Department of Defense
Defense Health Agency
Performance Work Statement

Emergency Medical Services (EMS) Ambulatory Services

DHA Network 9 78 MTF/SGGM

Solicitation Number:
Version:
Date: 24 March 2026

PART 1
1.0 GENERAL INFORMATION

1.1 **This is a non-personal services contract to provide** emergency management services to service Robins Air Force Base (RAFB), Georgia.

1.2 **Description of services/introduction:** The contractor shall provide all personnel, equipment, supplies, transportation, vehicles, tools, materials, management, supervision, and other items and non-personal services necessary to perform high quality 24-hours/seven (7) days a week emergency ambulance services and patient transport operations as defined in this Performance Work Statement (PWS) except for those items specified as government furnished property and services. The contractor shall perform to the standards in this PWS.

1.3 **Background:** Robins Airforce Base (RAFB) installation has a requirement to provide emergency services and assist with dispatch calls. Due to this, the 78th Military Treatment Facility (MTF) has traditionally contracted this requirement out to cover all emergency service calls on RAFB and work in coordination with the medical, fire and security forces units to ensure timely response and meet training requirements.

1.4 **Objectives:** The objective for this contractor is to complete the list below:

1.4.1 Provide 24/7 Emergency Medical Services (EMS): Ensure continuous paramedic-level emergency response and patient transport services, including holidays and adverse weather conditions.

1.4.2 Delivery High Quality Patient Care: Maintain professional standards consistent with the TJC, NREMT, and state EMS protocols.

1.4.3 Ensure Rapid Response Times: The contractor shall independently determine and execute the necessary operational and staging strategies to consistently meet the required response time standards across the entire installation. The required standards are seven (7) minutes for primary emergency calls and twelve (12) minutes for secondary back-up calls, achieving 90% compliance measured on a monthly basis.

1.4.4 Support Operational Readiness: Participate in facility exercises, training programs, and emergency response planning to enhance readiness and coordination.

1.4.5 Maintain Compliance and Accountability: Adhere to federal, state, and local regulations including safety, security, and quality control requirements while providing detailed reporting and documentation.

1.5 **Scope:** Scope of services include EMS, patient transport, in-flight emergency response, participation in training and exercises, documentation and reporting, ensuring personnel requirements, maintaining safety and health compliance, complying with DHA security protocols, and communicating and coordinating with the 78 MDG and 78 Fire Department.

1.5.1 Scope Expansion (Additional MTFs): The primary requirement of this PWS is to support Robins Air Force Base. However, the Government reserves the right to add similar EMS requirements for other Military Treatment Facilities (MTFs) located exclusively within the states of Georgia and South Carolina during the Period of Performance. Any such geographic expansion of services is contingent upon the contractor's demonstrated capability and must be executed via a formal, bilaterally negotiated contract modification. The Government makes no guarantee that additional locations will be added, and the contractor shall not incur costs for other locations until a modification is formally executed.

1.6 **Period of Performance (PoP):**
Base Year- 1 November 2026 to 30 April 2027
Option Year 1- 1 May 2027 to 30 April 2028
Option Year 2- 1 May 2028 to 30 April 2029
Option Year 3- 1 May 2029 to 30 April 2030
Option Year 4- 1 May 2030 to 30 April 2031

1.6.1 Transition: Transition-in/transition-out period.

1.6.1.1 Transition: The Government's objective is to award the contract prior to the full performance start date of 1 November 2026 to allow for a transition period. However, the exact duration of the transition period is strictly contingent upon the actual date of contract award. Offerors are advised there is a high probability of a minimal or highly compressed start-up timeframe.

During any available transition period, the contractor shall accomplish all necessary administrative start-up activities (e.g., recruiting, hiring, vehicle procurement, and initiating base access). Contractor personnel will not be issued Common Access Cards (CACs); instead, they will be issued Defense Biometric Identification System (DBIDS) passes for installation access. The contractor is responsible for ensuring all personnel obtain required installation access by the full performance start date. Prompt submission of all required DBIDS documentation to the Visitor Control Center is essential to ensure mission readiness on 1 November 2026.

1.6.1.2 Transition-In Performance: Transition-in performance is defined as the time to transition with the current contractor to the new contractor while working with the MTF and Fire Department on local procedures and policies. During the transition-in period, the contractor shall prepare to meet all contract requirements. The contractor shall provide the government with a transition plan for phasing in contractor performance, which shall be delivered no later than 20 calendar days after contract award. Incoming personnel must be functionally trained and qualified by the full performance start date; however, cybersecurity requirements must be fully adhered to upon contract award. Any personnel hired to fill vacancies after the full performance start date shall be trained and qualified within 15 calendar days of their start date.

1.6.1.2.1 The contractor shall comply with transition-in requirements of the DHA, as listed in paragraph 1.11.1, for contractors needing to be issued Common Access Card (CAC) identification, including Department of Defense (DoD) and DHA-directed training and forms submission, prior to network access.

1.6.1.3 Transition-Out Period: The transition-out plan shall facilitate the accomplishment of a seamless transition from the incumbent to incoming contractor/Government personnel at the expiration of the contract. See Part 7, Technical Exhibit 1.

1.6.1.3.1 The contractor shall comply with transition-out requirements of the DHA for contractors who have been issued a CAC or who generate "records", as defined by DoD (records manual), including DoD-directed disposition of records, and others displayed on the In/Out (I/O) Processing Portal.

1.7 A**dministrative specifications**

1.7.1 Place of performance: The work shall be performed at Robins Air Force Base and will include transportation of patients off base to local medical facilities.

1.7.2 Recognized Federal holidays: Contractor will be required to work all federal holidays.

1.7.3 Hours of operation: Contractor shall adhere to 24-hours of on-site Paramedic and emergency ambulance service for patient transport at RAFB, GA. Maintain a system to ensure that backup support is provided in the event of simultaneous responses, equipment failures, or other unforeseen circumstances. Services must always be available.

1.7.3.1 Adverse Weather Conditions: During adverse weather conditions, contractor shall continue to provide services for RAFB.

1.7.4 Mission-Essential Emergency Services and Contingency Support

1.7.4.1 Exercise Support: On occasion, services may be required to support an activation or exercise of contingency plans. This support is in addition to routine 24/7 duty requirements and may include providing additional crews, ambulances, or establishing on-site triage points. For pricing purposes, offerors shall assume a planning estimate of up to 40 additional service hours per year for these events. This support will only be performed upon formal request by the Contracting Officer (KO) or designated COR, and the estimated hours are not a guarantee of work.

1.7.4.2 Mission-Essential Service Designation: The ambulance services required under this PWS have been formally identified as Mission-Essential (M-E) in accordance with DFARS 237.76, Continuation of Essential Contractor Services. This service is a critical initial medical response capability for RAFB.

1.7.4.3 Continuity of Operations Plan (COOP): As the provider of a mission-essential service, the contractor shall develop, maintain, and deliver a comprehensive Continuity of Operations Plan (COOP) detailing their approach to sustaining services during a crisis. This plan shall be delivered in accordance with CDRL A007. The plan must, at a minimum, provide actionable procedures for continuing operations during events such as a pandemic, natural disaster, or loss

of communication, and must address the following elements:

a. Crisis Management & Communication: A clear chain of command and a robust communication plan for all contractor employees and key government points of contact.
b. Staffing & Personnel: A process to identify minimum safe staffing levels and procedures for recalling personnel to ensure continuous 24/7 coverage.
c. Logistics & Supply Chain: Procedures for managing and acquiring essential resources (medical supplies, PPE, fuel) if normal supply chains are disrupted.
d. Base Access & Security: A plan to ensure essential contractor personnel can access the installation during heightened security postures, coordinated with the COR.
e. Plan Maintenance & Exercises: A schedule for annually reviewing and updating the COOP and a commitment to participate in government exercises to test the plan.

