be able to maintain accurate records for the services provided to County employees. Records must include the following:
 - A. The name and social security number of the employee.
 - B. A copy of the employee's Hepatitis B vaccination status to include all dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccinations.
 - C. Employee medical records need to be kept confidential and not disclosed without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.
 - D. The County is required to maintain records for the duration of employment plus 30 years. The contractor shall maintain records for as long as they have an agreement with the County. These records shall remain the property of the County. The contractor shall transfer all pre-exposure treatment records to the County upon termination of the agreement or upon cessation of business operations by the contractor.

Hepatitis A Vaccinations

Only a small number of County employees will need to have Hepatitis A vaccinations. The contractor shall adhere to the following:

1. **Qualifications/Vaccination Requirements:** Hepatitis A vaccinations shall be performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional.
 - A. Provided according to applicable public health guidelines.
 - B. Laboratory tests shall be conducted by an accredited laboratory.
2. **Recordkeeping:** Shall be according to the record keeping requirements for Hepatitis B vaccinations identified above.

Tuberculosis Testing

The contractor should be knowledgeable with CCR, Title 8, Section 5199, Aerosol Transmissible Diseases and adhere to the following with respect to Tuberculosis screening.

1. **Qualifications/Testing Requirements:** Tuberculosis screening shall be:
 - A. Performed by or under the supervision of a physician or other licensed health care professional.
 - B. Provided according to applicable public health guidelines (i.e., CDC's Guidelines for Preventing the Transmission of M. Tuberculosis in Health Care Settings, 2005).
 - C. Processed by an accredited laboratory when applicable.
 - D. Provided in a manner that ensures the confidentiality of employees and patients.
 - E. Employees meeting the criteria for TB testing shall be provided with annual testing, and more frequently if applicable public health guidelines or the local health officer recommends more frequent testing.
 - F. An assessment for latent TB infection shall be available to all employees with occupational exposure. These assessments shall be in accordance with applicable public health guidelines.

POST EXPOSURE CARE

After all potential exposures, the County will initiate the process of completing an Exposure Report form that will be sent immediately to the contractor outlining the circumstances of the exposure. This will be in addition to completing the appropriate Workers' Compensation paper work. The contractor shall adhere to the following as it relates to post exposure care.

Hepatitis B

1. **Medical Evaluation/Follow-Up:** Immediately upon an employee being exposed, a collection and testing of the employee's blood for HBV, HBC, and HIV serological status shall take place per the following guidelines:
 - A. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
 - B. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.
 - C. Additional collection, testing and post-exposure prophylaxis as medically indicated, shall be made available as recommended by the U.S. Public Health Service.
 - D. The contractor shall provide for counseling and evaluation of reported illnesses.

NOTE: If the nature and circumstances involving the exposure requires the employee to seek treatment at a hospital, the contractor shall be required to contact that facility to obtain necessary medical information to provide follow-up care for the employee.

2. **Healthcare Professional's Written Opinion:** Per CCR, Title 8 section 5193 (f) (5), the contractor is required to provide a written opinion concerning the exposure. The contractor will be required to do the following:
 - A. Provide, on the County's form, to the County's Third Party Administrator, County Risk Management, the affected department, and to the employee, a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation for Title 8 compliance. Appropriate workers' compensation aftercare and reporting requirements will also be in compliance with the specified reporting time frames contained in the Labor Code for workers' compensation reporting.
 - B. The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
 - C. The healthcare professional's written opinion for post- exposure evaluation and follow-up provided to the employer (County Risk Management) and employee shall be limited to the following information:
 1. That the employee has been informed of the results of the evaluation; and
 2. That the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment.
 3. All other findings or diagnosis shall remain confidential and shall not be included in the written report.

The post exposure evaluation and follow-up report provided to the County's Third Party Administrator must provide all necessary information per California Labor Code.

3. **Recordkeeping:** In addition to the record keeping required for the Hepatitis B vaccinations ("Hepatitis A Vaccinations" Item 2), the following shall also be retained by the contractor:
 - A. A copy of all results of examinations, medical testing, and follow-up procedures.
 - B. A copy of the healthcare professional's written opinion.
 - C. The Exposure Report form submitted by the County.

Hepatitis A

1. **Medical Evaluation/ Follow-Up:** Immediately upon exposure, the employee shall be treated according to applicable public health guidelines. The employee shall also be provided with counseling and evaluation of the reported illness.
2. **Healthcare Professional's Written Opinion:** The requirements outlined under Item 2 for post exposure care for Hepatitis B shall be followed for Hepatitis A exposure.

