

State of Hawaii
Department of Health
Disease Outbreak Control Division
Immunization Branch

Request for Proposals

RFP No.: DOH-DOCD-17-01 Nursing and Staffing Services for Influenza Immunization Clinics

Date Issued: August 24, 2016

Proposal Submittal Deadline: September 22, 2016

Orientation Session: August 31, 2016, Hawaii Department of Health, 1250
Punchbowl Street, 1st Floor Boardroom, Honolulu, HI 96813

Note: *It is the Applicant's responsibility to check the public procurement notice website, the request for proposals website, or to contact the RFP point-of-contact identified in the RFP for any addenda issued to this RFP. The State shall not be responsible for any incomplete proposal submitted as a result of missing addenda, attachments or other information regarding the RFP.*

August 24, 2016

REQUEST FOR PROPOSALS

RFP No: DOH-DOCD-17-01

Nursing and Staffing Services for Influenza Immunization Clinics NOTICE

The State of Hawaii's Department of Health ("DOH"), Disease Outbreak Control Division, Immunization Branch is requesting proposals from qualified Applicants to coordinate site visits for consent form review (i.e., prescreening), provide nursing personnel to staff immunization clinics, and to provide additional medical and clerical personnel to support administrative and logistical functions of the Stop Flu at School program.

SUBMITTAL DEADLINE

All proposals mailed by the United States Postal Service ("USPS") shall be postmarked by September 22, 2016 to the mail-in address and received no later than ten (10) days from the submittal deadline. Hand delivered proposals shall be received no later than September 22, 2016, 4:00 P.M Hawaii Standard Time ("HST") at the drop-off sites.

Proposals postmarked or hand delivered after the designated deadline shall be considered late and rejected. Deliveries by private mail services such as FEDEX shall be considered hand deliveries and shall be rejected if received after the submittal deadline.

MAIL-INS: Department of Health
Disease Outbreak Control
Division
Rm. 443
1250 Punchbowl Street
Honolulu, HI 96813

HAND DELIVERIES (DROP-OFF SITES):

Department of Health
Disease Outbreak Control
Division
Rm. 443
1250 Punchbowl Street
Honolulu, HI 96813

Please note: Any Applicant planning to hand deliver a proposal must schedule a time with the RFP point-of-contact so that we can assure a person will be present to accept the proposal. If you do not schedule a time we cannot be responsible for any late proposals.

Each Applicant must only submit one (1) proposal. More than one (1) proposal will not be accepted from any Applicant. The Applicant must submit five (5) bound copies of the proposal and a complete electronic copy (in MS word or in PDF) on a CD. Applications from Individuals will not be accepted.

Applicants are encouraged to attend the Orientation Meeting. (See Section 1)

INQUIRIES

Any inquiries regarding this RFP should be directed to the RFP point-of-contact:

Danielle Vassalotti

Phone: (808) 586-8308

Fax: (808) 586-8347

Email: Danielle.Vassalotti@doh.hawaii.gov

RFP Table of Contents

Notice

Section 1 - Administrative Overview

1.1	Procurement Timetable	1-1
1.2	Website Reference	1-2
1.3	Authority	1-3
1.4	RFP Organization.....	1-3
1.5	Contracting Office	1-3
1.6	RFP Contact Person	1-3
1.7	Orientation	1-4
1.8	Submission of Questions.....	1-4
1.9	Discussions with Applicants	1-4
1.10	Multiple or Alternate Proposals	1-4
1.11	Confidential Information	1-4
1.12	Opening of Proposals	1-5
1.13	Additional Materials and Documentation	1-5
1.14	Public Inspection.....	1-5
1.15	RFP Addenda	1-5
1.16	Final Revised Proposals	1-5
1.17	Cancellation of Request for Proposals	1-5
1.18	Costs for Proposal Preparation.....	1-5
1.19	Provider Participation in Planning	1-5
1.20	Rejection of Proposals	1-6
1.21	Notice of Award.....	1-6
1.22	Protests	1-6
1.23	Availability of Funds	1-7
1.24	Provider Compliance	1-7

Section 2 - Service Specifications

2.1	Overview, Purpose or Need, and Goals of Service.....	2-1
2.2	Planning Activities.....	2-1
2.3	Demographics and Funding	2-2
2.4	Contract Award and Term	2-2
2.5	Secondary Purchases Participation	2-3
2.6	Service Activities	2-3
2.7	Qualifications	2-7
2.8	Pricing Structure	2-10
2.9	Other	2-11
2.10	Reporting Requirements for Program and Fiscal Data.....	2-11
2.11	Contract Monitoring and Evaluation	2-11

Section 3 - Proposal Application

3.1	General Proposal Submission Instructions	3-1
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3.2 Specific Proposal Submission Instructions 3-1

Section 4 - Proposal Evaluation

4.1 Evaluation Process 4-1
4.2 Evaluation Criteria 4-3

Section 5 - Attachments

- Attachment A: Stop Flu at School Operations and Policy Manual
- Attachment B: Stop Flu at School Summary Report
- Attachment C: Proposal Application Checklist
- Attachment D: Proposal Application Table of Contents

Section 1

Administrative Overview

Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the Applicant to understand the requirements of *each* RFP.

1.1 Procurement Timetable

Note that the procurement timetable represents the State’s best estimated schedule. If an activity on this schedule is delayed, the rest of the schedule will likely be shifted by the same number of days. Contract start dates may be subject to the issuance of a notice to proceed.

Activity	Scheduled Date
Public notice announcing RFP	August 24, 2016
RFP orientation session	August 31, 2016
Due date for written questions	September 6, 2016 2016 4:00 p.m. HST
State purchasing agency's response to written questions	September 9, 2016
Proposal submittal deadline	September 22, 2016
Proposal evaluation period	September 23, 2016 - October 5, 2016
Final revised proposals (optional)	N/A
Provider selection	October 6, 2016
Notice of statement of findings and decision	October 6, 2016
Contract start date	STATE's Notice To Proceed

1.2 Website Reference

•	Item	• Website
1	Procurement of Health and Human Services	<ul style="list-style-type: none"> • http://spo.hawaii.gov/for-vendors/vendor-guide/methods-of-procurement/health-human-services/competitive-purchase-of-services-procurement-method/cost-principles-table-hrs-chapter-103f-2/
2	RFP website	<ul style="list-style-type: none"> • http://hawaii.gov/spo2/health/rfp103f/
3	Hawaii Revised Statutes (“HRS”) and Hawaii Administrative Rules (“HAR”) for Purchases of Health and Human Services	<ul style="list-style-type: none"> • http://spo.hawaii.gov Click on the “References” tab.
4	General Conditions, AG-103F13	<ul style="list-style-type: none"> • http://hawaii.gov/forms/internal/department-of-the-attorney-general/ag-103f13-1/view
5	Forms	<ul style="list-style-type: none"> • http://spo.hawaii.gov Click on the “Forms” tab.
6	Cost Principles	<ul style="list-style-type: none"> • http://spo.hawaii.gov Search: Keywords “Cost Principles”
7	Protest Forms/Procedures	<ul style="list-style-type: none"> • http://spo.hawaii.gov/for-vendors/vendor-guide/protests-for-health-and-human-services/
8	Hawaii Compliance Express (“HCE”)	<ul style="list-style-type: none"> • http://spo.hawaii.gov/hce/
9	Hawaii Revised Statutes (“HRS”)	<ul style="list-style-type: none"> • http://capitol.hawaii.gov/hrscurrent
10	Department of Taxation (“DOTAX”)	<ul style="list-style-type: none"> • http://tax.hawaii.gov
11	Department of Labor and Industrial Relations (“DLIR”)	<ul style="list-style-type: none"> • http://labor.hawaii.gov
12	Department of Commerce and Consumer Affairs (“DCCA”), Business Registration	<ul style="list-style-type: none"> • http://cca.hawaii.gov click “Business Registration”
13	Campaign Spending Commission	<ul style="list-style-type: none"> • http://ags.hawaii.gov/campaign/
14	Internal Revenue Service (“IRS”)	<ul style="list-style-type: none"> • http://www.irs.gov/
<p>(Please note: website addresses may change from time to time. If a State link is not active, try the State of Hawaii website at http://hawaii.gov)</p>		

1.3 Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes ("HRS"), Chapter 103F and its administrative rules. All prospective Applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal application by a prospective Applicant shall constitute admission of such knowledge on the part of such prospective Applicant.

1.4 RFP Organization

This RFP is organized into five (5) sections:

Section 1, Administrative Overview - The procurement process; requirements for awardees.

Section 2, Service Specifications - Services to be delivered, Applicant responsibilities, requirements for the proposal application.

Section 3, Proposal Application – General and specific instructions for proposal application submission.

Section 4, Evaluation - The method by which proposal applications will be evaluated.

Section 5, Attachments - Information and forms necessary to complete the application.

1.5 Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

Department of Health
Disease Outbreak Control Division, Immunization Branch
1250 Punchbowl Street
Phone: (808) 586-8328
Fax: (808) 586-8347
E-mail: Ronald.Balajadia@doh.hawaii.gov

1.6 RFP Point-of-Contact

From the release date of this RFP until the selection of the successful Provider(s), any inquiries and requests shall be directed to the sole point-of-contact identified below.

Danielle Vassalotti
Phone: (808) 586-8308
Fax: (808) 586-8347
Email: danielle.vassalotti@doh.hawaii.gov

1.7 Orientation

An orientation for Applicants in reference to the request for proposals will be held as follows:

Date: August 31, 2016 **Time:** 2:30 pm to 4:30 pm HST
Location: 1250 Punchbowl Street, 1st Floor Boardroom, Honolulu, HI 96813

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted at the orientation and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than the submittal deadline for written questions indicated in the Section 1.7, Submission of Questions. **A conference call number will be provided for anyone who cannot attend in person. Please contact the RFP point-of-contact.**

1.8 Submission of Questions

Applicants may submit written questions to the RFP point-of-contact identified in Section 1.5. Written questions should be received by the date and time specified in the procurement schedule in Section 1.1. The state purchasing agency will respond to written questions by way of an addendum to the RFP.

1.9 Discussions with Applicants

Discussions may be conducted with potential Applicants to promote understanding of the state purchasing agency's requirements prior to the submittal deadline. Discussions may also be conducted with Applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance with Hawaii Administrative Rules ("HAR") §3-143-403.

1.10 Multiple or Alternate Proposals

Multiple/alternate proposals are not applicable to this RFP.

1.11 Confidential Information

If an Applicant believes any portion of a proposal contains information that should be withheld as confidential, the Applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal. Note that price is not considered confidential and will not be withheld.

1.12 Opening of Proposals

Upon the state purchasing agency's receipt of a proposal at the designated location(s), proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped, held in a secure place and not examined for evaluation purposes until the submittal deadline.

1.13 Additional Materials and Documentation

Upon request from the state purchasing agency, each Applicant shall submit additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

1.14 Public Inspection

Procurement files shall be open to public inspection after contracts have been awarded and executed by all parties.

1.15 RFP Addenda

The State reserves the right to amend this RFP at any time prior to the-closing date for final revised proposals.

1.16 Final Revised Proposals

If requested, final revised proposals shall be submitted in the manner, and by the date and time specified by the state purchasing agency. If a final revised proposal is not submitted, the previous submittal shall be construed as the best and final revised proposal.

1.17 Cancellation of Request for Proposals

The request for proposals may be canceled when it is determined to be in the best interests of the State in accordance with HAR §3-143-613.

1.18 Costs for Proposal Preparation

Any costs incurred by Applicants in preparing or submitting a proposal are the Applicants' sole responsibility.

1.19 Provider Participation in Planning

Provider(s), awarded a contract resulting from this RFP,

are required

are not required

to participate in the purchasing agency's future development of a service delivery plan pursuant to HRS §103F-203.

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the release of a request for proposals, shall not disqualify Providers from submitting proposals if conducted in accordance with HAR §§3-142-202, 3-142-203.

1.20 Rejection of Proposals

A proposal offering a set of terms and conditions contradictory to those included in this RFP may be rejected. A proposal may be rejected for any of the following reasons:

- A. Failure to cooperate or deal in good faith (HAR §3-141-201);
- B. Inadequate accounting system (HAR §3-141-202);
- C. Late proposals (HAR§3-143-603);
- D. Inadequate response to request for proposals (HAR §3-143-609);
- E. Proposal not responsive (HAR §3-143-610(a)(1));
- F. Applicant not responsible (HAR §3-143-610(a)(2)).

1.21 Notice of Award

A statement of findings and decision shall be provided to each responsive and responsible Applicant by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the provider(s) awarded a contract prior to the contract commencement date. The State of Hawaii is not liable for any costs incurred prior to the official starting date.

1.22 Protests

Pursuant to HRS §103F-501 and HAR Chapter 148, an Applicant aggrieved by an award of a contract may file a protest. The Notice of Protest form, SPOH-801, and related forms are available on the SPO website. (Refer to Section 1.2, Website Reference for website address.) Only the following matters may be protested:

- A. A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;
- B. A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and

- C. A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be postmarked by USPS or hand delivered to 1) the head of the state purchasing agency conducting the protested procurement and 2) the procurement officer who is conducting the procurement (as indicated below) within five (5) working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

Head of State Purchasing Agency	Procurement Officer
Name: Virginia Pressler M.D.	Name: Steven Osa c/o Danielle Vassalotti
Title: Director of Health	Title: Program Specialist
Mailing Address: P.O. Box 3378, Honolulu, HI 97801-3378	Mailing Address: 1250 Punchbowl Street, Honolulu HI 96813
Business Address: 1250 Punchbowl St. Honolulu, HI 96813	Business Address: 1250 Punchbowl St. Honolulu, HI 96813

1.23 Availability of Funds

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to Chapter 37, HRS, and subject to the availability of State and/or Federal funds.

1.24 Provider Compliance

All Providers shall comply with all laws governing entities doing business in the State.

- A. **Tax Clearance.** Pursuant to HRS §103-53, as a prerequisite to entering into contracts of \$25,000 or more, providers are required to have a tax clearance from the Hawaii State Department of Taxation ("DOTAX") and the Internal Revenue Service ("IRS"). Refer to Section 1.2, Website Reference for DOTAX and IRS website address.
- B. **Labor Law Compliance.** Pursuant to HRS §103-55, providers shall be in compliance with all applicable laws of the federal and state governments relating to workers' compensation, unemployment compensation, payment of wages, and safety. Refer to Section 1.2, Website Reference for the Department of Labor and Industrial Relations ("DLIR") website address.
- C. **Business Registration.** Prior to contracting, owners of all forms of business doing business in the state except sole proprietorships, charitable organizations, unincorporated associations and foreign insurance companies shall be registered and in good standing with the Department of Commerce and Consumer Affairs ("DCCA"), Business Registration Division. Foreign insurance companies must register with DCCA, Insurance Division. More information is on the DCCA website. Refer to Section 1.2, Website Reference for DCCA website address.

