

Eagle River Fire Protection District**Request for Proposals**

Comprehensive Occupational Health & Wellness Program

NFPA 1580-compliant annual medical examinations, cancer screening, fitness testing, on-site physical therapy, injury prevention, return-to-work evaluation, and behavioral health services

RFP Number	26-0001
Issue Date	10/20/2026
Optional Pre-Proposal Conference	11/15/2026 @10:00 a.m. (Teams Conference) contact jclark@eagleriverfire.org to register by 11/14/2026
Questions Due	11/15/2026
Proposal Due	12/15/2026
Anticipated Award	01/28/2027
Initial Contract Term	One (1) year, with [four] optional one-year renewals

Eagle River Fire Protection District

1050 Edwards Village Blvd. | P.O. Box 2942 | Edwards, Colorado 81632

970-748-9665 | www.eagleriverfire.org**IMPORTANT PROCUREMENT NOTICE**

This RFP is intentionally performance-based. Proposers must demonstrate compliance with the 2025 edition of NFPA 1580, Standard for Emergency Responder Occupational Health and Wellness, for all applicable services. Any exception, substitution, limitation, or proposed alternative must be clearly identified in the proposal.

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1. Procurement Overview

1.1 Invitation to Propose

Eagle River Fire Protection District ("District" or "ERFPD") solicits proposals from qualified occupational medicine, sports medicine, physical therapy, firefighter wellness, and behavioral health providers to furnish a comprehensive, integrated occupational health and wellness program for District personnel.

The District seeks a program that supports long-term member health, early identification of occupational disease, injury prevention, timely access to musculoskeletal care, safe return to work, and confidential behavioral health support while preserving operational readiness and employee privacy.

1.2 Required Core Services

- Annual occupational medical evaluations that comply with the applicable requirements of NFPA 1580 (2025 edition), including the occupational medical requirements formerly contained in NFPA 1582.
- Enhanced occupational cancer risk assessment and screening beyond the minimum annual physical examination.
- Cardiorespiratory fitness testing with measured or clinically valid estimated VO2 max, with each participant offered a treadmill or stationary bicycle testing modality when medically appropriate.
- 12-lead resting electrocardiogram (ECG/EKG) and monitored exercise ECG when required by the selected exercise testing protocol, medical risk, or the fire department physician.
- A minimum of ten (10) hours per week of in-station physical therapy availability furnished by a licensed physical therapist.
- An injury-prevention program incorporating movement assessment, ergonomics/body mechanics, exercise prescription, and education.
- Return-to-work and fitness-for-duty evaluations that are medically appropriate, job-related, validated, and coordinated with the District.
- A confidential behavioral/mental health component delivered by qualified licensed clinicians with public-safety experience.

1.3 Contract Structure

The District anticipates awarding a single prime contract. Proposers may use qualified subcontractors for specialty services; however, the prime contractor shall remain responsible for factors such as integration, quality, scheduling, data security, supervision, liability, and contract compliance.

1.4 Estimated Population

The District currently anticipates approximately 100 eligible personnel. Proposers shall provide scalable unit pricing so the contract can accommodate staffing changes without renegotiating the entire fee structure.

1.5 Procurement Schedule

Milestone	Date / Time
RFP issued	10/20/2026
Questions due	11/15/2026
District response / addendum	12/1/2026
Proposals due	12/15/2026
Interviews, if held	01/07/2027
Notice of intent to award	01/28/2027
Anticipated service start	03/01/2027

2. District Background and Program Objectives

ERFPD is a career fire protection district serving mountain communities in Eagle County, Colorado. Members perform physically demanding emergency response duties in a high-altitude environment and are exposed to occupational risks that include cardiovascular strain, carcinogens, musculoskeletal injury, sleep disruption, and potentially traumatic events.

2.1 Program Objectives

- Provide consistent, firefighter-specific annual medical surveillance and health counseling.
- Detect cardiovascular, pulmonary, metabolic, cancer, hearing, vision, and other occupational health risks as early as reasonably possible.
- Improve member access to physical therapy and reduce avoidable progression of minor musculoskeletal complaints.
- Reduce injury incidence and lost time through proactive movement, strength, mobility, and work-practice interventions.
- Support evidence-based, safe return to unrestricted duty after injury, illness, surgery, or other medically significant absence.
- Provide confidential, stigma-resistant behavioral health access and early intervention.
- Provide the District with de-identified aggregate data and actionable prevention recommendations without disclosing protected individual medical information.

2.2 Existing Program Elements to Preserve and Expand

The District has previously considered a physical-therapy-centered wellness model using Functional Movement Screens (FMS), individualized corrective exercise/home programs, 40-minute PT consultations, in-station care, and support for minor acute or chronic musculoskeletal issues. The successful proposer shall preserve the useful features of that model while providing the broader integrated services required by this RFP.

3. Definitions and Governing Standards

3.1 NFPA 1580

For purposes of this procurement, "NFPA 1580" means the 2025 edition of NFPA 1580, Standard for Emergency Responder Occupational Health and Wellness, and applicable interpretations, tentative interim amendments, or successor provisions in effect during the contract term when adopted by the District. The standard

consolidates occupational medical, health-related fitness, infection control, and rehabilitation concepts previously addressed in NFPA 1581, 1582, 1583, and 1584.

