



Joint Base Pearl Harbor - Hickam AFB, HI

15th Medical Group

Flight Surgeon

Period of Performance: 29 Sep 21 - 28 Sep 26

Introduction: The 15th Medical Group at the Joint Base Pearl Harbor - Hickam AFB, Hawaii, support the 15th Wing by delivering patient centered and cost-effective outpatient healthcare for three wing and 65 geographically separated units across the Joint Base Pearl Harbor - Hickam. It provides 87,000 annual medical and dental encounters, 200,000 ancillary services for 14,000 enrollees in a 160,000 TRICARE beneficiaries Multi-Service Market. The 15MDG is accredited by the Joint Commission American Dental Association, and College of American Pathologists, and has affiliations with the American Hospital Association.

The Physician: Flight Surgeon shall provide health care to beneficiaries assigned to the Flight Medicine Clinic, Occupational Health Clinic, or other civilian Physician – Flight Surgeon positions as defined by the MTF.

Hours of Performance: The performance hours of the MTF are as follows:

The MTF operates on a 0730-1630 basis. All contractor's duty days will consists of five 8 hour work days. Both weeks will consist of 40 hours each, and duty hours will not exceed 80 hours in a two week period.

Scheduling: The schedule or scheduling process is as follows:

Duty hours will be 0730-1630 Monday through Friday with an allotted hour for lunch. Work hours may be modified by the SGH (Chief of Medical Staff) to correspond to the needs of the department, not to exceed 8 hours per day or 40 hours per week.

Schedule Management: The TO will establish the work schedule and billable hours for each HCW. The Contractor shall maintain a process to monitor work and billable hours on the TO. When directed by the Government, the HCW shall remain on duty to complete patient treatment where lack of



continuity of care would otherwise jeopardize patient health. This provision is not intended to apply to the time required to complete routine tasks (e.g., completion of paperwork or routine administrative tasks at the end of a shift) which are to be completed as part of the normal work schedule.

Call-Back Hours: N/A

On-Call Hours: N/A

Overtime Hours: Overtime hours for each labor category are as follows: The government will NOT pay more than 8 hrs/day or 40 hrs/wk for any position.

Recognized Holidays: Contract HCWs will not be required to work on federally recognized holidays/observed holidays. Dates corresponding with New Year's Day, Martin Luther King, Jr Day, Presidents Day, Memorial Day, Juneteenth, Labor Day, Columbus Day, Veterans Day, Thanksgiving, & Christmas if that holiday falls on a weekday.

Contract HCW's will also be off for PACAF Family down days.

Closures: During a planned closure of the facility due to training, holiday or unplanned closure due to unusual and compelling circumstances (e.g., natural disasters, military emergencies, severe weather, power outage, chiller down), the Contractor will be compensated for the unplanned closure (personal services only).

Unplanned Closures: Under a personal services arrangement, the Contractor may bill in the event the HCW is unable to provide services due to an unplanned closure only if billing for unplanned closures is permitted by the TO. As such, contractor will only bill for hours worked not to exceed 40 hours per week or 80 hours every two weeks. The Contractor is also required to participate on training days, when the clinic is closed to patients, these are normally scheduled on the 3rd Thursday of each month.

Mission Essential: The following labor categories are designated as mission essential:

Performance of Services during Crisis. Hickam Air Force Base requires continued performance of services during any crisis declared by the National Command Authority or Overseas Combatant Commander. Registered Nurse Case Manager and Physician – Flight Surgeon Services are deemed as “vital to mission continuance” and essential for continued quality service during any crisis.

Orientation: Orientation will be paid at the hourly rate.

Minimum Qualifications

- **Degree/Education:** Possesses a doctor of Medicine Degree or a doctor of Osteopathy Degree from an approved school of medicine or osteopathy.