Providers may register with Hawaii Compliance Express ("HCE") for online compliance verification from the DOTAX, IRS, DLIR, and DCCA. There is a nominal annual registration fee (currently \$12) for the service. The HCE's online "Certificate of Vendor Compliance" provides the registered Provider's current compliance status as of the issuance date, and is accepted for both contracting and final payment purposes. Refer to Section 1.2, Website Reference, for HCE's website address.

Providers not utilizing the HCE to demonstrate compliance shall provide paper certificates to the state purchasing agency. All applications for applicable clearances are the responsibility of the Providers. All certificates must be valid on the date it is received by the state purchasing agency. The tax clearance certificate shall have an original green certified copy stamp and shall be valid for six (6) months from the most recent approval stamp date on the certificate. The DLIR certificate is valid for six (6) months from the date of issue. The DCCA certificate of good standing is valid for six (6) months from date of issue.

D. Wages Law Compliance

If applicable, by submitting a proposal, the Applicant certifies that the Applicant is in compliance with HRS §103-55, Wages, hours, and working conditions of employees of contractors performing services. Refer to Section 1.2, Website Reference for statutes and DLIR website address.

E. Campaign Contributions by State and County Contractors

HRS §11-355 prohibits campaign contributions from certain State or county government Contractors during the term of the contract if the Contractors are paid with funds appropriated by a legislative body. Refer to Section 1.2, Website Reference for statutes and Campaign Spending Commission website address.

F. General and Special Conditions of Contract

The general conditions that will be imposed contractually are on the SPO website. Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

Section 2

Service Specifications

2.1 Overview, Purpose or Need, and Goals of Service

The State of Hawaii, Department of Health’s Disease Outbreak Control Division, (“STATE”) administers a program known to the general public as “Stop Flu at School” (“SFAS”). SFAS has a two-fold objective: to vaccinate the target population against influenza, and to prepare the State to respond to a public health emergency, such as a pandemic, by practicing mass vaccination clinics.

SFAS operates school-located vaccination clinics, through which eligible students in grades K-8 may be vaccinated at their school against the flu at no cost to them or their families. Parental consent is required for vaccination. All elementary and middle schools across the State of Hawaii are eligible to register for this program, but participation by schools and by individual students is voluntary. Students may only participate at their own school’s clinic; they cannot sign-up for a clinic at a school at which they are not officially enrolled.

The STATE requires services to coordinate and conduct prescreening visits, staff immunization clinics, and provide temporary staff to support program operations and logistics. All staff hired for these purposes must follow the program’s established policies and procedures.

The STATE shall supply all influenza vaccines, medical and clinic supplies, and emergency response kits for this project. The STATE shall also provide qualified staff to manage clinics. The PROVIDER shall provide personnel to perform SFAS services as specified in Section 2.6, as the need and funding allow.

2.2 Planning Activities

An RFI was posted on August 12, 2016 for interested parties to provide information and feedback to assist the STATE in developing this RFP. Please contact Steven Osa Program Specialist at steven.osa@doh.hawaii.gov or 808-733-8386 for more information regarding the RFI.

The STATE has led the implementation of the statewide school-located influenza vaccination program, Protect Hawaii’s Keiki: Stop Flu at School, since it was first introduced at the start of the traditional flu season in 2007. Through this program, over 65,000 flu vaccinations are administered annually to participants. Clinics are usually conducted during the months of October through November and held on the school campus during normal school hours. Multiple clinics run simultaneously statewide using

a standardized operating protocol and trained clinical staff. Planning and preparation for the program begin months in advance of clinics.

The STATE shall make available to the Applicants past program policies, procedures, and materials, as appropriate.

2.3 Demographics and Funding

Target population to be served: Students in grades K-8 attending public, private, and charter schools

Geographic coverage of service: Statewide

Probable funding amounts, source, and period of availability:

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawaii, pursuant to HRS Chapter 37, and subject to the availability of State, Federal funds, or Trust Funds.

2.4 Contract Award and Term

Single or multiple contracts to be awarded (HAR §3-143-206):

Single **Multiple** **Single & Multiple**

Criteria for multiple awards:

Term of Contract(s)

Initial term:	<u>8 months</u>
Length of each extension:	<u>12 months</u>
Number of possible extensions	<u>5</u>
Maximum length of contract:	<u>5 years 8 months</u>

Conditions for Extension:

The initial contract shall commence on the contract start date or the State's Notice to Proceed, whichever is later.

Conditions for Extension:

Extensions must be requested in writing sixty (60) days prior to expiration of the existing contract and a supplemental agreement must be executed. Extensions are subject to availability of funds.

2.5 Secondary Purchaser Participation

(Refer to HAR §3-143-608)

After-the-fact secondary purchases will be allowed.

Planned secondary purchases - None

2.6 Service Activities

A. Staffing Services

1. Coordinate and Conduct Prescreening Visits.

Prescreening, also known as consent form review, is a process during which forms are reviewed for completeness and to prevent students with potential contraindications from receiving flu vaccine at the SFAS clinic. This process streamlines clinic operations, reduces the chances for adverse reactions, and decreases the number of students turned away on clinic day because of incomplete forms. It also provides the STATE with an estimate of vaccine uptake per school. All prescreening staff must adhere to SFAS policies and procedures (see Attachment A). The Provider shall be responsible for the following prescreening activities:

- a) Schedule and confirm the date and time of each prescreening visit with the participating school's liaison. The prescreening schedule shall correspond with the clinic schedule, which shall be provided by the STATE. Prescreening must be completed by a date determined by the STATE.
- b) Coordinate and ensure appropriate staffing for prescreening visits at each participating school.
- c) Train personnel to properly screen consent forms for contraindications and completeness.
- d) Through prescreening, determine the number of clinic participants at each school and their vaccine preference, along with the number of incomplete forms. The STATE shall provide details on what information must be collected on the log form.
- e) Provide each school with a copy of the completed prescreening log after the prescreening visit.

- f) Ensure that actual time worked at each school is accurately documented.
- g) Make every effort to minimize lull times between schools.
- h) Provide all prescreening logs completed each day to the DOH within twenty-four (24) hours of the prescreening visit.

2. Clinic Staffing

Clinics shall be held at over 300 schools across the State of Hawaii. Clinic duration can range from 1 to 6 hours. Staffing needs for each clinic shall be determined by the STATE and shall be based on the number of participants, the number of clinic hours and the premise that each vaccinator can administer twenty (20) vaccinations in one (1) hour. All clinic staff shall follow the instructions and directions of the clinic manager, as well as adhere to all SFAS policies and procedures.

The Provider shall be responsible for fulfilling the STATE's staffing requests with personnel to perform the following activities:

- a) Screen participants prior to vaccination.

Registrars or "screeners", shall verify identification of participants and review their consent forms.

- b) Maintain flow of the clinic.

Line flow staff shall direct participants to the appropriate stations and areas, in accordance with the clinic flowchart. They shall address bottlenecks and guide traffic in an effort to keep the clinic moving in a safe and efficient manner.

- c) Observe and manage participants post-vaccination.

Participants must wait fifteen (15) minutes in the observation area after they have been vaccinated, to ensure they do not experience an adverse reaction to the vaccine.

If the observation area is located separately from the clinic, then the observation area staff must include one (1) Registered Nurse ("RN") who can identify and respond to adverse reactions using the emergency supplies provided by the STATE.

- d) Vaccinate eligible participants.

Vaccinators shall review each consent form prior to administration.

- e) Return vaccine and clinic supplies to the DOH's designated facility.

- (1) This service shall primarily be needed on Oahu, but may also be needed on the neighbor islands.

- (2) The STATE shall be billed a one-time flat transportation fee for this service.

- f) Provider shall send, at minimum, two (2) agency representatives to observe an immunization clinic at least once per annum in order to gain an understanding of clinic operations. The clinic shall be located on Oahu.

- 3. Vaccine and Medical Supply Support Staff (Oahu only).

Vaccine and medical supplies for the emergency kits are stored at the DOH. All stock must be routinely inventoried, maintained, packed, and distributed to and received from clinics on a daily basis.

The Provider shall be responsible for hiring staff to perform these duties. Staff shall be full time employees during program operations and based out of a STATE facility.

B. Training

The Provider shall:

- 1. Ensure that all staff meet the training requirements set forth by the STATE and are competent to work in their assigned roles prior to arriving at the work site. Training and educational materials shall be provided by the STATE and shall include online training modules.

2. Ensure that all staff have access to training materials that are available online.
3. Provide written assurances to the STATE, upon request, that staff have been trained on skill sets and competencies as outlined in this RFP.
4. Ensure staff attendance sheets from all training sessions are kept on file.

C. Project Management

The Provider shall:

1. Designate one (1) Project Manager, who shall be the contact person responsible for the supervision and oversight of all services rendered by the Provider. This person shall collaborate, at a minimum, weekly with the STATE. The Project Manager shall be authorized to interact with the designated STATE and school personnel to ensure that the project schedules and deliverables are being met.
2. Employ sufficient staff to provide the services described in this RFP. Provider should be aware that up to fifteen (15) clinics operate simultaneously across the State during the 6 to 8 week operational period.
3. Obtain and maintain appropriate documentation, in accordance with state and federal requirements, and make this documentation available to the STATE upon request.
 - a) Ensure all nursing staff are licensed in the State of Hawaii.
 - b) Maintain documentation of professional licensing and certification for all staff.
 - c) Maintain documentation of current Cardiopulmonary Resuscitation ("CPR") certification for all staff.
 - d) Maintain documentation of organizational compliance to federal and state health and safety guidelines, including elements required by the Occupational Safety and Health Administration's ("OSHA") bloodborne pathogen standard. Documentation shall

include, but not be limited to, Hepatitis B vaccination series (or documentation of Hepatitis B vaccination refusal) and completion of annual bloodborne pathogen training for all staff.

- e) Ensure vaccinators have had experience administering both Inactivated Influenza Vaccine ("IIV") and Live Attenuated Influenza Vaccine ("LAIV") to children within the past twelve (12) months. Documentation of such must be made available to the STATE upon request
 - f) Ensure the provision of sufficient staff in remote and rural areas.
 - g) Ensure continuity of staff performance and provision of substitute staff in the event of any personnel absence. Substitute staff must meet all criteria listed in this RFP.
 - h) Ensure staff report on time.
 - i) Address staffing personnel issues. This shall include taking disciplinary action when appropriate. Keep an up-to-date disciplinary plan.
 - j) Generate reports as specified by the STATE. The content and format of each report shall be subject to ongoing review and modification by the STATE.
4. Maintain confidentiality of all individuals' immunization records and reports.

2.7 Qualifications

A. Organization

- 1. Provider must be licensed to conduct business in the State of Hawaii.
- 2. Insurance.

The Provider must obtain, maintain, and keep in force throughout the period of the Contract the following types of insurance:

- a) General liability insurance issued by an insurance company in the amount of at least ONE MILLION AND NO/100 DOLLARS

(\$1,000,000.00) for bodily injury and property damage liability arising out of each occurrence and TWO MILLION AND NO/100 DOLLARS (\$2,000,000.00) aggregate.

- b) Automobile insurance issued by an insurance company in an amount of at least ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) per occurrence.
- c) Professional liability insurance is issued by an insurance company in the amount of at least ONE MILLION AND NO/100 DOLLARS (\$1,000,000.00) for bodily injury and property damage liability arising out of each occurrence and TWO MILLION AND NO/100 DOLLARS (\$2,000,000.00) aggregate.

The insurance shall be obtained from a company authorized by law to issue such insurance in the State of Hawaii (or meet Section 431: 8-301, HRS, if utilizing an insurance company not licensed by the State of Hawaii).

For both the general liability, automobile liability insurance, and professional liability insurance, the insurance coverage shall be primary and shall cover the insured for all work to be performed under the Contract, including changes, and all work performed incidental thereto or directly or indirectly connected therewith. The Provider shall maintain in effect this liability insurance until the STATE has certified that the Provider's work under the Contract has been completed satisfactorily.

- 3. Provider must maintain a "Bloodborne Pathogen Exposure Control Plan and Procedure Manual" for contracted staff to follow in the case of an occupational exposure to blood or other potentially infectious materials.
- 4. Provider must be able to obtain an office located in Hawaii at the time of award.

B. Personnel

- 1. Vaccinators:
 - a) Must be RN or Licensed Practical Nurses ("LPN"). LPNs may only administer vaccines under the direction of a RN.
 - b) Must have documentation of professional licensure to practice in the State of Hawaii.

- c) Must be trained in the management of anaphylactic shock and other adverse events associated with vaccine administration.
- d) Must have a current CPR certification.
- e) Must have knowledge and proficiency regarding the indications for, contraindications and precautions against, and administration of influenza vaccines (both IIV and LAIV). This includes having had experience vaccinating children with both LAIV and IIV within twelve (12) months of the program's first clinic date of the season.
- f) Be physically able to administer twenty (20) vaccinations per hour.
- g) Be willing to administer either IIV or LAIV, as determined by the clinic manager on the day of the clinic.

2. Vaccine and Medical Supply Support Staff:

- a) Must be a certified Medical Assistant ("MA").
- b) Must have one (1) year of work experience that involved vaccine supply management and collecting, processing, and tabulating numerical data.
- c) Must have valid driver's license with clean driving abstract.
- d) Must be able to lift and /or move up to twenty-five pounds (25 lbs), perform physical tasks and stand for long periods of time on a daily basis.
- e) Must be able to work in indoor and outdoor weather.
- f) Must be able to work in a team.

3. All Temporary Staff:

- a) Must have evidence of one (1) of the following:

- (1) Proper immunization documentation of three (3) valid Hepatitis B vaccine doses.
 - (2) Documentation of Hepatitis B immunity by serological testing (i.e., laboratory evidence of immunity to Hepatitis B).
 - (3) Documentation of refusal of Hepatitis B vaccination.
- b) Must complete annual bloodborne pathogen training that is compliant with OSHA requirements.
4. Project Manager:
- a) Have an undergraduate degree in a related field.
 - b) Have a minimum of three (3) years of experience in coordinating large-scale, statewide staffing projects for clinical or medical settings.
 - c) Have at least one (1) year of experience in training or staff development.

