



# ORANGE COUNTY FIRE AUTHORITY

## AGENDA

Pursuant to the Brown Act, this meeting also constitutes a meeting of the Board of Directors.

**EXECUTIVE COMMITTEE  
REGULAR MEETING  
Thursday, February 27, 2014  
5:30 P.M.**

**Regional Fire Operations and Training Center  
Board Room  
1 Fire Authority Road  
Irvine, CA 92602**

*Unless legally privileged, all supporting documentation and any writings or documents provided to a majority of the Executive Committee after the posting of this agenda, which relate to any item on this agenda will be made available for public review in the office of the Clerk of the Authority located on the 2<sup>nd</sup> floor of the OCFA Regional Fire Operations & Training Center, 1 Fire Authority Road, Irvine, CA 92602, during regular business hours, 8:00 a.m. - 5:00 p.m., Monday through Thursday, and every other Friday, (714) 573-6040. In addition, unless legally privileged, all supporting documentation and any such writings or documents will be available online at <http://www.ocfa.org>.*

This Agenda contains a brief general description of each item to be considered. Except as otherwise provided by law, no action or discussion shall be taken on any item not appearing on the following Agenda. Unless legally privileged, supporting documents, including staff reports, are available for review at the Orange County Fire Authority Regional Fire Operations & Training Center, 1 Fire Authority Road, Irvine, CA 92602 or you may contact Sherry A.F. Wentz, Clerk of the Authority, at (714) 573-6040 Monday through Friday from 8 A.M. to 5 P.M.

If you wish to speak before the Fire Authority Executive Committee, please complete a Speaker Form identifying which item(s) you wish to address. Please return the completed form to the Clerk of the Authority prior to being heard before the Committee. Speaker Forms are available at the counters of both entryways of the Board Room.



In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, you should contact the Clerk of the Authority at (714) 573-6040.

**CALL TO ORDER**

**INVOCATION** by OCFA Chaplain Bob George

**PLEDGE OF ALLEGIANCE** by Director Lalloway

**ROLL CALL**

## PRESENTATIONS

No items.

## PUBLIC COMMENTS

Resolution No. 97-024 established rules of decorum for public meetings held by the Orange County Fire Authority. Resolution No. 97-024 is available from the Clerk of the Authority.

Any member of the public may address the Committee on items within the Committee's subject matter jurisdiction but which are not listed on this agenda during PUBLIC COMMENTS. However, no action may be taken on matters that are not part of the posted agenda. We request comments made on the agenda be made at the time the item is considered and that comments be limited to three minutes per person. Please address your comments to the Committee as a whole, and do not engage in dialogue with individual Committee Members, Authority staff, or members of the audience.

The Agenda and Minutes are now available through the Internet at [www.ocfa.org](http://www.ocfa.org). You can access upcoming agendas on the Monday before the meeting. The minutes are the official record of the meeting and are scheduled for approval at the next regular Executive Committee meeting.

## REPORT FROM THE BUDGET AND FINANCE COMMITTEE CHAIR

### MINUTES

- Minutes from the January 23, 2014, Regular Executive Committee Meeting**  
Submitted by: Sherry Wentz, Clerk of the Authority

Recommended Action:  
Approve as submitted.

### CONSENT CALENDAR

*All matters on the consent calendar are considered routine and are to be approved with one motion unless a Committee Member or a member of the public requests separate action on a specific item.*

- Monthly Investment Reports**  
Submitted by: Patricia Jakubiak, Treasurer

Recommended Action:  
Receive and file the reports.

- Second Quarter Financial Newsletter – July to December 2013**  
Submitted by: Lori Zeller, Assistant Chief/Business Services Department

Recommended Action:  
Receive and file the report.

**4. Quarterly Report of Claims**

Submitted by: Janet Wells, Interim Human Resources Director

Recommended Action:

Receive and file the report.

**5. Request for Contract Extension for Occupational Medical Services Pending Completion of RFP**

Submitted by: Janet Wells, Interim Human Resources Director

Recommended Actions:

1. Approve and authorize the Fire Chief to sign the Seventh Amendment to the Letter of Agreement to extend the contract term for an additional four months.
2. Approve and authorize the Purchasing Manager to extend the blanket order for a not to exceed amount of \$160,000, pending completion of RFP process.

**END OF CONSENT CALENDAR**

**DISCUSSION CALENDAR**

No items.

**REPORTS**

No items.

**COMMITTEE MEMBER COMMENTS**

**CLOSED SESSION**

No items.

**ADJOURNMENT** – The next regular meeting of the Executive Committee is scheduled for Thursday, March 27, 2014, at 5:30 p.m.

**AFFIDAVIT OF POSTING**

I hereby certify under penalty of perjury under the laws of the State of California, that the foregoing Agenda was posted in the lobby and front gate public display case of the Orange County Fire Authority, Regional Fire Operations and Training Center, 1 Fire Authority Road, Irvine, CA, not less than 72 hours prior to the meeting. Dated this 20<sup>th</sup> day of February 2014.

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Sherry A.F. Wentz, CMC  
Clerk of the Authority

**UPCOMING MEETINGS:**

Budget and Finance Committee Meeting	Wednesday, March 12, 2014, 12 noon
Special Board of Directors Meeting	Thursday, March 13, 2014, 6:30 p.m.
Claims Settlement Committee Meeting	Thursday, March 27, 2014, 5:00 p.m.
Executive Committee Meeting	Thursday, March 27, 2014, 5:30 p.m.
Board of Directors Meeting	Thursday, March 27, 2014, 6:30 p.m.

# MINUTES

## ORANGE COUNTY FIRE AUTHORITY

**Executive Committee Special Meeting**  
**Thursday, January 23, 2014**  
**5:30 P.M.**

**Regional Fire Operations and Training Center**  
**Board Room**  
1 Fire Authority Road  
Irvine, CA 92602

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### CALL TO ORDER

A special meeting of the Orange County Fire Authority Executive Committee was called to order on January 23, 2014, at 5:32 p.m. by Chair Steven Weinberg.

### INVOCATION

Chaplain Robert Benoun offered the invocation.

### PLEDGE OF ALLEGIANCE

Director Bressette led the assembly in the Pledge of Allegiance to our Flag.

### ROLL CALL

**Present:** Randal Bressette, Laguna Hills  
Gene Hernandez, Yorba Linda  
Trish Kelley, Mission Viejo  
Jeffrey Lalloway, Irvine  
Al Murray, Tustin  
David Shawver, Stanton  
Beth Swift, Buena Park  
Steven Weinberg, Dana Point

**Absent:** Todd Spitzer, County of Orange

### Also present were:

Fire Chief Keith Richter	General Counsel David Kendig
Deputy Chief Craig Kinoshita	Assistant Chief Brian Stephens
Assistant Chief Dave Thomas	Assistant Chief Lori Zeller
Clerk of the Authority Sherry Wentz	Assistant Clerk Lydia Slivkoff

### PRESENTATIONS

No items.

## **PUBLIC COMMENTS (F: 12.02A3)**

Chair Weinberg opened the Public Comments portion of the meeting. Chair Weinberg closed the Public Comments portion of the meeting without any comments.

## **REPORT FROM THE BUDGET AND FINANCE COMMITTEE CHAIR (F: 11.12)**

Budget and Finance Committee Chair Beth Swift reported at the January 8, 2014, meeting of the Budget and Finance Committee, the Committee discussed and voted unanimously to send the Monthly Investment Report and the Updated Broker/Dealer List to the Board of Directors with the recommendation that the Board approve the items. She also reported the Committee extensively reviewed the use of an external investment manager and voted unanimously to recommend the OCFA's Treasurer to continue to invest funds internally.

## **MINUTES**

### **1. Minutes from the November 21, 2013 (A), Executive Committee Regular Meeting and December 11, 2013 (B), Executive Committee Special Meeting (F: 12.02A2)**

On motion of Vice Chair Murray and second by Director Kelley, the Executive Committee voted unanimously to approve the minutes from the November 21, 2013 (A), Executive Committee Regular Meeting and December 11, 2013 (B), Executive Committee Special Meeting, as submitted.

## **CONSENT CALENDAR**

### **2. Monthly Investment Reports (F: 11.10D2)**

On motion of Vice Chair Murray and second by Director Hernandez, the Executive Committee voted unanimously to receive and file the reports.

### **3. Updated Broker/Dealer List (F: 11.10D4)**

On motion of Vice Chair Murray and second by Director Hernandez, the Executive Committee voted unanimously to approve the proposed Broker/Dealer List to include the following three firms:

- FTN Financial
- Raymond James
- UBS Financial Services

**4. Request for Proposal No. DC1886 – Microsoft SharePoint Upgrade Services**  
(F: 19.08A2a2)

On motion of Vice Chair Murray and second by Director Hernandez, Executive Committee voted unanimously to approve and authorize the Fire Chief to sign the Professional Services Agreement with 6th Street Consulting to upgrade and migrate the current 2007 SharePoint system to 2013 SharePoint for an amount of \$377,969.

**END OF CONSENT CALENDAR**

**DISCUSSION CALENDAR**

No items.

**REPORTS**

**5. Chief's Report** (F: 12.07A7)

The Chief indicated he would provide his report at the Board of Directors meeting.

**COMMITTEE MEMBER COMMENTS** (F: 12.02A4)

There were no Committee member comments.

**CLOSED SESSION** (F: 12.02A5)

No items.

**ADJOURNMENT** – Chair Weinberg adjourned the meeting at 5:35 p.m. The next regular meeting of the Executive Committee is scheduled for Thursday, February 27, 2014, at 5:30 p.m.

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Sherry A.F. Wentz, CMC  
Clerk of the Authority

**CONSENT CALENDAR - AGENDA ITEM NO. 2**  
**EXECUTIVE COMMITTEE MEETING**  
**February 27, 2014**

TO: Executive Committee, Orange County Fire Authority

FROM: Patricia Jakubiak, Treasurer

SUBJECT: **Monthly Investment Reports**

Summary:

This agenda item is submitted to the Committee in compliance with the investment policy of the Orange County Fire Authority and with Government Code Section 53646.

Committee Action:

At its February 5, 2014, meeting, the Budget and Finance Committee reviewed and unanimously recommended approval of this item.

Recommended Action:

Receive and file the reports.

Background:

Attached is the final monthly investment report for the month ended December 31, 2013. A preliminary investment report as of January 17, 2014, is also provided as the most complete report that was available at the time this agenda item was prepared.

Impact to Cities/County:

Not Applicable.

Fiscal Impact:

Not Applicable.

Staff Contact for Further Information:

Patricia Jakubiak, Treasurer

[Triciajakubiak@ocfa.org](mailto:Triciajakubiak@ocfa.org)

(714) 573-6301

Attachment:

Final Investment Report – December 2013 / Preliminary Report – January 2014

# *Orange County Fire Authority Monthly Investment Report*



*Final Report – December 2013*

*Preliminary Report – January 2014*



## ***Monthly Investment Report Table of Contents***

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***Orange County Fire Authority***

***Final Investment Report***

***December 31, 2013***



**EXECUTIVE SUMMARY**

***Portfolio Activity & Earnings***

During the month of December 2013, the size of the portfolio increased significantly to \$180.1 million from \$103.4 million. Significant receipts for the month included the second and third apportionments of secured property taxes for a combined total of \$78.8 million and receipts for the second quarterly cash contract payments totaling \$14.1 million. Significant disbursements for the month included primarily biweekly payrolls. The portfolio's balance is expected to decrease significantly in the following month as there are no major receipts scheduled for January.

In December, the portfolio's yield to maturity (365-day equivalent) decreased by 14 basis points to 0.24%. The effective rate of return also decreased, declining by 10 basis points to 0.29% for the month, and edged down by 1 basis point to 0.34% for the fiscal year to date. The average maturity of the portfolio shortened by 111 days to 187 days to maturity. Due to the persistently low interest rate environment, interest earnings came in less than budgeted for the first half of the fiscal year. Therefore, interest earnings are being reviewed for a mid-year budget adjustment.

***Economic News***

In December 2013, the U.S. economic activity remained weak and uneven. Employment conditions, in contrast to the prior month, were much weaker than expected. There were a total of 74,000 new jobs added in December while a much higher number had been expected for the month. Unemployment conditions, on the other hand, appeared to continue improving, declining by 3 basis points to 6.7%. However, the drop in the unemployment rate was also due to a significant decline in the labor force. Both the manufacturing and non-manufacturing sectors declined slightly, although their level of activity remained in expansion territory. Retail sales came in slightly better than expected, and both the University of Michigan Consumer Sentiment and the Conference Board Consumer Confidence measures increased in December. Industrial production was in line with expectations in December. Inflation increased as expected, but remained controlled. The NFIB (National Federation of Independent Business) small business optimism index increased slightly in December. Current expectations are that the Fed will likely increase the pace of "tapering" gradually at their next scheduled meeting in late January 2014.