- **License:** Possess current, unrestricted license to practice Medicine in the US.
- **Certification:** Current board certification in Aerospace Medicine is highly recommended. If not board certified in Aerospace Medicine, then must show proof of completion of any medical residency program and must have a minimum of 3 years of U.S. military Flight Surgeon experience.
- **Clinical Competency:** Each HCW requesting clinical privileges shall shall not be required to demonstrate clinical competency within the past two years in the required clinical discipline as specified in this PWS.
- **Drug Enforcement Agency (DEA) Registration:** Possess current DEA registration number
- **BLS:** Possess current Basic Life Support card
- **Experience:** The applicant must have a minimum of 35 hours of direct patient care in the past year. Applicant must have a minimum of 3 years' experience in the last 10 years having served as a privileged flight surgeon at a US Military installation, with experience in: U.S. military medical standards to conduct special operational evaluations, including (but not limited to) PHA for flyers/special duty personnel, initial certification exams for flying/special duty applicants. Aeromedical disposition for flying/special operational duty. Conducting adaptability rating assessment for military special duty applicants. Applying medical, fitness and profiling standards IAW AFIs 48-123, 36-2905 and 10-203 (including profiling and duty restrictions as Profile Officer). Providing primary care for active duty personnel and their family members.
- **U.S. Citizenship:** HCWs performing under this contract shall be U.S. citizens
- **Credentials:** Ability to provide copies of all required and requested supporting credentials and complete favorable credentialing and security check.

Computer Skill Competency: Each HCW shall demonstrate competency as required in the contract and as follows:

Must be knowledgeable in medical privacy and confidentiality (Health Insurance Portability and Accountability Act [HIPAA]); accreditation standards of Accreditation Association for Ambulatory Health Care (AAAHC) and The Joint Commission (TJC); and computer applications/software to include Microsoft Office programs, MS Outlook (e-mail), and internet familiarity is required.

MTF Training: Additional training requirements are as follows:

HCWs shall complete all MTF-specified orientation program(s), initial and annual training requirements, and comply with all MTF policies, procedures, productivity standards and instructions as provided by the MTF.



This includes all MTF standard operating procedures including but not limited to, advanced coordination of planned time off for Government approval, attendance at meetings, briefings or commander's calls, notification of government supervisor due to illness or missed duty days. Government furnished training will be provided for the following: Cyber- Awareness Challenge, HIPAA, AFMS SAPR Face-To-Face per AFI 44-102, Safety Storm, Trusted Care. However, additional commander directed training may be added at no additional cost to the contractor. Contract employees shall accomplish training in accordance with deadlines set forth by MDG commander.

MTF Standards: Specific policies, procedures, and instructions/regulations for the place of performance are as follows: Contractors will adhere to all DODIs, AFIs, & MDGIs related to 15 MDG & Job. Also HCWs will be required to personally record hours worked in the Defense Medical Human Resources System– internet (DMHRSi) systems required by the MTF. Physical Capability: All HCWs shall be physically capable of performing for extended periods of time as established in the task order. The nature of this work will, at times, demand the contracted HCW be capable of responding to urgent/emergency medical issues. Physical capability will be determined by the MTF. Participation in Emergency Preparedness Plans: All HCWs shall participate in emergency preparedness plans (drills and actual emergencies) within the MTF as scheduled by the MTF (typically semiannually). HCWs will be required to provide contact information to the Government supervisor upon commencement of services as part of a recall list in advance of an actual emergency. If an emergency occurs, the Government supervisor will contact the health care worker with shift and reporting instructions. Government Endorsement: The Government may not offer the Contractor or HCW signs of recognition or appreciation for exceptional performance. The Air Force is prohibited from providing awards to individuals or entities in a profit making or commercial relationship (see section 2.8.5, AFI 36-1004). Should HCWs be mentioned in team awards with Government employees, these actions shall not constitute Government acceptance of the Contractor's performance unless made in writing by the ordering CO. Contractors shall not represent themselves as endorsed by the Government in any manner, including any marketing or promotional materials.

Contractor Identification: All contracted HCWs shall clearly be identified as such at all times, including conversations, mail, email, faxes, and/or other electronic communication whether with Government personnel, other contractor personnel, or with the public when supporting this contract. Likewise, HCWs shall abide by all applicable laws and regulations when using Government equipment and services in the performance of this contract. At a minimum, HCWs shall clearly identify themselves as contractors by (1) wearing badges that clearly and legibly identify themselves as contractors, (2) using the label "Contractor" in e-mail addresses IAW Federal Acquisition Regulation (FAR) 37.114, Special Acquisition Requirements, and (3) including the employing contractor's name in the letterhead and/or signature block of any written correspondence. HCWs shall wear identifying badges (e.g. MTF-issued identification badge and/or contractor badge) above the waistline during



duty hours. Dress and Appearance: HCWs will maintain good personal hygiene and a well-groomed, professional appearance as outlined in MTF policies. Dress attire will be set by MTF policy. English Language Requirement: All HCWs on this contract shall read, understand, speak and be understood, and write English fluently as determined by the Government supervisor during the competency-based interview process for Government approval (see Section C, 2.4.18 for the Government competency-based interview process).