2.8 Pricing Structure

A. Negotiated unit of service rate.

- 1. Provider shall be compensated for services rendered.
- 2. Immunization clinic hours and prescreening visits shall be billed based on actual hours worked with a guaranteed two (2) hours minimum charge per day.
- 3. Vaccine and Medical Supply Support Staff shall be billed based on actual hours worked, as documented on timesheets.
- 4. With the exception of the flat, one - time transportation fee per clinic for the return of supplies, the Provider shall be responsible for all travel costs related to services.
- 5. Staffing at each immunization clinic shall be dependent upon participation rates. The STATE shall make the final determination for minimum staffing requirements per clinic.

6. Five (5) different negotiated unit service rates are requested from the Applicant for the following:
 - a) RN
 - b) LPN
 - c) Certified Nursing Assistant ("CNA")
 - d) MA
 - e) Flat, one-time transportation fee per clinic for return of clinic supplies to DOH-designated location.

2.9 Other

Litigation

Applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain. Statements regarding litigation shall not carry any point value but are required.

2.10 Reporting Requirements for Program and Fiscal Data.

Applicant shall provide electronic reports to the STATE. These shall include, but not be limited, to the following:

A. Staffing Report

Total number of clinic staff utilized, by service rate type, statewide, and per county.

B. Personnel Action Report

1. Detail issues that required action.
2. Detail action taken for each occurrence.
3. Total number of incidents within the following categories: dismissed, re-trained, re-assigned, and counseled.

2.11 Contract Monitoring and Evaluation.

The criteria by which the performance of the Contract shall be monitored and evaluated are:

- A. Administrative Requirements.**
- B. Qualifications of staff.**
- C. Quality of services.**
- D. Staffing requests fulfilled.**
- E. Timely submission of reports and correspondences.**

Section 3

Proposal Application

3.1 Instructions for Completing and Submitting Proposal Application

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section and section 2.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria when completing the proposal.*
- *The proposal application documents shall be submitted in the following order:*

Proposal Application Identification Form (SPO-H-200)

Table of Contents- Include a listing of all documents included in the application.

Proposal Application Short-Form 1

- 1.0 Qualifications
 - A. Experience
 - B. Program Organization
 - C. Personnel
 - D. Compliance
- 2.0 Pricing
- 3.0 Other
 - Litigation
- 4.0 Attachments

3.2 Specific Proposal Application Instructions

A. Experience (6 pages maximum)

Applicant must provide two (2) past performance examples of projects/contracts including points of contact, addresses, email, and phone numbers for each of the following:

1. Projects/contracts in which they coordinated providing staff to large scale statewide health projects.
2. Projects/contracts coordinating staff to provide administrative, logistical, and operational support to organizations.

B. Program Organization

Organization Chart and Narrative (3 pages maximum).

1. The Organizational Chart shall describe the following:
 - a) All proposed positions, with names of individuals (if known), titles, and corresponding lines of authority and reporting.
 - b) Detail the lines of authority and reporting for managing all staff for the Applicant.
 - c) All partners and subcontractors, if applicable.
2. The Organization Chart Narrative shall explain the Organizational Chart and shall provide further details on roles and responsibilities, as needed.

C. Personnel (10 pages maximum)

1. Applicant must describe the amount of staff required and of the number of personnel that shall be available for prescreening, clinics, and vaccine medical support staff.
2. Applicant must describe their plan for recruitment, retention, and disciplinary actions for staffing.
3. Applicant must describe their methodology for screening, obtaining and retaining documents required in Section 2.6 Subparagraph C.3. and that staff have met all qualifications and minimum experience requirements, as outlined in Section 2.7 Paragraph B.
4. Applicant must propose a Project Manager that has the qualifications as specified in Section 2.7 Subparagraph B.4.. Two (2) references must be provided including points of contact, addresses, email, and phone numbers for each. Resume must be provided as an attachment to Applicant's Proposal.

D. Compliance

Applicant must provide the following documentation as an attachment to their proposal:

1. Proof of Liability Insurance or verification from insurance company on letterhead the insurance can be obtained.
2. Provider Compliance. Applicant must provide proof of compliancy.

**failure to provide these documents with proposal shall deem the Applicant non-responsive.

E. Pricing (2 pages maximum)

The Applicant shall submit fully burdened fixed unit rates for the following:

Hourly rate for RN
Hourly rate for LPN
Hourly rate for CNA
Hourly rate for MA
Transportation Fee Per Clinic (Return of Supplies)

The Applicant may provide a cost narrative explaining rationale behind rates.

F. Other

Litigation

The Applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain. (Statements regarding litigation shall not carry any point value but are required.)

Section 4 Proposal Evaluation

4.1 Evaluation Process

The evaluation of proposals received in response to the RFP shall be conducted comprehensively, fairly, and impartially. Structural, quantitative scoring techniques shall be utilized to maximize the objectivity of the evaluation. The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee shall be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing. Each Applicant shall receive a notice of award/non-award, which shall contain a statement of findings and decision for the award or non-award of the contract to each Applicant.

The evaluation shall be conducted in three (3) phases as follows:

- Phase 1 – Evaluation of Proposal Requirements
- Phase 2 – Evaluation of Proposal Application
- Phase 3 – Recommendation for Award

Evaluation Categories

Possible Points

Qualifications

Liability Insurance Certification
Provider Compliance

Proposal Application

Program Overview	0 points	
Experience	20 points	
Project Organization	30 points	
Personnel	20 points	
Financial	25 points	

95 Points

TOTAL POSSIBLE POINTS

95 Points

Consensus scoring shall be used by an evaluation committee reviewing the proposals using the following scale.

A rating scale of 5 shall be used to rate each proposal. Only whole numbers shall be assigned (1, 2, 3, 4, or 5), half numbers are not utilized in this rating scale.

5 – Outstanding (100% of points)

Exceeded required elements by clearly proposing additional services or strategies (providing details and specific examples) for implementation to achieve the RFP requirements. No major weakness or minor weaknesses were found.

4 - Satisfactory (80% of points)

Proposed service met the minimum requirements of the RFP. Had only minor weaknesses.

3 - Marginally Adequate (60% of points)

Provided a general response but the proposed services do not contribute towards the achievement of the RFP requirements. Had at least one (1) major weakness.

2 - Unsatisfactory (40% of points)

Not all components were evident or only reiterated the wording of the RFP or other attached materials. Had more than one (1) major weakness.

1 - Unresponsive (20% of points)

Response did not answer the question.

0 - No response given. (0 points)

A response was not found.

Points shall be awarded to each criteria based on the score awarded by the evaluation committee.

Example:

A question worth 2 points that receives a score of 5 shall be awarded 2 points. (100% x 2 points = 2 points)

A question worth 2 points which receives a score of 4 shall be awarded 1.6 points. (80% x 2 points = 1.6 points)

4.2 Evaluation Criteria

E. Qualifications - Evaluation Criteria (95 total points)

1. Experience (20 points total, 10 points each)

- Applicant provided two (2) examples of projects/contracts in which they coordinated providing staff to large scale state wide health projects. Applicant has provided a description of projects/contracts, points of contact, addresses, email, and phone numbers are included.
- Applicant provided two (2) examples of projects/contracts coordinating staff to provide administrative, logistical and operational support to organizations. Applicant has provided a description of projects/contracts, points of contact, addresses, email, and phone numbers are included.

2. Organization (30 points total, 15 points per criteria)

- Both the “Organization –wide” and “Program” organization charts are attached and reflects the position of each staff (including position title, name, and full time equivalency) and line of responsibility/supervision.
- Organization Narrative clearly describes an approach and rationale for the structure, functions, and staffing of the proposed organization for the overall activities and tasks meets the objectives of the service activities.

3. Personnel (20 points total, 5 points each)

- Applicant provided a list of personnel which would be applicable to the work to be performed.
- Applicant clearly described their plan for recruitment, retention and disciplinary actions for staff and are relevant to the work to be performed.
- Applicant clearly describes their methodology for screening personnel, checking qualifications, obtaining and retaining documents required in Section 2.6 Subparagraph C.3.

- Applicant's proposed Project Manager meets all of the requirements in Section 2.7 Subparagraph B.4. Two (2) references were provided in full. Resume was provided.

F. Pricing - Evaluation Criteria (25 points total, 5 points each)

Unit personnel rates shall be evaluated on whether they are competitive and reasonable. Personnel rates must be reasonable and comparable to positions in the community. Transportation fee per clinic shall be evaluated on reasonableness.

- RN
- LPN
- Certified Nursing Assistant ("CNA")
- MA
- Flat, one-time transportation fee per clinic for return of clinic supplies to DOH-designated location.

Section 5

Attachments

- A. Stop Flu at School Operations and Policy Manual
- B. Stop Flu at School Summary Report
- C. Proposal Application Checklist
- D. Proposal Application Table of Contents



STOP FLU AT SCHOOL OPERATIONS AND POLICY MANUAL JULY 2013

IMMUNIZATION BRANCH
DISEASE OUTBREAK CONTROL DIVISION
STATE OF HAWAII DEPARTMENT OF HEALTH





Table of Contents

Administrative Policies	1
Fiscal Policies	3
In-House Staffing Policies	5
Information/Data Systems/Website Policies	7
Data Policies	10
Logistics Policies	12
Vaccine Procurement and Distribution Policies	14
Printing Policies	17
Planning/Scheduling Policies	19
Media/Public Communication Policies	21
Consent Form Policies	22
Prescreening Consent Form Policies	25
Training Policies	27
Clinic Staffing Policies	30
Clinic Operations Policies	33
Appendix	38



ADMINISTRATIVE POLICIES

The Hawaii Stop Flu at School Program, first implemented in 2007, is a statewide, school-located influenza vaccination program, offering seasonal influenza vaccines without cost to students with parent's/guardian's consent in kindergarten through the eighth grade at participating schools.

Any deviation from policies included in this manual must be submitted in writing and approved by the Disease Outbreak Control Division Chief.

I. Program Objectives

- a) Decrease influenza disease and complications resulting from influenza in school children
- b) Provide a model for an emergency mass vaccination response

II. Timeline

Influenza vaccination clinics must be held on campus at participating schools during normal school hours from October through December

III. Participation

- a) Schools
 - 1) Public, private, and charter elementary and middle schools
 - 2) Participation is voluntary
 - 3) By choosing to participate, schools agree to abide by the program requirements
- b) Students
 - 1) Students in kindergarten through 8th grade*
 - 2) Participation is voluntary
 - 3) Parent/guardian written consent is required for vaccination
 - 4) Students may only be vaccinated at their participating school's vaccination clinic

*Public schools (including charter schools) with students from kindergarten through grade 12 on the same campus site: all students are eligible to participate. Junior kindergarten students who are 4 years of age or older and in the same classroom with kindergarten students are eligible to participate.



ADMINISTRATIVE POLICIES (CONTINUED)

- c) School Faculty/Staff
 - 1) Paid faculty/staff at participating schools are eligible for vaccination, depending on availability of vaccine
 - 2) Participation is voluntary
 - 3) Written consent is required for vaccination
 - 4) Consent form must be completed on-line
 - 5) School faculty/staff may only be vaccinated at their participating school's vaccination clinic
 - 6) School volunteers are not eligible for vaccination at Stop Flu at School clinics

- d) Stop Flu at School Clinic staff
 - 7) Clinic staff may be vaccinated, depending on availability of vaccine
 - 8) Participation is voluntary
 - 9) Written consent is required for vaccination
 - 10) Consent form must be completed on-line
 - 11) Clinic staff may only be vaccinated at the SFAS clinics at which they are scheduled to work



FISCAL POLICIES

I. Program Needs

- a) Nursing Services
- b) Logistical Staff (delivery and clerical)
- c) Supplies
- d) Curriculum and Training
- e) Printed Materials (including translations)
- f) Data Entry
- g) Public relations
- h) Promotion and incentives
- i) Information referral service
- j) Miscellaneous
 - i. Biohazardous waste disposal
 - ii. Memoranda of agreement
 - 1) Blood borne pathogen exposure follow-up
 - 2) Nursing Schools

II. Past and current funding sources

- American Recovery and Reinvestment Act (ARRA) Supplemental Funding
- Public Health Emergency Preparedness (PHEP) Cooperative Agreement
- Public Health Emergency Response Funding (PHER)
- Hawaii Medical Service Association (HMSA) grant
- Centers for Disease Control and Prevention (CDC) Immunization and Vaccines for Children Grants
- CDC Pandemic Influenza funding
- Health insurers

III. Procurement processes

- a) Invitation for Bid (IFB)
- b) Requests for Proposals (RFP)
- c) Small Purchases
- d) Hawaii Electronic Procurement System (HePS)
- e) Donations/in-kind services



FISCAL POLICIES (CONTINUED)

Vendors must:

- Meet Hawaii Compliance Express requirements
- Not be debarred or suspended from doing business with the State of Hawaii
- Not be listed on the Federal Excluded Parties List (EPLS) system website



IN-HOUSE STAFFING POLICIES

I. Structure

- a) The organizational structure for Department of Health (DOH) staff involved in Stop Flu at School program planning is modeled after the Incident Command Management System (ICS). It establishes an Incident Commander, as well as Sections for Planning, Logistics, Operations, and Fiscal matters. ICS is used to:
 - i. Facilitate communication
 - ii. Improve efficiency of operations
 - iii. Decrease duplication of efforts
 - iv. Establish span of control
- b) The ICS model is implemented within the Immunization Branch and at each District Health Office

II. Additional support staff

- a) Additional support staff, if needed, will be hired by the DOH Immunization Branch according to State procurement procedures, pending available funding
 - i. Stop Flu at School Project Assistant
 - ii. Drivers
 - iii. Logistics assistants
 - iv. Data entry staff

III. Planning Meetings

- a) Stop Flu at School working group
 - i. Members: Immunization Branch and designated Public Health Preparedness Branch staff
- b) Neighbor Islands via conference call
 - i. Members: Neighbor Island DOH staff involved in Stop Flu at School program planning, Immunization Branch staff
- c) Department of Health Stop Flu at School
 - i. Members: Liaisons from: Disease Outbreak Control Division (DOCD), Medical Reserve Corps, Public Health Nursing Branch
- d) Executive Advisory Committee
 - i. Members: Stop Flu at School liaisons from DOCD, DOH Communications Office, Medical Reserve Corps, Military, American