**BENCHMARK COMPARISON AS OF DECEMBER 31, 2013**

<i>3 Month T-Bill:</i> 0.07%	<i>1 Year T-Bill:</i> 0.13%
<i>6 Month T-Bill:</i> 0.10%	<i>LAIF:</i> 0.26%
<i>OCFA Portfolio:</i> 0.29%	

**PORTFOLIO SIZE, YIELD, & DURATION**

	<u><i>Current Month</i></u>	<u><i>Prior Month</i></u>	<u><i>Prior Year</i></u>
<i>Book Value-</i>	\$180,095,611	\$103,368,721	\$163,639,022
<i>Yield to Maturity (365 day)</i>	0.24%	0.38%	0.25%
<i>Effective Rate of Return</i>	0.29%	0.39%	0.25%
<i>Days to Maturity</i>	187	298	266



**ORANGE COUNTY FIRE AUTHORITY**  
**Portfolio Management**  
**Portfolio Summary**  
**December 31, 2013**

Orange County Fire Authority  
 1 Fire Authority Road  
 Irvine, CA 92602  
 (714)573-6301

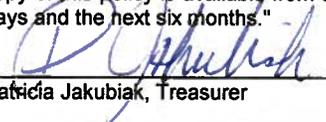
(See Note 1 on page 9)

(See Note 2 on page 9)

<b>Investments</b>	<b>Par Value</b>	<b>Market Value</b>	<b>Book Value</b>	<b>% of Portfolio</b>	<b>Term</b>	<b>Days to Maturity</b>	<b>YTM/C 360 Equiv.</b>	<b>YTM/C 365 Equiv.</b>
Money Mkt Mutual Funds/Cash	12,409,301.28	12,409,301.28	12,409,301.28	6.92	1	1	0.001	0.001
Commercial Paper Disc. -Amortizing	4,000,000.00	3,999,800.00	3,999,884.44	2.23	89	13	0.080	0.081
Federal Agency Coupon Securities	45,000,000.00	44,719,200.00	45,004,742.12	25.09	1,292	666	0.586	0.594
Federal Agency Disc. -Amortizing	68,000,000.00	67,996,050.00	67,994,453.43	37.90	66	50	0.042	0.043
Local Agency Investment Funds	50,000,000.00	50,014,381.00	50,000,000.00	27.87	1	1	0.260	0.264
<b>Investments</b>	<b>179,409,301.28</b>	<b>179,138,732.28</b>	<b>179,408,381.27</b>	<b>100.00%</b>	<b>351</b>	<b>187</b>	<b>0.237</b>	<b>0.241</b>
<b>Cash</b>								
Passbook/Checking (not included in yield calculations)	1,167,929.07	1,167,929.07	1,167,929.07		1	1	0.000	0.000
<b>Total Cash and Investments</b>	<b>180,577,230.35</b>	<b>180,306,661.35</b>	<b>180,576,310.34</b>		<b>351</b>	<b>187</b>	<b>0.237</b>	<b>0.241</b>

<b>Total Earnings</b>	<b>December 31 Month Ending</b>	<b>Fiscal Year To Date</b>
Current Year	35,241.25	216,647.46
<b>Average Daily Balance</b>	<b>141,599,413.11</b>	<b>127,828,546.15</b>
<b>Effective Rate of Return</b>	<b>0.29%</b>	<b>0.34%</b>

"I certify that this investment report accurately reflects all pooled investments and is in compliance with the investment policy adopted by the Board of Directors to be effective on January 1, 2013. A copy of this policy is available from the Clerk of the Authority. Sufficient investment liquidity and anticipated revenues are available to meet budgeted expenditure requirements for the next thirty days and the next six months."

  
 Patricia Jakubiak, Treasurer      1/3/14

**Cash and Investments with GASB 31 Adjustment:**

Book Value of Cash & Investments before GASB 31 (Above)	\$ 180,576,310.34
GASB 31 Adjustment to Books (See Note 3 on page 9)	\$ (480,699.41)
<b>Total</b>	<b>\$ 180,095,610.93</b>

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**ORANGE COUNTY FIRE AUTHORITY**  
**Portfolio Management**  
**Portfolio Details - Investments**  
**December 31, 2013**

(See Note 1 on page 9)

(See Note 2 on page 9)

CUSIP	Investment #	Issuer	Average Balance	Purchase Date	Par Value	Market Value	Book Value	Stated Rate	YTM/C 365	Days to Maturity	Maturity Date
<b>Money Mkt Mutual Funds/Cash</b>											
SYS528	528	High Mark 100% US Treasury MMF			12,409,301.28	12,409,301.28	12,409,301.28	0.001	0.001	1	
<b>Subtotal and Average</b>			<b>7,758,788.99</b>		<b>12,409,301.28</b>	<b>12,409,301.28</b>	<b>12,409,301.28</b>		<b>0.001</b>	<b>1</b>	
<b>Commercial Paper Disc. -Amortizing</b>											
36959JAE3	810	GEN ELEC CAP CRP		10/17/2013	4,000,000.00	3,999,800.00	3,999,884.44	0.080	0.081	13	01/14/2014
<b>Subtotal and Average</b>			<b>3,999,751.11</b>		<b>4,000,000.00</b>	<b>3,999,800.00</b>	<b>3,999,884.44</b>		<b>0.081</b>	<b>13</b>	
<b>Federal Agency Coupon Securities</b>											
3133ECBT0	799	Federal Farm Credit Bank (Callable anytime)		12/26/2012	9,000,000.00	9,000,180.00	9,000,000.00	0.375	0.375	541	06/26/2015
3133ECM76	809	Federal Farm Credit Bank (Callable anytime)		04/25/2013	9,000,000.00	8,969,130.00	8,995,139.00	0.400	0.424	842	04/22/2016
3133804V6	787	Fed Home Loan Bank (Callable anytime)		08/09/2012	6,000,000.00	5,945,280.00	6,000,000.00	1.000	0.981	1,316	08/09/2017
3133813R4	800	Fed Home Loan Bank (Callable 1-9-14)		12/20/2012	9,000,000.00	8,821,530.00	9,011,362.82	1.000	0.883	8	11/09/2017
313382DC4	803	Fed Home Loan Bank (Callable anytime)		03/15/2013	12,000,000.00	11,983,080.00	11,998,240.30	0.470	0.477	796	03/07/2016
<b>Subtotal and Average</b>			<b>45,004,743.49</b>		<b>45,000,000.00</b>	<b>44,719,200.00</b>	<b>45,004,742.12</b>		<b>0.594</b>	<b>666</b>	
<b>Federal Agency Disc. -Amortizing</b>											
313385RU2	811	Fed Home Loan Bank		12/05/2013	14,000,000.00	13,999,860.00	13,999,949.44	0.010	0.010	13	01/14/2014
313385RU2	812	Fed Home Loan Bank		12/19/2013	11,000,000.00	10,999,890.00	10,999,960.28	0.010	0.010	13	01/14/2014
313385TB2	813	Fed Home Loan Bank		12/19/2013	7,000,000.00	6,999,720.00	6,999,828.71	0.020	0.021	44	02/14/2014
313385TG1	814	Fed Home Loan Bank		12/19/2013	9,000,000.00	8,999,640.00	8,999,265.00	0.060	0.062	49	02/19/2014
313385UF1	815	Fed Home Loan Bank		12/19/2013	9,000,000.00	8,999,280.00	8,998,920.00	0.060	0.062	72	03/14/2014
313385UV6	816	Fed Home Loan Bank		12/19/2013	9,000,000.00	8,999,190.00	8,998,280.00	0.080	0.082	86	03/28/2014
313385VK9	817	Fed Home Loan Bank		12/19/2013	9,000,000.00	8,998,470.00	8,998,250.00	0.070	0.072	100	04/11/2014
<b>Subtotal and Average</b>			<b>34,836,129.51</b>		<b>68,000,000.00</b>	<b>67,996,050.00</b>	<b>67,994,453.43</b>		<b>0.043</b>	<b>50</b>	
<b>Local Agency Investment Funds</b>											
SYS336	336	Local Agency Invstmt Fund			50,000,000.00	50,014,381.00	50,000,000.00	0.264	0.264	1	
<b>Subtotal and Average</b>			<b>50,000,000.00</b>		<b>50,000,000.00</b>	<b>50,014,381.00</b>	<b>50,000,000.00</b>		<b>0.264</b>	<b>1</b>	
<b>Total and Average</b>			<b>141,599,413.11</b>		<b>179,409,301.28</b>	<b>179,138,732.28</b>	<b>179,408,381.27</b>		<b>0.241</b>	<b>187</b>	

**ORANGE COUNTY FIRE AUTHORITY**  
**Portfolio Management**  
**Portfolio Details - Cash**  
**December 31, 2013**

CUSIP	Investment #	Issuer	Average Balance	Purchase Date	Par Value	Market Value	Book Value	Stated Rate	YTM/C 365	Days to Maturity
<b>Money Mkt Mutual Funds/Cash</b>										
SYS10104	10104	American Benefit Plan Admin		07/01/2013	15,000.00	15,000.00	15,000.00		0.000	1
SYS10033	10033	Revolving Fund		07/01/2013	20,000.00	20,000.00	20,000.00		0.000	1
SYS4	4	Union Bank of California		07/01/2013	882,929.07	882,929.07	882,929.07		0.000	1
SYS361	361	YORK		07/01/2013	250,000.00	250,000.00	250,000.00		0.000	1
		<b>Average Balance</b>	<b>0.00</b>							<b>1</b>
<b>Total Cash and Investments</b>			<b>141,599,413.11</b>		<b>180,577,230.35</b>	<b>180,306,661.35</b>	<b>180,576,310.34</b>		<b>0.241</b>	<b>187</b>

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**ORANGE COUNTY FIRE AUTHORITY**  
**Aging Report**  
**By Maturity Date**  
**As of January 1, 2014**

Orange County Fire Authority  
 1 Fire Authority Road  
 Irvine, CA 92602  
 (714)573-6301

				Maturity Par Value	Percent of Portfolio	Current Book Value	Current Market Value	
Aging Interval:	0 days	( 01/01/2014 - 01/01/2014 )	6 Maturities	0 Payments	63,577,230.35	35.21%	63,577,230.35	63,591,611.35
Aging Interval:	1 - 30 days	( 01/02/2014 - 01/31/2014 )	3 Maturities	0 Payments	29,000,000.00	16.06%	28,999,794.16	28,999,550.00
Aging Interval:	31 - 60 days	( 02/01/2014 - 03/02/2014 )	2 Maturities	0 Payments	16,000,000.00	8.86%	15,999,093.71	15,999,360.00
Aging Interval:	61 - 91 days	( 03/03/2014 - 04/02/2014 )	2 Maturities	0 Payments	18,000,000.00	9.97%	17,997,200.00	17,998,470.00
Aging Interval:	92 - 121 days	( 04/03/2014 - 05/02/2014 )	1 Maturities	0 Payments	9,000,000.00	4.98%	8,998,250.00	8,998,470.00
Aging Interval:	122 - 152 days	( 05/03/2014 - 06/02/2014 )	0 Maturities	0 Payments	0.00	0.00%	0.00	0.00
Aging Interval:	153 - 183 days	( 06/03/2014 - 07/03/2014 )	0 Maturities	0 Payments	0.00	0.00%	0.00	0.00
Aging Interval:	184 - 274 days	( 07/04/2014 - 10/02/2014 )	0 Maturities	0 Payments	0.00	0.00%	0.00	0.00
Aging Interval:	275 - 365 days	( 10/03/2014 - 01/01/2015 )	0 Maturities	0 Payments	0.00	0.00%	0.00	0.00
Aging Interval:	366 - 1095 days	( 01/02/2015 - 12/31/2016 )	3 Maturities	0 Payments	30,000,000.00	16.61%	29,993,379.30	29,952,390.00
Aging Interval:	1096 - 1825 days	( 01/01/2017 - 12/31/2018 )	2 Maturities	0 Payments	15,000,000.00	8.31%	15,011,362.82	14,766,810.00
Aging Interval:	1826 days and after	( 01/01/2019 - )	0 Maturities	0 Payments	0.00	0.00%	0.00	0.00
<b>Total for</b>			<b>19 Investments</b>	<b>0 Payments</b>		<b>100.00</b>	<b>180,576,310.34</b>	<b>180,306,661.35</b>



**NOTES TO PORTFOLIO MANAGEMENT REPORT**

- Note 1: Market value of the LAIF investment is calculated using a fair value factor provided by LAIF. The Union Bank Trust Department provides market values of the remaining investments.
- Note 2: Book value reflects the cost or amortized cost before the GASB 31 accounting adjustment.
- Note 3: GASB 31 requires governmental entities to report investments at fair value in the financial statements and to reflect the corresponding unrealized gains/ (losses) as a component of investment income. The GASB 31 adjustment is recorded only at fiscal year end. The adjustment for June 30, 2013 includes an increase of \$13,660 to the LAIF investment and a decrease of \$(494,359) to the remaining investments.
- Note 4: The Highmark money market mutual fund functions as the Authority's sweep account. Funds are transferred to and from the sweep account to/from OCFA's checking account in order to maintain a target balance of \$1,000,000 in checking. Since this transfer occurs at the beginning of each banking day, the checking account sometimes reflects a negative balance at the close of the banking day. The negative closing balance is not considered an overdraft since funds are available in the money market mutual fund. The purpose of the sweep arrangement is to provide sufficient liquidity to cover outstanding checks, yet allow that liquidity to be invested while payment of the outstanding checks is pending.



## ***Local Agency Investment Fund (LAIF)***

As of December 31, 2013, OCFA has \$50,000,000 invested in LAIF. The fair value of OCFA's LAIF investment is calculated using a participant fair value factor provided by LAIF on a quarterly basis. The fair value factor as of December 31, 2013 is 1.00028762. When applied to OCFA's LAIF investment, the fair value is \$50,014,381 or \$14,381 above cost. Although the fair value of the LAIF investment is higher than cost, OCFA can withdraw the actual amount invested at any time.

LAIF is included in the State Treasurer's Pooled Money Investment Account (PMIA) for investment purposes. The PMIA market valuation at December 31, 2013 is included on the following page.

**State of California  
Pooled Money Investment Account  
Market Valuation  
12/31/2013**

Description	Carrying Cost Plus Accrued Interest Purch.	Amortized Cost	Fair Value	Accrued Interest
<b>United States Treasury:</b>				
Bills	\$ 14,033,089,088.96	\$ 14,042,579,686.22	\$ 14,045,149,000.00	NA
Notes	\$ 17,263,832,010.85	\$ 17,263,453,805.87	\$ 17,275,491,000.00	\$ 14,779,237.00
<b>Federal Agency:</b>				
SBA	\$ 568,220,869.50	\$ 568,215,900.05	\$ 564,382,161.61	\$ 535,022.23
MBS-REMICs	\$ 143,738,651.70	\$ 143,738,651.70	\$ 154,860,553.48	\$ 685,656.73
Debentures	\$ 1,070,960,367.63	\$ 1,070,943,353.75	\$ 1,070,386,400.00	\$ 3,676,778.16
Debentures FR	\$ -	\$ -	\$ -	\$ -
Discount Notes	\$ 1,298,658,722.26	\$ 1,299,566,777.76	\$ 1,299,775,000.00	NA
GNMA	\$ -	\$ -	\$ -	\$ -
Supranational Debentures	\$ 149,896,019.16	\$ 149,896,019.16	\$ 149,684,500.00	\$ 174,305.50
CDs and YCDs FR	\$ -	\$ -	\$ -	\$ -
Bank Notes	\$ -	\$ -	\$ -	\$ -
CDs and YCDs	\$ 8,925,006,100.02	\$ 8,925,006,100.02	\$ 8,920,838,516.80	\$ 3,824,763.92
Commercial Paper	\$ 3,149,185,159.79	\$ 3,149,397,111.11	\$ 3,148,819,402.79	NA
<b>Corporate:</b>				
Bonds FR	\$ -	\$ -	\$ -	\$ -
Bonds	\$ -	\$ -	\$ -	\$ -
Repurchase Agreements	\$ -	\$ -	\$ -	\$ -
Reverse Repurchase	\$ -	\$ -	\$ -	\$ -
Time Deposits	\$ 4,471,640,000.00	\$ 4,471,640,000.00	\$ 4,471,640,000.00	NA
AB 55 & GF Loans	\$ 6,592,720,682.49	\$ 6,592,720,682.49	\$ 6,592,720,682.49	NA
<b>TOTAL</b>	<b>\$ 57,666,947,672.36</b>	<b>\$ 57,677,158,088.13</b>	<b>\$ 57,693,747,217.17</b>	<b>\$ 23,675,763.54</b>

Fair Value Including Accrued Interest

\$ 57,717,422,980.71

Repurchase Agreements, Time Deposits, AB 55 & General Fund loans, and Reverse Repurchase agreements are carried at portfolio book value (carrying cost).