3.2 Mandatory Compliance

The contractor shall perform all contracted occupational medical and health-related fitness services in compliance with the applicable requirements of NFPA 1580. At a minimum, the proposal shall address the occupational medical roles and responsibilities, essential job tasks, annual member medical evaluation, ancillary testing, annual fitness evaluation, fire department physician functions, health-related fitness program elements, confidentiality and HIPPA compliance, and behavioral health considerations applicable to the contracted services.

No blanket claim of compliance

A statement such as "NFPA compliant" is not sufficient by itself. The proposer must complete Appendix A and describe its clinical protocol, responsible clinicians, testing methods, reporting approach, and any exception or limitation.

3.3 Other Applicable Requirements

- Health Insurance Portability and Accountability Act (HIPAA) and implementing regulations, as applicable.
- Americans with Disabilities Act (ADA), including confidentiality and job-related/business-necessity requirements for medical examinations and inquiries.
- Occupational Safety and Health Administration requirements applicable to services and exposures, including respiratory protection medical evaluation when within scope.
- Colorado professional licensure and scope-of-practice requirements.
- Applicable Colorado workers' compensation requirements and District policies.
- Clinical Laboratory Improvement Amendments (CLIA) requirements for laboratory testing, when applicable.
- Current evidence-based cancer screening recommendations and specialty society guidance, adjusted for firefighter occupational risk and individualized by the fire department physician.

3.4 Fire Department Physician

The contractor shall designate or provide access to a licensed physician knowledgeable in firefighter occupational medicine to fulfill the fire department physician functions assigned to the contractor. The proposer shall identify the physician's qualifications, relevant occupational medicine/fire-service experience, and role in medical clearance and escalation decisions.

4. Minimum Qualifications

Proposals that fail to demonstrate the following minimum qualifications may be deemed nonresponsive.

- At least five (5) years of demonstrated experience providing occupational health, firefighter wellness, sports medicine, or comparable integrated services; fire/EMS experience is strongly preferred.
- A medical director/fire department physician who is a physician licensed in Colorado at the time services begin and experienced in occupational medicine, emergency responder health, or a closely related specialty.
- Physical therapists performing on-site services must hold active Colorado PT licenses and maintain all required professional credentials.

- Behavioral health clinicians must hold active Colorado licenses appropriate to the services provided and demonstrate experience with firefighters, EMS, law enforcement, military, or other trauma-exposed/public-safety populations.
- Ability to provide secure, HIPAA-compliant records systems and maintain strict separation between confidential clinical records and employer-facing work-status information.
- Ability to coordinate annual examination scheduling around 24-hour/48-hour shift operations or other District scheduling patterns.
- Professional and general liability insurance in amounts acceptable to the District; proposer shall state current limits.
- At least three references for comparable public safety, municipal, special district, or occupational wellness engagements.

5. Scope of Services - Program Administration

5.1 Integrated Program Management

The contractor shall provide a single program manager responsible for implementation, scheduling, clinical coordination, subcontractor management, issue resolution, reporting, and annual program review.

5.2 Annual Implementation Plan

Within thirty (30) days of contract start, the contractor shall submit an annual implementation plan that includes the physical schedule, PT station schedule, behavioral health access plan, injury-prevention calendar, clinician roster, referral pathways, emergency escalation procedures, communication materials, and data/reporting plan.

5.3 Member Education

The contractor shall provide clear member education describing available services, confidentiality protections, how to access care, what information may be reported to the District, and how referrals/follow-up are handled.

5.4 Coordination

The contractor shall coordinate with the District's designated contract administrator, human resources/risk management representative, safety/health personnel, peer fitness or wellness staff, and workers' compensation partners while preserving protected health information.

6. Annual Occupational Medical Evaluations

6.1 General Requirement

Each eligible operational member shall be offered a confidential annual occupational medical evaluation consistent with NFPA 1580. The evaluation shall be individualized to the member's essential job tasks, medical history, occupational exposures, age, biological sex where clinically relevant, and risk factors. The examining physician shall determine whether additional testing is clinically indicated.

6.2 Required Examination Components

The annual evaluation shall include, at minimum, the following elements when applicable under NFPA 1580 and clinical judgment. Proposers shall identify any age-, risk-, or frequency-based variation in their protocol.