1.8 **Contractor travel:** Contractors shall travel to incident locations in an appropriate medical response vehicle with the appropriate personnel per information received primarily from the RAFB Fire Department. Withstanding transportation of patients, travel outside of the local area is not required for this service.

1.9 **Other Direct Costs (ODC):** None.

1.10 **Quality**

1.10.1 Quality Control (QC): The contractor shall develop and maintain an effective QC program to ensure services are performed in accordance with this PWS. The contractor shall develop and implement procedures to identify, prevent, and ensure nonrecurrence of defective services. The contractor's QC program is the means by which the work complies with stated requirements. The contractor shall submit a Quality Control Plan (QCP) within 30 days after contract start date. Quality control should include medical control capabilities at the cost of the contractor. Contracting Officer Representative (COR) will inspect contractor performance in accordance with the Quality Assurance Surveillance Plan (QASP) and other technical guidance and regulations. After acceptance of the Quality Control Plan (QCP) the contractor shall receive KO's acceptance in writing of any proposed change to his QC system. See Part 7, Technical Exhibit 1 - CDRL A001.

1.10.2 Quality assurance (QA): The government will evaluate the contractor's performance under this contract in accordance with the Quality Assurance Surveillance Plan (QASP). This plan provides a systematic method for the Government to evaluate performance and to ensure that the contractor has performed in accordance with the performance standards. It defines how the performance standards will be applied, the frequency of surveillance, and the minimum acceptable defect rate(s).

1.10.3 The contractor shall maintain an internal **Self-Assessment Program (SAP)** to evaluate the effectiveness of existing procedures and internal controls, to determine organizational compliance with regulatory requirements and to complement external inspections and assessments. (CDRL-A004, Self-Assessment Program)

1.10.4 The contractor shall support Air Force initiatives and participate in other applicable Quality Control programs and Continuous Process Improvement (CPI) initiatives designed to indicate the appropriate end-state of managed technical orders. The contractor shall comply with resulting changes to existing processes/procedures from these programs/initiatives. (AFMCI 90-104).

1.11 Contractor **personnel**

1.11.1 CAC requirements: For all contractors who will work in Government facilities, the Facilities Security Officer (FSO)/Company's Security point of contact (POC) will provide the Government all the required information per the DHA CAC request process current version 2.1, January 2018, or more recent when updated. See process attached at Part 7 Section 7.1.1 of the PWS. A CAC is the standard identification for eligible DoD contractor personnel.

1.11.1.1 The contractor shall return all CACs to the COR upon the departure of the contractor(s).

1.11.2 Contractor onboarding and training: The contractor shall complete all requirements, training, and forms as prescribed in the following requirements:

1.11.2.1 The contractor shall use the government-provided Defense Health Agency (DHA) Onboarding and Offboarding Portal to process all contractor personnel for system access and security credentialing. The web address and specific instructions for using this portal will be provided by the Contracting Officer's Representative (COR) at the post-award kick-off meeting.

1.11.2.2 The DHA's contractor training instructions embedded at Part 7 Section 7.1.2.

1.11.2.3 The DHA's new employee handbook at Part 7 Section 7.1.43.

1.11.3 PHYSICAL Security: The contractor shall be responsible for safeguarding all government equipment, information and property provided for contractor use. At the close of each work period, government facilities, equipment, and materials shall be secured.

1.11.4 Key control: The contractor shall establish and implement methods of making sure all keys/key cards issued to the contractor by the Government are not lost or misplaced and are not used by unauthorized persons. NOTE: All references to keys include key cards. No keys issued to the contractor by the Government shall be duplicated. The contractor shall develop procedures covering key control that shall be included in the QCP. Such procedures shall include turn-in of any issued keys by personnel who no longer require access to locked areas. The contractor shall immediately report any occurrences of lost or duplicate keys/key cards to the KO.

1.11.4.1 In the event keys, other than master keys, are lost or duplicated, the contractor shall, upon direction of the KO, re-key or replace the affected lock or locks; however, the Government, at its option, may replace the affected lock or locks or perform re-keying. When the replacement of locks or re-keying is performed by the Government, the total cost of re-keying or the replacement of the lock or locks shall be deducted from the monthly payment due the contractor.

In the event a master key is lost or duplicated, all locks and keys for that system shall be replaced by the Government and the total cost deducted from the monthly payment due the contractor.

1.11.4.2 The contractor shall prohibit the use of Government issued keys/key cards by any persons other than the contractor's employees. The contractor shall prohibit the opening of locked areas by contractor employees to permit entrance of persons other than contractor employees engaged in the performance of assigned work in those areas, or personnel authorized entrance by the KO.

1.11.5 Lock combinations: The contractor shall establish and implement methods of ensuring that all lock combinations are not revealed to unauthorized persons. The contractor shall ensure that lock combinations are changed when personnel having access to the combinations no longer have a need to know such combinations. These procedures shall be included in the contractor's QCP.

1.12 **Key personnel (Contractor):**

1.12.1 Designation: The contractor shall designate a primary Contract Manager and an alternate Contract Manager as Key Personnel. The names and contact information for both individuals shall be provided in writing to the Contracting Officer (KO) prior to the start of the performance period.

1.12.2 Authority and Responsibility: The Contract Manager and their alternate are responsible for the overall performance of the work and shall have full authority to act for the contractor on all matters relating to the daily operation of this contract.

1.12.3 Availability: One of these designated individuals (primary or alternate) shall be reachable by phone or email at all times (24 hours per day, 7 days per week, 365 days per year) to resolve contract issues.

1.12.4 On-Site Liaison: To ensure effective on-site coordination, the Contract Manager may serve in a dual-hatted role as a performing Paramedic or be an administrative lead who acts as the liaison between the contractor's employees and government personnel, including the COR and Functional Requirements Evaluator Designees (FREDs).

1.13 **Data rights:** RESERVED.

1.14 **Reporting**

1.14.1 Contractor Manpower Reporting (CMR): RESERVED.

1.14.2 Non-Disclosure Agreement (NDA): RESERVED.

1.14.3 Government's COR: The COR monitors all technical aspects of the contract and assists in contract administration. The COR is authorized to perform the following functions: assure that the contractor performs the technical requirements of the contract; perform inspections necessary

in connection with contract performance; maintain written and oral communications with the contractor concerning technical aspects of the contract; issue written interpretations of technical requirements, including Government drawings, designs, specifications; monitor contractor's performance and notifies both the KO and contractor of any deficiencies; coordinate availability of government furnished property; and provide site entry of contractor personnel. A letter of designation issued to the COR, a copy of which is sent to the contractor, states the responsibilities and limitations of the COR, especially with regard to changes in cost or price, estimates or changes in delivery dates. The COR is not authorized to change any of the terms and conditions of the resulting contract.

1.14.4 Post-Award Conference/Periodic Progress Meetings: The contractor agrees to attend any post-award conference convened by the contracting activity at no additional cost to the government. The contractor shall also attend periodic progress meetings as scheduled by the Contracting Officer or COR to review performance and resolve any outstanding issues.