IN-HOUSE STAFFING POLICIES (CONTINUED)

Academy of Pediatrics – Hawaii Chapter, Hawaii Association of Family Physicians, Department of Education, Hawaii Association of Independent Schools, Hawaii Catholic Schools, health insurers, Nursing schools, Neighbor Island District Health Offices

IV. Decision Making Authority

- a) All issues identified as unresolved by the Stop Flu at School working group will be routed through the chain of command to the Immunization Branch Chief and/or the Disease Outbreak Control Division Chief



INFORMATION/DATA SYSTEMS/WEBSITE POLICIES

I. Information

Information regarding the operation of the Stop Flu at School program will be managed through the following computer applications:

a) SharePoint

i. Centralized data warehouse

- 1) Each District Health Office (DHO) has a county-specific version of SharePoint

ii. Access: Department of Health (DOH) employees involved in Stop Flu at School program planning/operations; Stop Flu at School Clinic Managers

- 1) Pass code required
- 2) May view relevant county's version of SharePoint

iii. Content:

- 1) Master list of public and private schools (participating and non-participating)
- 2) School-located vaccination clinic schedule
- 3) Clinic staffing
- 4) Standing orders
- 5) Meeting minutes
- 6) Clinic Training Manual
- 7) Clinic forms
- 8) Frequently Asked Questions
- 9) Online Vax Report
- 10) Stop Flu at School Operations and Policy Manual

b) Partner Portal

i. Section of SharePoint with information for clinic staff and partners. Information is updated as needed when DOH is notified by schools/clinic managers

ii. Access: All clinic staff; all partners

- 1) No pass code required

iii. Content:

- 1) School-located vaccination clinic schedule
- 2) Location of schools
- 3) School parking information
- 4) School check-in site
- 5) Special instructions
- 6) School Maps – when provided by schools
- 7) Alerts
- 8) Link to on-line vaccination consent form for clinic staff



INFORMATION/DATA SYSTEMS/WEBSITE POLICIES (CONTINUED)

- c) Online Vax Website
 - i. On-line registration site for schools to indicate participation in the Stop Flu at School Program
 - 1) Schools must register annually
 - 2) Information is used to:
 - a. Generate status reports
 - b. Calculate vaccine doses, clinic supplies, and staffing required for each school
 - ii. Access: Schools; DOH employees involved in Stop Flu at School program planning/operations
 - 1) School Name required
 - 2) School code required
 - iii. Content:
 - 1) Participation indicator
 - 2) Principal contact information
 - 3) School liaison contact information
 - 4) Student enrollment
 - 5) Faculty/staff totals
 - 6) Pre-screening information
 - 7) Actual clinic vaccine administration information
 - 8) Clinic Sign In Sheet – Vaccinators Only (ICS Form 211V)/Clinic Sign In Sheet – All Other Staff (ICS Form 211)
- d) E-Team
 - i. Web-based incident management tool for Public Health Emergency Preparedness Branch staff
 - 1) Used for GIS mapping
 - ii. Access: DOH employees involved in Stop Flu at School program planning/operations
 - iii. Content:
 - 1) Clinic start and end times
 - 2) PDFs of completed School Flu Clinic Forms (SFAS 204s), 211s and 211Vs
- e) Online training system administrative database
 - i. Database of all potential clinic staff members from multiple agencies who have accessed the training modules
 - ii. Access: DOH Immunization Branch staff; Neighbor Island Stop Flu at School program Training Coordinators
 - iii. Content:
 - 1) Names, contact information, affiliation, and roles of all potential clinic staff members
 - 2) Post-test results



INFORMATION/DATA SYSTEMS/WEBSITE POLICIES (CONTINUED)

- f) VaxAdmin
 - i. Comprehensive Access database used for staffing and scheduling. Utilized to generate staffing lists and sign-in sheets on Oahu and statewide accountability reports.
 - ii. Access: Stop Flu at School program staffing coordinators
 - iii. Content:
 - 1) School information
 - 2) Clinic information
 - 3) Clinic schedule
 - 4) Numbers of staff required per clinic based on staffing formula and total number of consent forms prescreened
 - 5) Names, affiliation, and roles of all clinic staff members
 - 6) Sign-in sheet templates (i.e., 211/211V forms)
 - 7) Generated report of the total number of consent forms screened by clinic
- g) School Vax Reporting Database
 - i. Consolidates data collected in SharePoint (school clinic schedule) and Online Vax website to produce:
 - Online Vax Excel spreadsheet (summary data for each school)
 - PDF reports of participating schools (in entirety or by district), clinic schedule, and vaccine administration counts
 - PDF report of number of individuals that have completed an online consent form (listed by school)
 - ii. Reports generated from this database are posted on the SharePoint site



DATA POLICIES

I. General

- a) All data from the Stop Flu at School program will be entered into the Hawaii Immunization Registry (HIR) unless the participant (or parent/guardian in the case of a minor) elects to not participate in HIR ("opts-out")
- b) Data will be entered from hard-copy Consent Forms
- c) Demographic data from on-line Consent Forms will be imported into HIR
- d) Data quality checks will be routinely performed
- e) Data will be available to authorized HIR users
- f) A HIR extract of Stop Flu at School data is provided to Disease Outbreak Control Division statistician for Department of Health (DOH) analysis
- g) Aggregate summary reports are provided at the completion of the Stop Flu at School program for the current year
- h) Requests for information regarding influenza vaccines administered through the Stop Flu at School program should be directed to the Department of Health, Immunization Branch. Persons requesting copies of their influenza vaccination record must sign an authorization form prior to receipt of their record or a copy of the consent form
- i) Stop Flu at School data is available to HIR-authorized users (physicians must enroll in HIR annually to access data).

II. Data Entry

- a) Fields to be entered into HIR
 - i. Last name
 - ii. First name
 - iii. Middle initial
 - iv. Date of birth
 - v. Address
 - vi. Phone number
 - vii. Multiple (e.g. twin, triplet)
 - viii. Gender
 - ix. Student's doctor's name
 - x. Health Insurer
 - xi. Health Insurance Policy Number
 - xii. Vaccine administration information
 - 1) Type (inactivated influenza vaccine, live attenuated influenza vaccine)
 - 2) Date of administration
 - 3) Dose size
 - 4) Route
 - 5) Manufacturer



DATA POLICIES (CONTINUED)

- 6) Lot number
 - 7) Expiration date
 - 8) Vaccine Information Statement (VIS) publication date
 - 9) Name, title of vaccine administrator
 - xiii. Other fields determined at DOH's discretion
 - b) Any missing data from Consent Forms will be left blank in HIR
 - c) Vaccinees will be entered into HIR under participating school
 - d) Fields captured on Consent Forms but not entered into HIR
 - i. Homeroom Teacher's Name
 - ii. Grade
 - iii. Screening questions
- III. Data Retention
- a) Hard-copy Consent Forms will be scanned for archiving purposes and maintained according to State retention protocol
 - b) Data will remain in HIR for the following periods, after which it will be archived:
 - i. Children: until age of majority plus 25 years
 - ii. Adults: until 25 years after last entry into HIR



LOGISTICS POLICIES

I. Procurement

- a) Supplies will be purchased by the Department of Health (DOH), following State procurement laws
- b) Supplies may be donated to DOH by outside agencies/partners
- c) Quantities will be based on estimated number of participants per school from previous year's participation

II. Timeline

Deadline for receipt of supplies: 4 months prior to scheduled clinic start date

III. Supply Type

- a) Emergency medical supplies
 - Response to acute adverse reactions post- vaccination
- b) Clinic supplies
 - Medical and non-medical supplies needed to store and administer vaccine
- c) Office supplies
 - Pre-screening visits
 - Vaccination clinics

IV. Storage

Supplies will be stored in a secure area at appropriate temperatures

V. Packing and Delivery

- a) Supplies will be packed according to written procedures
- b) Supply types and quantities will be verified prior to delivery
- c) Supplies will be delivered to participating schools prior to each vaccination clinic
- d) Vaccines will be delivered no earlier than 24 hours prior to clinic start time and must be maintained as packed by DOH staff



LOGISTICS POLICIES (CONTINUED)

- e) Participating school staff must document acceptance of clinic supplies/vaccines and store in a secure area
 - f) All supplies must be returned to DOH upon completion of each clinic
 - i. Vaccines must be appropriately packed in coolers, maintaining the cold chain
 - ii. All waste/trash must be returned to DOH for disposal
 - iii. Biohazardous waste must only be handled by persons who have completed blood borne pathogen training, following approved biohazardous waste handling procedures
 - iv. Biohazardous waste must be handled, transported, treated, and disposed of according to the Hawaii Administrative Rules, Chapter 11-104.1, "Management and Disposal of Infectious Waste."
- VI. Staff

Designated Immunization Branch and logistics staff will be trained in packing procedures, delivery of supplies, and handling of biohazardous waste products.



VACCINE PROCUREMENT AND DISTRIBUTION POLICIES

I. Funding

- a) Influenza vaccine is procured using the following funding sources;
 - i. Federal vaccine funds
 - iv. Vaccines for Children funds
 - VFC-eligible children
 - v. 317 funds
 - Non VFC-eligible children
 - School faculty/staff
 - ii. State General funds
 - 1) Kamehameha Schools children, faculty, and staff
 - 2) Stop Flu at School clinic staff

II. Procurement

- a) Pre-booking
 - i. Federal vaccine funds
 - 1) Pre-booked according to Centers for Disease Control and Prevention (CDC) deadlines (in general, 6 – 8 months prior to the start of the Stop Flu at School clinics)
 - 2) "One-time" only (Note: occasionally a second pre-book is allowed just prior to the influenza season, using the following year's vaccine funds)
 - 3) Considered an obligation to purchase; no changes to pre-book allowed
 - ii. State General funds
 - 1) Pre-booked following State's procurement procedures
- b) Quantity
 - i. Quantities are based on:
 - 1) ~50% of student enrollment
 - 2) Previous years' participation rates
 - ii. Vaccine types (inactivated influenza vaccine/live attenuated influenza vaccine) are based on:
 - 1) Previous years' vaccine-type selection
 - iii. Vaccine packaging
 - 1) Inactivated influenza vaccine is procured in multi-dose vials to minimize required storage space
 - iv. Splits between federal vaccine funding sources are based on:
 - 1) Population Estimate Survey data (from the Department of Human Services, MedQuest Division)



VACCINE PROCUREMENT AND DISTRIBUTION POLICIES (CONTINUED)

- 2) Previous years' health insurance indications (from program participants' consent forms)

III. Allocation of Vaccine

- a) Federally funded vaccines are allocated by the CDC to the Immunization Branch
- b) Quantity and timing of allocations are determined by the CDC
- c) Clinic start dates and prioritization for vaccine administration are dependent on vaccine allocations from the CDC

IV. Vaccine Distribution

- a) Oahu: vaccine is stored at the Department of Health (DOH) Immunization Branch for distribution to school-located clinics
- b) Neighbor Islands: vaccine is shipped directly to the Neighbor Islands' DOH District Health Offices by the CDC's vaccine distributor
- c) Vaccine Orders
 - i. If feasible, only one lot number of inactivated influenza vaccine and one lot number of live attenuated influenza vaccine should be distributed to individual schools to reduce the likelihood of vaccine documentation errors
 - ii. If allocations by CDC are sufficient, vaccine orders should be placed once or twice only, to ensure the same lot numbers are available for distribution to schools (vaccines received in a single order generally have the same lot number)

V. Vaccine Delivery

- a) Vaccine must be packed and stored according to DOH Immunization Branch specifications
- b) Any deviation in vaccine packing and storing must be reported to the DOH Immunization Branch for approval.
- c) Vaccine should be delivered no earlier than 24 hours prior to the school's clinic start time

VI. Vaccine Lost/Wasted/Short-dated

- a) If any vaccine is potentially lost/wasted due to cold chain temperature excursion, contact the DOH Immunization Branch immediately and document the date, time of initial temperature excursion and duration, maximum and/or minimum temperature reached, quantity and circumstance
- b) Immunization Branch will contact the vaccine manufacturer to determine vaccine viability



VACCINE PROCUREMENT AND DISTRIBUTION POLICIES (CONTINUED)

- c) Any vaccine determined by the manufacturer to be short-dated will be distributed to priority groups described in the Excess Influenza Vaccine policy
- d) If insufficient quantities of vaccine remain to replace lost/wasted vaccine, vaccine distribution will be prioritized (see Prescreening Policy, Section IV c). Immunization Branch will develop a contingency plan, including contacting other states, the military, health insurers, and VFC providers for supplemental vaccines, depending on the particular circumstances

VII. Excess Vaccine

- a) Any vaccine remaining following completion of the Stop Flu at School Program will be distributed according to the Excess Influenza Vaccine Policy and/or guidance by the DOH Immunization Branch



PRINTING POLICIES

I. Printed Items

a) Outsourced printing (following State and Department of Health procurement policies and procedures)

- Student Consent Form packet
 - Cover letter to parent/guardian
 - Frequently Asked Questions
 - Vaccine Information Statement – Inactivated Influenza Vaccine
 - Vaccine Information Statement – Live Attenuated Influenza Vaccine
 - Consent Form – Flu Shot
 - Consent Form – Flu Nasal Spray

Participating schools are responsible for assembling packets prior to distribution to students.

- Parent/Guardian Notification Form
- School-Located Influenza Vaccination Program Training Manual
- Incentive stickers
- Cover letter to participating school principals
- Box stickers
- Banners for participating schools

b) Quantities: sufficient for participating school enrollment

c) In-house printing

- Incident Command System (ICS) packet
 - ICS Form 204
 - ICS Form 211
 - ICS Form 211V
 - Job Action Sheets
 - Incident Report Form
 - Biohazard placards
 - Standing Orders
 - Administration of inactivated influenza vaccine
 - Administration of live attenuated influenza vaccine
 - Protocol for the Management of Acute Adverse Reactions
- School participation letter
- School participation form
- Participating school clinic date/time confirmation form
- Prescreening materials
 - Log sheet
 - Parent notification form
- Clinic supply/vaccine cooler label
- Vaccine lot number label



PRINTING POLICIES (CONTINUED)

- Vaccination clinic signage
- II. Electronic copy Items (available on the Stop Flu at School website:
<http://flu.hawaii.gov/SFAS.html>)
- a) Student Consent Form packet
 - b) Consent Form translations
 - c) Vaccine Information Statement translations
 - d) Frequently Asked Questions
 - School Administrator
 - Media
 - Parent/Guardian
 - e) Participating school vaccination clinic schedule
- III. Distribution
- a) Cover letter to school principals and Student Consent Form packets are kitted and distributed to participating schools statewide.
 - b) Distribution is tracked to ensure delivery to each participating school.