Component	Minimum Expectation
Medical and occupational history	Interval medical history; medications/allergies; surgeries; occupational exposures; respiratory/cardiovascular symptoms; cancer history; sleep; behavioral health; substance use; reproductive considerations as clinically appropriate; immunization status.
Comprehensive physical examination	General examination by qualified clinician with cardiovascular, pulmonary, neurologic, musculoskeletal, skin, abdominal and other systems appropriate to firefighter occupational medicine.
Vital signs and anthropometrics	Blood pressure, pulse, height, weight, BMI, waist circumference when used, and body composition method identified by proposer.
Vision	Visual acuity and other testing required by the occupational medical protocol; referral when abnormal.
Hearing	Baseline/annual audiometric surveillance consistent with applicable occupational requirements and clinical standards.
Pulmonary function	Spirometry/pulmonary function testing with appropriate quality control and interpretation.
Resting ECG/EKG	12-lead resting electrocardiogram for each annual examination unless the fire department physician documents a clinically appropriate alternative frequency consistent with NFPA 1580; proposers must describe protocol.
Laboratory testing	At minimum: CBC, comprehensive metabolic panel, fasting or clinically appropriate lipid profile, glucose/HbA1c, and urinalysis, plus other testing indicated by NFPA 1580, exposure history, or physician judgment.
Infectious disease / immunization review	Review of job-related infectious disease risk, recommended immunizations, and testing/referral where indicated.
Cancer screening review	Firefighter-specific occupational cancer risk review and completion/coordination of Section 7 screening requirements.
Fitness evaluation	Annual cardiorespiratory and health-related fitness testing under Section 8.
Behavioral health screen	Confidential behavioral health screening and access pathway under Section 12.

Component	Minimum Expectation
Clinical counseling	Individual review of material findings, risk reduction counseling, referrals, and follow-up plan.

6.3 Medical Clearance / Employer Report

The contractor shall provide the District only the minimum work-status information legally and operationally necessary, such as medically cleared without restriction, cleared with identified work restriction, temporarily not cleared, or further evaluation required. Diagnoses, medications, laboratory values, behavioral health details, and other protected health information shall not be provided to the District without lawful authorization or other legal basis.

6.4 Abnormal Findings and Referral

The contractor shall maintain a documented process for same-day escalation of urgent findings and timely referral for non-urgent abnormalities. The participant shall receive a clear explanation of next steps. The proposer shall state whether referral coordination and closed-loop follow-up are included in base pricing.

6.5 Pre-Placement / Baseline Examinations

Proposers shall provide unit pricing for post-offer/pre-placement and baseline occupational medical examinations consistent with NFPA 1580 and District essential job functions. These services may be ordered separately from annual member evaluations.

7. Cancer Prevention and Enhanced Screening

7.1 Program Requirement

Because firefighting involves recognized carcinogenic exposures, the contractor shall provide a firefighter-specific cancer prevention and early-detection component that exceeds a generic primary-care physical. Screening shall be evidence-based, individualized, and coordinated by the fire department physician to avoid unnecessary testing or false-positive cascades.

7.2 Required Cancer Risk Assessment

- Document occupational exposure history, including years of service, fireground/overhaul exposures, known hazardous-material exposures, smoking/tobacco history, family history, prior malignancy, and prior abnormal screening.
- Provide member education regarding firefighter cancer risk, exposure reduction, warning signs, and appropriate age/risk-based screening.
- Track completion of recommended screening using a confidential clinical follow-up system.
- Provide referral pathways to local or regional specialists capable of timely diagnostic follow-up.

7.3 Enhanced Screening Package

The base proposal shall describe and price a screening package that includes the following, when clinically appropriate based on age, anatomy, risk, exposure history, and current evidence-based guidance:

- Comprehensive skin examination with referral to dermatology for suspicious lesions; proposer shall state whether dermoscopy or specialist review is included.
- Colorectal cancer screening coordination, including stool-based testing and/or colonoscopy referral based on age and risk.
- Prostate cancer risk assessment and PSA testing using shared decision-making and individualized risk assessment.

- Breast cancer risk assessment and mammography or other recommended breast screening referral/coordination.
- Cervical cancer screening status review and Pap/HPV referral or coordination.
- Testicular examination/risk education when clinically appropriate.
- Urinalysis and evaluation/referral for unexplained hematuria or other concerning findings.
- Lung cancer risk assessment and low-dose CT referral for members meeting established clinical risk criteria or other physician-determined indications.
- Oral/head-and-neck examination as part of the physical examination with referral for suspicious findings.

7.4 Optional Advanced Cancer Screening

Proposers may separately price evidence-based advanced screening options, including multi-cancer early detection testing, additional imaging, or specialty firefighter cancer clinics. Optional services shall not replace required standard-of-care screening and must include a description of evidence, limitations, false-positive considerations, follow-up responsibility, and informed-consent process.

8. Cardiorespiratory and Fitness Evaluation

8.1 VO2 Max / Cardiorespiratory Fitness

Each participating operational member shall receive annual cardiorespiratory fitness assessment with measured VO2 max or a validated clinical estimate acceptable to the fire department physician and consistent with NFPA 1580. The contractor shall use age- and biological-sex-adjusted interpretation where required by the current standard and shall provide individualized counseling based on results.

8.2 Choice of Exercise Modality

The program shall provide a choice of treadmill or stationary bicycle/ergometer testing when medically and technically appropriate. The contractor may recommend one modality over another based on orthopedic limitations, cardiovascular risk, test validity, member preference, equipment limitations, or medical judgment. The proposal shall describe both protocols and any circumstances in which one modality would not be offered.