1.15 **Contractor Identification**

1.15.1 Contractor personnel performing services in a contractor capacity in a Government facility are required to possess and wear an identification badge that displays his or her name and the name of their company. All contractor personnel shall identify themselves as contractor support personnel in all forms of communication with all entities with whom DHA/Deputy Assistant Director for Acquisition (DAD-A)/Head of the Contracting Activity (HCA) has business dealings. The contractor shall: Answer all telephone calls and have a personalized voice message with an introductory statement that includes the fact that the person is contractor support personnel. Ensure all those with whom the person interacts in any face-to-face dealings while supporting the DAD-A understands that the person is contractor support personnel. Include a title block in all emails that states the fact that the person is contractor support personnel. Ensure all those with whom the person interacts in any face-to-face dealings while supporting DHA/DAD-A/HCA understands that the person is contractor support personnel.

1.15.2 Contractor personnel will be required to attend meetings or otherwise communicate with Government and/or other contract representatives to meet the requirements of this order. Contractor personnel shall make their contractor status known during introductions.

1.15.3 Contractor personnel, while performing in a contractor capacity, are prohibited from using their retired or reserve component military rank or title in any written or verbal communications associated with the contracts in which they provide services.

1.16 **Contractor Access to Health Affairs (HA)/DHA Network(s):** Reserved

1.17 **Personnel Security**

1.17.1 The contractor shall comply with DoD 8570.01-M, “Information Assurance Workforce Improvement Program, CH4” November 10, 2015 as amended; 8500.01, “Cybersecurity”, dated March 14, 2014; DoD Manual (DoDM) 6025.18, “Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule Compliance in DoD Health Care Programs” dated March 3, 2019, Department of Defense Instruction (DoDI) 6025.18 “HIPAA Privacy Rule Compliance in DoD Health Care Programs”, dated March 13, 2019; and DoDM

5200.02 “Procedures for the DoD Personnel Security Program (PSP),” incorporation change 3, effective September 24, 2020. Contractor responsibilities for ensuring personnel security include, but are not limited to, meeting the following requirements:

1.17.1.1 Follow the DHA Personnel Security Office guidelines for submittal of security clearances. Contact the DHA Personnel Security Office for guidance on the appropriate background investigation required for personnel on the contract.

1.17.1.2 Initiate, maintain, and document personnel security investigations appropriate to the individual’s responsibilities and required access to Controlled Unclassified Information (CUI).

1.17.1.3 DHA Personnel Security Office does not deny any access to any automated information system (AIS), network, or Controlled Unclassified Information (CUI). If a contractor receives an unfavorable background investigation, the request for access will be sent back to the FSO for further action. Any unfavorable adjudication will result in DHA Personnel Security Office not signing off on any access request.

1.18 Sustainable Procurement

1.18.1 Policy Compliance: The contractor shall comply with all applicable federal, state, and local regulations regarding sustainable procurement. This includes the policies outlined in FAR Part 23, which require the acquisition and use of environmentally preferable products and services.

1.18.2 Contractor Responsibilities: To demonstrate compliance, the contractor shall, at a minimum:

a) Purchase and use products containing recycled content as designated in the EPA's Comprehensive Procurement Guideline (CPG) list when practicable.
b) Purchase and use Energy Star® certified and other energy-efficient products where applicable.
c) Properly manage and dispose of any hazardous materials or waste generated during performance in accordance with EPA and OSHA guidelines.
d) Comply with all other applicable sustainable procurement requirements, such as purchasing bio-based products or non-ozone-depleting substances where relevant to the services being performed.

1.18.3 Reporting: The contractor shall maintain records of sustainable products purchased and provide a summary report of compliance to the COR as requested by the COR or Contracting Officer

1.19 Environmental Management System (EMS): Any contractor employee working on RAFB shall require EMS training and certification. The prime contractor is responsible for ensuring that all subcontractors comply with this requirement. Computer-based training is provided by the Base Civil Engineering Group Environmental Management Office. https://geobase.robins.af.mil/emstraining/EMSTrainingOptions.aspx. For questions concerning this training, contact 78 CEG/CEG, 327-8344 for assistance.

1.20 Contractor Safety Program

1.20.1 The contractor shall establish and maintain an acceptable safety program in accordance with their accepted Safety and Health Plan.

1.20.2 All changes to the plan must also be submitted in writing and approved by the government via the DD 1423 Data Item Number Data Acquisition Document Number DI-ENVR-81375 for contractor's Standard Operating Procedures (SOP) to receive the contractor's Safety and Health Plan Update.

1.20.3 Contractor-Caused Mishaps and Safety Standards
The contractor is responsible for ensuring safe operations at all times. A mishap is defined as an unplanned event that results in injury or property damage. For the purposes of this contract, mishaps will be categorized as follows based on severity and contractor fault.

1.20.3.1 Mishap Classification:

- Preventable Class A/B Mishap (Standard: Zero per year): Any contractor-caused accident or action that results in a fatality, permanent total disability, permanent partial disability, or property damage exceeding $600,000.
- Preventable Class C Mishap (Standard: Goal of no more than two per year): Any contractor-caused accident that results in a nonfatal injury requiring days away from work or property damage between $60,000 and $600,000.
- Preventable Vehicle Accident (PVA): Any vehicle accident where the contractor's driver is determined to be at fault by the investigating authority (e.g., Security Forces), regardless of the cost of damage.

1.20.3.2 Performance Requirement and Government Action:

- The occurrence of a single Preventable Class A/B Mishap shall be considered a material failure to perform and may be grounds for contract termination for cause.
- The occurrence of any Preventable Class C Mishap or Preventable Vehicle Accident (PVA) will trigger a formal Corrective Action Request from the Contracting Officer. The contractor shall be required to provide a detailed report on the incident and a plan to prevent recurrence. Multiple preventable mishaps within a performance period may result in a negative performance assessment in CPARS.

1.20.4 Safety Plan

1.20.4.1 Within 10 calendar days after contract award, the contractor shall provide a copy of their company Safety Plan that is required to ensure compliance with applicable federal, state, local, and consensus standards (e.g., OSHA (Public Law 91-596), NFPA, National Institute of Occupational Safety and Health (NIOSH), and TJC). The Safety Plan shall be provided to the COR for review. The COR will provide acceptance or non- acceptance within 5 working days of receipt to the government point-of-contact who will notify the KO. (CDRL A005, Safety and Health Plan)

1.20.4.2 The contractor Safety Plan shall address the Occupational Safety and Health Act (OSHA) (Public Law 91-596), and all required State and Federal safety standards. The contractor's internal procedures must be identifiable within the submitted Safety Plan or shall be provided in an amendment or addendum to the company's Safety Plan. The contractor will have 5 working days to resubmit the Safety Plan, amendment, or addendum to address or correct issues identified for non-acceptance. The Safety Office will provide acceptance or non-acceptance of the resubmission within 5 working days of receipt to the government POC who will notify the KO.

1.20.4.3 Safety Mishap/Incident Reporting: The contractor shall report all mishaps/incidents in accordance with DHA-AI 6055.01. The contractor shall immediately secure the mishap scene and damaged property and impound pertinent maintenance and training records until released by the DHA Safety Office. Such release shall be accomplished through the KO. The contractor shall cooperate and assist Government personnel in the investigation of the incident and submit an Accident/Incident Report within 24 hours of the accident/incident. The contractor shall require all subcontractors to comply with required safety, health and fire standards. (CDRL A006, Mishap/Incident Report)

PART 2
2.0 DEFINITIONS, ACRONYMS, AND APPLICABLE PUBLICATIONS/INSTRUCTIONS

2.1 **Definitions:**

2.1.1 Category D: Information Technology (IT) and Telecommunications Services (called D-Services)

2.1.2 Category R: Support (Professional/Administrative/Management) Services (called R-Services)

2.1.3 Contracting Officer (KO): A person with the authority to enter into, administer, and/or terminate contracts and make related determinations and findings.