PLANNING/SCHEDULING POLICIES

I. Timeline

- a) Three months prior to end of current school year
 - Letter from Director of Health to Department of Education, Hawaii Association of Independent Schools and Hawaii Catholic Schools requesting continued support of Stop Flu at School Program for upcoming school year
- b) Two months prior to end of current school year
 - Send participation letter to schools
- c) One month prior to end of current school year
 - Schedule and confirm participating school vaccination clinics

II. Scheduling school vaccination clinic dates and times

- a) Only one clinic per participating school is scheduled*
- b) Schools will submit two preferred dates for each month (October, November, and December) for their vaccination clinic
- c) When more than one school requests the same date, priority to schedule a vaccination clinic will be given to the school with the earlier date of receipt of the school participation form
- d) Scheduling will take into account:
 - i. Availability of vaccines
 - ii. Distribution of vaccines and clinic supplies
 - iii. School location
- e) A maximum of 10 clinics per county per day are scheduled
- f) Once scheduled and confirmed, no changes to the clinic date and start time are allowed
- g) To ensure the safety of the students, cost-effectiveness, and clinic efficiency, the length of the scheduled clinic is determined by:
 - i. Number of students participating
 - ii. Available clinic space
 - iii. Previous year's clinic length

The final decision on the length of the clinic will be made by the Department of Health, in consultation with the clinic manager, and the school.

*Exception: "Track" schools are limited to no more than two clinics per Stop Flu at School program year to accommodate multiple tracks; or at Department of Health's discretion.



PLANNING/SCHEDULING POLICIES (CONTINUED)

III. Miscellaneous

Immunization clinic will not be held for schools with no participating students identified during pre-screening.



MEDIA/PUBLIC COMMUNICATION POLICIES

- I. Media/Promotion
 - a) Media/promotion of the Stop Flu at School program is conducted if resources are available
 - b) Paid Media (in-kind donations or donated funds)
 - i. Radio/Television/Print advertisements
 - ii. Media to inform hard-to-reach populations
 - c) Free Media
 - i. Newsletters (school, community, and private organizations)
 - ii. Pay-check stub notice
 - iii. DOH Stop Flu at School website
 - iv. Press releases
 - v. Press conference
 - vi. Facebook/Twitter feeds
 - d) Media approval
 - i. State levels of approval required depends upon type of media
 - ii. Partners (if providing in-kind donations or donated funds)
- II. Information Referral Service
 - a) DOH contracts a statewide information referral service to answer questions from the public regarding the Stop Flu at School program
 - b) Questions that cannot be answered by the contractor are referred to the DOH Immunization Branch



CONSENT FORM POLICIES

- I. Completion of Consent Form
 - a) Completion of current Stop Flu at School Consent Form is mandatory
 - b) Completion of Consent Form in blue or black ink is preferred to maximize legibility of scanned form
 - c) Adult Consent Forms must be completed on-line and printed, signed and dated, preferably in ink.
 - d) Mandatory fields
 - i. If mandatory fields are incomplete, person will not be vaccinated
 - ii. Mandatory fields include:
 - 1) First Name
 - 2) Last Name
 - 3) Date of birth
 - 4) All screening questions (to ensure person does not have any contraindication for vaccination)
 - 5) Signature (if minor, parent or guardian's signature). Note: Consent Form **MUST** be signed. NO verbal consents are accepted.
 - 6) Date of signature
 - e) All telephone calls made to parent/guardian must be documented on the front of the consent form as follows:
 - i. Date call placed
 - ii. Content of call (e.g. corrected birth date, answer to incomplete screening question, etc.)
 - iii. First and last name of person contacted
 - iv. Signature of caller
- II. Justification for collection of non-mandatory information
 - a) Health insurer and policy number
 - i. Requested by health insurers to identify members
 - b) Physician
 - i. For reporting vaccination to health care providers
 - c) School information (including grade, homeroom teacher)
 - i. For schools' and Department of Health's record keeping
 - d) Parent/Guardian information
 - i. For contacting parent/guardian as necessary
- III. Department of Health (DOH) Administrative Use Only Section
 - a) All fields are mandatory
 - b) Justification: to document administration of vaccine or reason vaccine was not administered



CONSENT FORM POLICIES (CONTINUED)

IV. Due Date

- a) Consent Forms must be received by the participating school by the deadline determined by DOH
- b) Consent Forms will be separated into two categories:
 - i. Submitted by the prescreening visit
 - ii. Submitted after the prescreening visit (these participants will be on stand-by)
*Consent forms submitted after the deadline determined by DOH are accepted at the participating school's discretion.
- c) Prioritization
Prioritization will be used if vaccine supply is insufficient to meet demand.
 - i. First Priority: Consent Forms submitted by the deadline determined by DOH
 - 1) Students (First)
 - 2) Faculty/staff (Second)
 - ii. Second Priority: Consent Forms submitted after the deadline determined by DOH
 - 1) Students (First)
 - 2) Faculty/staff (Second)

Participating schools are responsible for determining prioritization of stand-by persons *within* each category
- d) If participating school notifies DOH of Consent Forms that were not prescreened, these forms will be marked as "NOT PRESCREENED" and participants will be placed on a "Stand-by List"
- e) Stand-by participants will only be vaccinated if vaccine supply permits
 - i. Participants on the stand-by list will be vaccinated only if sufficient vaccine doses are available on the clinic day (e.g. due to absences, refusals, or if persons were already vaccinated at their clinician's office)

V. Miscellaneous

- a) Faxed, appropriately completed Consent Forms are acceptable
- b) Only **one** parent/guardian signature is required on the student's Consent Form
- c) Must have the appropriate, completed Consent Form to be vaccinated (e.g. person shall not receive inactivated influenza vaccine if submitted the live, attenuated influenza vaccine Consent Form)



CONSENT FORM POLICIES (CONTINUED)

- d) If parent/guardian decides NOT to have student receive influenza vaccine at school after Consent Form has been submitted, he/she MUST pick up student's Consent Form from the school before the scheduled clinic date to ensure child is not vaccinated



PRESCREENING CONSENT FORM POLICIES

I. Administrative

a) Purpose

- i. Decrease number of participants not vaccinated at school-located clinic due to:
 - 1) Incomplete consent form
 - Missing information
 - Missing parent/guardian signature and date
 - 2) Contraindication(s) to vaccination
- ii. Collect numbers of participants to determine each school's estimated needs for the following:
 - 1) Staffing
 - 2) Supplies
 - 3) Number of vaccine doses

b) Prescreening of consent forms is conducted for each participating school

- i. Consent forms must be prescreened on site only at the participating school or at a Department of Health (DOH) facility
- ii. Consent forms contain confidential information and must be stored in a secure area

c) Consent Forms sent home to parent/guardian for completion

- i. Pre-screener are not required to keep a list of Consent Forms sent home
- ii. Date for return of Consent Forms sent home is determined by the participating school

II. Training

Personnel conducting prescreening are trained with a curriculum approved by the DOH Immunization Branch.

III. Schedule

- a) Prescreening visit date is coordinated with participating school and is dependent upon scheduled vaccination clinic date
- b) All prescreening visits must be completed a minimum of 2 weeks prior to start of Stop Flu at School program
- c) Prescreening logs should be sent to DOH the same day as prescreening and prescreen information entered in the Online Vax website as received
- d) A copy of the prescreening log will be provided to participating school to verify counts



PRESCREENING CONSENT FORM POLICIES (CONTINUED)

IV. Consent Forms

- a) All Consent Forms at the participating school on the date of the prescreening visit will be prescreened.*
*Participating schools are not required to accept forms submitted after the deadline determined by DOH
- b) Prioritization
Prioritization will be used if vaccine supply is insufficient to meet demand.
 - i. First Priority: Consent Forms submitted by the deadline determined by DOH
 - 1) Students (First)
 - 2) Faculty/staff (Second)
 - ii. Second Priority: Consent Forms submitted after the deadline determined by DOH
 - 1) Students (First)
 - 2) Faculty/staff (Second)

Participating schools are responsible for determining prioritization of stand-by persons *within* each category
- c) If participating school notifies DOH of Consent Forms that were not prescreened, these forms will be marked as "NOT PRESCREENED" and participants will be placed on a "Stand-by List"
- d) Stand-by participants will only be vaccinated if vaccine supply permits
 - i. Participants on the stand-by list will be vaccinated only if sufficient vaccine doses are available on the clinic day (e.g. due to absences, refusals, or if persons were already vaccinated at their clinician's office)



TRAINING POLICIES

All Clinic Staff must successfully complete training by the deadline determined and utilizing a curriculum approved by the Department of Health (DOH) Immunization Branch prior to working at a Stop Flu at School influenza vaccination clinic.

I. Roles

- a) Registration duties
 - i. Screener
 - ii. Line flow consultant
 - iii. Observation area monitor
- b) Vaccinator
- c) Clinic Manager

II. Types

- a) Online
 - Preferred method of training for clinic staff
- b) Hard copy/DVD
 - Only if unable to complete online training
- c) Face-to-face
 - Mandatory for Clinic Managers
- d) Just-in-time
 - Conducted by Clinic Manager at each school-located vaccination clinic
 - Based on clinic role; includes information on Job Action Sheets

III. Content

- a) Registration
 - Influenza disease burden and prevention
 - Stop Flu at School program purpose and background
 - Incident command system and clinic flow
 - Vaccine presentations, contraindications and precautions
 - Screening consent forms
 - General Clinic duties/responsibilities for registration, line flow, observation area monitoring
- b) Vaccinator
 - Registration content; and
 - Vaccinator minimum qualifications
 - General clinic duties for vaccinators



TRAINING POLICIES (CONTINUED)

- Vaccine administration and syringe use demonstration
 - Vaccination documentation
 - Management of acute adverse reactions post-vaccination
 - Review of standing orders
 - c) Clinic Manager
 - Registration, vaccinator content; and
 - Roles and responsibilities
 - Vaccine storage and management
 - Review of Standing Orders, including Management of Acute Adverse Reactions to Vaccines
 - Documentation
 - Consent Form
 - Parent/Guardian Notification Form
 - Incidents
 - School Clinic Forms
- IV. Resources/Supplemental materials
- a) Standing Orders
 - Administration of influenza vaccines
 - Protocol for the Management of Acute Adverse Reactions to Vaccines
 - b) School-located Influenza Vaccination Program Training Manual
 - Available at every school-located vaccination clinic
 - Includes sample clinic forms
 - c) Job Action Sheets
 - Available at every school-located vaccination clinic
 - Include responsibilities for each clinic role
- V. Compliance and Enforcement
- a) Deadline
 - Deadline for completion of training is determined by DOH Immunization Branch
 - b) Post-training test
 - All clinic staff (including nursing students and accompanying faculty) must complete the role-appropriate post-training test by the deadline determined by DOH Immunization Branch with a score of at least 70% to be eligible to work at a school-located vaccination clinic
 - Clinic staff are allowed three attempts to achieve a passing score



TRAINING POLICIES (CONTINUED)

- Clinic staff who fail to complete the training and post-training test by the deadline or who do not achieve a passing score on the role-appropriate post-training test after three attempts will not be allowed to participate in the Stop Flu at School program for the corresponding year
- c) Each county has a training coordinator responsible for overseeing compliance with training requirements
- d) Notification
 - All partner organizations and training coordinators are notified of training status for their associated clinic staff



CLINIC STAFFING POLICIES

I. Partners

- Department of Health Public Health Nurses
- Contracted staff (nursing and registration)
- Medical Reserve Corps
- Military
- Student health care professionals
 - i. Nursing Schools
 - ii. School of Pharmacy
- Department of Health employee volunteers
- Others as approved by the Department of Health (DOH) Disease Outbreak Control Division (DOCD)

Contracts/Agreements will be completed with all non-DOH partners

II. Clinic Staff Roles

- a) Partners may fill the following clinic staffing roles:
 - i. Registration
 - 1) Screen Consent Forms
 - 2) Line Flow consultant
 - 3) Observation Area monitor (Must have a minimum of one clinic staff member for observation area)
 - ii. Vaccinators
 - 1) Vaccinator
 - 2) Registration role
 - iii. Clinic Managers
 - 1) Assigned with prior approval by DOH Immunization Branch

III. Training

- a) All clinic staff must successfully complete training as determined by DOH Immunization Branch (refer to Training Policies)



CLINIC STAFFING POLICIES (CONTINUED)

IV. Minimum Qualifications for Vaccinators

- a) Must be one of the following:
 - i. Licensed medical professional (R.N. or L.P.N)
 - ii. Department of Health Public Health Nurse
 - iii. Student nurse under the supervision of a licensed nursing/medical faculty
 - iv. DOH authorized representative with knowledge and experience in vaccine administration
- b) Required documentation
 - i. Current CPR certification
 - ii. Completion of hepatitis B vaccination series, laboratory evidence of immunity to hepatitis B disease, or signed waiver
 - iii. Completion of blood borne pathogen training within one year prior to working at a Stop Flu at School vaccination clinic
- c) Experience/Competency (Must be within one year prior to working at a Stop Flu at School vaccination clinic):
 - i. Experience in administering intramuscular injections to adults and/or children **AND**
 - ii. Experience in administering intranasal influenza vaccines to adults and/or children

For potential vaccinators without experience in administering intramuscular injections and intranasal influenza vaccines to adults and/or children within one year prior to working at a Stop Flu at School vaccination clinic, their employer or nursing instructor must certify, using a checklist provided by DOH Immunization Branch, that they have received additional hands-on training and are competent to administer intramuscular and intranasal vaccines.

- d) Miscellaneous
 - i. Must be physically able to administer a minimum of 20 vaccines per hour for at least two hours
 - ii. Vaccinators must be prepared to administer either intramuscular injections or intranasal vaccines as determined by the Clinic Manager

V. Clinic Staffing Needs

Clinic staffing needs will be determined for each school-located vaccination clinic by Department of Health (DOH) staff involved in Stop Flu at School program planning, with input from the clinic manager.