HCW Health Requirements: The Contractor shall provide documentation certifying health requirements such as immunizations, annual vaccinations, medical testing (i.e., tuberculosis, N95 particulate respirator duckbill mask fitting) and physical examination when required at the time of initial placement.

Tuberculosis Screening: The additional immunization/screening requirements for the risk of exposure to tuberculosis (TB) are as follows:

15 MDG EMPLOYEE HEALTH PROGRAM REQUIREMENTS

<p>Tuberculosis (TB) Screening</p> <p>NOTE: Contract Employees with a baseline positive or newly positive test result for M. tuberculosis infection (i.e., TST or BAMT) or documentation of treatment for LTBI or TB disease should receive one chest radiograph result to exclude TB disease (or an interpretable copy within a reasonable time frame, such as 6 months).</p>	<ol style="list-style-type: none"> 1. Two-step tuberculin skin test (TST) for M. tuberculosis (BAMT) that was performed within the previous 12 months OR 2. An approved blood assays for M. tuberculosis (BAMT) that was performed within the previous 12 months.
<p>Varicella (Chicken Pox)</p>	<p>All Contract Employees born after 1966 require proof of varicella immunity. Evidence of immunity includes</p> <ol style="list-style-type: none"> 1. Written documentation of vaccination with 2 doses of varicella vaccine OR 2. Laboratory evidence of immunity or laboratory confirmation of disease OR 3. Diagnosis or verification of a history of varicella disease by a health-care provider O Diagnosis or verification of a history of Herpes Zoster by a health-care provider

<p>Tetanus, Diphtheria and Pertussis (Tdap)</p>	<p>All Contract Employees, regardless of age, will receive a one-time dose of the Combined Tetanus, Diphtheria and Pertussis (Tdap) vaccine if not previously vaccinated. Contract Employees will receive Td boosters every 10 years thereafter.</p>
<p>Influenza</p>	<p>Immunization against seasonal influenza each year is required unless there is a documented medical contraindication.</p>
<p>Hepatitis B Virus (HBV) Vaccine and Immunity NOTE: All high-risk(1) and exposure-prone(2) Contract Employees who do not have a protective concentration of anti-HBs (>10 mIU/mL) after completion of the second vaccination series (i.e., after receiving a total of 6 doses) will be tested for Hepatitis B surface antigen (HBsAg) and Hepatitis B core antibody (anti-HBc) to determine infection status.</p>	<p>Completion of three doses of hepatitis B vaccine and serologic testing for Hepatitis B surface antibody (anti-HBs) within 30-60 days after completion of the three dose vaccination series is required for all Contract Employees with direct patient care duties.</p>
<p>(1) High-risk personnel: Personnel who have direct contact with patients or blood/body fluids, and are at ongoing risk for injuries with sharp instruments/needle sticks.</p>	
<p>MEHP Immunization / Screening Requirement</p>	<p>Presumptive evidence of immunity to measles, mumps and rubella includes any of the following:</p>

Measles, Mumps, Rubella (German Measles)

NOTE: If a Contract Employee with 2 documented doses of MMR vaccine is tested serologically and determined to have negative or equivocal measles titer results, it is not recommended that the person receive an additional dose of MMR vaccine. Such persons should be considered to have presumptive evidence of measles immunity.

1. Written documentation of vaccination with 2 doses of live measles, mumps, and rubella or MMR vaccine administered at least 28 days apart OR
2. Laboratory evidence of immunity (Positive "Convalescent" Measles, Mumps and Rubella immunoglobulin G (IgG) in the blood; equivocal results should be considered negative) OR
3. Laboratory confirmation in the Contract Employees record that the Contract Employee had measles, mumps and rubella disease (Positive "Acute" Measles, Mumps, and Rubella immunoglobulin M (IgM) in the blood OR
4. Birth before 1957 (The majority of persons born before 1957 are likely to have been infected naturally and may be presumed immune)

(2) Exposure-prone personnel: Medical/Dental Providers and technicians who perform invasive procedures with sharp instruments in a poorly visualized or highly confined anatomic site, as defined by the most current CDC guidelines. All exposure-prone personnel are also high-risk.