8.3 ECG Monitoring

The program shall include a 12-lead resting ECG/EKG. Exercise ECG monitoring shall be used when required by the test protocol, member risk profile, physician determination, or applicable NFPA 1580 criteria. Qualified clinical personnel and emergency response equipment shall be present for exercise testing consistent with recognized exercise-testing safety practices.

8.4 Additional Fitness Measures

The annual health-related fitness evaluation shall include, at minimum, components appropriate to NFPA 1580 and the District program, such as body composition, aerobic capacity, muscular strength/endurance, flexibility/mobility, and other validated measures appropriate to firefighter health. Results shall be used for health improvement and individualized fitness planning, not as a stand-alone punitive employment test.

Fitness test vs. fitness-for-duty

Annual VO2 max/cardiorespiratory fitness testing is a health assessment. Return-to-work or job-performance decisions shall use a separate, validated and job-related process as described in Section 11.

9. On-Site Physical Therapy Services

9.1 Minimum Weekly Staffing

The contractor shall provide not less than ten (10) clinician-hours per week of in-station physical therapy services, delivered by a Colorado-licensed physical therapist. Hours shall be actual scheduled PT availability and shall not include travel, administrative time, documentation performed off site, or services provided only by an aide or technician.

9.2 Station Rotation and Scheduling

The contractor shall establish a recurring schedule that provides equitable access across District stations and shifts. The District and contractor may adjust weekly station assignments based on demand, training schedules, operational needs, and leave, provided the minimum ten (10) PT hours per week is maintained on an annualized basis except for District-approved holiday or emergency adjustments.

9.3 In-Station PT Scope

In-station PT shall support early evaluation and conservative management of minor acute injuries, chronic musculoskeletal complaints, mobility restrictions, soreness, overuse symptoms, and movement dysfunction that can be appropriately addressed within the therapist's scope and District policy. Services may include:

- Individual assessment and triage.
- Manual therapy when clinically appropriate.
- Therapeutic exercise and neuromuscular re-education.
- Mobility/flexibility and strength programming.
- Education regarding body mechanics, lifting, hose handling, patient movement, equipment use, and station/gym activities.
- Individualized written or video home exercise programs.
- Referral to occupational medicine, primary care, imaging, orthopedics, or workers' compensation when a condition requires care beyond the wellness program.

9.4 Visit Duration and Access

The program should support individual visits of approximately forty (40) minutes when clinically appropriate, consistent with the useful elements of the District's prior wellness proposal. Proposers may recommend an alternative appointment model if it improves access while preserving sufficient clinical time and must explain the rationale.

9.5 Work-Related and Non-Work-Related Conditions

The proposer shall describe how the program distinguishes wellness/prevention care, work-related injury care, and non-work-related care; how workers' compensation reporting requirements are handled; and how confidential non-work-related clinical information is protected. No proposal shall require withholding or delaying a legally required injury report.

9.6 Continuity of Care

When ongoing therapy is required beyond the in-station wellness model, the contractor shall provide a documented transition pathway and, when authorized, coordinate with the District's workers' compensation or health-plan processes.

10. Injury Prevention and Musculoskeletal Wellness

10.1 Movement Assessment

At least annually, the contractor shall offer a structured movement and musculoskeletal risk assessment for operational personnel. Functional Movement Screen (FMS) may be used, but an equivalent or superior validated approach may be proposed. The assessment shall identify movement limitations or asymmetries and generate individualized corrective exercise recommendations.

10.2 Individual Corrective Programs

Participants with identified limitations shall receive an individualized corrective exercise/home program. Digital or video-based programs are preferred when practical. The PT shall be available to review technique and progression during in-station hours.

10.3 Job-Specific Prevention

The contractor shall provide practical injury-prevention interventions addressing firefighter tasks such as patient handling, hose movement, forcible entry, ladder operations, tool use, lifting/carrying, prolonged PPE/SCBA wear, station fitness, and repetitive occupational demands.

10.4 Education

The base program shall include at least [FOUR] structured injury-prevention/physical wellness education sessions per contract year, in addition to routine one-on-one counseling. Proposers shall identify proposed topics and delivery format.

10.5 Program-Level Analysis

At least annually, the contractor shall provide de-identified aggregate analysis of common musculoskeletal complaints, movement limitations, PT utilization trends, and recommended prevention priorities. No individual diagnosis shall be disclosed.

11. Return-to-Work and Fitness-for-Duty Services

11.1 Purpose

The contractor shall provide timely, objective services to assist the District in determining whether a member can safely resume full or modified duty after injury, surgery, significant illness, prolonged absence, or other circumstances for which a job-related medical or functional evaluation is appropriate.

11.2 Medical Return-to-Work Evaluation

A qualified physician shall review relevant medical information, essential job tasks, restrictions, and recovery status and provide the District with a work-status determination and functional restrictions, without unnecessary disclosure of diagnosis or treatment details.

11.3 Functional Fitness-for-Duty Testing

When ordered, the contractor shall conduct or coordinate a validated functional capacity or job-task evaluation that is directly related to the member's essential job functions. The proposer shall describe the methodology, validation basis, safety screening, stop criteria, and clinician roles. Testing shall not rely solely on a generic VO2 threshold or annual health-fitness score.