CLINIC STAFFING POLICIES (CONTINUED)

VI. School volunteers

- a. Are not clinic staff
- b. May fill the following roles:
 - i. Comforter
 - ii. Line flow consultant
 - iii. Observation area monitor (MUST work in conjunction with clinic staff)



CLINIC OPERATIONS POLICIES

I. General

- a) All clinics must be held on campus at participating schools during normal school hours
- b) All clinic operations will be standardized, following and adhering to:
 - i. Incident Command Structure
 - 1) Clinic staff positions
 - 2) Clinic staff duties (Job Action Sheets)
 - ii. Clinic layout
 - iii. Standing Orders for administration of vaccines and management of acute adverse events following vaccination
- c) Any changes to the standard clinic operations must be approved in advance by the Department of Health (DOH)
- d) Clinic Manager must contact the DOH if the clinic will not start and/or end according to the scheduled time
- e) Calls to DOH Immunization Branch from the clinic will be triaged according to Stop Flu at School procedures
- f) All staffing changes must be reported to the DOH
- g) School of Nursing instructors must contact Clinic Manager prior to the vaccination clinic date to discuss staffing roles and expectations
- h) Participating schools are responsible for determining the schedule for consenting students, faculty, and staff to be escorted to and from the vaccination clinic

II. Eligibility

- a) Only currently enrolled students, faculty, and staff from a participating school may participate in the school's vaccination clinic
- b) Consent Forms will be separated into three categories:
 - i. Submitted by the prescreening visit
 - ii. Submitted after the prescreening visit (these participants will be on stand-by)
*Consent forms submitted after the deadline determined by DOH are accepted at the participating school's discretion.
 - iii. Clinic staff
- c) Prioritization
Prioritization will be used if vaccine supply is insufficient to meet demand.
 - i. First Priority: Consent Forms submitted by the deadline determined by DOH
 - 1) Students (First)
 - 2) Faculty/staff (Second)



CLINIC OPERATIONS POLICIES (CONTINUED)

ii. Second Priority: Consent Forms submitted after the deadline determined by DOH

- 1) Students (First)
- 2) Faculty/staff (Second)

iii. Third priority: Clinic staff

Participating schools are responsible for determining prioritization of stand-by persons *within* each category

- d) If participating school notifies DOH of Consent Forms that were not prescreened, these forms will be marked as "NOT PRESCREENED" and participants will be placed on a "Stand-by List"
- e) Stand-by participants will only be vaccinated if vaccine supply permits
 - i. Participants on the stand-by list will be vaccinated only if sufficient vaccine doses and supplies are available on the clinic day (e.g. due to absences, refusals, or if persons were already vaccinated at their clinician's office)

III. Influenza Vaccines

a) Storage

- i. Must follow Stop Flu at School procedures for packing, storage, and transport of vaccines, based on Centers for Disease Control and Prevention recommendations for maintaining cold chain

b) Inactivated influenza vaccine

- i. Draw only 10 doses per multi-dose vial
- ii. If syringes are pre-filled at the vaccination clinic:
 - 1) Must be stored according to Stop Flu at School procedures
 - 2) Ensure no wastage occurs (do NOT pre-fill syringes near the end of the clinic)
- iii. If partial vial remains at the end of the clinic, the number of remaining doses must be documented on the vial or box

IV. Vaccine Administration

a) Standing Orders

- i. Inactivated influenza vaccine and live attenuated influenza vaccine will be administered according to Standing Orders

b) Refusal

- i. Students who refuse vaccination will not be vaccinated
- ii. Parent/guardian may be contacted at Clinic Manager's discretion

c) Physical restraint

- i. Students will not be physically restrained by clinic staff for vaccine administration



CLINIC OPERATIONS POLICIES (CONTINUED)

- d) Already received an influenza vaccination
 - i. If student reports he/she already received an influenza vaccine, Clinic Manager will contact parent/guardian to confirm
 - ii. If unable to reach parent/guardian, student will not be vaccinated
- e) Partial dose
 - i. If student moves during vaccine administration and receives a partial dose, parent/guardian will be contacted by Clinic Manager for permission to re-vaccinate
 - ii. If unable to reach parent/guardian, student will not be re-vaccinated
- f) Observation period
 - i. All vaccinees must remain seated in the clinic observation area for 15 minutes post-vaccination
- g) Illness
 - i. Students who are ill on the day of the vaccination clinic will not be vaccinated
- h) Students not vaccinated
 - i. If student is not vaccinated, the reason will be documented on the Student's Consent Form and the Parent/Guardian notification form

V. Clinic Staff

- a) Hours:
 - i. All clinic staff must report to the vaccination clinic on time
 - ii. Clinic staff who are late may be dismissed at the Clinic Manager's discretion
 - iii. Clinic staff who are late three times during the current year's Stop Flu at School program will be dismissed from further participation in the same Stop Flu at School program year
 - iv. Clinic staff with an unexcused absence from scheduled clinic(s) during the current year's Stop Flu at School program are dismissed from further participation in the same Stop Flu at School program year
 - v. Clinic staff must remain for the duration of the clinic, unless dismissed by the Clinic Manager
- b) Qualifications
 - i. Clinic staff must meet the qualifications specified by the DOH Immunization Branch
 - ii. All clinic staff must complete training and successfully pass the appropriate post-training examination by the deadline specified by DOH Immunization Branch prior to working at a Stop Flu at School vaccination clinic



CLINIC OPERATIONS POLICIES (CONTINUED)

- c) Exposure to Blood Borne Pathogens
 - i. Clinic staff exposed to blood borne pathogens (BBP) must follow Stop Flu at School Program procedures for responding to BBP exposure
- d) Roles
 - i. Changes to staff roles are at the staffing coordinator's discretion
 - ii. Must meet the qualifications and training requirements of the new role
- e) Sign-in
 - i. All clinic staff must sign in and out of the clinic
 - ii. Clinic staff not on the sign-in list: Clinic Manager must verify that person is qualified to work by referring to Training Go-List (by county and staff role, all clinic staff who have successfully completed training)
- f) Dismissal
 - i. Clinic staff may be dismissed at the Clinic Manager's discretion

VI. Incidents/Acute Adverse Events post-vaccination

- a) Clinic Manager must adhere to Standing Orders for management of acute adverse events post-vaccination
- b) Incidents/Acute Adverse Events post-vaccination should be documented according to Stop Flu at School program procedures
- c) DOH Immunization Branch must be notified via telephone call within 2 hours regarding any acute adverse event post-vaccination requiring Emergency Medical Services and transport to an emergency facility
- d) Incident/Acute Adverse Event post-vaccination reports must be sent to DOH Immunization Branch within 24 hours
- e) Incident reports should be completed for:
 - i. Vaccinee requiring a second vaccination attempt
 - ii. Receipt of the wrong presentation of influenza vaccine
 - iii. Participants with contraindications who received vaccine
 - iv. ANY adverse reaction post-vaccination
 - v. Mistaken identity of participant
 - vi. Any unusual occurrence



CLINIC OPERATIONS POLICIES (CONTINUED)

VII. Stop Flu at School forms

- a) Consent Forms
 - i. Ensure information on each form is accurate and complete (e.g. vaccination date, site, lot number, manufacturer, expiration date, vaccine administrator)
 - ii. Ensure all forms are sent to DOH Immunization Branch within one working day of clinic completion
 - iii. Consent forms contain confidential information and must be stored and transported securely
- b) Clinic Forms
 - i. Ensure clinic forms (ICS 204, 211, 211V) are completed and sent to DOH Immunization Branch within one working day

VIII. Unused clinic supplies

- a) All unused clinic supplies must be returned to the Department of Health
- b) Unused vaccines must be packed, stored, and transported according to Stop Flu at School procedures

IX. Trash

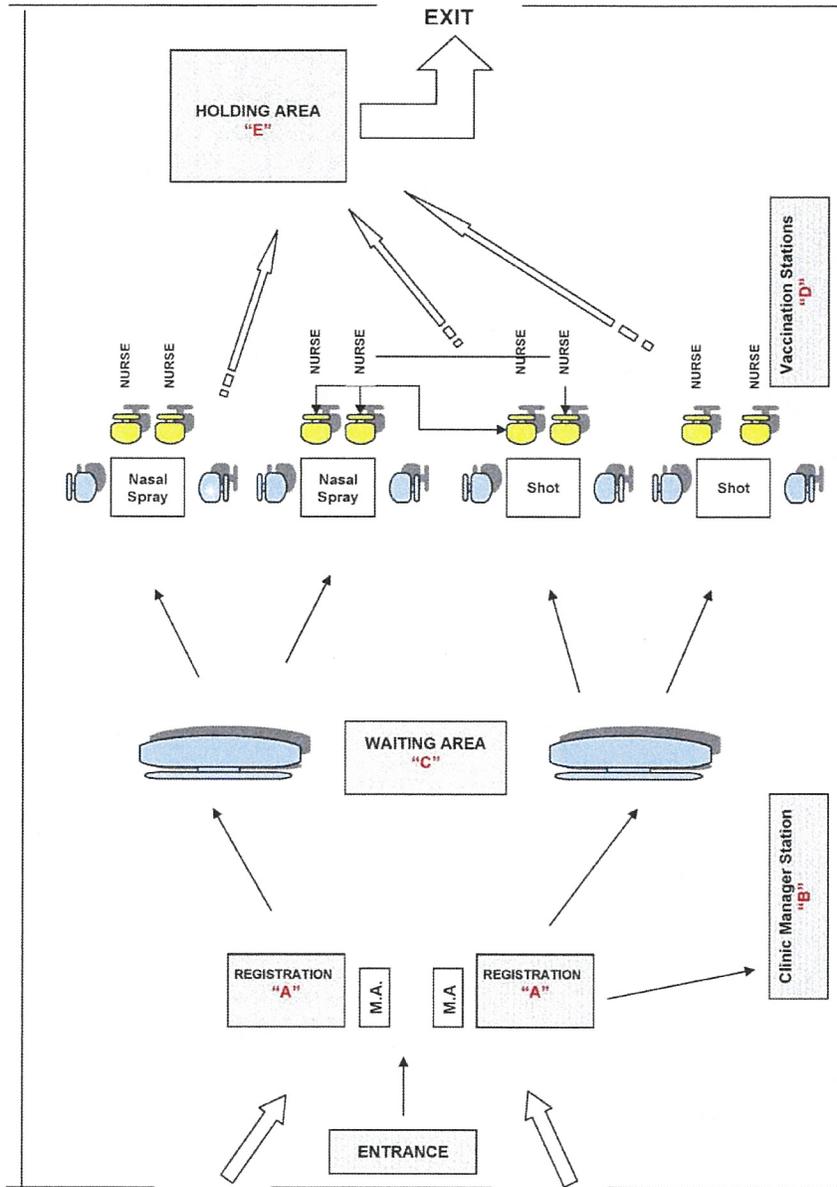
- c) All trash generated at a Stop Flu at School vaccination clinic will be returned to a DOH facility for disposal.
- d) Biohazardous trash must be separated from regular trash
- e) Biohazardous waste
 - i. Must be disposed of in appropriate containers according to Standing Orders
 - ii. Must only be handled/transported by persons who:
 - 1) Have completed Blood Borne Pathogen training within the previous 12 months before the start of the Stop Flu at School vaccination clinics
 - 2) Have received appropriate hepatitis B vaccination or have laboratory evidence of immunity to hepatitis B disease
 - ii. Will be transported/disposed per DOH Stop Flu at School program procedures



Appendix



Sample Flow Plan



10.02.2009



A brief review of Hawaii's successful and the nation's first statewide school-located influenza vaccination program over the past four influenza seasons, 2007-2011.

Stop Flu at School Summary Report

3 May 2011

**Disease Outbreak Control Division
Hawaii Department of Health**

Executive Summary

The State of Hawaii Department of Health (HDOH) has led the implementation of the statewide school-located influenza (flu) vaccination program (Hawaii's Stop Flu at School Program) since it was first introduced at the start of the traditional flu season in 2007. Through this highly successful program over 300,000 flu vaccinations have been administered to children and school faculty and staff during the past four flu seasons from 2007-2011 in over 300 public and private elementary and middle schools statewide. The program, which costs approximately \$1.83 million annually, was designed to make seasonal flu vaccination available free of charge at participating schools to students in grades K-8 (ages 5-13 years) with parental consent as well as school faculty and staff during normal school hours from October through December of a given flu season, with multiple clinics operating simultaneously using a standardized operating protocol and trained clinical staff. In the last two years, close to 50% of the target age group has been vaccinated against flu as a result.

The program's objectives have been two-fold:

The primary objective is to decrease flu disease and complications resulting from flu disease in schoolchildren. Studies have shown that preventing flu in this target population may reduce absenteeism rates in schools and may prevent flu transmission and illness in their families and community. These school-located vaccination clinics have created an accessible and convenient opportunity for a large population to receive flu vaccination.

Secondly, this program provides a framework or model for an emergency mass vaccination response, which was demonstrated during the 2009 H1N1 pandemic. In the event of a medical emergency, vaccination clinics may be set up at various locations and staffed by a network of interagency and volunteer personnel. The Stop Flu at School Program's vaccination clinics tests the State's surge capacity and the efficiencies of established plans and operating procedures; in addition, the program provides experience for clinic personnel with emergency management concepts.

This unique statewide flu vaccination program has been the result of a strong collaboration among multiple organizations and agencies working towards the unified goal of public health and disease prevention. It continues to be a large-scale operation that is inherently complex with numerous components and requirements. Over the past four years, Hawaii has been fortunate to have been able to utilize funds from primarily federal immunization grants and the generous financial support of private organizations, including vaccine manufacturers and a major healthcare foundation, as well as a small amount of state funds. While through strategic planning there are sufficient funds to carry the program through the fifth year (2011-12 flu season), the continued success and benefits to the public's health are in question with the lack of continued financial support including decreasing and restricted grant funds and minimal other resources.

This brief summary overview of Hawaii's Stop Flu at School program offers a compelling argument for the potential and direct benefits of this program for the public's health now and in the future. In the coming year, even as we in the Department of Health conduct the operations for this fifth year, it is our hope that we will identify sources of funding and a means to secure the longevity of this unique and critical program.

Contents

School Participation.....	3
Student Participation.....	4
Faculty/Staff Participation.....	8
Fiscal Expenditures.....	9
Potential Impact on Influenza Disease in Hawaii.....	10
Contribution to the Response to the 2009 H1N1 Pandemic.....	11
Acknowledgments.....	12

School Participation

Toward the end of preceding school year (i.e., for the 2011-12 flu season, April 2011), HDOH sends a letter to all public and private school principals requesting whether or not a school will opt to participate in the Stop Flu at School program. Schools must respond by the stated deadline to participate. The table below shows that approximately 90% of all schools in the state have participated in the program each of the past four years from 2007-2011.