2.1.4 Contracting Officer's Representative (COR): An individual, including a contracting officer's technical representative (COTR), designated and authorized in writing by the KO to perform specific technical or administrative functions. This individual does NOT have authority to change the terms and conditions of the contract.

2.1.5 Nonpersonal services contract: A contract under which the personnel rendering the services are not subject, either by the contract's terms or by the manner of its administration, to the supervision and control usually prevailing in relationships between the Government and its employees.

2.1.6 Quality Assurance Surveillance Plan (QASP): An organized written document specifying the surveillance methodology to be used for surveillance of contractor performance. The Government may either prepare the QASP or require the offerors to submit a proposed quality assurance surveillance plan for the Government's consideration in development of the Government's plan.

2.1.7 Exercise Support: Refers to support required for readiness-related events, including but not limited to base-wide readiness exercises, mass casualty drills, and unit training support as directed by the COR.

2.1.8 Special Event Support (Over and Above): Refers to support for non-readiness events, including but not limited to official ceremonies (e.g., Changes of Command, retirements), air shows, or other base-sponsored community functions.

2.2 **<u>Acronyms</u>:**

ACLS	Advanced Cardiac Life Support
AEMT	Advanced Medical Technician (AEMT)
AFI	Air Force Instruction
AIS	Automated Information System
APL	Approved Products List APL

AQL	Acceptable Quality Level
ARRT	Acquisition Requirements Roadmap Tool
ATO	Authority to Operate
B2B	Business-2-Business
BLS	Basic Life Support
CAC	Common Access Card
CAP	Cloud Access Point
CCEVS	Common Criteria Cybersecurity Evaluation and Validation Scheme
CDC	Center for Disease Control
CDI	Covered Defense Information
CE	Computer Environment
CDRL	Contract Data Requirement List
CIO	Chief Information Officer
CJCSM	Chairman of the Joint Chiefs of Staff Manual
CLIN	Contract Line-Item Number
CMMC	Cybersecurity Maturity Model Certification
CMR	Contractor Manpower Reporting
CNSSI	Committee on National Security Systems Instruction
CONUS	Continental United States (excludes Alaska and Hawaii)
COR	Contracting Officer Representative
COTR	Contracting Officer's Technical Representative
CSP	Cloud Service Provider
CSSP	Cyber Security Service Provider
CUI	Controlled Unclassified Information
DAD-A	Deputy Assistant Director for Acquisition
DC3	DoD Cyber Crime Center
DD Form 254	Department of Defense Contract Security Requirement List (if applicable)
DD Form 2569	Department of Defense Third Party Collection Program/Medical Services Account/Other Health Insurance
DFARS	Defense Federal Acquisition Regulation Supplement
DHA	Defense Health Agency
DISA	Defense Information System Agency
DoD	Department of Defense
DoDD	Department of Defense Directive
DoDI	Department of Defense Instruction
DSAs	Data Sharing Agreements
DSAA	Data Sharing Agreement Application
DMZ	Demilitarized Zone
DoDM	Department of Defense Manual
DPCLO	DHA Privacy and Civil Liberties Office
DPH OEMS-T	Department of Public Health Office of Emergency Medical Services and Trauma
DSN	Defense Switched Network
DUA	Data Use Agreement
EMS	Emergency Medical Services
eMSM	Enhanced Multi-Service Markets

EMT	Emergency Medical Technicians
EULA	End User License Agreement
EVM	Earned Value Management
FAR	Federal Acquisition Regulation
FC	Fire Chief
FCI	Federal contract information
FD	Fire Department
FE	Facilities Enterprise
FedRAMP	Federal Risk Authorization and Management Program
FISMA	Federal Information Security Modernization Act
FRCS	Facility Related Control Systems
FRED	Functional Requirements Evaluator Designee
FSO	Facilities Security Officer
GA	Georgia
GFE	Government Furnished Equipment
GFP	Government Furnished Property
HA	Health Affairs
HAZMAT	Hazardous Material
HIPAA	Health Insurance Portability and Accountability Act
HCA	Head of the Contracting Activity
HIT	Health Information Technology
IGCE	Independent Government Cost Estimate
IA	Information Assurance
IAW	In Accordance With
IO	Initial Outfitting
I/O	In/Out Processing Portal
IPv	Internet Protocol Version
IS	Information System
ISP	Internet Service Provider
IT	Information Technology
ISCM	Information Security Continuous Monitoring
IV&V	Independent Verification & Validation
KO	Contracting Officer(s)
LMR	Land Mobile Radio
MedCOI	Medical Community of Interest
MHS	Military Health System
MIL-STD	Military Standard
MTFs	Military Treatment Facilities
NCR	National Capitol Region
NDA	Non-Disclosure Agreement
NIAP	National Information Assurance Partnership
NIST	National Institute of Standards and Technology
NREMT	National Registry for Emergency Medical Technicians
O&A	Over and Above Work
OCONUS	Outside Continental United States (includes Alaska and Hawaii)
ODC	Other Direct Costs

OPM	Office of Personal Management
OSD	Office of the Secretary of Defense
OSHA	Occupational Safety and Health Administration
P-ATO	Personal Authorization to Operate
P&R	Personnel and Readiness
PALS	Pediatric Advanced Life Support
PGI	Procedures, Guidance and Information
PDT	Project Delivery Team
PH	Public Health
PHI	Protected Health Information
PII	Personally Identifiable Information
PIT	Platform Information Technology
PK	Public Key
PKI	Public Key Infrastructure
POA&M	Plan of Action and Milestones
POC	Point of Contact
PMO	Program Management Office
PoP	Period of Performance
PP	Personal Property
PPSM	Ports, Protocols, and Services Management
PRS	Performance Requirements Summary
PSP	Personnel Security Program
PWS	Performance Work Statement
QA	Quality Assurance
QAP	Quality Assurance Program
QASP	Quality Assurance Surveillance Plan
QC	Quality Control
QCP	Quality Control Plan
RAFB	Robins Air Force Base
RFP	Request for Proposal
RFQ	Request for Quotation
RMF	Risk Management Framework
SFO	Senior Fire Officer
SP	Special Publication
SPRS	Supplier Performance Risk System
SRM	Sustainment, Restoration and Modernization
SRG	Security Requirements Guides
STIG	Security Technical Implementation Guides
TJC	The Joint Commission
TOS	Terms of Service
US	United States
UFC	Unified Facilities Criteria
VPN	Virtual Private Network
XML	Extensible Markup Language

2.3 **Applicable Publications, DHA Administrative Instructions (AI), etc.**

2.3.1 IEMP 10-2, *Air Force Emergency Management Program Planning and Operations*

2.3.2 AFI 44-119, *Medical Quality Operations*

PART 3
3.0 GOVERNMENT FURNISHED PROPERTY, EQUIPMENT, AND SERVICES

The Requiring Activity Authority has assessed the need for Government Furnished Property, Equipment, and Services and determined:

3.1 **Services:** The Government:

☐ Will **NOT** provide Government Furnished Services in support of this contract/task order. As a result, this paragraph is Not Applicable.