11.4 Return-to-Work Conditioning

The contractor shall be capable of developing individualized work-conditioning or return-to-duty plans that bridge clinical rehabilitation and unrestricted firefighting duties. Plans should use progressive exposure to relevant strength, endurance, mobility, lifting/carrying, stair, hose, ladder, rescue, and PPE demands as medically appropriate.

11.5 Modified Duty and Re-Evaluation

The contractor shall provide recommended restrictions, anticipated duration when reasonably known, and re-evaluation intervals. Final employment decisions remain with the District.

11.6 Turnaround

Routine return-to-work evaluations should be available within three (3) business days of District request when records are available. Urgent requests should be accommodated as soon as reasonably possible. Proposers shall state guaranteed or typical turnaround times.

12. Behavioral / Mental Health Component

12.1 Program Philosophy

Behavioral health services shall be confidential, accessible, culturally competent for the fire service, and designed to support early help-seeking. The program shall address both clinical care access and preventive education, consistent with the behavioral health concepts associated with NFPA 1580.

12.2 Minimum Required Services

- A confidential annual behavioral health check-in or screening opportunity for each eligible member.
- Screening for common concerns relevant to emergency responders, including depression, anxiety, post-traumatic stress symptoms, substance misuse, sleep disruption, suicide risk when indicated, and occupational/family stress. Proposers shall identify validated tools used and how results are interpreted.
- Access to licensed behavioral health clinicians with demonstrated public-safety/fire-service experience, including telehealth where helpful.
- A clear urgent-risk and crisis escalation protocol, including same-day clinical contact when a screening or encounter identifies imminent safety concerns.
- Coordination with the District's employee assistance, peer support, chaplain, medical, or other resources when authorized by the member.
- Critical-incident and potentially traumatic event support using evidence-informed practices; services shall avoid mandatory single-session psychological debriefing practices unsupported by current evidence.
- At least two (2) preventive behavioral health education sessions per year addressing topics such as stress, sleep, trauma exposure, relationships, substance use, resilience, suicide prevention, or help-seeking.
- Optional individual counseling pricing or a defined number of included visits; proposer shall clearly identify the base benefit and any utilization limits.

12.3 Confidentiality

Individual behavioral health screening scores, diagnoses, therapy notes, and treatment details shall not be disclosed to the District except with the member's valid authorization or as required by law. If a formal employer-directed psychological fitness-for-duty evaluation is requested, it shall be handled as a distinct process with clear notice to the member regarding the purpose and limits of confidentiality.

12.4 Provider Network and Access

The proposer shall identify its network capacity, after-hours availability, telehealth capability, typical appointment wait time, emergency coverage, and process for matching members with clinicians who understand fire/EMS culture.

13. Privacy, Confidentiality, and Records

13.1 Clinical Records

The contractor shall maintain individual medical and behavioral health records in secure systems in accordance with applicable law and professional standards. The District shall not be the custodian of detailed clinical records unless specifically required by law or contract and authorized by the District.

13.2 Employer-Facing Information

Employer-facing reports shall be limited to information necessary for work status, restrictions, regulatory compliance, participation status when contractually required, and de-identified aggregate program reporting. The proposer shall provide sample employer-facing forms with its proposal.

13.3 HIPAA / Business Associate

The successful proposer shall execute a business associate agreement or other privacy/data-security agreement if legally required. The proposal shall describe encryption, access controls, breach response, retention, secure destruction, and subcontractor protections.

13.4 Record Portability

Upon contract transition, the contractor shall support lawful transfer of medical records to members or successor clinicians without unreasonable delay or cost and shall preserve confidentiality.

14. Scheduling, Access, and Continuity of Operations

14.1 Annual Physical Scheduling

The contractor shall propose a scheduling model that minimizes members being taken out of service and accommodates shift operations. On-site/mobile examination services are preferred where they can meet clinical quality requirements. If off-site services are proposed, the proposer shall identify location(s), travel expectations, parking, and appointment availability.

14.2 Missed / Rescheduled Appointments

The proposal shall state cancellation, no-show, and rescheduling policies. The District prefers reasonable flexibility for emergency call-backs and unplanned operational demands.

14.3 Coverage and Backup

The contractor shall maintain backup clinician and equipment plans sufficient to meet annual physical deadlines, weekly PT commitments, and urgent return-to-work needs during normal absences.

15. Reporting, Quality Assurance, and Performance Measures

15.1 Aggregate Annual Report

The contractor shall provide an annual de-identified report summarizing participation, major aggregate health risk categories, screening completion, referral completion when trackable, fitness trends, PT utilization,

common injury patterns, behavioral health utilization in non-identifying form, and recommended program improvements.

15.2 Minimum Performance Measures

Measure	District Expectation
Annual physical completion	Target $\geq$ 95% of eligible members by agreed deadline, subject to member availability and District scheduling.
Weekly in-station PT coverage	Minimum 10 clinician-hours/week, tracked monthly.
Return-to-work access	Routine appointment within 3 business days when reasonably practicable.
Critical clinical findings	Same-day escalation to member and appropriate clinician/emergency pathway.
Aggregate reporting	Annual report delivered within 45 days after annual physical cycle or contract year end.
Privacy/security	No unauthorized disclosure; documented incident response for any suspected breach.