All contract HCWs must comply with the outlined immunizations. Maintenance of immunity is an essential part of the prevention and infection control program for health-care workers (HCWs). Due to their contact with patients or infective material from patients, HCWs (e.g., physicians, nurses, emergency medical personnel, dental professionals and students, laboratory technicians, hospital volunteers, and administrative staff) are at risk for exposure to and possible transmission of vaccine-preventable diseases to other staff and patients.

All contract HCWs performing direct healthcare services under this contract, who experience a parenteral (e.g., needle-stick or cut) or mucous membrane exposure (e.g., splash to the eye or mouth) to blood or bloody body fluids, shall receive prompt treatment. The medical treatment facility (MTF) will evaluate the source of exposure for risk of Hepatitis-B, Hepatitis-C, and Human Immunodeficiency virus (HIV) and will provide a report of the findings to the contractor and the contract HCW. It shall be the contractor's responsibility to provide appropriate treatment as needed to possibly include Tetanus-Diphtheria booster, Immune Globulin, Hepatitis-B vaccine booster, or Hepatitis-B Immune Globulin.



The contractor shall be responsible for providing the contract HCP with initial testing and if the source of exposure was unknown, positive, or considered at high risk for HIV infection, follow-up testing 3, 6, and 12 months after exposure.

In the event of a confirmed or highly suspected parenteral exposure to HIV, the Contractor shall insure that the contract HCW receives appropriate counseling and is referred immediately to a private infectious disease specialist for consideration of any post exposure prophylaxis (e.g., AZT). The Government may require the contractor to provide evidence of the status of treatment and testing of the individual contract HCW under the contract.

Contract HCW shall receive the current influenza immunization unless documented by a physician to be medically contraindicated.

Failure to meet the requirements stated herein, or when test results determine a contract HCW has a contagious disease, the Contracting Officer may, upon the advice of the MTF commander or his clinical staff, determine that such contract HCW is not an acceptable individual to perform services under this contract

Competency-Based HCW Interviews: Prior to HCW placement, the Government will contact the HCW to determine if the HCW meets the requirements set in the contract and/or task order.

Government Furnished Items and Services:

General: The following additions are made to the Government furnished items and services for this TO: Common Access Card (CAC) and ID badge, and any PPE needed for any natural disaster during work hours.

Board Certification: Perform medical procedures and maintain certification where appropriate to include, but not limited to, the following:

- Basic Life Support
- Secure and maintain an adequate airway, to include endotracheal intubate ion
- Cardioversion of life threatening arrhythmias
- Simple minor surgical procedures: punch biopsies, excision of skin lesions
- Simple abscess incision and drainage
- Nail trephination
- Sling or swath injuries
- Suture simple laceration
- Suture removal
- Cryotherapy
- Nebulizer treatment
- Bladder catheterization
- Cultures (throat, wound)
- Remove ocular, nasal and ear foreign bodies
- Clearing of ears by flush technique



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- Reduce simple dislocations and fractures, when appropriate
- Bandaging of sprains, minor burns, and minor lacerations
- Perform venous punctures for lab studies and interpret results
- Administer intravenous, intramuscular and subcutaneous medications as appropriate
- Stabilize and evaluate cervical spine injuries as appropriate
- Splint and stabilize traumatic injuries to extremities

HCW Duties: The duties include but are not limited to the following:

- The applicant must be able to locate, interpret and apply current regulations including: AFI 48-123, AFI 36-2905, AFI 10-203, DoD 5210.42R, and AFMAN 13-501.
- **The Physician:** Flight Surgeon shall provide health care to beneficiaries assigned to the Flight Medicine Clinic, Occupational Health Clinic, or other civilian Physician – Flight Surgeon positions as defined by the MTF. These tasks include performing primary care and occupational health clinician duties and the associated administrative tasks.
- Care shall include but not be limited to continuing, comprehensive health maintenance and provision of medical care, including preventive medicine, behavioral health, occupational health, and community health.
- **The Civilian Physician:** Flight Surgeon may become the primary care manager (PCM) for a panel of patients. As a PCM, the flight medicine physician will be the primary person responsible for the management of the health and wellness of his/her assigned patients. Duties include: Examination of patients, formulation of differential diagnostic plans, ordering of appropriate diagnostic testing. Interpretation of examination findings and test results, and implementation of treatment plans. Determination of the need for consultation and assisting in medical care and treatment provided at the direction of other specialists.
- **Approving/disapproving subspecialty referrals:** Directing case management activities. Answering patient telephone consults with the assistance of clinic staff. Providing primary and secondary preventive maintenance care.
- Review, interpret, and act upon medical surveillance data relating to the Occupational Health program. Prepare records and reports as required in support of services rendered in accordance with established procedures.
- Attend and participate in patient care reports, review meetings, patient care conferences, team conferences, professional staff conferences and other appropriate professional activities only to the extent that such attendance and participation is relative to assigned cases and/or performance of services. Civilian flight medicine physicians will not fly (as part of their duties), or



participate in exercises beyond the scope of medical care specified in their privileges and/or credentials. They will not be utilized as Squadron Medical Element physicians. Credentialed civilian flight medicine physicians may respond to HAZMAT and in-flight emergencies.

Conduct special operational evaluations and determinations, including (but not limited to):

- PHA for flyers/special duty personnel
- Initial certification exams for flying/special duty applicants (including foreign military personnel attending US military training, initial health screening for foreign military personnel attending US military training).
- Conduct adaptability rating assessment for military special duty applicants.
- Make PRP/PSP determinations IAW DoD 5210.42R and AFMAN 10-3902.
- Aeromedical Dispositions: Civilian Flight Medicine providers will be allowed to make aeromedical dispositions ONLY if they meet the Qualifications criteria listed in section 1. Aeromedical dispositions must be specifically listed on the Flight Surgeon's credentials and privileges list, which requires initial review and approval by the MTF's SGP. The term "aeromedical disposition" includes drafting and reviewing aeromedical waivers, approving DNIF/ DNIC, and return-to-fly 1042s. Exceptions to this policy require approval from AFMSA/SGPF. Civilian Flight Surgeons will be granted base-level waiver authority only on approval of MAJCOM/SGP.
- Apply medical, fitness and profiling standards IAW AFIs 48-123, 36-2905 and 10-203 (including profiling and duty restrictions as Profile Officer).
- Complete deployment health assessments IAW DHA policy.

Security Investigative Requirements: The Contractor shall ensure HCWs comply with the following security requirements not already identified in the contract PWS:

HCWs shall be subject to the following additional security investigative processes, to include appointments with Security Managers: The Contractor shall ensure HCWs comply with the following security requirements not already identified in the contract PWS: National Agency Check with Written Inquiries (NACI). As a minimum, Contractor personnel shall successfully complete a NACI before operating Government- furnished workstations that have access to AF automated information systems. Requests for Contractor personnel hired at the beginning of the contract shall be submitted to the Government not later than 45 workdays from the contract start date. Requests for Contractor personnel hired subsequent to contract start date shall be submitted to the Government not later than seven (7) days from the Contractor personnel's first duty day.



Contractor personnel receiving unfavorable NACIs shall not be employed. The Government will submit requests for investigations on AF IMT 2583, Request for Personnel Security Action, at no additional cost to the Contractor. Any personnel with access to classified material will be submitted by the Contractor's Facility Security Officer (FSO) for a Secret security clearance. The Contractor shall comply with the requirements of DOD 5200.2-R, Personnel Security Program; AFI 31-501, Personnel Security Program Management, 25 Jan 05; and AFMAN 33-152, User Responsibilities and Guidance for Information Systems, 1 Jun 12.

HCWs shall be subject to the following security processes for fingerprints:

The MTF Unit Security Manager or the COR will obtain or arrange for the fingerprints (using FD-258, FBI Fingerprint Card or electronic process) to avoid delays in the submission of the Personnel Security Questionnaire to the base-level Security Information Protection Office, if not already completed before the start of work. The local commander may grant interim access to the base Government computer systems pending completion of an investigation and adjudication based on an open investigation and submission of fingerprints.