☒ **WILL** provide Government Furnished Services required in support of this contract/task orders. These Services are described below:

Medical Waste Disposal: The contractor shall be responsible for the safe handling, temporary storage, packaging, and transportation of all regulated medical waste generated during the performance of services under this contract, in accordance with all applicable regulations and MTF infection control policies.

Medical waste is typically disposed of at the receiving medical facility upon patient transfer. However, for medical waste that cannot be disposed of at a receiving facility, the Government (specifically, the 78th MTF) will provide for the final disposal. The contractor may turn in such waste at the designated Government collection point (e.g., the loading dock of Bldg. 700 on Robins AFB).

3.2 **Facilities:** The Government:

☐ Will **NOT** provide Facilities in support of this contract/task order. As a result, this paragraph is Not Applicable.

☒ **WILL** provide Facilities in support of this contract/task orders. The Government provided Facilities are described below:

The Government will provide, at no charge, on-base ambulance parking for three (3) ambulances and suitable crew quarters to support the contractor's continuous 24/7/365 operations. The contractor shall be responsible for providing sufficient personnel at all times to meet the performance standards outlined in this PWS.

3.3 **Utilities:** The Government:

☐ Will **NOT** provide Utilities in support of this contract/task order. As a result, this paragraph is Not Applicable.

☒ **WILL** provide Utilities in support of this contract/task orders. The Government provided Utilities are described below:

The government will pay for electric, water, gas, trash, sewage and facility maintenance.

3.4 **Equipment:** The Government:

☐ Will **NOT** provide Equipment in support of this contract/task order. As a result, this paragraph is Not Applicable.

☒ **WILL** provide Equipment in support of this contract/task orders. The Government provided Equipment is described below:

The Government (78th MTF) will provide six (6) Land Mobile Radios (LMRs) for the contractor's use, pre-programmed with the required fire network frequency. The Government will be responsible for all maintenance, repair, and replacement of these radios

3.4.1 **Procurement Integrated Enterprise (PIEE), GFP Module Application**
The contractor shall be responsible for obtaining and maintaining access, training and successful operation of the PIEE/GFP Module application for the entirety of the contract/task order PoP.

Contracting Office Responsibilities:
The Contracting Office shall ensure close coordination and validation of the GFP items with the COR and DHA Accountable Property Officer prior to uploading the GFP Attachment into the PIEE/GFP Module. At the time GFP is anticipated and identified, the Government will upload the GFP Attachment into the PIEE/GFP Module. It is the Contracting Office's responsibility to prepare, upload and maintain the GFP Attachment in the PIEE/GFP Module in accordance with the GFP Attachment instructions provided at the DoD Procurement Toolbox. The KO and COR shall manage and keep an inventory of any GFP associated with contract/task orders awarded through DHA, in accordance with applicable FAR Part 45, DoD FAR Supplement (DFARS) 245 with respective clauses, DHA AI 095 and PD 45-01 following the change in disposition of items listed on that PIEE/GFP Module Attachment.

Contractor Responsibilities:
A key contractor responsibility is to work with the KO and COR to ensure the PIEE/GFP Module data, to include the PIEE/GFP Attachment, provides a timely, complete and accurate accounting of the GFP applicable to the contract/task order. Contractors are required to report the receipt of any GFP shipped to them, regardless of whether it is listed on the GFP Attachment for their contract. Similarly, contractors are required to utilize the GFP Module application in conjunction with the shipment of GFP to the Government, or in reporting Property Loss of GFP issued (such as destruction or loss). Discrepancies or disputes regarding property shipped to or shipped from the contractor must be reported via the GFP Module application, with the KO having authority over final designation of status.

The contractor shall report semi-annually 100% inventories, reconciliations, and final disposition of GFP provided by the government. Final invoices will not be paid pending GFP reconciliation. Contractors shall be aware of and ensure compliance with applicable FAR Part 45, DFARS 245 and 252.245, Defense Pricing and Contracting Policies, Procurement Integrated Enterprise Environment Standards, DHA Administrative Instruction 094 and DHA Guidance. (CDRL A009, GFP Inventory)

3.5 **Materials**: The Government:

☐ Will **NOT** provide Materials in support of this contract/task order. As a result, this paragraph is Not Applicable.

☒ **IS** providing Materials in support of this contract/task orders. The Government-provided Materials are described below:

The MTF will provide any required Government forms used in the performance of services. The state of Georgia Ambulance Run Sheet will be used to document all responses and patient transports. Also, MTF/Fire Department/ECC shall provide updated maps (Global Information System) to the contractor whenever they become available. The contractor shall limit the copying and or distribution of these maps due to security purposes.

PART 4
4.0 CONTRACTOR FURNISHED ITEMS AND SERVICES

4.1 **Services:** The Contractor:

☐ Will **NOT** provide Contractor Furnished Services in support of this contract/task order. As a result, this paragraph is Not Applicable.

☒ **WILL** provide Contractor Furnished Services required in support of this contract/task orders. These Services are described below: provide
Internet and any other convenience services they like to fund.

4.2 **General:** The contractor shall furnish all supplies, equipment, facilities and services required to perform work listed under Section 5 of this PWS.

4.3 **Secret Facility Clearance:** The contractor shall possess and maintain a SECRET facility clearance from the Defense Security Service. The contractor's employees, performing work in support of this contract shall have been granted a SECRET security clearance from the Defense Industrial Security Clearance Office.

4.4 **Materials:** The contractor shall provide all medical supplies, pharmaceuticals, and uniform necessities to carry out the PWS requirements. The contractor shall ensure that the procurement, storage, use, and disposal of all cleaning agents and supplies strictly comply with Air Force Manual (AFMAN) 32-7002, Environmental Compliance and Pollution Prevention.

4.4.1 Contractor shall present a professional appearance and be easily recognized as contractor Paramedic employees. Contractor shall not wear clothing items deemed offensive. Contractor shall ensure shoes are closed toe.

4.5 **Equipment:** The contractor shall provide all medical equipment and vehicles to be utilized by the contractor in support of the mission.

4.6 **Facilities:** RESERVED.

PART 5

5.0 SPECIFIC TASKS

5.1 General Services Provided: The contractor shall provide all labor, management, supervision, vehicles, supplies, equipment, transportation, reports, and services for full coverage of 24-hour a day Paramedic emergency ambulance services for patient transport from all of RAFB, GA. The contractor shall provide continuous, uninterrupted coverage 24 hours per day, 7 days per week, 365 days per year (24/7/365). The contractor's care shall be commensurate to that of Emergency Medical Technicians (EMT) and paramedic/ambulance services provided in the local community. Performance shall be according to the requirements contained in this PWS and professional standards of The Joint Commission (TJC), DHA-PM 6025.13, AFI 44-119, the Department of Transportation, and the National Registry for Emergency Medical Technicians (NREMT).

5.1.1 Vehicle Operational Requirement: The contractor shall ensure that a minimum of two (2) fully equipped, serviceable ambulances are operational and available for immediate dispatch at all times (24/7/365). To meet this continuous availability requirement, the contractor must provide and maintain a total fleet of at least three (3) ambulances to allow for one vehicle to be unavailable due to maintenance or other contingencies

5.1.1.1 Vehicle Maintenance and Readiness: The contractor, at its own expense, shall be solely responsible for all maintenance, repairs, servicing, and fuel for the ambulances used to perform the services under this contract. All ambulances must be maintained in accordance with manufacturer's recommendations and all applicable state and federal safety standards. In the event a primary ambulance is out of service for maintenance or mechanical repair, the contractor shall place the third (spare) ambulance into operational service within 30 minutes to ensure the minimum of two (2) operational ambulances is always met, ensuring no disruption to 24/7/365 coverage. The spare ambulance must meet the exact same equipment and serviceability standards as the primary units.