15.3 Quality Improvement

The District and contractor shall conduct at least one annual program review to evaluate utilization, outcomes, member feedback, scheduling, emerging evidence, NFPA changes, and proposed adjustments for the next year.

16. Optional and Value-Added Services

Proposers may separately price the following without conditioning compliance of the base proposal on purchase of an option:

- Nutritionist / registered dietitian services.
- Peer fitness trainer development or health and fitness coordinator support.
- Sleep health screening and sleep medicine referral program.
- Expanded counseling visits or embedded behavioral health clinician hours.
- Advanced cardiac imaging or coronary risk assessment under physician criteria.
- Multi-cancer early detection testing or specialty cancer clinic access.
- Additional on-site PT hours above the required 10 hours/week.
- Athletic trainer services complementing, but not replacing, licensed PT hours.
- Occupational exposure tracking platform.
- Vaccination clinics.
- Leadership/peer-support training.
- Incident rehabilitation or post-incident recovery consulting aligned with applicable NFPA 1580 provisions.

17. Proposal Submission Requirements

Proposals shall be organized in the following order. The District may reject proposals that materially omit required information.

Proposal Section	Required Content
Executive Summary	Concise description of proposed integrated program and differentiators.
Company Qualifications	Ownership, history, relevant experience, locations, licenses, insurance, and litigation/disciplinary disclosures material to performance.
Program Approach	Detailed methodology for Sections 5-16, including integration among medical, PT, fitness, and behavioral health services.
NFPA 1580 Compliance Matrix	Completed Appendix A with section-by-section responses and explanations.
Medical Protocol	Annual physical and ancillary testing protocol, including age/risk-based frequency rules and sample forms.
Cancer Screening Protocol	Base and optional screening elements, evidence basis, referral/follow-up process.
VO2 / Fitness Protocol	Treadmill and bicycle protocols, ECG monitoring, personnel/equipment, safety plan, interpretation and reporting.
PT / Injury Prevention Plan	Weekly station schedule concept, clinician staffing, visit model, movement assessment, HEP, education, referral escalation.
Return-to-Work Plan	Medical review, job-related functional testing, work conditioning, turnaround, sample employer report.
Behavioral Health Plan	Screening, clinician access, crisis protocols, confidentiality, education, critical-event support.
Data Privacy & Security	HIPAA/privacy approach, systems, breach response, record retention/transfer.
Staffing	Completed Appendix C plus resumes/CVs for key personnel.
References	Completed Appendix E for at least three comparable clients.
Pricing	Completed Appendix B; all required costs and assumptions.
Exceptions	Completed Appendix D; if none, state "No Exceptions."
Sample Reports	De-identified sample individual work-status report and aggregate annual report.

17.1 Submission Method

Submit **ONE ELECTRONIC PDF** to jclark@eagleriverfire.org by the date and time shown on the cover. Proposals shall be clearly marked: "RFP - Comprehensive Occupational Health & Wellness Program." Proposals submitted after the deadline may be considered non-responsive.

17.2 Questions

Questions shall be submitted in writing to jclark@eagleriverfire.org by the deadline on the cover. Oral interpretations are not binding, and applicants should not contact any team members or individuals associated with the District regarding this RFP. Material clarifications will be issued at the same time to all proposers by addendum.

17.3 Proposal Validity

Proposals shall remain valid for at least one hundred twenty (120) days after the proposal deadline unless a longer period is offered.

17.4 Submission Requirements

A proposer, by affixing its signature to its proposal, certifies that its proposal is made without previous understanding, agreement, or connection any persons, firms or corporations offering a bid proposal for the same project, or with the District. The proposer certifies that its bid is in all respects fair, without outside control, collusion, fraud, or otherwise illegal action. Bid proposals must contain a manual signature of an authorized agent of the proposer. The accuracy of the bid proposal is the sole responsibility of the proposer. No changes in the proposal shall be allowed after the date and time of the bid submission, due to error by the proposer. Bids may be withdrawn prior to the time and date set on the cover. Such requests must be made in writing on official letterhead.

18. Pricing Requirements

18.1 General

Pricing shall be transparent and sufficient to evaluate total annual cost. The District prefers firm annual pricing or clearly stated unit rates with a not-to-exceed annual amount. Any setup fees, travel, supplies, laboratory charges, subcontractor fees, after-hours charges, cancellation fees, or reporting fees must be disclosed.

18.2 Required Pricing Categories

Complete Appendix B. At minimum, the proposer shall price: annual NFPA 1580 physical per member; enhanced cancer screening; VO2 max testing; ECG/EKG; weekly PT program; movement/injury prevention; return-to-work medical evaluation; functional fitness-for-duty testing; behavioral health base program; counseling visits; program management; and all proposed options.

18.3 Price Adjustments

The proposal shall state whether pricing is firm for the initial term and the maximum renewal-year adjustment methodology. Unspecified surcharges or retroactive increases will not be accepted.