The value of each participating dollar equals the fair value divided by the amortized cost (1.00028762).  
As an example: if an agency has an account balance of \$20,000,000.00, then the agency would report its participation in the LAIF valued at \$20,005,752.41 or \$20,000,000.00 x 1.00028762.



***Orange County Fire Authority***  
***Preliminary Investment Report***  
***January 17, 2014***



**ORANGE COUNTY FIRE AUTHORITY**  
**Portfolio Management**  
**Portfolio Summary**  
**January 17, 2014**

Orange County Fire Authority  
 1 Fire Authority Road  
 Irvine, CA 92602  
 (714)573-6301

(See Note 1 on page 18)      (See Note 2 on page 18)

Investments	Par Value	Market Value	Book Value	% of Portfolio	Term	Days to Maturity	YTM/C 360 Equiv.	YTM/C 365 Equiv.
Money Mkt Mutual Funds/Cash	7,024,327.98	7,024,327.98	7,024,327.98	4.84	1	1	0.001	0.001
Federal Agency Coupon Securities	45,000,000.00	44,759,400.00	45,004,740.45	31.03	1,292	655	0.586	0.594
Federal Agency Disc. -Amortizing	43,000,000.00	42,997,770.00	42,995,757.39	29.65	84	54	0.061	0.061
Local Agency Investment Funds	50,000,000.00	50,014,381.00	50,000,000.00	34.48	1	1	0.260	0.264
<b>Investments</b>	<b>145,024,327.98</b>	<b>144,795,878.98</b>	<b>145,024,825.82</b>	<b>100.00%</b>	<b>426</b>	<b>220</b>	<b>0.290</b>	<b>0.294</b>

Cash								
Passbook/Checking (not included in yield calculations)	(See Note 4 on page 18) 156,958.30	156,958.30	156,958.30		1	1	0.000	0.000
<b>Total Cash and Investments</b>	<b>145,181,286.28</b>	<b>144,952,837.28</b>	<b>145,181,784.12</b>		<b>426</b>	<b>220</b>	<b>0.290</b>	<b>0.294</b>

Total Earnings	January 17 Month Ending	Fiscal Year To Date
Current Year	20,610.35	237,257.81
Average Daily Balance	169,960,298.11	131,391,928.16
Effective Rate of Return	0.26%	0.33%

"I certify that this investment report accurately reflects all pooled investments and is in compliance with the investment policy adopted by the Board of Directors to be effective on January 1, 2013. A copy of this policy is available from the Clerk of the Authority. Sufficient investment liquidity and anticipated revenues are available to meet budgeted expenditure requirements for the next thirty days and the next six months."

*Patricia Jakubiak*      *1/24/14*  
 Patricia Jakubiak, Treasurer

**Cash and Investments with GASB 31 Adjustment:**

Book Value of Cash & Investments before GASB 31 (Above)	\$	145,181,784.12
GASB 31 Adjustment to Books (See Note 3 on page 18)	\$	(480,699.41)
<b>Total</b>	<b>\$</b>	<b>144,701,084.71</b>

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**ORANGE COUNTY FIRE AUTHORITY**  
**Portfolio Management**  
**Portfolio Details - Investments**  
**January 17, 2014**

(See Note 1 on page 18) (See Note 2 on page 18)

CUSIP	Investment #	Issuer	Average Balance	Purchase Date	Par Value	Market Value	Book Value	Stated Rate	YTM/C 365	Days to Maturity	Maturity Date
<b>Money Mkt Mutual Funds/Cash</b>											
SYS528	528	High Mark 100% US Treasury MMF		(See Note 4 on page 18)	7,024,327.98	7,024,327.98	7,024,327.98	0.001	0.001	1	
<b>Subtotal and Average</b>			<b>9,782,088.94</b>		<b>7,024,327.98</b>	<b>7,024,327.98</b>	<b>7,024,327.98</b>		<b>0.001</b>	<b>1</b>	
<b>Commercial Paper Disc. -Amortizing</b>											
<b>Subtotal and Average</b>			<b>3,058,782.74</b>								
<b>Federal Agency Coupon Securities</b>											
3133ECBT0	799	Federal Farm Credit Bank (Callable anytime)		12/26/2012	9,000,000.00	9,000,090.00	9,000,000.00	0.375	0.375	524	06/26/2015
3133ECM76	809	Federal Farm Credit Bank (Callable anytime)		04/25/2013	9,000,000.00	8,973,180.00	8,995,238.44	0.400	0.424	825	04/22/2016
3133804V6	787	Fed Home Loan Bank (Callable anytime)		08/09/2012	6,000,000.00	5,948,700.00	6,000,000.00	1.000	0.981	1,299	08/09/2017
3133813R4	800	Fed Home Loan Bank (Callable 2-9-14)		12/20/2012	9,000,000.00	8,851,230.00	9,011,223.65	1.000	0.883	22	11/09/2017
313382DC4	803	Fed Home Loan Bank (Callable anytime)		03/15/2013	12,000,000.00	11,986,200.00	11,998,278.36	0.470	0.477	779	03/07/2016
<b>Subtotal and Average</b>			<b>45,004,741.23</b>		<b>45,000,000.00</b>	<b>44,759,400.00</b>	<b>45,004,740.45</b>		<b>0.594</b>	<b>655</b>	
<b>Federal Agency Disc. -Amortizing</b>											
313385TB2	813	Fed Home Loan Bank		12/19/2013	7,000,000.00	6,999,930.00	6,999,894.89	0.020	0.021	27	02/14/2014
313385TG1	814	Fed Home Loan Bank		12/19/2013	9,000,000.00	8,999,820.00	8,999,520.00	0.060	0.062	32	02/19/2014
313385UF1	815	Fed Home Loan Bank		12/19/2013	9,000,000.00	8,999,460.00	8,999,175.00	0.060	0.062	55	03/14/2014
313385UV6	816	Fed Home Loan Bank		12/19/2013	9,000,000.00	8,999,370.00	8,998,620.00	0.080	0.082	69	03/28/2014
313385VK9	817	Fed Home Loan Bank		12/19/2013	9,000,000.00	8,999,190.00	8,998,547.50	0.070	0.072	83	04/11/2014
<b>Subtotal and Average</b>			<b>62,112,801.44</b>		<b>43,000,000.00</b>	<b>42,997,770.00</b>	<b>42,995,757.39</b>		<b>0.061</b>	<b>54</b>	
<b>Local Agency Investment Funds</b>											
SYS336	336	Local Agency Invstmt Fund			50,000,000.00	50,014,381.00	50,000,000.00	0.264	0.264	1	
<b>Subtotal and Average</b>			<b>50,001,883.75</b>		<b>50,000,000.00</b>	<b>50,014,381.00</b>	<b>50,000,000.00</b>		<b>0.264</b>	<b>1</b>	
<b>Total and Average</b>			<b>169,960,298.11</b>		<b>145,024,327.98</b>	<b>144,795,878.98</b>	<b>145,024,825.82</b>		<b>0.294</b>	<b>220</b>	

**ORANGE COUNTY FIRE AUTHORITY**  
**Portfolio Management**  
**Portfolio Details - Cash**  
**January 17, 2014**

CUSIP	Investment #	Issuer	Average Balance	Purchase Date	Par Value	Market Value	Book Value	Stated Rate	YTM/C 365	Days to Maturity
<b>Money Mkt Mutual Funds/Cash</b>										
SYS10104	10104	American Benefit Plan Admin		07/01/2013	15,000.00	15,000.00	15,000.00		0.000	1
SYS10033	10033	Revolving Fund		07/01/2013	20,000.00	20,000.00	20,000.00		0.000	1
SYS4	4	Union Bank of California		07/01/2013	-128,041.70	-128,041.70	-128,041.70	(See Note 4 on page 18)	0.000	1
SYS361	361	YORK		07/01/2013	250,000.00	250,000.00	250,000.00		0.000	1
		<b>Average Balance</b>	<b>0.00</b>							<b>1</b>
<b>Total Cash and Investments</b>			<b>169,960,298.11</b>		<b>145,181,286.28</b>	<b>144,952,837.28</b>	<b>145,181,784.12</b>		<b>0.294</b>	<b>220</b>

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**ORANGE COUNTY FIRE AUTHORITY**  
**Aging Report**  
**By Maturity Date**  
**As of January 18, 2014**

Orange County Fire Authority  
 1 Fire Authority Road  
 Irvine, CA 92602  
 (714)573-6301

				Maturity Par Value	Percent of Portfolio	Current Book Value	Current Market Value	
Aging Interval:	0 days	( 01/18/2014 - 01/18/2014 )	6 Maturities	0 Payments	57,181,286.28	39.39%	57,181,286.28	57,195,667.28
Aging Interval:	1 - 30 days	( 01/19/2014 - 02/17/2014 )	1 Maturities	0 Payments	7,000,000.00	4.82%	6,999,894.89	6,999,930.00
Aging Interval:	31 - 60 days	( 02/18/2014 - 03/19/2014 )	2 Maturities	0 Payments	18,000,000.00	12.40%	17,998,695.00	17,999,280.00
Aging Interval:	61 - 91 days	( 03/20/2014 - 04/19/2014 )	2 Maturities	0 Payments	18,000,000.00	12.40%	17,997,167.50	17,998,560.00
Aging Interval:	92 - 121 days	( 04/20/2014 - 05/19/2014 )	0 Maturities	0 Payments	0.00	0.00%	0.00	0.00
Aging Interval:	122 - 152 days	( 05/20/2014 - 06/19/2014 )	0 Maturities	0 Payments	0.00	0.00%	0.00	0.00
Aging Interval:	153 - 183 days	( 06/20/2014 - 07/20/2014 )	0 Maturities	0 Payments	0.00	0.00%	0.00	0.00
Aging Interval:	184 - 274 days	( 07/21/2014 - 10/19/2014 )	0 Maturities	0 Payments	0.00	0.00%	0.00	0.00
Aging Interval:	275 - 365 days	( 10/20/2014 - 01/18/2015 )	0 Maturities	0 Payments	0.00	0.00%	0.00	0.00
Aging Interval:	366 - 1095 days	( 01/19/2015 - 01/17/2017 )	3 Maturities	0 Payments	30,000,000.00	20.66%	29,993,516.80	29,959,470.00
Aging Interval:	1096 - 1825 days	( 01/18/2017 - 01/17/2019 )	2 Maturities	0 Payments	15,000,000.00	10.34%	15,011,223.65	14,799,930.00
Aging Interval:	1826 days and after	( 01/18/2019 - )	0 Maturities	0 Payments	0.00	0.00%	0.00	0.00
<b>Total for</b>			<b>16 Investments</b>	<b>0 Payments</b>		<b>100.00</b>	<b>145,181,784.12</b>	<b>144,952,837.28</b>



**NOTES TO PORTFOLIO MANAGEMENT REPORT**

- Note 1: Market value of the LAIF investment is calculated using a fair value factor provided by LAIF. The Union Bank Trust Department provides market values of the remaining investments.
- Note 2: Book value reflects the cost or amortized cost before the GASB 31 accounting adjustment.
- Note 3: GASB 31 requires governmental entities to report investments at fair value in the financial statements and to reflect the corresponding unrealized gains/ (losses) as a component of investment income. The GASB 31 adjustment is recorded only at fiscal year end. The adjustment for June 30, 2013 includes an increase of \$13,660 to the LAIF investment and a decrease of \$(494,359) to the remaining investments.
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**CONSENT CALENDAR - AGENDA ITEM NO. 3**  
**EXECUTIVE COMMITTEE MEETING**  
**February 27, 2014**

TO: Executive Committee, Orange County Fire Authority

FROM: Lori Zeller, Assistant Chief  
Business Services Department

SUBJECT: **Second Quarter Financial Newsletter – July to December 2013**

Summary:

This agenda item is submitted to provide information regarding revenues and expenditures in the General Fund and the Capital Improvement Program Funds through the end of the second quarter of FY 2013/14.

Committee Action:

At its February 5, 2014, meeting, the Budget and Finance Committee reviewed and unanimously recommended approval of this item.

Recommended Action:

Receive and file the report.

Background:

The Quarterly Financial Newsletter provides information about the General Fund's top five revenue sources as well as expenditures by department and type. Revenues and expenditures for the Capital Improvement Program (CIP) Funds are also included. For the most part, revenues and expenditures for the General Fund and the CIP Funds are within budgetary expectations for this reporting period. Any notable items are detailed in the attached newsletter.

Impact to Cities/County:

Not Applicable.

Fiscal Impact:

Not Applicable.

Staff Contacts for Further Information:

Deborah Gunderson, Budget Manager

[DeborahGunderson@ocfa.org](mailto:DeborahGunderson@ocfa.org)

(714) 573-6302

Tricia Jakubiak, Treasurer

[triciajakubiak@ocfa.org](mailto:triciajakubiak@ocfa.org)

(714) 573-6301

Attachment:

Second Quarter Financial Newsletter – July to December 2013



# Orange County Fire Authority

## Second Quarter Financial Newsletter – July to December 2013

### OVERVIEW

This report covers activities through the second quarter of fiscal year 2013/14. Budget figures include all budget adjustments authorized by the Board including a US&R Grant accepted on November 21, 2013.