Table 1. Public and Private School Participation in the Stop Flu at School Program, 2007-2011

	2007-2008	2008-2009	2009-2010*	2010-2011
No. participated (%)	340 (90)	337 (89)	342 (91)	331 (88)
No. did not participate (%)	37 (10)	42 (11)	33 (9)	44 (12)
Total # of schools in Hawaii	377	379	375	375

*H1N1 Pandemic year

Once all school responses are collected, clinic dates are coordinated and scheduled during the summer for each participating school. Starting in the season of 2009-10, participating schools and their scheduled clinic dates have been posted on the HDOH Stop Flu at School website, <http://www.flu.hawaii.gov/SFAS.html>.

Student Participation

With the start of the school year, vaccination consent packets are sent, with the assistance of school staff, home to parents of students in participating schools. Public media campaigns to increase parental awareness and remind parents of the consent deadline are conducted.

HDOH recognizes that some parents would still prefer to have their children vaccinated by their healthcare provider, but for the many parents who would like to have their children protected against flu but face various challenges to do so, this program offers a convenient and safe opportunity and therefore ensures against any missed opportunity to protect the public's health. In four years, HDOH has achieved the goal of vaccinating almost 50% of the target age group, ages 5-13 years. Yearly participation data for this group is shown in Table 2.

Table 2. Total Participation of Students Ages 5-13 Years in Hawaii's Stop Flu at School Program, 2007-2011

	2007-2008	2008-2009	2009-2010*	2010-2011
No. of students in target group who participated (%)	60,760 (44)	60,172 (44)	68,056 (49)	66,230 (48)
State population of target group	137,590	136,936	138,261	139,091

*H1N1 Pandemic year

Some schools, especially in rural areas, include a small number of children outside the target group (grades K-8, ages 5-13 years). Table 3 demonstrates the participation of all students in the program.

Table 3. Total Student Participation in Hawaii's Stop Flu at School Program, 2007-2011

	2007-2008	2008-2009	2009-2010*	2010-2011
No. of students who participated (%)	63,153 (43)	62,355 (44)	71,392 (49)	68,924 (46)
Total official school enrollments	146,777	142,603	147,103	148,967

*H1N1 Pandemic year

Vaccination coverage has varied by island comparable to its proportion of the state's population (Figure 1).

Coverage has also varied by zip code. The following figures (Figures 2-5) demonstrate the distribution of the 2010-11 participating target age group students throughout the state by zip code of residence. Note that those zip codes which have no participating students are marked as N/A.

Figure 1. Proportion of All Vaccinated Students (n=68,924) by Island in the 2010-11 Stop Flu at School Program

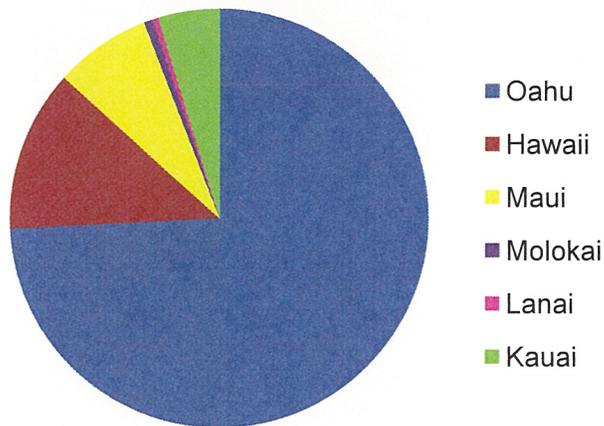


Figure 2. Proportion of Stop Flu at School Participating Students, Ages 5-13 Years, by Zip Code – Oahu, 2010-11

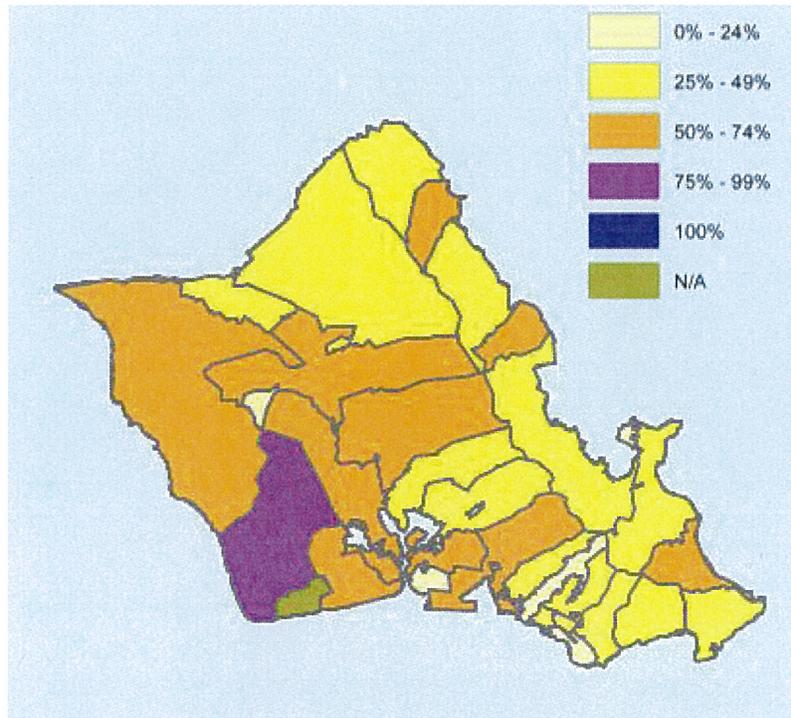


Figure 3. Proportion of Stop Flu at School Participating Students, Ages 5-13 Years, by Zip Code – Island of Hawaii, 2010-11

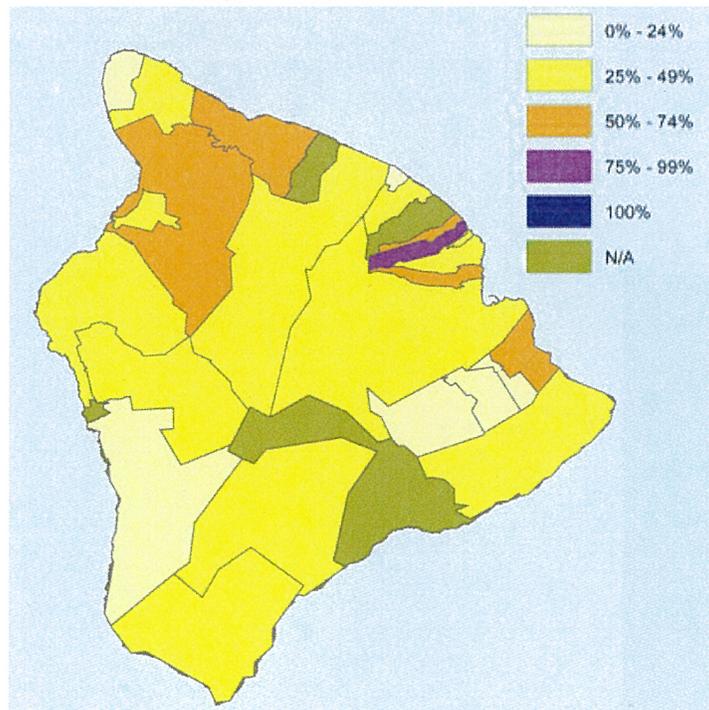
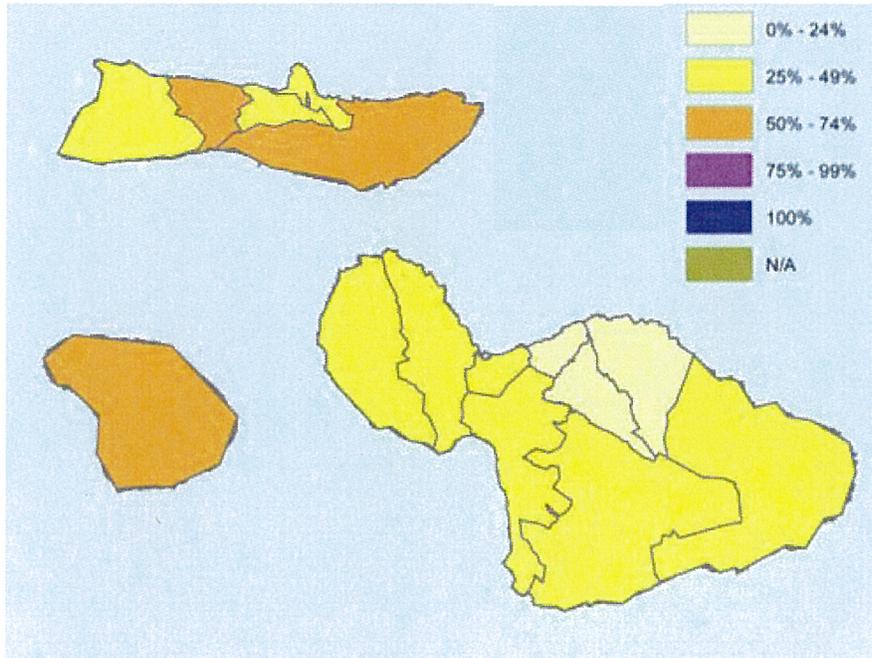
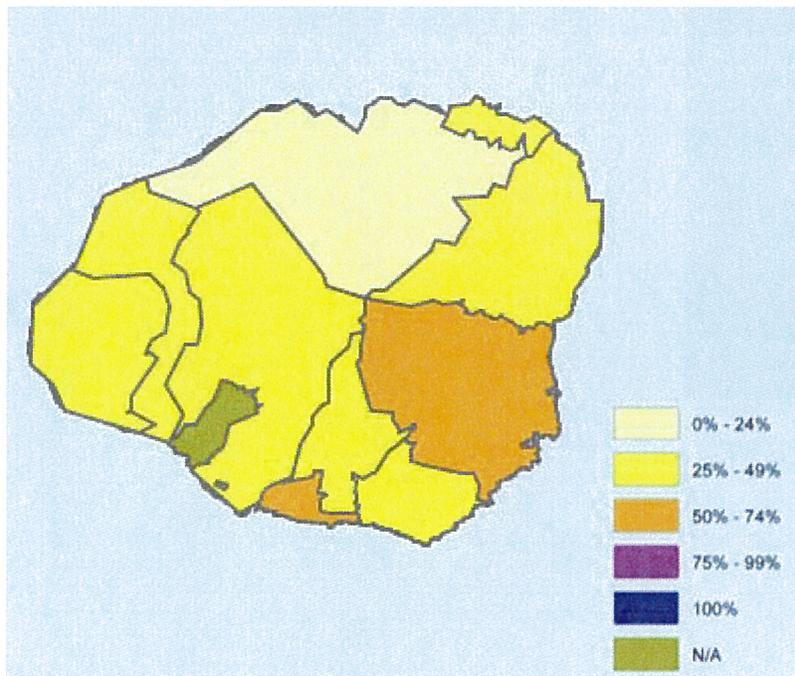


Figure 4. Proportion of Stop Flu at School Participating Students, Ages 5-13 Years, by Zip Code – Maui, Lanai, and Molokai, 2010-11



Not to scale

Figure 5. Proportion of Stop Flu at School Participating Students, Ages 5-13 Years, by Zip Code – Kauai, 2010-11



*Niihau students participated in Kauai; however, no census data available for Niihau to demonstrate proportion of target age group vaccinated.

To understand who our program is reaching and where, starting in the 2008-2009 season, HDOH requested parents to indicate their insurer. According to these data (Table 4), the majority of students have private health insurance while almost one-third are QUEST-Medicaid insured or have no insurance.

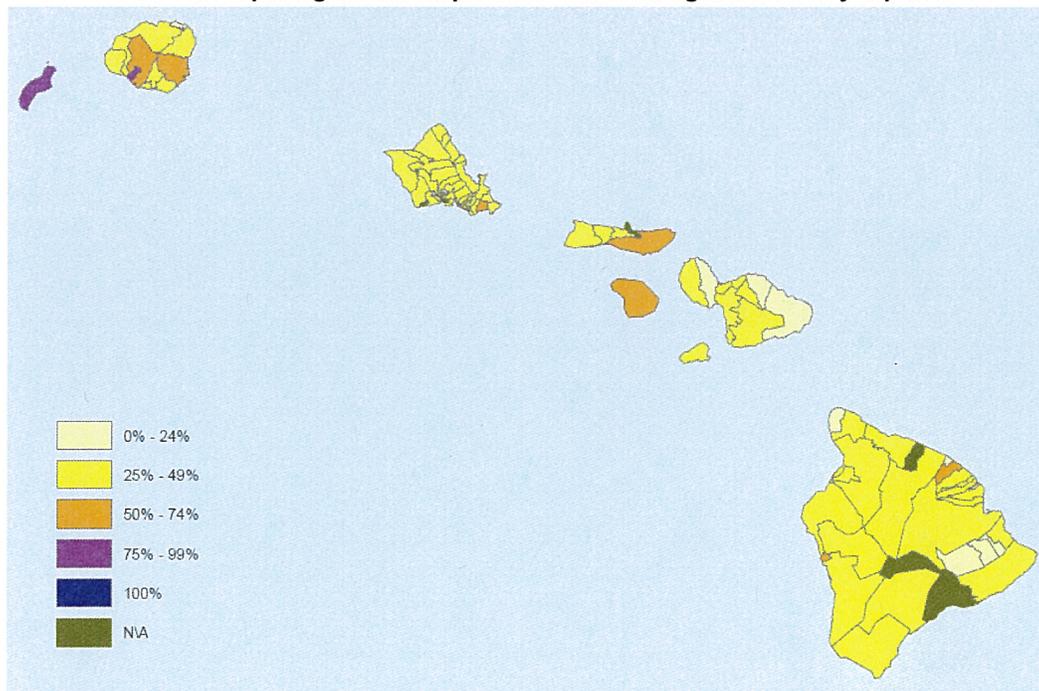
Table 4. Insurance Type for All Participating Students in the Hawaii Stop Flu at School Program, 2008-2011

HEALTH INSURANCE TYPE	% of Total Vaccinated per Flu Season		
	2008-2009	2009-2010	2010-2011
Champus/Tricare	8.6	9.5	9.7
HMAA	1.7	2.8	2.7
HMSA	31.7	33.9	33.0
Kaiser	8.5	10.2	10.1
Summerlin*	0.5	1.2	0.1
UH (UHA)	1.8	1.4	1.6
Other	12.2	7.2	6.8
MedQuest (includes Aloha Care, HMSA, Kaiser)	30.8	31.0	31.7
No insurance	1.5	1.6	1.7
Not sure/blank	2.6	1.4	2.5

*Includes some with MedQuest coverage but data not distinguished from those with regular insurance.