19. Evaluation and Award

19.1 Evaluation Criteria

Evaluation Factor	Weight
NFPA 1580 compliance and occupational medical quality	20%
Integrated program design and firefighter-specific expertise	15%
Annual physical, cancer screening, VO2/ECG methodology	15%
On-site PT, injury prevention, and return-to-work capability	15%
Behavioral health program and confidentiality protections	10%
Staff qualifications, local/regional access, and service capacity	10%
Price and overall lifecycle/value proposition	10%
References, reporting, technology, and implementation plan	5%

19.2 Best Value

Award may be made to the responsible proposer whose proposal is determined to provide the best overall value to the District. Lowest price alone will not determine award.

19.3 Interviews / Clarifications / Investigation

The District may conduct interviews, request demonstrations, contact references, seek written clarifications, request best-and-final offers, or negotiate with one or more proposers to the extent permitted by District procurement requirements. The District may conduct such investigations as they consider necessary to assist in the evaluation of any proposal and to establish the responsibility, qualifications and financial ability of the respondents and award in accordance with the proposal documents to the District's satisfaction within the prescribed time.

19.4 Right to Reject

The District reserves the right to reject any or all proposals, waive minor informalities, reject unbalanced or incomplete pricing, cancel the solicitation, or make no award if determined to be in the District's best interest.

20. Contract Terms and Conditions

Any proposer that is selected will be required to enter into a contract with the District with the following essential terms which will be detailed further in such contract:

20.1 Independent Contractor

The contractor and its personnel are independent contractors and not employees of the District.

20.2 Licensure and Standard of Care

All clinical services shall be provided by appropriately licensed personnel acting within scope of practice and the applicable professional standard of care. The contractor shall immediately notify the District of any suspension, restriction, or material disciplinary action affecting a key clinician's ability to perform contracted duties.

20.3 Subcontractors

Subcontractors must be identified and approved as required by the District. Use of subcontractors does not relieve the prime contractor of responsibility.

20.4 Insurance

The successful contractor shall maintain commercial general liability, professional/medical malpractice, workers' compensation, automobile liability if applicable, cyber/privacy liability, and any other insurance required by the District. Final limits will be stated in the contract or notice of award.

20.5 Indemnification

Indemnification obligations shall be established in the final contract and shall comply with applicable Colorado law. Nothing in this RFP is intended to waive protections or defenses available to the District under law.

20.6 Compliance with Law

The contractor shall comply with all applicable federal, state, and local laws, rules, licensing requirements, and professional standards.

20.7 Termination

The final contract may include termination for cause, loss of required licensure or insurance, material privacy/security breach, persistent service-level failure, and termination for convenience upon written notice as determined by the District.

20.8 Records and Audit

Contractor shall maintain records sufficient to substantiate invoices, staffing hours, service delivery, and contract performance. Audit rights shall not authorize District access to confidential medical records except as legally permitted and specifically necessary.

20.9 Changes in NFPA 1580

If NFPA 1580 is amended, interpreted, or superseded during the contract term, the parties shall review the impact on the scope. The contractor shall promptly identify material compliance changes and propose any required scope or price adjustment before implementation, except where immediate changes are required for patient safety or law.

20.10 Order of Precedence

The executed contract, District addenda, this RFP, the successful proposal, and approved implementation documents will form the agreement. The executed contract and District-issued addenda shall control in the event of conflict unless otherwise stated.

20.11 Equal Opportunity

No proposer shall be excluded from consideration for award in conjunction with this solicitation on the basis of race, color, creed, national origination, handicap or sex or be subjected to discrimination under any contractual award administered by the District.

20.12 Confidentiality

As a governmental entity, proposals submitted to the District for consideration shall be subject to the Colorado Open Records Act (the "Act"). Any confidential information in proposals shall be identified as such. However, should the District receive a request in accordance with the Act, it shall make a final determination as to whether the information is releasable. Proposers will be notified before information is released. Proposals submitted and terms and conditions specified in each proposer's response shall remain the property of the District.

Appendix A - Mandatory Compliance Matrix

Proposer shall mark each item COMPLY, EXCEPTION, or N/A and provide a concise explanation and proposal page reference. "Comply" means the service is included in the base proposal unless the matrix expressly identifies the item as optional.

Item	Requirement	Response	Explanation / Proposal Page
A-1	NFPA 1580 (2025) applicable occupational medical program compliance		
A-2	Fire department physician / medical director identified		
A-3	Annual occupational medical evaluation for eligible operational members		
A-4	Medical/occupational history and comprehensive physical examination		
A-5	Vision and hearing assessment		
A-6	Pulmonary function testing / spirometry		
A-7	12-lead resting ECG/EKG		
A-8	Laboratory testing and urinalysis		
A-9	Annual fitness evaluation consistent with applicable NFPA 1580 requirements		
A-10	VO2 max measured or validated estimate		
A-11	Treadmill test option		
A-12	Stationary bicycle/ergometer test option		
A-13	Exercise ECG monitoring when protocol/risk/physician requires		
A-14	Individualized fitness counseling / improvement recommendations		
A-15	Firefighter occupational cancer risk assessment		
A-16	Enhanced skin cancer screening		
A-17	Colorectal cancer screening coordination		
A-18	Prostate cancer screening / PSA shared decision pathway		
A-19	Breast/cervical cancer screening coordination as applicable		
A-20	Lung cancer risk assessment / LDCT referral when indicated		
A-21	Cancer abnormal-finding referral and follow-up process		
A-22	Minimum 10 hours/week in-station PT by Colorado-licensed PT		
A-23	Approx. 40-minute individual PT visit capability		
A-24	Movement assessment such as FMS or equivalent		