### GENERAL FUND

With 50% of the year completed, General Fund revenues are 52.3% of budget and expenditures are 45.9% as shown below:

General Fund	Budget	YTD Actual	Percent
Revenues	296,554,280	155,059,645	52.3%
Expenditures	291,799,132	133,936,450	45.9%

**Top Five Revenues.** Our top five revenue sources represent 97.2% of our total revenue this fiscal year, giving us an excellent picture of our revenue position. Overall, the key revenues are performing as anticipated for this point in the fiscal year based on billing/payment schedules and past trends. Highlights are noted as follows:

Top Five Revenues	Budget	YTD Actual	% Rec'd
Property Tax	186,998,721	99,620,232	53.3%
Cash Contracts	83,980,236	43,884,301	52.3%
CRA Pass-through	7,149,498	414,182	5.8%
CRR Fees.	5,608,437	3,973,650	70.9%
Ambulance Reimb.	4,570,574	1,148,651	25.1%
<b>Total</b>	<b>288,307,466</b>	<b>149,041,016</b>	<b>51.7%</b>

- **Property tax.** Activity through the second quarter includes distributions of secured property tax, supplemental tax, and homeowner's property tax relief. Year-to-date secured property tax totals approximately \$93 million, or 52.4% of the budget. A mid-year adjustment of \$1.35 million for secured property tax and \$1.2 million for supplemental property tax has been proposed. Staff will continue to monitor this area and return to the Board with a mid-year adjustment.
- **Cash contracts.** The slight overage in Cash Contract revenue is due to payments made monthly in advance by Santa Ana, per contract.
- **Local - Community Redevelopment Agency (CRA) Pass-Through.** The 2013/14 budget includes an estimate of \$7.1M for this category of revenue. A payment of approximately \$4.2 million is expected in January.

- **Community Risk Reduction Fees.** Increased revenues are a result of last fiscal year inspections billed in the current fiscal year. At the Mid-Year Budget Adjustment in March, the Board will be asked to approve increases to the revenue budget for both Inspection Services and Planning and Development.
- **Ambulance Reimbursement.** The percentage received for this revenue category will be lower than budget until year-end due to the timing of payments as required by current ambulance contracts. The timing of payments, combined with 2012/13 entries, is temporarily creating the negative amount shown. This will resolve as the year progresses.

**Expenditures.** Expenditures are within budget for this fiscal year as summarized by department.

Expenditures By Department	Budget	YTD Actual	% Expended
Executive Mgt.	5,144,734	2,725,286	53.0%
HR Division	5,289,900	3,135,245	59.3%
Operations	230,911,011	106,353,732	46.1%
Comm. Risk Reduc.	15,159,271	6,438,876	42.5%
Business Services	11,461,740	3,998,220	34.9%
Support Services	23,832,476	11,285,090	47.4%
<b>Total</b>	<b>291,799,132</b>	<b>133,936,450</b>	<b>45.9%</b>

Key variances by department include:

- **Executive Management.** Slight overage as a result of employee severance pay.
- **Human Resources Division.** Expenditures include the annual insurance premiums, which are paid in full each July.
- **Business Services:** Expenditures appear low due to the pending County's property tax administration fee of \$1.7 million, which is paid in the fourth quarter of the fiscal year.

Expenditures by type are outlined below:

Expenditures by Type	Budget	YTD Actual	% Expended
S&EB	267,667,686	122,488,609	45.8%
S&S	23,795,846	11,042,767	46.4%
Equipment	335,600	405,075	120.7%
<b>Total</b>	<b>291,799,132</b>	<b>133,936,450</b>	<b>45.9%</b>

Key variance by type:

- **Equipment.** The equipment category is overspent due to grant funded equipment purchases; the funds were budgeted in S&S: This will be corrected with a budget transfer.

**CIP FUNDS**

The following summarizes revenues and expenditures for the Capital Improvement Program funds. Any variances are noted as follows:

**Facilities Maintenance & Improvement**

Fund 122	Budget	YTD Actual	Percent
Revenue	226,416	126,546	55.9%
Expenditures	1,247,614	482,954	38.7%

- The revenue and expenditure budgets include \$890,000 for the Community Development Block Grant. The funds are for improvement projects to 9 of the 10 fire stations in Santa Ana, which are scheduled to begin next quarter.

**Facilities Replacement**

Fund 123	Budget	YTD Actual	Percent
Revenue	4,106,161	1,015,736	24.7%
Expenditures	12,956,900	2,201,950	17.0%

- Revenues include \$4.1 million in developer reimbursements for the design and construction of FS 56 (Ortega Valley). Site work on this project is anticipated to begin in February, 2014.

**Communications & Info. Systems Replacement**

Fund 124	Budget	YTD Actual	Percent
Revenue	970,445	154,236	15.9%
Expenditures	13,029,617	2,281,149	17.5%

- Budgeted revenue and expenditures include \$920,000 for the replacement of the 911 telephone system
- Expenditures reflect the purchase of 20 tablets for the Field Data Collection Devices project and the issuance of an encumbrance for the purchase of 75 desktop computers.

**Vehicle Replacement**

Fund 133	Budget	YTD Actual	Percent
Revenue	2,117,789	827,143	39.1%
Expenditures	11,948,441	4,086,872	34.2%

- Actual revenue includes the quarterly Cash Contract payments for vehicle depreciation.
- Activity this quarter includes the issuance of an encumbrance for the purchase of five Type-1 engines in the amount of \$2.6M and the quarterly lease-purchase payment for the helicopters.

**SUMMARY**

*For more information.* This summary is based on detailed information from our financial system. If you would like more information or have any questions about the report, please contact Deborah Gunderson, Budget Manager at 714-573-6302, or Tricia Jakubiak, Treasurer at 714-573-6301.

**CONSENT CALENDAR – AGENDA ITEM NO. 4**  
**EXECUTIVE COMMITTEE MEETING**  
**February 27, 2014**

TO: Executive Committee, Orange County Fire Authority

FROM: Janet Wells, Interim Human Resources Director

SUBJECT: **Quarterly Report of Claims**

Summary:

This item is submitted to report on claims filed with the Orange County Fire Authority (OCFA) from October 1, 2013, through December 31, 2013.

Recommended Action:

Receive and file the report.

Background:

As previously directed by the Board of Directors, the attached Claims Report represents a quarterly report of those claims filed with the Fire Authority for the time period October 1, 2013, through December 31, 2013. All claims are the financial responsibility of the Fire Agencies Insurance Risk Authority (FAIRA), which provides OCFA pooled general liability insurance coverage. The OCFA settles minor property claims when OCFA is responsible for the loss.

Impact to Cities/County:

None

Fiscal Impact:

None

Staff Contact for Further Information:

Jonathan Wilby, Risk Manager

Human Resources

[jonathanwilby@ocfa.org](mailto:jonathanwilby@ocfa.org)

(714) 573-6832

Attachment:

Claims Report

**OCFA NEW CLAIMS REPORT**  
October 1, 2013 through December 31, 2013

<b>Loss Date</b>	<b>Claim Type</b>	<b>Claim Description</b>	<b>Status</b>	<b>Amount Paid</b>
October 19, 2013	Property	Firefighter forced entry into home by breaking glass kitchen door which caused damaged to the refrigerator and hardwood flooring.	Closed  Claim was paid by OCFA.	\$2,528.52
November 19, 2013	Property	Member of the public claims iPhone screen cracked after paramedic used phone as flashlight to provide additional light to start an IV.	Open  Notice of insufficiency sent to claimant because there was no receipt attached to the claim and no verification of the claimant's insurance deductible.	\$0

**CONSENT CALENDAR - AGENDA ITEM NO. 5**  
**EXECUTIVE COMMITTEE MEETING**  
**February 27, 2014**

TO: Executive Committee, Orange County Fire Authority

FROM: Janet Wells  
Interim Human Resources Director

SUBJECT: **Request for Contract Extension for Occupational Medical Services Pending Completion of RFP**

Summary:

This agenda item is submitted to request approval and authorize contract extension for a four month extension for the agreement with UCI on behalf of University Physicians and Surgeons and UCI Medical Center for contract occupational medical services to provide additional time needed to complete the formal Request for Proposal (RFP) process and contract negotiations.

Recommended Actions:

1. Approve and authorize the Fire Chief to sign the Seventh Amendment to the Letter of Agreement to extend the contract term for an additional four months.
2. Approve and authorize the Purchasing Manager to extend the blanket order for a not to exceed amount of \$160,000, pending completion of RFP process.

Background:

The OCFA has been contracting with UCI Medical Group and Medical Center for occupational medical services since January 1999. These services include physical exams for new hires, treatment for work-related injuries or illness, return to work examinations following an injury or illness, Firefighter Wellness and Fitness (WEFIT) exams, post deployment USAR exams and management physicals. An RFP was issued in 2009, and only two proposals were received; one from UCI and the other from Concentra Health Services.

The medical services provided are performed at the request of OCFA. While staff is requesting the contract approval of up to \$160,000 for the additional four month extension, OCFA only pays for services performed.

***Changes Affecting the RFP Process:***

WEFIT exams are now managed by the EMS Section. Occupational Medical Services are managed by Human Resources. These changes have provided staff the opportunity to take a fresh look at the current contract while developing the new RFP.

The OCFA's specification standards have evolved to a higher standard. The previous solicitation did not provide an option for multiple contracts. The contract to UCI was for both WEFIT and Occupational Services. Staff believes this may have limited competition, since there may be other medical groups that can provide occupational services that may not be equipped to handle the WEFIT exams. The RFP that has been issued was written to allow for two separate contracts if this is the best solution for OCFA.

***The Regents of the University of California Irvine (UCI) – Occupational Medical Services and WEFIT Exams***

On February 26, 2009, the Executive Committee approved the agreement with UCI for five years, and provided the authority for the Fire Chief to execute the annual renewals with a not-to-exceed amount of 5% each year.

The RFP for Occupational Medical Services and WEFIT Exams was issued on February 13, 2014 and the estimated RFP schedule is as follows:

- Pre-proposal conference – February 20, 2014
- Proposals are due – March 5, 2014
- Interviews & Negotiations – March 2014
- Contract approval – April/May 2014

Solicitations require a team effort in the preparation of the solicitation. The two departments responsible for managing this contract have worked with the Purchasing Manager in preparing the solicitation. A formal RFP typically requires three to four months from start to finish once the final specifications have been provided. Based on the current RFP process, staff is planning to make a recommendation for award at the June 26, 2014 Executive Committee meeting. Extending this contract through June 30, 2014 will provide the additional time needed to complete the RFP process. UCI has agreed to hold the current pricing schedule through June 30, 2014.

Impact to Cities/County:

Not Applicable.

Fiscal Impact:

Not Applicable.

Staff Contacts for Further Information:

Ashley Shear, Employee Relations Manager

[ashleyshear@ocfa.org](mailto:ashleyshear@ocfa.org)

(714) 573-6353

Bill Lockhart, Battalion Chief, EMS

[billlockhart@ocfa.org](mailto:billlockhart@ocfa.org)

(714) 573-6071

Debbie Casper, C.P.M., CPPB, Purchasing & Materials Manager

[debbiecasper@ocfa.org](mailto:debbiecasper@ocfa.org)

(714) 573-6641

Attachments:

1. Contract Amendment 7
2. Original Letter of Agreement & Amendments 1-6

**Seventh Amendment  
To The  
Letter of Agreement  
Between  
Orange County Fire Authority and UC Irvine Health**

This Seventh Amendment (herein referred to as "Amendment"), to the Letter of Agreement (herein referred to as "Agreement") is made and entered into this 12th day of February 2014, by and between the Orange County Fire Authority ("OCFA") and The Regents of the University of California, a California Constitutional Corporation, on behalf of UC Irvine Health ("Provider").

**Recitals**

Whereas OCFA and Provider have entered into an Agreement on March 1, 2009, and;

Whereas OCFA and Provider desire to amend the Agreement:

**Agreement**

NOW THEREFORE, OCFA and Provider agree to amend the Agreement as follows:

1. Letter of Agreement, Paragraph 15. The term of the Agreement that is set to expire on February 28, 2014 is hereby extended by this Seventh Amendment for four (4) months through and including June 30, 2014.
2. The individuals signing below for their respective organizations have been authorized by those organizations to enter into and be bound by this Agreement on behalf of the organization.
3. All other provisions of the Agreement not inconsistent herewith shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have caused this amendment to be executed on the dates(s) indicated below.

**UC Irvine Health:**

By: 

Susan Rayburn, Vice President  
Contracting and Network Development

Date: 

**Orange County Fire Authority**

By: \_\_\_\_\_

Keith Richter, Fire Chief

Date: \_\_\_\_\_

**LETTER OF AGREEMENT**

This Agreement is entered into this 1st day of March, 2009 by and between **Orange County Fire Authority ("OCFA")** and **The Regents of the University of California, a Constitutional Corporation, on behalf of UC Irvine Healthcare ("Provider")** under which Provider will provide OCFA services to OCFA's employees. OCFA and Provider agree to the following:

1. For OCFA requested services which are reimbursable under the terms of this Agreement, payment will be made according to the terms of Exhibit "C and D" attached hereto and incorporated herein by reference.
2. Rates and terms for reimbursement shall be in accordance with the provisions set forth in Exhibits "C and D" as full payment from OCFA and covered employee for covered OCFA Services. OCFA will pay Provider within sixty (60) calendar days after receipt of invoices for services rendered. If any such invoices are not paid within sixty (60) days of receipt, such invoices shall revert to billed charges and thereafter shall incur interest at the maximum rate allowed by law.
3. Provider shall bill OCFA monthly for all services.
4. Provider will not seek payment from OCFA employees for any covered service. If non-payment by OCFA for a non covered OCFA employee, then Provider may bill and collect from the employee.
5. Provider will use its best efforts to comply with the utilization review procedures established by OCFA as consistent with Provider's utilization review policy. Provider does not waive its rights pursuant to Evidence Code sections 1156 and 1157 et seq.
6. OCFA shall designate employee(s) eligible to receive services as listed on Exhibits "A and B" to Provider.
7. Provider shall maintain, for each employee receiving covered services hereunder, a single standard medical record in such form, containing such information, and preserved for such time period(s) as are required by State and Federal law. OCFA acknowledges that the medical records of Provider shall remain the property of Provider and shall not be removed or transferred from Provider except in accordance with applicable laws and general Provider policies, rules and regulations relating thereto. Any duplication of employee records shall be the financial responsibility of OCFA.
8. In the event that OCFA requests that the results of the services performed under Exhibits "A and B" of this Agreement be provided to OCFA, said results will be directed, with the consent of OCFA's employee, solely to OCFA's designated Safety Representative as appropriate. Provider and OCFA agree that information concerning employees shall be kept confidential and shall not be disclosed to any person except as authorized by law. This confidentiality provision shall remain in effect notwithstanding any subsequent termination of this Agreement.
9. The terms of this Agreement and in particular the provisions regarding compensation, are confidential and shall not be disclosed except as necessary to the performance of this Agreement or as required by law. Provider agrees to keep the terms, conditions and contents of this Agreement confidential to the extent allowed by law.