5.1.2 Personnel and Work Schedules

5.1.2.1 Staffing Responsibility: The contractor shall provide personnel possessing the required qualifications and certifications (as defined in Section 5.10) in quantities sufficient to ensure two ambulances are fully operational and available for immediate dispatch 24/7/365. The contractor shall maintain full responsibility for the management, scheduling, and back-filling of personnel (e.g., for sick leave, training, or vacancies) to ensure continuous performance of the mission requirement.

5.1.2.2 Work Schedules: The contractor’s designated point of contact (as defined in Section 1.12) shall provide a monthly work schedule of individuals scheduled to perform services to the FRED by the 20th of the preceding month. Proposed work schedule changes shall be submitted to the FRED at least 48 hours in advance. For same-day changes due to emergencies or sick leave, the point of contact shall give a minimum of two hours’ notice to the FRED via text message or phone call. The contractor is solely responsible for ensuring that all personnel,

including emergency replacements and backups, possess valid installation access and required credentials prior to reporting for duty.

5.1.2.3 Simultaneous Responses and System Status Notification: The contractor shall maintain two (2) ambulances fully operational and available for immediate dispatch at all times. In the event that both primary ambulances are simultaneously engaged in emergency responses, the contractor shall immediately notify the Robins Emergency Dispatch Center and the Senior Fire Officer (SFO) of a "Zero Capability" status. The contractor shall further notify Dispatch immediately once a unit becomes available for service.

5.2 Emergency Paramedic Response and Patient Transport

5.2.1 Response Time Standards

a. Definition: For the purposes of this contract, "Response Time" is defined as the total time elapsed from the moment the contractor's crew is notified by the Robins Emergency Dispatch Center to the moment the ambulance arrives on the scene of the emergency.
b. Required Timeframes: The contractor is responsible for developing and implementing the necessary staging and deployment strategies to meet the following response times for any location within the Robins AFB perimeter:
1. Primary Emergency Calls: Within seven (7) minutes.
2. Secondary/Back-up Calls: Within twelve (12) minutes.
3. Simultaneous Emergencies: The applicable response time standard applies to each individual emergency call.
c. Performance Standard: The contractor shall achieve the required response time standards for at least 90% of all emergency calls, calculated on a monthly basis. To facilitate verification, the contractor shall provide weekly response time data and run sheets to the FRED. Formal compliance with the 90% standard will be evaluated and documented monthly via a Performance Assessment Report (PAR) submitted to the COR.

5.2.2 Patient Transfer: The contractor shall ensure an EMT/AEMT/Paramedic remains with patients until a qualified member of the receiving hospital properly accepts the patient. Within two (2) hours of a patient being transferred to an off-base facility, the contractor shall call the RAFB Command Post and provide the patient's name, time of arrival, and the name of the receiving hospital. If a patient expires while in the care of the contractor, the POC shall notify the Chief of Medical Staff and the RAFB Command Post within two (2) hours.

5.3 In-Flight Emergency Response: The contractor shall serve as a primary medical response to all in-flight emergencies. The responding unit will be notified by the base fire department and will fall under the authority of the Senior Fire Officer (SFO) during the incident. Documentation for these responses shall be completed in accordance with Section 5.5 of this PWS.

5.4 Exercise Participation and Readiness Support

5.4.1 Exercise Support: The contractor shall participate in base disaster plans and exercises. This participation is considered Exercise Support as defined in Section 2.1.7 and is included within the firm-fixed-price of the contract. All requests for this support must be submitted through the FRED, who will then send the formal request to the contractor. This support includes, but is not limited to:
a) Providing on-scene ambulance coverage for 78th Civil Engineering Squadron Live Fire training, EMT All Refresher courses, and 78th Air Base Wing Level Exercises.
b) Participating in flight-line hazard and mishap response planning, including advance and post-exercise meetings.

5.4.2 Required Training: The contractor shall ensure all responding personnel maintain current certifications for HAZMAT Awareness Level I and Decompression Sickness (DCS) Training. DCS training will be provided by the Robins Fire Department.

5.5 Official Documentation and Reporting
.
5.5.1 Required Forms: The contractor shall comprehensively document all patient care encounters. The primary clinical record for documentation shall be the State of GA run sheet and/or the Robins AFB Fire Emergency Services Patient Care Report (Form CEXF OI 32-69). Additionally, for all eligible civilian personnel, the contractor shall ensure the completion of DD Form 2569 (Third Party Collections Form). The contractor shall not bill patients or patient insurance; this responsibility remains strictly with the 78th Medical Group.

5.5.2 Data Collection: For each patient encounter, the contractor shall ensure the following information is accurately collected and recorded: Date of Transport, Patient's Name, Call Location, Destination, Nature of Call, Response Time, Run Report/Dispatch Number, Notes, Branch (e.g., Active Duty, Civilian), Sponsor's Name, and Sponsor's Phone Number. All patient information is privileged and shall be handled in accordance with the Privacy Act and HIPAA. All documentation and records remain the property of the Government.

5.5.3 Submission of Records: The contractor shall deliver a consolidated package of all completed patient care forms from the prior week (Sunday through Saturday). This package shall be hand-delivered to the designated representative at 78 MTF/SGXF, 655 Seventh Street, Building 700, RAFB, GA 31098-2227, no later than 12:00 PM each Monday.

5.6 Patient Rights and Employee Conduct

5.6.1 Patient Rights and Dignity: Contractor employees shall respect and maintain the basic rights of patients, demonstrating concern for personal dignity and human relationships. Contractor employees shall maintain open and professional communication with members of the MTF and Fire Department.

5.6.2 Employee Performance and Conduct Management: The contractor is responsible for the professional conduct and performance of all its employees. Upon validation of a complaint by designated government representatives (FRED, COR, or Chief of Medical Staff), the Contracting

Officer (KO) or COR will issue a formal concern notice to the contractor's Contract Manager.
a) Corrective Action Plan (CAP): Within five (5) business days of receiving the notice, the contractor shall submit a written Corrective Action Plan (CAP) to the COR and KO for approval. This CAP must detail the contractor's proposed actions to address the issue.
b) Government Rights: The Government reserves the right to reject an inadequate CAP and, for serious offenses (e.g., patient abuse, neglect, theft, being under the influence of alcohol or illegal drugs, falsification of records), to require the immediate and permanent removal of the employee as the only acceptable resolution. Failure to submit an acceptable CAP or to comply with a removal directive shall be considered a material breach of the contract.

5.7 Communications: Contractor-provided vehicles shall be maintained with MTF-provided communication devices (Land Mobile Radios). The contractor shall be responsible for having radios programmed to all necessary RAFB frequencies.

5.8 Over and Above Work (O&A): The scope of the O&A consists of providing one stand-by ambulance for special events (e.g., Change of Command ceremonies, Air Shows) as requested. This work is considered Special Event Support as defined in Section 2.1.8. This work is to be billed on the separate Over and Above (O&A) Contract Line Item Number (CLIN) identified in the contract. For proposal and budgeting purposes, this CLIN will have an estimated quantity of 80 hours per year. This quantity is an estimate only and is not a guarantee of work; the Government is only obligated to pay for hours actually ordered by the Contracting Officer or COR. The contractor will be notified a minimum of five (5) calendar days prior to all stand-by special events.