3. **Recordkeeping:** Shall be according to the requirements outlined in item 3 for Hepatitis B post exposure care.

Tuberculosis

1. **Exposure Determination:** Upon a suspected exposure, the County's Exposure Report form will be completed and submitted to the Public Health's TB Program to determine whether there is information on file for the source individual.
2. **Medical Evaluation/Follow-Up:** If it is determined that treatment is recommended for the employee, the contractor will need to adhere to the following:
 - A. With the employee's consent, provide any necessary diagnostic tests performed by or under the supervision of a licensed health care provider and inform the employee of appropriate treatment options.
 - B. Treatment needs to be provided according to applicable public health guidelines and in a manner that ensures the confidentiality of employees and patients.
 - C. The contractor will need to determine if the employee is a TB case or suspected case and shall be required to do the following if the employee is a case or suspected case:
 1. Inform the employee and the local Health Officer in accordance with CCR Title 17.
 2. Consult with the local Health Officer and inform the County department of any infection control recommendations related to the employee's activity in the workplace.
 3. Make a recommendation to the department regarding precautionary removal due to suspect active disease and provide the department with a written opinion.
 - D. If it is presumed an employee was exposed to TB while employed with the County based on a baseline positive TB test, they shall have annual symptom screening.
 - E. Laboratory tests shall be processed by an accredited laboratory.
3. **Precautionary Removal:** When the contractor provides post exposure evaluation or an evaluation of an employee's TB conversion, an opinion whether precautionary removal from the employee's regular assignment to prevent spread of the disease agent by the employee and what type of alternative work assignment may be provided. The contractor shall also convey to the County any recommendations for precautionary removal immediately via phone or fax and the recommendation is documented in the written opinion as outlined below.
4. **Healthcare Professional's Written Opinion:** For TB conversion or any recordable exposure incidents; the written opinion shall be:
 - A. Provide, on the County's form, to the County's Third Party Administrator, County Risk Management, the affected department, and to the employee, a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation for Title 8 compliance. Appropriate workers' compensation aftercare and reporting requirements will also be in compliance with the specified reporting time frames contained in the Labor Code for workers' compensation reporting.

- B. The information provided shall be limited to the employee's TB status for the exposure of concern;
- C. The employee's infectivity status;
- D. A statement that the employee has been informed of the results of the medical evaluation and has been offered applicable vaccinations, prophylaxis, or treatment;
- E. A statement that the employee has been told about medical conditions which may result from exposure to TB that require further evaluation or treatment and that the employee has been informed of treatment options; and
- F. Recommendations for precautionary removal from the employee's regular assignment.
- G. All other findings or diagnosis shall remain confidential and shall not be included in the written report.

The post exposure evaluation and follow-up report provided to the County's Third Party Administrator must provide all necessary information per California Labor Code.

Training

In addition to the services provided above, the County desires that the contractor have the ability to provide training as it relates to Bloodborne Pathogens and Tuberculosis and be able to deliver the training at various County department locations. Each department will be responsible for the coordination and payment for training services scheduled through the contractor. Departments will be required to train employees at the time of assignment to tasks where occupational exposure may occur and at least annually thereafter. The person(s) that the contractor designates to conduct the training shall be knowledgeable in the subject matter identified below.

1. Bloodborne Pathogens

In accordance with Title 8, section 5193 (g) (2), the following elements shall be discussed in the training:

- A. Epidemiology and Symptoms – A general explanation of the epidemiology and symptoms of bloodborne diseases;
- B. Modes of Transmission – An explanation of the modes of transmission of bloodborne pathogens.
- C. Hepatitis B Vaccination – Information on Hepatitis B vaccine, including information on efficacy, safety, method of administration, and the benefits of being vaccinated.
- D. Emergency – Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
- E. Exposure Incident – An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available and the procedure for recording the incident.

- F. Post-Exposure Evaluation and Follow-Up – Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident; and
- G. Interactive Questions and Answers – An opportunity for interactive questions and answers with the person conducting the training session.

2. Tuberculosis

In accordance with Title 8, section 5199 (i) (4) (5), the following elements shall be discussed in the Tuberculosis training. This training component should be included with the Bloodborne Pathogen training.

- A. A general explanation of Tuberculosis including the signs and symptoms that require further medical evaluation;
- B. An explanation of modes of transmission of Tuberculosis and applicable source control procedures;
- C. Information about Tuberculosis testing, including information on the efficacy, safety, method of administration, and the benefits of the testing;
- D. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available, and post-exposure evaluation; and
- E. An opportunity for interactive questions and answers.