However, OCFA understands and agrees that Provider is a public institution, subject to the provisions of the California Public Records Act. In the event Provider receives a request to product this Agreement, or identify any term, condition, or aspect of this Agreement, Provider will contact OCFA to advise of such release of information in accordance with applicable law.

10. Provider agrees that in the performance of the terms of this Agreement, no discrimination shall be made in the employment of persons because of race, color, national origin, ancestry, religion, sex, marital status, sexual orientation or age of such persons. A violation of this provision will subject the Provider to all penalties imposed by law.
11. Neither party will use the other party's name or status under this Agreement in any form of advertisement or publication without the prior written permission of the signator of the respective party.
12. None of the provisions of this Agreement are intended to create nor shall be deemed or construed to create any relationship between OCFA and Provider other than that of independent entities contracting with each other hereunder solely for the purpose of effecting the provisions of this Agreement. Neither of the parties hereto, nor any of their respective officers, directors, or employees, shall be construed to be the agent, employee, or representative of the other, except as specifically provided herein. Neither party is authorized to speak on behalf of the other for any purpose whatsoever without the prior consent in writing of other.
13. Provider shall at all times while this Agreement is in effect:
  1. Remain licensed, certified, accredited or otherwise duly authorized to operate in the State of California;
  2. Remain accredited by the applicable accrediting bodies;
  3. Comply with requirements of the Agreement.
14. Either party may terminate this Agreement by giving thirty (30) calendar days prior written notice to the other party.
15. The term of this Agreement shall commence on March 1, 2009, and shall continue in effect with evaluation annually for a term of five (5) years, unless either party shall give written notice of termination, with or without cause, at any time, in accordance with Section 14 of this Agreement.
16. Each party, as applicable, at its sole cost and expense, shall insure or self-insure its activities in connection with this Agreement and obtain, keep in force and maintain insurance as follows:
  - A. Comprehensive or Commercial Form General Liability Insurance (contractual liability included) with minimal limits as follows:
 

(1) Each Occurrence	\$ 1,000,000
(2) Products/Completed Operations Aggregate	\$ 3,000,000
(3) Personal and advertising Injury	\$ 1,000,000
(4) General Aggregate*	\$ 3,000,000

(\*Not applicable to the Comprehensive form)

However, if such insurance is written on a claims-made form following termination of this Agreement coverage shall survive for a period of not less than three (3) years. Coverage shall provide for a retroactive date of placement coinciding with the effective date of this Agreement.

  - B. Professional Medical and Hospital Liability Insurance as appropriate, with limits as follows:
 

(1) Each Occurrence	\$ 1,000,000
(2) General Aggregate	\$ 3,000,000

However, if such insurance is written on a claims made form, following termination of the agreement, coverage shall survive for the maximum reporting period available from insurance sources. Coverage shall provide for a retroactive date of placement prior to or coinciding with the effective date of the agreement.

- C. Workers' Compensation and OCFAs Liability Insurance in a form and amount covering each party's full liability under the Workers' Compensation Insurance and Safety Act of the State of California as amended from time to time.

Such other insurance in such amounts which from time to time may be reasonably required by the mutual consent of both parties against other insurable risks relating to performance.

It should be expressly understood, however, that the coverages required under this Section 16.A. and B. should not in any way limit the liability of either party.

The coverages referred to under A. of this Section 16 shall be endorsed to include the other party where possible as an insured. Such a provision, however, shall only apply in proportion to and to the extent of the negligent acts or omissions of the other party, its officers, agents, employees. Each party upon the execution of this Agreement shall furnish the other party with Certificates of Insurance or other evidence of compliance with all requirements if requested. Certificates shall further provide for thirty (30)-day advance written notice to the other party of any modification, change or cancellation of any of the above insurance coverages.

- 17. Any and all notices, requests, demands and other communication required to be given under this Agreement, shall be in writing and shall be deemed to have been duly given:

- a) upon actual in-person delivery, if delivery is by direct hand; or
- b) upon delivery agreed to as the actual day of receipt or no greater than four (4) calendar days after being mailed (the date of mailing shall count as the first day), whichever occurs first by the United States certified or registered mail, return receipt requested, postage prepaid, addressed to the appropriate party at the following address or such other address as the parties hereto may designate by written notice from time to time in the manner aforesaid:

To Authority: Orange County Fire Authority  
1 Fire Authority Road, Building A  
Irvine, CA 92602  
Attn: Risk Manager/Purchasing Manager

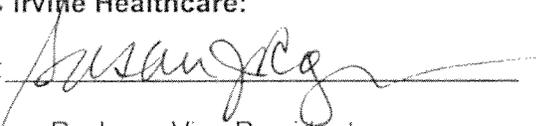
To Provider: UC Irvine Healthcare  
333 City Blvd. West, Suite 160  
Orange, CA 92868  
Attn: Vice President, Contracting and Network Development

- 18. Each party shall defend, indemnify and hold the other party, its officers, employees and agents harmless from and against any and all liability, loss, expense (including reasonable attorneys' fees), or claims for injury or damages arising out of the performance of this Agreement but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of the other party, its officers, agents, or employees.

19. In the event, of any dispute arising out of or relating to this Agreement, the parties shall attempt, in good faith, to promptly resolve the dispute mutually between themselves. If the dispute cannot be resolved by mutual agreement nothing herein shall preclude either party's right to pursue remedy or relief by civil litigation pursuant to the laws of the State of California.
20. If any action at law or in equity is brought to enforce or interpret the provisions of this Agreement, the prevailing party shall be entitled to reasonable attorney's fees in addition to any other relief to which he may be entitled.
21. No alteration of any term or condition of this Agreement shall be binding unless reduced to writing and signed by both parties hereto.
22. Neither party shall assign or otherwise transfer its rights and obligations under this Agreement without the prior written consent of the other party.
23. The terms of this Agreement and in particular the provisions regarding compensation, are confidential and shall not be disclosed except as necessary to the performance of the Agreement or as required by law.
24. This Agreement shall be governed and construed in accordance with the laws of the State of California and the laws of the United States.

The individuals signing below for their respective organizations have been authorized by those organizations to enter into and be bound by this Agreement on behalf of the organization.

**UC Irvine Healthcare:**

By: 

Susan Rayburn, Vice President  
Contracting and Network Development

Date: 3/13/09

**Orange County Fire Authority**

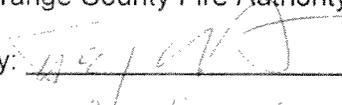
By: 

Chip W. Prather, Fire Chief

Date: 3/2/09

**APPROVED AS TO FORM:**

Terry C. Andrus, General Counsel  
Orange County Fire Authority

By: 

Date: 2/15/09

**EXHIBIT A  
SCOPE OF SERVICES  
EMPLOYEE OCCUPATIONAL HEALTH SERVICES**

The Scope of Services to be provided under this Agreement includes the following services. These services will be provided, by agreement between OCFA and the Provider when scheduling the services, at the UC Irvine Medical Center and Occupational Health Clinic in the City of Orange.

**Pre-Placement Examinations:**

**Class I**

History: Review of medical history (questionnaire)  
Physical: Focused physical examination based on review of medical history  
Labs: Collection of urine specimen for drug/alcohol screen for new hires  
Vision testing (Snellen)

**Class I-X**

History: Review of medical history (questionnaire)  
Physical: Focused physical examination based on review of medical history  
Testing: Spirometry, if indicated \*  
X-ray: Single view chest, if indicated\*  
Labs: Collection of urine specimen for drug/alcohol screen

**Class II**

History: Review of medical history (questionnaire)  
Physical: Core physical examination (HEENT, heart, lungs, abdomen, neurological, musculoskeletal: neck and back to include range of motion)  
Grip strength of the hands  
Testing: Audiogram  
Spirometry  
Vision testing (Snellen)  
X-ray: Single view chest x-ray, if indicated. \*  
Labs: Complete blood count  
Urinalysis (microscopic)  
Collection of urine specimen for drug/alcohol screen for new hires

**Class III**

History: Review of medical history (questionnaire)  
Consent for drug/alcohol screen, when specified.  
Physical: Core physical examination  
Grip strength  
Testing: Audiogram  
Spirometry  
Vision testing (Snellen)  
X-ray: Single view chest x-ray, if indicated. \*  
Labs: Complete blood count  
Blood chemistry panel (CMP)  
Urinalysis (microscopic)  
Collection of urine specimen for drug/alcohol screen for new hires

**Class IV-R**     Reserve Fire Fighters

History: Review of medical/occupational history  
Forms: Consent for drug/alcohol screen

Health Status Form for OCFA

Physical: Core physical examination  
Rectal and OB exam, if over age 40

Testing: Audiogram  
Spirometry  
Grip Strength  
Vision testing (Titmus)  
Fitness Treadmill, if over age 35  
EKG  
Tuberculin Skin Testing (2-step, if indicated)

X-ray: Chest x-ray, 2 views (PA & Lateral)  
X-ray other body part, if indicated. \*

Labs: Complete blood count  
Blood chemistry panel (CMP)  
Urinalysis (microscopic)  
Hepatitis B titer, if indicated \*  
Hepatitis C titer (baseline required)  
Varicella titer, if indicated \*  
Collection of urine drug/alcohol testing samples

Immunizations: Tdap, if indicated\*

**Other Examinations:**

**Urban Search and Rescue (USAR) Examination**

History: Review of medical/occupational history

Physical: Core physical examination

Testing: Fecal Occult Blood Card  
Audiogram  
Spirometry  
Vision testing (Titmus)  
Resting EKG  
Fitness Treadmill, as indicated. \*

X-ray: Chest x-ray, 2 views (PA & Lateral)

Labs: CBC with differential  
Blood chemistry panel (CMP)  
Urinalysis (microscopic)  
Hepatitis B titer, as indicated. \*  
Hepatitis C Baseline  
RBC Cholinesterase, as indicated. \*  
Urine—Heavy Metals, as indicated. \*  
Blood Lead Level, as indicated. \*

Immunizations: Hepatitis A, if indicated\*  
Tetanus/Diphtheria, if indicated\*

\* This service is provided at an additional cost in addition to the global rate, at the global rates set forth in Exhibit C.

**DMV Examination**

History: Review of DMV questionnaire

Physical: DMV exam

Testing: Hearing (Whispered Voice)  
Vision testing (Snellen)

Labs: Urinalysis (Dipstick)

**Management Physical Examination (non-firefighters)**

OCFA 3.01.09 Letter of Agreement

Management physicals shall be provided to OCFA non-fire managers. This exam will include a traditional comprehensive medical evaluation. The goal of the examination is to detect medical conditions at an early stage, to identify health risk factors and habits which can negatively impact health, and to refer the individual to appropriate community health care providers for additional testing or follow-up for identified problems. This evaluation includes:

- History:           Review of medical/occupational history  
                      Computerized health risk assessment questionnaire
- Physical:          Core physical examination
- Testing:           Spirometry  
                      Vision testing (Snellen)  
                      Fitness Treadmill
- Labs:              CBC with differential  
                      Comprehensive Metabolic Panel  
                      Lipid Profile  
                      For males > 40 years of age: Prostate Specific Antigen (PSA)  
                      Urinalysis (microscopic)
- Optional:         For women: breast exam  
                      For men over 40 years of age: digital rectal exam

Health Risk Assessment: This assessment consists of a detailed questionnaire that assesses the individual's risk factors such as family history, life style factors, weight, and the results of certain tests and measurements such as cholesterol and waist-hip ratios and other factors. The results and interpretation will be discussed with the participant.

**Return to Work Evaluation**

All employees returning to work after an injury or illness will be medically evaluated to determine their ability to meet the physical demands of their job and/or whether work restrictions may be necessary.

**EXHIBIT B  
SCOPE OF SERVICES  
CENTER FOR OCCUPATIONAL AND ENVIRONMENTAL HEALTH SERVICES**

The Scope of Services to be provided under this Agreement includes the following listed services. These services will be provided at the UC Irvine Medical Center for Occupational and Environmental Health facilities in the City of Irvine:

**I. Wellness and Fitness Evaluation (WEFIT Exam)**

All career firefighters, fire management and designated fire hand crew shall participate in the WEFIT program, which provides for an annual medical evaluation and fitness test. The WEFIT Exam shall include the following:

Medical, Occupational & Fitness History Questionnaire

An initial medical history questionnaire must be completed to provide baseline information with which to compare future medical and fitness concerns. A periodic medical and fitness history questionnaire must be completed to provide follow-up information. Periodic questionnaires focus on changes in health status.

Physical Examination

The physical examination shall consist of the following:

- Vital signs
- Head, eyes, ears, nose, and throat
- Thyroid gland: inspection and palpation
- Cardiovascular: inspection, auscultation, percussion and palpation
- Pulmonary: inspection, auscultation, percussion and palpation
- Gastrointestinal: inspection, auscultation, percussion and palpation
- Hernia exam (for males)
- Lymph nodes: cervical and axillary
- Neurological exam and assessment of major cranial/peripheral nerves, motor, sensory and reflexes
- Musculoskeletal: overall assessment of ROM of all joints

Blood Analysis

The following are components of the blood analysis. At a minimum, laboratory services must provide these components in their automated chemistry panel and complete blood count protocols:

- CBC with differential
- Liver Function Tests, includes SGOT/AST, SGPT/ALT, LDH, Alkaline Phosphatase, and Bilirubin
- Triglycerides
- Glucose
- Blood Urea Nitrogen
- Creatinine
- Sodium
- Potassium
- Carbon Dioxide
- Total Protein
- Albumin
- Calcium

- Cholesterol, includes total cholesterol, low density lipoprotein (LDL-C) level, High Density Lipoprotein (HDL-C) level, and total cholesterol/HDL Ratio

#### Urinalysis

- Microscopic, includes WBC, RBC, WBC Casts, RBC casts and crystals

#### Vision Tests (Examination plus Titmus)

Assessment of vision includes evaluation of distance, near, peripheral, and color vision. Recognize individuals' risks for common visual disorders including cataracts, macular degeneration, and diabetic retinopathy.