Comparing vaccinated Quest-Medicaid insured children in the program with data for the target age group from the State Medicaid Division, Department of Human Services, on average 37% of all Quest-Medicaid insured children in the state are vaccinated against flu through the Stop Flu at School program each year. In 2010-11, the program has generally succeeded in reaching at least 25-49% of these children in most areas with greater proportions of this group's participation observed in some of the rural areas of the state (Figure 6).

Figure 6. Quest-Medicaid Insured Children, Ages 5-13 Years, in Hawaii, 2010-2011: Proportion of Those Participating in the Stop Flu at School Program to All by Zip Code



Faculty/Staff Participation

In addition to offering flu vaccine to the schoolchildren, school faculty and staff are offered the same opportunity. Participation by this group has remained stable at 43-44% (Table 5) over the past four years.

Table 5. Total Participation of School Faculty and Staff in Hawaii's Stop Flu at School Program, 2007-2011

	2007-2008	2008-2009	2009-2010*	2010-2011
No. of faculty/staff who participated (%)	9,306 (43)	9,365 (44)	9,940 (44)	9,544 (43)
Faculty total counts	21,625	21,102	22,541	22,224

*H1N1 Pandemic year

Fiscal Expenditures

In the first year of the program, there were many unknowns. A pilot program conducted in 2006-2007 in three Oahu schools provided a starting point; however, expanding from three schools on one island to over 330 on all islands was an immense undertaking. With the overall objective to vaccinate at least 50% of the target age group, 5-13 years, in the state, expenditures for the first year were based on that estimated number plus a cushion. Additionally, many resources (e.g. coolers and cold packs for vaccines, medical emergency kits) were acquired in the first year that could then be maintained and used in future years and therefore were onetime costs necessary to start the program. The 2009-2010 season, however, stretched resources as the H1N1 pandemic increased demand. As the 2010-2011 season approached, it was unclear whether that increased demand would continue or would wane.

Excluding the first year, the average annual cost of the program has been \$1.83 million: \$1.16 million for vaccines (both injectable and nasal spray) and \$675,000 for operations. Note that vaccine costs charged by manufacturers may vary from year to year.

Table 6. Annual Expenditures for Hawaii Stop Flu at School Program, 2007-2011

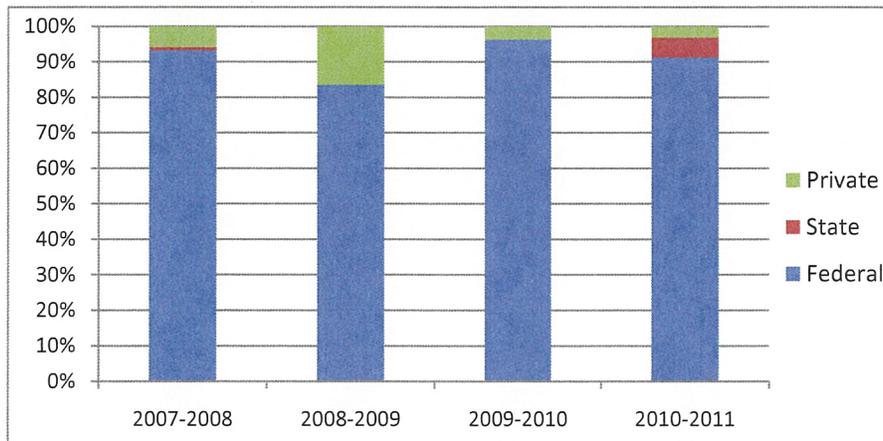
Expenditure type	Expenditure per Flu Season			
	2007-2008	2008-2009	2009-2010*	2010-2011
Vaccines	\$ 1,858,995.13	\$ 1,289,440.51	\$ 949,809.91	\$ 1,234,776.56
~ Doses secured	141,260	103,300	93,200	113,400
Operations†	\$ 1,475,700.74	\$ 559,556.72	\$ 718,884.59	\$ 746,744.65
TOTAL	\$ 3,334,695.87	\$ 1,848,996.82	\$ 1,668,694.50	\$ 1,981,521.21

*H1N1 Pandemic year

†Includes medical supplies; contracting for clinic staff, data entry, support staff, drivers; print materials; clinic training; public health campaigns; translation services; medical supply disposal; etc.

Funding has primarily been secured through federal grants (including Immunizations, American Recovery and Reinvestment Act - ARRA, and public health preparedness) through the U.S. Centers for Disease Control and Prevention, although some private funds had been secured from the Hawaii Medical Service Association as well as Sanofi Pasteur and MedImmune and a very small amount of state general funds (Figure 7; note that in 2008-2009 and 2010-2011 state funds were utilized but actual proportion was <0.1%).

Figure 7. Annual Source of Funding for Hawaii Stop Flu at School Program, 2007-2011

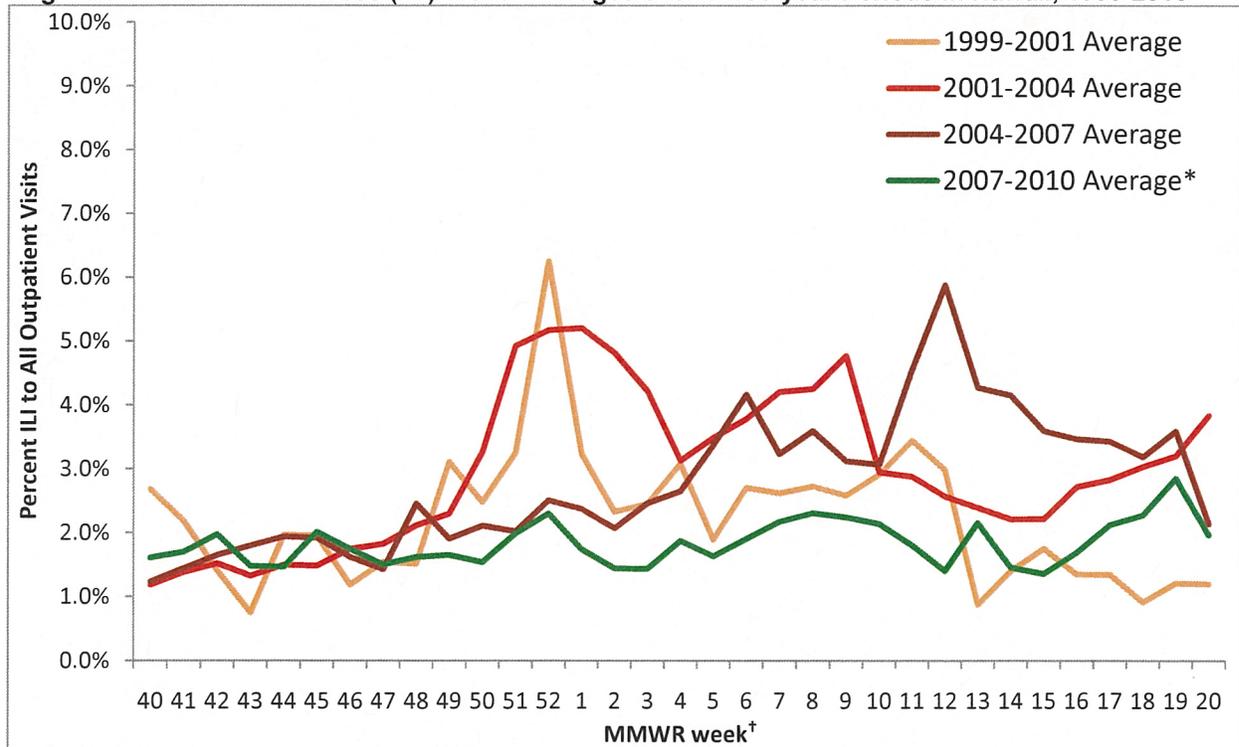


Unfortunately, with decreasing federal funding and increasing restrictions on its use as well as diminished or absent state resources (including diminished staff), other funding sources will be needed if this program is to continue beyond 2011-2012.

Potential Impact on Influenza Disease in Hawaii

One of the major objectives of the Stop Flu at School program has been to decrease flu disease and complications resulting from flu disease, not just in schoolchildren but also indirectly in our community, since schoolchildren are a major source of community illnesses. Although much work still remains to determine whether and how the program has impacted flu disease in our state, and the data are complicated by multiple confounding factors, not the least of which are the unpredictable nature of flu and the variable severity of disease from year to year, we examined the average flu-like illness trend for three year periods starting with the first three years of the program and going back to 1999, the earliest such data available in our flu surveillance system (Figure 8). Flu-like illness does not represent confirmed flu illness, only a syndrome of fever plus cough or sore throat, but it is generally considered representative of flu illness in a community. The data therefore suggest that there has been less flu disease in the state during 2007-2010 compared with the previous periods. Although other factors have likely played a role and additional data including those from the following years will be required to better describe what is currently observed, the Stop Flu at School program may have at least contributed to this decrease.

Figure 8. Influenza-like Illness (ILI) Trend Averages over Three-year Periods in Hawaii, 1999-2010



*Covers the first three years of the Stop Flu at School program, statewide school-located flu vaccination program targeting children in grades K-8, ages 5-13 years, in participating public and private schools

†MMWR stands for "Morbidity and Mortality Weekly Report," conventionally used by the Centers for Disease Control and Prevention (CDC). The weeks of a flu season are often referred to by their respective MMWR week. Week 40 coincides with the beginning of the traditional Northern Hemisphere flu season, early October; week 1 corresponds to early January; and week 20 corresponds with mid-late May, the end of the traditional Northern Hemisphere flu season surveillance period.

Contribution to the Response to the 2009 H1N1 Pandemic

Because of the experience gained through the years of planning and conducting the Stop Flu at School program, Hawaii was able to quickly establish a similar overall process and clinic operations to administer the H1N1 pandemic vaccine. Operational funding and vaccines were provided by the U.S. Centers for Disease Control and Prevention, the former through the Public Health Emergency Response grant. Given experience in receiving vaccine shipments in previous years (i.e., late and divided in multiple shipments) and the unclear production times of the new vaccine, clinics were planned to be held starting at least one month after the scheduled start of when vaccines would be shipped to states (i.e., clinics to start in mid-November with vaccine shipments proposed by the federal government to start in early to mid-October). In this way, Hawaii, unlike other states, successfully and efficiently conducted every school H1N1 vaccine clinic as scheduled without needing to cancel and reschedule because of lack of vaccine or supplies.

Through the school H1N1 vaccination program, 327 public and private schools participated to enable the vaccination of 55,573 students and 10,212 school faculty and staff across the state from mid-November 2009 through mid-January 2010.

Acknowledgments

This program would not be possible without the strong collaboration of the Department of Health with multiple partners around the state, especially the schools represented by the Department of Education, the Hawaii Association of Independent Schools, and the Hawaii Catholic Schools. HDOH would also like to acknowledge the following (in alphabetical order) for their participation and support:

- Community Volunteers
- Hawaii Chapter, American Academy of Family Physicians
- Hawaii Chapter, American Academy of Pediatrics
- Hawaii Medical Service Association
- Hawaii Pacific University, College of Nursing and Health Sciences
- Kaiser Foundation Health Plan
- Maui Community College, School of Nursing
- University of Hawaii at Hilo, Baccalaureate Nursing Program
- University of Hawaii at Hilo, School of Pharmacy
- University of Hawaii at Manoa, School of Nursing and Dental Hygiene
- U.S. Department of Defense Joint Public Health Emergency Working Group
- Volunteers of Hawaii's Medical Reserve Corps Units

HDOH also recognizes the continuous funding support of the U.S. Centers for Disease Control and Prevention as well as the one time funding support of HMSA, Sanofi Pasteur, and MedImmune.

Proposal Application Checklist

Applicant: _____ RFP No.: _____

The applicant's proposal must contain the following components in the order shown below. Return this checklist to the purchasing agency as part of the Proposal Application. SPOH forms are on the SPO website.

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Applicant to place "X" for items included in Proposal
General:				
Proposal Application Identification Form (SPOH-200)	Section 3, RFP	SPO Website*	X	
Proposal Application Checklist	Section 5, RFP	Attachment B	X	
Table of Contents	Section 3, RFP	Attachment C	X	
Proposal Application (SPOH-200A)	Section 3, RFP	SPO Website*	X	
Provider Compliance	Section 1, RFP	SPO Website*	X	
Cost Proposal (Budget)	Section 3, RFP	Sections 3 & 4, RFP	X	
SPO-H-205	Section 3, RFP	SPO Website*		
SPO-H-205A	Section 3, RFP	SPO Website*		
SPO-H-205B	Section 3, RFP,	SPO Website*		
SPO-H-206A	Section 3, RFP	SPO Website*		
SPO-H-206B	Section 3, RFP	SPO Website*		
SPO-H-206C	Section 3, RFP	SPO Website*		
SPO-H-206D	Section 3, RFP	SPO Website*		
SPO-H-206E	Section 3, RFP	SPO Website*		
SPO-H-206F	Section 3, RFP	SPO Website*		
SPO-H-206G	Section 3, RFP	SPO Website*		
SPO-H-206H	Section 3, RFP	SPO Website*		
SPO-H-206I	Section 3, RFP	SPO Website*		
SPO-H-206J	Section 3, RFP	SPO Website*		
Certifications:				
<i>Federal Certifications</i>				
Debarment & Suspension				
Drug Free Workplace				
Lobbying				
Program Fraud Civil Remedies Act				
Environmental Tobacco Smoke				
Program Specific Requirements:				
Liability Insurance			X	
HCE compliance	Section 1, RFP	SPO Website*	X	

*Refer to Section 1.2, Website Reference for website address

Exhibit "C"

(SAMPLE)
Proposal Application
Table of Contents

1.0 Program Approach1

2.0 Experience1

3.0 Program Organization.....7

A. Organizational Chart

B. Organization Chart Narrative

C. Project Manager Qualifications, References, and Resume

4.0 Personnel.....10

5.0 Qualifications.....21

A. Proof of Liability Insurance

B. HCE compliance

6.0 Pricing.....21

7.0 Litigation.....22

8.0 Attachments

Exhibit "D"