5.9 Status Report: The contractor shall submit a quarterly Status Report with the number of runs and response times for each month. The report shall be submitted by the 10th calendar day of the first month following the quarter. The report shall also provide a complete listing of names and training dates for all assigned personnel. (CDRL A008)

5.10 **Special Qualifications:** All EMTs, AEMTs, and Paramedics performing work under this contract shall have current certifications and provide the documents listed below. Copies of certifications shall be submitted to the COR at the start of the contract and whenever a change or update occurs. The Government reserves the right to request copies of these documents on any contractor at any time. The contractor shall produce documents within 24 hours of request. At a minimum, before starting and throughout employment, all EMS contractor personnel working for RAFB shall maintain current EMT, AEMT, Paramedic, American-Heart Association or American Red Cross BLS, Red Cross BLS and Pediatrics Advanced Life Support (PALS) certifications. Training must be attained at no cost to the Government.

5.10.1 The applicable contractor personnel shall possess a copy of a valid current unrestricted State of Georgia and NREMT Certification as required by the state of Georgia (Paramedic, AEMT, and EMT).

5.10.1.1 The contractor Paramedics must have completed all courses required to obtain and maintain certification as an EMT/AEMT/Paramedic.

5.10.1.2 Continuing medical education and training files must be provided prior to being hired.

5.10.1.3 Additionally, continuing medical education (contractor provided) shall be accomplished as required.

5.10.1.4 Contractor shall have current certification and/or training with the Health Insurance Portability Accountability Act involving handling of patient information.

5.10.2 The applicable contractor personnel shall possess and maintain a valid State of Georgia driver's license.

5.10.2.1 Emergency vehicle driver education and training certificates must be provided prior to being hired.

5.10.2.2 All flight line drivers shall receive proper government provided flight line drivers training or be escorted by authorized government personnel. Contractor shall ensure flight line drivers training annual requirements are met. There must be at least one flight line driver per shift.

5.10.3 Experience: All Paramedics shall have provided services in their respective specialties a minimum of six (6) months within the past 12 months.

5.10.4 Contractor shall provide copies of proof of ALL training certifications and licenses before the employees start performing duty of EMT/AEMT/Paramedic as requested by FRED/COR.

5.10.5 Contractor shall maintain files to assure that all EMT/AEMT/Paramedic performing work under this contract shall have current certifications and/or documents for the duration of their employment. Upon request, the contractor shall allow the Government access to review/audit these documents for any EMT/AEMT/Paramedic performing under this contract. The contractor shall provide copies of certification upon request with 24 hours of request.

5.10.6 Contractor's company shall maintain an active service license with Department of Public Health Office of Emergency Medical Services and Trauma (DPH OEMS-T) and abide by all laws, rules, and regulations according to Office Code of Georgia Title 31 Chapter 11 and Georgia Department of Public Health Rule and Regulations 511-9-2. Furthermore, scope of practice is limited to what is legal in the state of Georgia only and is defined by the Georgia Office of EMS and Trauma Form R-P11A. A copy of the ambulance license and the EMS Vehicle Identification shall be provided to the FRED prior to operating on RAFB.
(CDRL A003, AMBULANCE OPERATION SERVICE LICENSE, DI-MGMT-51584/T)

5.10.7 Decompression Sickness (DCS) Training: The contractor shall ensure all personnel complete Government-provided training on the treatment of aviation personnel experiencing symptoms of Decompression Sickness (DCS) upon initial assignment and annually thereafter. If Government training is unavailable prior to the Period of Performance (PoP) start date or an employee's initial start date, the contractor shall ensure all personnel have reviewed and signed an acknowledgement of the Chief of Aerospace Medicine's DCS Medical Protocols/SOPs as an

interim qualification prior to performing shift work. Formal training shall be completed within 30 calendar days of the training becoming available. The contractor shall maintain these acknowledgements and formal training records and provide them to the COR upon request, in accordance with the general requirements of this section.

5.10.8 Endotracheal Intubation (ETI) Credentialing: The contractor is solely responsible for ensuring all paramedics maintain current credentialing for Endotracheal Intubation (ETI) without direct physician supervision. The Government will NOT provide training, proctors, clinical slots, or mannequins for this requirement. All costs associated with maintaining this currency (e.g., clinical rotation fees at civilian hospitals) are the sole responsibility of the contractor.
a) Annual Requirement: Each paramedic must successfully conduct a minimum of four (4) live intubations within the prior 365 days.
b) Method of Intubation: If Video Laryngoscopy (VL) is utilized to meet this requirement, at least two (2) of the four required intubations must be performed via Direct Laryngoscopy (DL).
c) Acceptable Methods: This requirement cannot be met through simulation. Intubations may be conducted in the performance of normal duties, verifiable off-duty employment, or while participating in clinical rotations. Fresh human cadavers may be utilized at the discretion and oversight of the local Air Force EMS Medical Director.
d) Loss of Credentialing: Any paramedic who fails to meet this annual requirement shall not perform ETI without direct physician supervision. Because the Government does not provide in-car physician supervision for contractor ambulance operations, a paramedic lacking independent ETI credentialing cannot fulfill the Advanced Life Support (ALS) staffing requirements of this contract. The contractor shall immediately replace any such individual on the active schedule with a fully credentialed paramedic to ensure no disruption to 24/7/365 coverage. The contractor shall immediately notify the COR and the local Medical Director if any paramedic loses this credentialing.
e) Reporting: The contractor shall track ETI currency for all assigned paramedics and submit an updated Paramedic ETI Credentialing Roster to the COR and the local Medical Director on a quarterly basis. (CDRL A010, ETI Credentialing Roster)

5.11 Health Requirements: All health care workers shall follow the methods for controlling and preventing disease as described in the American Public Health Association publication, Control of Communicable Diseases Manual, and the Centers for Disease Control and Prevention (CDC) publication, Morbidity and Mortality Weekly Report (MMWR), and its supplements. Where applicable, the most recent guidelines from these publications are utilized as the standard.

5.11.1 The contractor shall adhere to AFI 44-108, *Infection Prevention and Control Program,* Section 3.2, "Employee Health Program Elements."

5.11.2 In response to a task order award or during contractor performance when replacing or substituting EMTs/AEMTs/Paramedics, the Contractor places qualified EMTs/AEMTs/Paramedics. The contractor verifies EMTs/AEMTs/Paramedics qualifications against health, immunizations, and drug screening submits to MTF.

5.11.3 Vaccination, immunity, or testing is required for the following:

5.11.3.1 Measles, Mumps, and Rubella (MMR): Contractors without proof of immunity, disease or history of two lifetime MMR vaccinations shall be vaccinated per Advisory Committee on Immunization Practices guidelines (two MMR vaccinations). The MTF will NOT administer the MMR shots or lab work to contract employees unless they are authorized medical care at the MTF. Contract employees that are not authorized must go to their private physician to receive shots/blood work and bring proof to Public Health clinic for documentation.

5.11.3.2 Tuberculin (TB) Skin Test: Contractors shall be screened within the first 10 days of employment, prior to direct patient care. Annual screening is not required; however, screening shall be required for employees that are exposed to TB. The MTF may administer the TB Skin Test to contractors if they have not been tested within the previous 12 months. If not, then they shall go to their private physician to receive a 2-step Purified Protein Derivative (PPD) screening test with reading (if positive, proof of negative chest X-ray within 12 months). Bring proof to Public Health (PH) for documentation.

5.11.3.3 Varicella: Contractors shall be screened to determine their varicella immunity status. The MTF will not administer the varicella shots or lab work to contractors unless they are authorized medical care in the MTF. If not, then they shall go to their private physician to receive the vaccine or lab work and bring proof to PH for documentation.