#### Hearing (Audiogram)

#### Pulmonary (Spirogram)

#### Resting EKG

#### Chest X-Ray (PA and Lateral)

Initial baseline and repeat chest x-ray as indicated, as an additional cost.

Repeat chest x-ray every five years as required or medically indicated, at an additional cost.

#### Heavy Metal and Specific Exposure Screening

An exposure history will be obtained and reviewed to assess potential exposures to heavy metals, pesticides, and other potential hazards. At an additional cost, biological specimens (blood or urine) may be obtained as indicated to evaluate exposures:

- Urine: Arsenic, Mercury, Lead (Baseline, HAZMAT and USAR)
- Blood: Lead, RBC cholinesterase (Baseline HAZMAT and USAR)

#### Cancer Screening

The following cancer screening elements shall be made available to firefighter personnel as an option (additional cost) and with the individual's approval.

- Clinical breast examination
- Mammogram
- Digital rectal examination

#### Immunizations and Infectious Disease Screening

A history of prior immunizations will be obtained, with recommendations for needed immunizations. Required immunization shall be provided to firefighter personnel with the individual's approval and signed consent. (Blood tests to document laboratory immunity and immunizations are provided at an additional cost.)

- Hepatitis C Virus titer (Baseline)\*
- Hepatitis B titer, if no documentation is available\*
- Varicella titer, if no documentation (Baseline)\*
- HIV Screening\*, will be offered on a confidential basis as part of post exposure protocols and as requested by the physician or patient
- Tetanus/Diphtheria, or Tdap, if indicated\*
- MMR, if indicated\*

Screening includes questionnaire review and relevant physical exam. All radiology and laboratory testing, and immunizations provided, for these screening components are to be paid at an additional cost, as set forth in Exhibit C.

#### Fitness Evaluation

The fitness evaluation will consist of a fitness assessment questionnaire and the following fitness evaluation:

- Aerobic Capacity (Fitness Treadmill using sub-maximum Gerkin Protocol)
- Push Up Evaluation
- Leg Strength
- Arm Strength
- Grip Strength
- Curl-up Evaluation
- Flexibility Evaluation

#### Individualized Health Risk Appraisal

Written feedback to firefighter personnel concerning risks and health status is required following the annual examination. Reporting findings and risks and suggesting plans for modifying risks improves the physician-patient relationship and helps firefighter personnel take a more direct role in their health and fitness status. Individualized health risk appraisals also must include questions that attempt to accurately measure the firefighter's perception of their health and fitness status. Health perception can be a useful indicator of potential problems.

#### Respirator Use Medical Clearance

The WEFIT medical evaluation will be sufficient for the Provider to provide a medical clearance for respirator use for employees who meet the appropriate criteria.

## **II. Combined WEFIT Evaluation and Pre-placement Firefighter (including Career and Hand Crew) Examination**

This combined evaluation includes the components of the WEFIT Exam with the addition of the following services:

- Drug and Alcohol Testing (baseline-required) \*
- Tuberculosis Skin Testing (2-step), as indicated \*
- Hepatitis B titer, if indicated \*
- Hepatitis B Vaccination (first dose), if indicated\*
- Hepatitis A Vaccination (first dose), if indicated\*
- Tetanus/Diphtheria or Tetanus/Diphtheria and Pertussis, if indicated\*
- Hepatitis C titer (baseline-required) \*
- Varicella titer, if indicated \*
- Measles, Mumps, Rubella Vaccine (MMR), if indicated\* (Baseline)

Firefighters born on or after 1957 must show documentation of one of the following:

1. Two doses of MMR on or after their first birthday, or
2. Physician-diagnosed disease of measles, mumps and rubella, or
3. Laboratory evidence of immunity to measles, mumps and rubella.

If no documentation is available and there are no medical contraindications, then 2 doses of MMR are recommended for those born in or after 1957.

Firefighters born before 1957 must show documentation of one of the following:

1. One dose of MMR, or
2. Physician-diagnosed disease of measles, mumps and rubella, or
3. Laboratory evidence of immunity to measles, mumps and rubella.

If no documentation is available and there are no medical contraindications, then 1 dose of MMR is recommended for those born before 1957.

- HIV (optional) \*

**III. Combined WEFIT Examination and Urban Search and Rescue Examination or  
Combined WEFIT Examination and HazMat Examination**

The combined evaluation includes the components of the WEFIT Exam with the addition of the following services:

- Fecal Occult Blood Card (FOBT) \*
- Blood lead level, (Baseline) \*
- Urine for heavy metals, (Baseline) \*
- RBC cholinesterase, (Baseline) \*
- Chest x-ray (PA and Lat), if indicated \*

\* This service is provided at an additional cost in addition to the global rate, at the global rates set forth in Exhibit C.

**IV. Combined WEFIT Examination and DMV Medical Clearance  
or  
Combined WEFIT Examination and Crane Operator Clearance**

The combined evaluation included the components of the WEFIT Exam with the addition of review of the associated questionnaire (DMV or Crane Operator) and completion of the medical paperwork and clearance form.

**V. Post-Deployment Evaluation**

To include: Post-deployment evaluations, if determined to be medically indicated by OCFA Medical Director. This evaluation will include: Focused history and physical exam, review of relevant records and questionnaire. Labs and testing will depend on exposure or exposures and will be determined by the OCFA Medical Director or the examining physician.

**VI. Fitness for Duty Evaluation**

Where OCFA has concerns about an employee's ability to safely perform their job, the employee may be referred for a fitness for duty evaluation. This evaluation will include: Focused history and physical examination, review of relevant records and further diagnostic studies or consultation as indicated.

**VII. Referral for Cardiology, if indicated**

The OCFA authorizes the UC Irvine COEH examining physician to refer and schedule a firefighter examinee for a cardiology consultation at the UC Irvine Medical Center, if medically indicated. The UC Irvine Medical Center will bill OCFA under the terms specified in Exhibit C.

**VIII. Management Physical Examination (non-firefighters)**

Management physicals shall be provided to OCFA non-fire managers. This exam will include a traditional comprehensive medical evaluation. The goal of the examination is to detect medical conditions at an early stage, to identify health risk factors and habits which can negatively impact health, and to refer the individual to appropriate community health care providers for additional testing or follow-up for identified problems. This evaluation includes:

History:           Review of medical/occupational history  
Computerized health risk assessment questionnaire  
Physical:           Core physical examination  
Testing:           Spirometry  
Vision testing: (Snellen)  
Fitness Treadmill  
Labs:            CBC with differential  
Comprehensive Metabolic Panel

Lipid Profile

For males > 40 years of age: Prostate Specific Antigen (PSA)

Urinalysis (microscopic)

Optional: For women: breast exam

For men over 40 years of age: digital rectal exam

Health Risk Assessment: This assessment consists of a detailed questionnaire that assesses the individual's risk factors such as family history, life style factors, weight, and the results of certain tests and measurements such as cholesterol and waist-hip ratios and other factors. The results and interpretation will be discussed with the participant.

#### Records and Data Management

Provider will maintain medical and fitness testing records as required in a confidential manner and as required by law.

### UC Irvine COEH Reports

#### OCFA Firefighters' Individualized Reports

Written test results of the medical exam concerning health risks and health status shall be provided to the OCFA members. Written fitness assessment shall be provided to the OCFA member concerning the individual's physical capacity pertaining to his/her job related wellness and recommended exercise program.

#### Monthly Updated Roster of Completed WEFIT Evaluations

On a monthly basis, the COEH professional research staff directs a roster of firefighter names with dates of their WEFIT evaluations to the WEFIT Coordinator and Risk Manager.

#### Aggregate WEFIT Report

Provider will provide and make available aggregate medical and fitness testing results, so that data can be shared with the International Association of Firefighters, and so that OCFA can use the aggregate data to review WEFIT program return on investment, and evaluate program effectiveness.

Provider will assist the OCFA in evaluating/quantifying the WEFIT aggregate test results and identifying return on investment factors. The Provider will maintain confidentiality of all medical records. Provider will utilize the services of their professional medical research staff to update and provide these reports. The cost of this report function and the maintenance of all medical records will be factored into the total cost of the physical exam and fitness test. Provider will work with any other Provider the OCFA involves related to "return on investment" and overall program evaluation.

Provider will provide monthly reports to the OCFA which reflect aggregate data (no identifiable information), including, but not limited to the following variables:

- Number of WEFIT physical exams performed
- Number of WEFIT fitness exams performed
- Number of referrals to the OCFA Exercise Physiologist
- Number of referrals for urgent medical issue
- Number of referrals to primary care physician for non-urgent medical issue
- Number with "Above normal body fat measurement
- Number with Elevated blood pressure on exam
- Number Hypertensive, taking medicine
- Number with Personal history of heart disease
- Number with Family history of heart disease
- Number with High total cholesterol ( $\geq 200$  mg/dl)
- Number with Low HDL-C ( $< 35$  mg/dl)
- Number with High ratio of total cholesterol/HDL-C

- Number with High LDL-C level (  $\geq$  130 mg/dl)
- Number with Elevated triglycerides
- Number of smokers
- Number with personal history of diabetes
- Number with elevated fasting glucose (  $>$  140 mg/dl)
- Number who have not met the American Cancer Screening Guidelines for the following:
- Fecal Occult Blood Test within the last year or sigmoidoscopy/colonoscopy every 3-5 years (ages 50 and older)
- Annual digital Rectal Exam (males age 40 and older)
- Serum PSA (African Americans (age 40 and older; Caucasians age 50 and older)
- Routine Pap Smear (females age 18 and older)
- Self breast exam (females)
- Clinical breast exam (females)
- Mammography, every 1 – 3 years (females age 40 – 49)
- Mammography, every year (females age 50 and older)
- Number with estimated VO<sub>2</sub> score of less than 42 ml/kg/minute (Aerobic capacity)
- Graphs and Histograms showing: strength testing, endurance, flexibility, body fat % and VO<sub>2</sub> max

**COMPENSATION  
ITEMIZED LIST OF SERVICES  
EXHIBIT C**

**EXHIBIT C**

Any services or procedures not specified below will be negotiated on a case by case basis.

**A. Pre-Placement Physical Examinations**

	Global Rate	Prof %	Tech %	Prof Rate	Tech Rate	
Class I	\$97.94	41%	59%	\$40.16	\$57.79	100%
Class 1-X	\$97.94	41%	59%	\$40.16	\$57.79	100%
Class II	\$164.72	36%	64%	\$59.30	\$105.42	100%
Class III	\$202.57	42%	58%	\$85.08	\$117.49	100%
Class IV-R with fitness treadmill	\$484.16	37%	63%	\$179.14	\$305.02	100%
Class IV-R without fitness treadmill	\$300.51	40%	60%	\$120.20	\$180.31	100%

**B. Other Evaluations**

Return to Work Evaluation	\$93.49	71%	29%	\$66.38	\$27.11	100%
Fitness for Duty Evaluation - Hourly Consultation Rate	\$300.51	84%	16%	\$252.43	\$48.08	100%
Management Annual with Fitness Treadmill	\$578.76	41%	59%	\$237.29	\$341.47	100%
Urban Search & Rescue (USAR) with Treadmill **	\$445.20	41%	59%	\$182.53	\$262.67	100%

\*\*Plus Optional Services: Tetanus Diphtheria Booster, Urinalysis For Heavy Metal-Rates in Exhibit C

**C. Specified Procedures and Tests**

Additional Questionnaires, as needed	\$10.02	100%	0%	\$10.02	\$0.00	100%
Blood & Body Fluid Exposure Medical Evaluation (Lab Testing at Additional Cost)	\$122.43	39%	61%	\$47.75	\$74.68	100%
Occupational Medicine Specialist - Hourly Consultation Rate	\$300.51	100%	0%	\$300.51	\$0.00	100%
Record Review - Hourly Consultation Rate	\$132.45	100%	0%	\$132.45	\$0.00	100%
Drug Test - Specimen Collection Only	\$42.29	0%	100%	\$0.00	\$42.29	100%
Back Motion Test	\$30.05	100%	0%	\$30.05	\$0.00	100%
Rectal Exam and Occult Blood	\$30.05	100%	0%	\$30.05	\$0.00	100%
Stool For Occult Blood (Hemoccult Slide)	\$24.49	0%	100%	\$0.00	\$24.49	100%
Pap Smear	\$60.10	0%	100%	\$0.00	\$60.10	100%
Spirometry	\$52.31	24%	76%	\$12.55	\$39.76	100%
DLCO - as needed component to spirometry	\$155.82	24%	76%	\$37.40	\$118.42	100%
Audiometry (Pure Tone Audiogram)	\$31.16	0%	100%	\$0.00	\$31.16	100%