Item	Requirement	Response	Explanation / Proposal Page
A-25	Individualized home/corrective exercise program		
A-26	Job-specific injury-prevention education		
A-27	Work-related vs. non-work-related care protocol		
A-28	Return-to-work medical evaluation		
A-29	Validated job-related functional fitness-for-duty testing		
A-30	Work-conditioning / progressive return-to-duty planning		
A-31	Confidential annual behavioral health screening/check-in		
A-32	Licensed public-safety-experienced behavioral health clinicians		
A-33	Urgent behavioral health / crisis escalation protocol		
A-34	Critical-incident / potentially traumatic event support		
A-35	Behavioral health prevention education		
A-36	HIPAA/privacy-compliant clinical records		
A-37	Employer receives only minimum necessary work-status information		
A-38	De-identified aggregate annual report		
A-39	Backup staffing and continuity plan		
A-40	Proposal identifies all exceptions/deviations		

Appendix B - Pricing Schedule

All pricing shall include ordinary labor, supplies, documentation, program management, and travel unless specifically identified otherwise. Proposers may attach additional detail but must complete this schedule.

Service	Unit	Unit Price / Annual Price	Notes / Assumptions
Annual NFPA 1580 occupational medical evaluation	Per member		
Enhanced firefighter cancer screening package	Per member		
VO2 max / cardiorespiratory test - treadmill	Per test		
VO2 max / cardiorespiratory test - bicycle	Per test		
12-lead resting ECG/EKG	Per test		
Exercise ECG monitoring, if separately billed	Per test		
Annual movement/FMS or equivalent assessment	Per member		
In-station licensed PT - minimum 10 hrs/week	Annual lump sum		
Additional PT hours above 10/week	Per hour		
Injury-prevention education/programming	Annual lump sum		
Return-to-work physician evaluation	Per evaluation		
Functional fitness-for-duty evaluation	Per evaluation		
Work-conditioning / return-to-duty sessions	Per session/hour		
Behavioral health base program	Annual lump sum		
Individual counseling beyond included benefit	Per session		
Critical-event behavioral health response	Per event/hour		
Program management / aggregate reporting	Annual lump sum		
Setup / implementation fee	One time		
Other required charge - identify	Specify		

Annual Cost Summary	Amount
Estimated annual core program cost based on [INSERT HEADCOUNT] members	\$_____
Optional services total, if all selected	\$_____
One-time implementation cost	\$_____
TOTAL EVALUATED FIRST-YEAR PRICE	\$_____

Renewal pricing method / maximum adjustment: _____

Appendix C - Staffing and Qualifications Form

Role	Name	License / Credential	Relevant Fire/Public Safety Experience	FTE / Availability
Program Manager				
Fire Department Physician / Medical Director				
Annual Physical Lead Clinician				
Exercise Testing Lead				
Lead Physical Therapist				
Backup Physical Therapist				
Behavioral Health Clinical Lead				
Behavioral Health Backup / Network Lead				
Data / Privacy Contact				

Attach resumes/CVs for key personnel and a list of all subcontractors proposed for core services.

Appendix D - Exceptions and Deviations Form

List every exception, deviation, limitation, alternative, or assumption that affects compliance, price, service level, or contract performance. If none, state "NO EXCEPTIONS."

RFP Section	Requirement	Proposed Exception / Alternative	Reason / Impact

Appendix E - Reference Form

Reference 1

Agency / Organization	
Contact Name / Title	
Phone / Email	
Population Served	
Services Provided	
Contract Dates	

Reference 2

Agency / Organization	
Contact Name / Title	
Phone / Email	
Population Served	
Services Provided	
Contract Dates	

Reference 3

Agency / Organization	
Contact Name / Title	
Phone / Email	
Population Served	
Services Provided	
Contract Dates	

Appendix F - Proposer Certification

The undersigned certifies that the proposer has reviewed the entire RFP and all addenda; that the information submitted is true and complete to the best of the signer's knowledge; that the proposer can provide the services stated except as expressly identified in Appendix D; and that the signer is authorized to bind the proposer.

Legal Company Name	
Business Address	
Authorized Representative	
Title	
Email	
Telephone	
Signature	
Date	

Certification of NFPA 1580 Compliance

By signing, proposer certifies that all services marked COMPLY in Appendix A will be delivered in accordance with the applicable 2025 NFPA 1580 requirements and the proposer's stated clinical protocols, subject only to expressly listed exceptions and individualized clinical judgment.