5.11.3.4 Hepatitis B Immunity: Proof of immunity shall be in the form of documentation of previous vaccine administration or an adequate serum antibody titer. Personnel with a history of having received the Hepatitis B vaccine series but no documentation of receiving the vaccine, must provide adequate Hepatitis B serum antibody titer. All Paramedics are considered “High Risk” and are required to be vaccinated for Hepatitis B, as well as provide proof of immunity (MTF will not administer).

5.11.3.5 Tetanus, Diphtheria, Acellular Pertussis (Tdap): Contractor's shall be vaccinated with Tdap if not previously vaccinated. Those with contact to patients and/or children should be prioritized to receive Tdap as soon as practical. The MTF will not administer the Tdap vaccine to contractors unless they are authorized medical care in the MTF. If not, then they shall go to their private physician to receive the vaccine and bring proof to PH for documentation.

5.11.3.6 Influenza: Yearly requirement. The MTF will not administer the Influenza vaccine to contractors unless they are authorized medical care in the MTF. If not, then they must go to their private physician to receive the vaccine and bring proof to the Immunizations Clinic for documentation.

5.11.3.7 Human Immune deficiency Virus (HIV) Testing: HIV test is required. The MTF will not pay for/test the contractor unless they are authorized medical care in the MTF. If not, then the contractor shall go to their private physician to receive the test and bring proof to the PH clinic for documentation.

PART 6
6.0 INFORMATION TECHNOLOGY & SECURITY

6.1 All work under this contract is unclassified.

6.2 The TIER 1 or TIER 2 levels and position sensitivity designation for positions under this contract is:

6.2.1 TIER I: Critical sensitive position is not applicable.

OR 6.2.1 TIER II: Non-critical sensitive position is applicable.

6.3 **Personally Identifiable Information (PII)/Protected Health Information (PHI), Procurement, and Federal information requirements:** Contractors will need to include all PII/PHI and Federal information requirements to include DoDI 5400.11, *DoD Privacy and Civil Liberties Programs.*

6.3.1. Data Sharing Agreements (DSAs): Contractors requiring access to PII, which includes PHI, or access to de-identified data, are subject to the DHA Privacy and Civil Liberties Office (DPCLO) (Privacy Office) Data Sharing Program. This program requires DHA to enter into DSAs with parties outside the MHS who use or create MHS data. A DHA contract may use the term Data Use Agreement (DUA) rather than DSA. DSAs assure that outside parties protect MHS data in accordance with the Privacy Act and the HIPAA Rules. To apply for a DSA, the contractor submits a Data Sharing Agreement Application (DSAA) to the DHA DPCLO. The contractor submits the DSAA even if a subcontractor will be the party accessing MHS data. After review and approval of the DSAA, the Privacy Office provides a DSA to the contractor for execution.

6.4 Training- RESERVED

6.5 **Cybersecurity Requirements for Non-DoD IT or Covered Contractor IS:** RESERVED.

6.6. **System Communications - RESERVED**

PART 7, ATTACHMENT 1
PERFORMANCE REQUIREMENTS SUMMARY

The contractor service requirements are summarized into performance objectives that relate directly to mission essential items. The performance threshold briefly describes the minimum acceptable levels of service required for each requirement. These thresholds are critical to mission success.

Performance Objective (The Service required—usually a shall statement from Part 5)	**PWS Reference**	**Acceptable Quality Level (AQL)** (This is the maximum error rate. It could possibly be "Zero deviation from standard")	**Method of Surveillance**
Performance Requirements Summary (PRS) # 1. Provide 24/7 Emergency Medical Services (EMS): Ensure continuous paramedic-level emergency response and patient transport services, including holidays and adverse weather conditions.	PWS Part 5. Section 5.1.3	100% service availability. Any instance of failure to provide continuous coverage is considered a performance defect.	Validated Customer Compliant
PRS # 2 Delivery High Quality Patient Care: Maintain professional standards consistent with the TJC, NREMT, and state EMS protocols.	PWS Part 5. Section 5.1	100% adherence to all applicable clinical and professional standards. All patient care shall be performed in strict accordance with the standards referenced in PWS 5.1. A performance defect will be recorded for any patient care complaint that is validated by the COR as a deviation from these standards	Validated Customer Compliant

PRS # 3 Ensure Rapid Response Times: Meet response time standards of 7 minutes for primary calls and 12 minutes for secondary calls, achieving 90% compliance.	PWS Part 5. Section 5.2.1	>90% compliance	100 Percent Inspection by SGH when reviewing weekly call sheets
PRS # 4 Support Operational Readiness: Participate in facility exercises, training programs, and emergency response planning to enhance readiness and coordination.	PWS Part 5. Section 5.4	100% participation in all scheduled events is required. Non-participation is excused only if the assigned crew is responding to a real-world emergency call, as verified by official dispatch records.	Validated Customer Complaint
PRS # 5 Maintain Compliance and Accountability: Adhere to federal, state, and local regulations including safety, security, and quality control requirements while providing detailed reporting and documentation.	PWS Part 5. Section 5.6	Over a monthly period, no more than 5% of all required deliverables may be found to be non-compliant. Each late, incomplete, or inaccurate report will be counted as a single defect. The COR will determine accuracy based on the criteria in PWS 5.2.3 and 5.6.4.2.	Periodic surveillance

PART 7, TECHNICAL EXHIBIT 1
DELIVERABLES SCHEDULE

Deliverable	Frequency	Medium/Format	Submit To	Applicable to:
CDRL A001 – Quality Control Plan CDRL 1 Quality Plan	Within 30 days of task order award	Contractors discretion	CDRL A001 to CO	All, See PWS 1.10.1
CDRL A002- Transition-in, Transition-out CDRLs if a Government requirement for this contract.	Transition-in: 30 days prior to contract start date Transition-out: 6 months prior to close of contract or unexercised option.	PDF of transition plan	CDRL A002 to COR	1.6.1.1 and 1.6.1.2
CDRL A003-	Initial is to be provided during 10 day transition in. Annually within 15 days of option year being exercised.	PDF copy or hard copy of Ambulance Operation Service License	CDRL A003 to COR	5.11.7
CDRL A004- Self-Assessment Program	Initial is to be provided during 10 day transition in. Annually within 15 days of option year being exercised.	Contractors discretion	CDRL A004 to COR	1.10.3
CDRL A005- Safety and Health Plan	Initial is to be provided within 10 calendar days after contract award.	Contractors discretion	CDRL A005 to COR	1.20.4.1
CDRL A006- Mishap/Incident Report	Within 24 hours of the accident/incident	CDRL A006 Form	CDRL A006 to COR	1.20.4.3
CDRL A007- Mission Essential Plan	Initial during the 10 day transition in period. Resubmitted when changes have been made to it.	Contractor Discretion	CDRL A007 to COR	1.7.4.4
CDRL A008- Status Report	Due on the 10th calendar day of	Contractor Discretion	CDRL A008 to COR	5.10

Deliverable	Frequency	Medium/Format	Submit To	Applicable to:
	the first month following the quarter. If the 10th falls on a holiday or weekend the reports are due the next duty day.			
CDRL A009- GFP Inventory	Initial inventory due during 10 day transition in period, then every 6 months from there on (Option year exercised and 6 months in.)	Contractor Discretion	CDRL A009 to COR	3.4.1
CDRL A010	Paramedic ETI Credentialing Roster	CDRL A010	COR and Medical Director	5.10.8