Audiology Evaluation Follow-up	\$298.28	100%	0%	\$298.28	\$0.00	100%
Visual Screening (Snellen Chart)	\$16.70	0%	100%	\$0.00	\$16.70	100%
Visual Screening (Titmus)	\$30.05	37%	63%	\$11.12	\$18.93	100%
Resting Electrocardiogram (EKG)	\$60.10	31%	69%	\$18.63	\$41.47	100%
Treadmill - Fitness Assessment (Submaximal Gerkin Protocol)	\$191.44	35%	65%	\$67.00	\$124.43	100%
Treadmill - Exercise Stress Test(Maximal Bruce Protocol)	\$394.00	35%	65%	\$137.90	\$256.10	100%
Computerized Screening Health Risk	\$38.96	39%	61%	\$15.19	\$23.76	100%
X-Ray, Chest (PA)	\$66.78	30%	70%	\$20.03	\$46.75	100%
X-Ray, Chest (PA & Lateral)	\$89.04	30%	70%	\$26.71	\$62.33	100%
X-Ray, Chest (L&R Oblique)	\$89.04	30%	70%	\$26.71	\$62.33	100%
X-Ray, Chest, Read By "B" Reader	\$66.78	30%	70%	\$20.03	\$46.75	100%
X-Ray, Shoulder	\$75.68	30%	70%	\$22.71	\$52.98	100%
X-Ray, Knee (Weight Bearing)	\$91.27	30%	70%	\$27.38	\$63.89	100%
X-Ray, Cervical Spine	\$135.79	30%	70%	\$40.74	\$95.05	100%
X-Ray, Lumbo-Sacral Spine (PA & Lateral)	\$100.17	30%	70%	\$30.05	\$70.12	100%
X-Ray, Ankle	\$93.49	30%	70%	\$28.05	\$65.44	100%
X-Ray, Elbow	\$79.02	30%	70%	\$23.71	\$55.32	100%
X-Ray, Wrist	\$75.68	30%	70%	\$22.71	\$52.98	100%
X-Ray, any Single View	\$66.78	30%	70%	\$20.03	\$46.75	100%
X-Ray, Mammogram	\$181.42	30%	70%	\$54.43	\$126.99	100%
Urinalysis (Dipstick)	\$12.24	0%	100%	\$0.00	\$12.24	100%
Urinalysis (Microscopic)	\$20.03	0%	100%	\$0.00	\$20.03	100%
Pregnancy Test (Urine)	\$35.62	0%	100%	\$0.00	\$35.62	100%
Blood Draw	\$22.26	0%	100%	\$0.00	\$22.26	100%
CBC w/ Differential	\$16.70	0%	100%	\$0.00	\$16.70	100%
Comprehensive Metabolic Panel	\$46.75	0%	100%	\$0.00	\$46.75	100%
Cholesterol	\$12.24	0%	100%	\$0.00	\$12.24	100%
Triglycerides	\$12.24	0%	100%	\$0.00	\$12.24	100%
Lipid Panel	\$84.59	0%	100%	\$0.00	\$84.59	100%
Thyroid Uptake	\$16.70	0%	100%	\$0.00	\$16.70	100%
TSH	\$18.92	0%	100%	\$0.00	\$18.92	100%
T4 Uptake	\$18.92	0%	100%	\$0.00	\$18.92	100%
Hepatic Function Panel (SGOT, SGPT)	\$18.92	0%	100%	\$0.00	\$18.92	100%
GGTP	\$12.24	0%	100%	\$0.00	\$12.24	100%
Direct Bilirubin	\$12.24	0%	100%	\$0.00	\$12.24	100%
PSA	\$60.10	0%	100%	\$0.00	\$60.10	100%
Blood Lead	\$14.47	0%	100%	\$0.00	\$14.47	100%
Zinc Protoporphrin (ZPP)	\$31.73	0%	100%	\$0.00	\$31.73	100%

Cholinesterase, RBC	\$74.57	0%	100%	\$0.00	\$74.57	100%
Cholinesterase, Plasma	\$24.49	0%	100%	\$0.00	\$24.49	100%
Tuberculin Skin Test (PPD)	\$35.62	0%	100%	\$0.00	\$35.62	100%
Initial Evaluation For INH Prophylaxis As Part Of Other Exam	\$12.24	39%	61%	\$4.77	\$7.47	100%
Follow-up Evaluation For INH Prophylaxis as Part of Other Exam	\$12.24	39%	61%	\$4.77	\$7.47	100%
Gamma Globulin Injection	\$23.37	0%	100%	\$0.00	\$23.37	100%
Hepatitis B Surface Antibody Test	\$60.10	0%	100%	\$0.00	\$60.10	100%
Hepatitis A Vaccine (One Dose)	\$64.40	0%	100%	\$0.00	\$64.40	100%
Hepatitis B Vaccine Series Of 3	\$154.35	0%	100%	\$0.00	\$154.35	100%
Hepatitis B Vaccine Booster	\$51.45	0%	100%	\$0.00	\$51.45	100%
Hepatitis B Immune Globulin Injection 5ml	\$941.50	0%	100%	\$0.00	\$941.50	100%
Hepatitis B Immune Globulin Infection 1ML	\$188.30	0%	100%	\$0.00	\$188.30	100%
Twin RIX (Hep A/Hep B) Vaccine	\$85.05	0%	100%	\$0.00	\$85.05	100%
Hepatitis C Antibody Test	\$42.29	0%	100%	\$0.00	\$42.29	100%
Tetanus/Diphtheria Vaccination	\$30.05	0%	100%	\$0.00	\$30.05	100%
Tetanus/Diphtheria Toxoids & Acellular Pertussis(TDAP) Vaccination	\$43.27	0%	100%	\$0.00	\$43.27	100%
MMR Vaccination	\$44.52	0%	100%	\$0.00	\$44.52	100%
Polio Vaccination	\$30.05	0%	100%	\$0.00	\$30.05	100%
Influenza Vaccination	\$24.49	0%	100%	\$0.00	\$24.49	100%
Tetanus Toxoid Vaccination	\$30.05	0%	100%	\$0.00	\$30.05	100%
Tetanus Toxoid Booster Vaccination	\$30.05	0%	100%	\$0.00	\$30.05	100%
Varicella Vaccination	\$42.29	0%	100%	\$0.00	\$42.29	100%
Varicella Titer	\$28.94	0%	100%	\$0.00	\$28.94	100%
HIV Antibody Test (with consent)	\$35.62	0%	100%	\$0.00	\$35.62	100%
ECG, Tracing	\$66.11	0%	100%	\$0.00	\$66.11	100%
ECG, Report	\$12.08	100%	0%	\$12.08	\$0.00	100%
Complete Echo 2-D M-Mode	\$166.26	41%	59%	\$68.17	\$98.09	100%
Complete Echo Doppler	\$130.69	22%	78%	\$28.75	\$101.94	100%
Complete Echo, Color Flow	\$103.07	5%	95%	\$5.15	\$97.92	100%
Contrast Injection	\$117.73	0%	100%	\$0.00	\$117.73	100%
Stress Echo, Exercise Stress	\$319.02	35%	65%	\$111.66	\$207.36	100%
Stress Echo, Tracing Only, Without Interpretation & Report	\$226.04	0%	100%	\$0.00	\$226.04	100%
Stress Echo, Interpretation & Report Only	\$22.12	100%	0%	\$22.12	\$0.00	100%
Holter Monitor, 24HR-Recording	\$110.19	0%	100%	\$0.00	\$110.19	100%
Holter Monitor, 24HR-Monitor-Scan Analysis w/ Report	\$159.88	0%	100%	\$0.00	\$159.88	100%
Holter Monitor, 24HR-Monitor-Scan Analysis w/ Report	\$38.71	100%	0%	\$38.71	\$0.00	100%
Dobutamine (PER 250 MG IV)	\$6.47	0%	100%	\$0.00	\$6.47	100%
Complete TEE, 2-D w/ or w/o M-Mode	\$396.95	40%	60%	\$158.78	\$238.17	100%

Cardiovascular Stress Test	\$162.60	100%	0%	\$162.60	\$0.00	100%
Pulmonary Stress Test/Simple	\$280.96	15%	85%	\$43.34	\$237.62	100%
Exhaled Air Analysis, O2	\$63.71	27%	73%	\$17.38	\$46.33	100%
Physical Performance Test, 1st 1/2 hr	\$198.34	42%	58%	\$83.22	\$115.12	100%
Physical Performance Test, each 15 min	\$98.55	42%	58%	\$41.61	\$56.94	100%
New Patient Visit, Level 1 Problem Focused	\$59.59	53%	47%	\$31.58	\$28.01	100%
New Patient Visit, Level 2 Expanded Problem Focused	\$90.98	69%	31%	\$62.78	\$28.20	100%
New Patient Visit, Level 3 Detailed	\$141.57	69%	31%	\$97.69	\$43.89	100%
New Patient Visit, Level 4 Comprehensive	\$214.18	74%	26%	\$158.50	\$55.69	100%
New Patient Visit, Level 5 Complex	\$263.61	79%	21%	\$208.25	\$55.36	100%
Return Patient Visit, Level 1 Minimal	\$39.91	30%	70%	\$11.97	\$27.94	100%
Return Patient Visit, Level 2 Problem Focused	\$60.22	54%	46%	\$32.52	\$27.70	100%
Return Patient Visit, Level 3 Expanded Problem	\$105.05	58%	42%	\$60.93	\$44.12	100%
Return Patient Visit, Level 4 Detailed	\$151.34	63%	37%	\$95.34	\$55.99	100%
Return Patient Visit, Level 5 Comprehensive	\$193.76	71%	29%	\$137.57	\$56.19	100%
Consult, Level 1 Problem Focused	\$74.35	63%	37%	\$46.84	\$27.51	100%
Consult, Level 2 Expanded Problem	\$125.35	78%	22%	\$97.77	\$27.58	100%
Consult, Level 3 Detailed	\$179.26	75%	25%	\$134.44	\$44.81	100%
Consult, Level 4 Moderate Complexity	\$266.40	79%	21%	\$210.46	\$55.94	100%
Consult, Level 5 High Complexity	\$322.63	83%	17%	\$267.78	\$54.85	100%

**COMPENSATION  
ITEMIZED LIST OF SERVICES  
EXHIBIT D**

<b>Services (Refer to Exhibits A + B for Service Components)</b>	<b>Rate</b>
WEFIT Exam (additional tests are provided at an additional cost)	750.00
WEFIT Pre-Placement Firefighter Exam (additional tests are provided at an additional cost)	750.00
WEFIT + Urban Search and Rescue (USAR) Exam (additional tests are provided at an additional cost)	750.00
WEFIT + Crane Operator Clearance (additional tests are provided at an additional cost)	750.00
Post-Deployment Evaluation	159.00
DMV Medical Clearance Form (completed by physician in conjunction with the WEFIT Exam)	25.00

**The Center for Occupational and Environmental Health (COEH) Rates**

OCFA has permitted COEH to use sub-contracted qualified organizations, such as Gottschalk Radiology Department, Westcliff Laboratory Services and Pacific Toxicology, for selected services to meet the special needs of the OCFA firefighters. These costs are generally less than those quoted in Exhibit C (above) and will not exceed those costs listed in Exhibit C.

**WEFIT Evaluation Scheduling**

Provider shall maintain a block of four appointments per one half day session for WEFIT evaluations on Mondays and Thursdays (totaling four half day sessions). Morning clinic sessions begin at 8:30AM and afternoon sessions begin at 1PM. Firefighters scheduled in the morning session must present by 9:30AM and 1:30PM for the afternoon session to allow for sufficient evaluation time.

The WEFIT Coordinator shall provide a monthly schedule of firefighter names/fire station# to COEH 14 days before the 1st of every month.

The WEFIT Coordinator and COEH staff will periodically review the annual OCFA calendars (TAG and others) and the COEH Clinic calendar to block clinic time for OCFA requests for additional WEFIT evaluations (one or more consecutive week blocks of Mondays – Fridays). One or more consecutive weeks (Mondays – Fridays), Tuesdays and/or Wednesdays and/or Fridays may be scheduled with 30 day notice. Saturdays may be scheduled with advance notification.

The COEH staff will be flexible and support scheduling of additional WEFIT evaluation time with advance notice.

**“No-Show” Fee for WEFIT Exams and Combined WEFIT Exams:**

On scheduled exam days, the Provider will notify the OCFA WEFIT Coordinator of names of no-shows. The Provider will provide the WEFIT Coordinator information that will assist and support the evaluation of the no-show rates.

On a monthly basis, if greater than 15% of the scheduled WEFIT Exam appointments are “no shows”, then OCFA shall reimburse Provider the amount of \$337.50 for each these “no show” appointments, with the following exceptions:

1. If weather, fire conditions, or a major emergency (e.g., flood watch, red flag warnings, regional fires, earthquakes or similar hazard) occurs, then cancellation of all unnecessary activities may be required as OCFA’s primary mission is to provide optimum emergency services. OCFA will

- inform Provider of these emergencies and will not be charged for these "no-show/excused" appointments.
2. In the OCFA verification process, individuals, who have gone on Worker's Compensation between the time that the WEFIT appointment is scheduled and the actual appointment, will be identified. OCFA (via the supervisor, WEFIT Coordinator or risk management personnel) will inform Provider of these Worker's Compensation cases, and OCFA will not be charged for these "no-show/excused" appointments.
  3. Similarly, if an individual misses an appointment due to sick-leave, then OCFA will verify the sick-leave during the verification process. OCFA will inform Provider of this sick-leave and will not be charged for these "no-show/excused" appointments.
  4. If OCFA is unable to schedule personnel 14 days prior to the scheduled exam date or appointment slot, then OCFA may cancel the exam date by giving ~~7~~ <sup>14</sup> day written notice. Appointments canceled under these specific circumstances will not count as scheduled appointments.
  5. If within 72 hours of an OCFA-reserved clinic session, an appointment slot remains unscheduled, Provider is allowed to schedule a non-OCFA client for a wellness/fitness evaluation. If an OCFA-reserved clinic appointment is scheduled with a wellness/fitness evaluation (non-OCFA), then this filled appointment slot will not count as an OCFA "no-show" appointment slot.
  6. WEFIT exams may be cancelled with ~~7~~ <sup>14</sup> days notice.

OCFA  
MAY 11 2009  
RISK MANAGEMENT

**First Amendment  
To The  
Letter of Agreement  
Between  
Orange County Fire Authority and UC Irvine Healthcare**

This First Amendment (herein referred to as "Amendment"), to the Letter of Agreement (herein referred to as "Agreement") is made and entered into this 1st day of March 2009, by and between the Orange County Fire Authority ("OCFA") and The Regents of the University of California, a Constitutional Corporation, on behalf of UC Irvine Healthcare ("Provider").

**Recitals**

Whereas OCFA and Provider have entered into an Agreement on March 1, 2009, and;

Whereas OCFA and Provider desire to amend the Agreement:

**Agreement**

NOW THEREFORE, OCFA and Provider agree to amend the Agreement as follows:

1. Exhibit C: Compensation and Payment Schedule is hereby amended by adding the following to Section **B. Other Evaluations:**

	<u>Global Rate</u>	<u>Prof %</u>	<u>Tech %</u>	<u>Prof Rate</u>	<u>Tech Rate</u>	
DMV Evaluations	\$172.20	38%	62%	\$65.44	\$106.76	100%

2. Upon acceptance of the parties, this First Amendment, as of the date specified hereof, shall become part of the Agreement, and all provisions of the Agreement not specifically inconsistent herewith shall remain in full force and effect.

3. This First Amendment shall not serve to increase the contract amount.

4. The individuals signing below for their respective organizations have been authorized by those organizations to enter into and be bound by this Agreement on behalf of the organization.

5. The effective date of this Amendment shall be March 1, 2009.

IN WITNESS WHEREOF, the parties hereto have caused this Amendment to be executed in the date(s) indicated below.

UC Irvine Healthcare

By: 

Susan Rayburn, Vice President  
Contracting and Network Development

Date: 5/1/09

Orange County Fire Authority

By: 

Chip Prather, Fire Chief

Date: 4/24

**Second Amendment  
To The  
Letter of Agreement  
Between  
Orange County Fire Authority and UC Irvine Healthcare**

This Second Amendment (herein referred to as "Amendment"), to the Letter of Agreement (herein referred to as "Agreement") is made and entered into this 1<sup>st</sup> day of March 2011, by and between the Orange County Fire Authority ("OCFA") and The Regents of the University of California, a Constitutional Corporation, on behalf of UC Irvine Healthcare ("Provider").

**Recitals**

Whereas OCFA and Provider have entered into an Agreement on March 1, 2009, and;

Whereas OCFA and Provider desire to amend the Agreement:

**Agreement**

NOW THEREFORE, OCFA and Provider agree to amend the Agreement as follows:

1. Exhibit A: Scope of Services, Employee Occupational Health Services, is hereby deleted in its entirety and replaced with the attached new Exhibit A: Scope of Services, Employee Occupational Health Services.
2. Exhibit B: Scope of Services, Center for Occupational and Environmental Health Services, is hereby deleted in its entirety and replaced with the attached new Exhibit B: Scope of Services, Center for Occupational and Environmental Health Services.
3. Exhibit C: Compensation, Itemized List of Services, is hereby deleted in its entirety and replaced with the attached new Exhibit C: Compensation, Itemized List of Services.
4. Exhibit D: Compensation, Itemized List of Services, is hereby deleted in its entirety and replaced with the attached new Exhibit D: Compensation, Itemized List of Services.
5. The individuals signing below for their respective organizations have been authorized by those organizations to enter into and be bound by this Agreement on behalf of the organization.
6. All other provisions of the Agreement not inconsistent herewith shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have caused this amendment to be executed on the dates(s) indicated below.

**UC Irvine Healthcare:**

By: Susan Rayburn

Susan Rayburn, Vice President  
Contracting and Network Development

Date: 3/22/11

**Orange County Fire Authority**

By: Keith Richter

Keith Richter, Fire Chief

Date: 3/11/11

**EXHIBIT A  
SCOPE OF SERVICES  
EMPLOYEE OCCUPATIONAL HEALTH SERVICES**

The Scope of Services to be provided under this Agreement includes the following services. These services will be provided, by agreement between OCFA and the Provider when scheduling the services, at the UC Irvine Medical Center and Occupational Health Clinic in the City of Orange.

**Pre-Placement Examinations:**

**Class I**

History: Review of medical history (questionnaire)  
Physical: Focused physical examination based on review of medical history  
Labs: Collection of urine specimen for drug/alcohol screen for new hires  
Vision testing (Snellen)

**Class I-X**

History: Review of medical history (questionnaire)  
Physical: Focused physical examination based on review of medical history  
Testing: Spirometry, if indicated \*  
X-ray: Single view chest, if indicated\*  
Labs: Collection of urine specimen for drug/alcohol screen

**Class II**

History: Review of medical history (questionnaire)  
Physical: Core physical examination (HEENT, heart, lungs, abdomen, neurological, musculoskeletal: neck and back to include range of motion)  
Grip strength of the hands  
Testing: Audiogram  
Spirometry  
Vision testing (Snellen)  
X-ray: Single view chest x-ray, if indicated. \*  
Labs: Complete blood count  
Urinalysis (microscopic)  
Collection of urine specimen for drug/alcohol screen for new hires

**Class III**

History: Review of medical history (questionnaire)  
Consent for drug/alcohol screen, when specified.  
Physical: Core physical examination  
Grip strength  
Testing: Audiogram  
Spirometry  
Vision testing (Snellen)  
X-ray: Single view chest x-ray, if indicated. \*  
Labs: Complete blood count  
Blood chemistry panel (CMP)  
Urinalysis (microscopic)  
Collection of urine specimen for drug/alcohol screen for new hires

**Class IV-R Reserve Fire Fighters**  
 History: Review of medical/occupational history  
 Forms: Consent for drug/alcohol screen  
 Health Status Form for OCFA  
 Physical: Core physical examination  
 Rectal and OB exam, if over age 40  
 Testing: Audiogram  
 Spirometry  
 Grip Strength  
 Vision testing (Titmus)  
 Fitness Treadmill, if over age 35  
 EKG  
 Tuberculin Skin Testing (2-step, if indicated)  
 X-ray: Chest x-ray, 2 views (PA & Lateral)  
 X-ray other body part, if indicated. \*  
 Labs: Complete blood count  
 Blood chemistry panel (CMP)  
 Urinalysis (microscopic)  
 Hepatitis B titer, if indicated \*  
 Hepatitis C titer (baseline required)  
 Varicella titer, if indicated \*  
 Collection of urine drug/alcohol testing samples  
 Immunizations: Tdap, if indicated\*

**Other Examinations:**

**Urban Search and Rescue (USAR) Examination**

History: Review of medical/occupational history  
 Physical: Core physical examination  
 Testing: Fecal Occult Blood Card  
 Audiogram  
 Spirometry  
 Vision testing (Titmus)  
 Resting EKG  
 Fitness Treadmill, as indicated. \*  
 X-ray: Chest x-ray, 2 views (PA & Lateral)  
 Labs: CBC with differential  
 Blood chemistry panel (CMP)  
 Urinalysis (microscopic)  
 Hepatitis B titer, as indicated. \*  
 Hepatitis C Baseline  
 RBC Cholinesterase, as indicated. \*  
 Urine—Heavy Metals, as indicated. \*  
 Blood Lead Level, as indicated. \*  
 Immunizations: Hepatitis A, if indicated\*  
 Tetanus/Diphtheria, if indicated\*

\* This service is provided at an additional cost in addition to the global rate, at the global rates set forth in Exhibit C.

### **DMV Examination**

History: Review of DMV questionnaire  
Physical: DMV exam  
Testing: Hearing (Whispered Voice)  
Vision testing (Snellen)  
Labs: Urinalysis (Dipstick)

### **DMV Evaluation**

Review of DMV history form 546, blood pressure measurement, hearing (whisper) and vision (titmus) testing and completion of physician medical clearance form 546A.

### **Management Physical Examination (non-firefighters)**

Management physicals shall be provided to OCFA non-fire managers. This exam will include a traditional comprehensive medical evaluation. The goal of the examination is to detect medical conditions at an early stage, to identify health risk factors and habits which can negatively impact health, and to refer the individual to appropriate community health care providers for additional testing or follow-up for identified problems. This evaluation includes:

History: Review of medical/occupational history  
Computerized health risk assessment questionnaire  
Physical: Core physical examination  
Testing: Spirometry  
Vision testing (Snellen)  
Fitness Treadmill  
Labs: CBC with differential  
Comprehensive Metabolic Panel  
Lipid Profile  
For males > 40 years of age: Prostate Specific Antigen (PSA)  
Urinalysis (microscopic)  
Optional: For women: breast exam  
For men over 40 years of age: digital rectal exam

Health Risk Assessment: This assessment consists of a detailed questionnaire that assesses the individual's risk factors such as family history, life style factors, weight, and the results of certain tests and measurements such as cholesterol and waist-hip ratios and other factors. The results and interpretation will be discussed with the participant.

### **Return to Work Evaluation**

All employees returning to work after an injury or illness will be medically evaluated to determine their ability to meet the physical demands of their job and/or whether work restrictions may be necessary.

**EXHIBIT B**  
**SCOPE OF SERVICES**  
**CENTER FOR OCCUPATIONAL AND ENVIRONMENTAL HEALTH SERVICES**

The Scope of Services to be provided under this Agreement includes the following listed services. These services will be provided at the UC Irvine Medical Center for Occupational and Environmental Health facilities in the City of Irvine:

**I. Wellness and Fitness Evaluation (WEFIT Exam)**

All career firefighters, fire management and designated fire hand crew shall participate in the WEFIT program, which provides for an annual medical evaluation and fitness test. The WEFIT Exam shall include the following:

Medical, Occupational & Fitness History Questionnaire

An initial medical history questionnaire must be completed to provide baseline information with which to compare future medical and fitness concerns. A periodic medical and fitness history questionnaire must be completed to provide follow-up information. Periodic questionnaires focus on changes in health status.

Physical Examination

The physical examination shall consist of the following:

- Vital signs
- Head, eyes, ears, nose, and throat
- Thyroid gland: inspection and palpation
- Cardiovascular: inspection, auscultation, percussion and palpation
- Pulmonary: inspection, auscultation, percussion and palpation
- Gastrointestinal: inspection, auscultation, percussion and palpation
- Hernia exam (for males)
- Lymph nodes: cervical and axillary
- Neurological exam and assessment of major cranial/peripheral nerves, motor, sensory and reflexes
- Musculoskeletal: overall assessment of ROM of all joints

Blood Analysis

The following are components of the blood analysis. At a minimum, laboratory services must provide these components in their automated chemistry panel and complete blood count protocols:

- CBC with differential
- Liver Function Tests, includes SGOT/AST, SGPT/ALT, LDH, Alkaline Phosphatase, and Bilirubin
- Triglycerides
- Glucose
- Blood Urea Nitrogen
- Creatinine
- Sodium
- Potassium
- Carbon Dioxide
- Total Protein
- Albumin
- Calcium
- Cholesterol, includes total cholesterol, low density lipoprotein (LDL-C) level, High Density Lipoprotein (HDL-C) level, and total cholesterol/HDL Ratio

### Urinalysis

- Microscopic, includes WBC, RBC, WBC Casts, RBC casts and crystals

### Vision Tests (Examination plus Titmus)

Assessment of vision includes evaluation of distance, near, peripheral, and color vision. Recognize individuals' risks for common visual disorders including cataracts, macular degeneration, and diabetic retinopathy.

### Hearing (Audiogram)

### Pulmonary (Spirogram)

### Resting EKG

### Chest X-Ray (PA and Lateral)

Initial baseline and repeat chest x-ray as indicated, as an additional cost.

Repeat chest x-ray every five years as required or medically indicated, at an additional cost.

### Heavy Metal and Specific Exposure Screening

An exposure history will be obtained and reviewed to assess potential exposures to heavy metals, pesticides, and other potential hazards. At an additional cost, biological specimens (blood or urine) may be obtained as indicated to evaluate exposures:

- Urine: Arsenic, Mercury, Lead (Baseline, HAZMAT and USAR)
- Blood: Lead, RBC cholinesterase (Baseline HAZMAT and USAR)

### Cancer Screening

The following cancer screening elements shall be made available to firefighter personnel as an option (additional cost) and with the individual's approval.

- Clinical breast examination
- Mammogram
- Digital rectal examination

### Immunizations and Infectious Disease Screening

A history of prior immunizations will be obtained, with recommendations for needed immunizations. Required immunization shall be provided to firefighter personnel with the individual's approval and signed consent. (Blood tests to document laboratory immunity and immunizations are provided at an additional cost.)

- Hepatitis C Virus titer (Baseline)\*
- Hepatitis B titer, if no documentation is available\*
- Varicella titer, if no documentation (Baseline)\*
- HIV Screening\*, will be offered on a confidential basis as part of post exposure protocols and as requested by the physician or patient
- Tetanus/Diphtheria, or Tdap, if indicated\*
- MMR, if indicated\*

Screening includes questionnaire review and relevant physical exam. All radiology and laboratory testing, and immunizations provided, for these screening components are to be paid at an additional cost, as set forth in Exhibit C.

### Fitness Evaluation

The fitness evaluation will consist of a fitness assessment questionnaire and the following fitness evaluation:

- Body composition assessment with skin fold measures
- Aerobic Capacity (Fitness Treadmill using sub-maximum Gerkin Protocol)
- Push Ups
- Sit-ups or Prone Plank
- Leg Strength or Vertical Jump
- Arm Strength
- Grip Strength
- Curl-up Evaluation
- Flexibility Evaluation

#### Individualized Health Risk Appraisal

Written feedback to firefighter personnel concerning risks and health status is required following the annual examination. Reporting findings and risks and suggesting plans for modifying risks improves the physician-patient relationship and helps firefighter personnel take a more direct role in their health and fitness status. Individualized health risk appraisals also must include questions that attempt to accurately measure the firefighter's perception of their health and fitness status. Health perception can be a useful indicator of potential problems.

#### Respirator Use Medical Clearance

The WEFIT medical evaluation will be sufficient for the Provider to provide a medical clearance for respirator use for employees who meet the appropriate criteria.

## **II. Combined WEFIT Evaluation and Pre-placement Firefighter (including Career and Hand Crew) Examination**

This combined evaluation includes the components of the WEFIT Exam with the addition of the following services:

- Drug and Alcohol Testing (baseline-required) \*
- Tuberculosis Skin Testing (2-step), as indicated \*
- Hepatitis B titer, if indicated \*
- Hepatitis B Vaccination (first dose), if indicated\*
- Hepatitis A Vaccination (first dose), if indicated\*
- Tetanus/Diphtheria or Tetanus/Diphtheria and Pertussis, if indicated\*
- Hepatitis C titer (baseline-required) \*
- Varicella titer, if indicated \*
- Measles, Mumps, Rubella Vaccine (MMR), if indicated\* (Baseline)

Firefighters born on or after 1957 must show documentation of one of the following:

1. Two doses of MMR on or after their first birthday, or
2. Physician-diagnosed disease of measles, mumps and rubella, or
3. Laboratory evidence of immunity to measles, mumps and rubella.

If no documentation is available and there are no medical contraindications, then 2 doses of MMR are recommended for those born in or after 1957.

Firefighters born before 1957 must show documentation of one of the following:

1. One dose of MMR, or
2. Physician-diagnosed disease of measles, mumps and rubella, or
3. Laboratory evidence of immunity to measles, mumps and rubella.

If no documentation is available and there are no medical contraindications, then 1 dose of MMR is recommended for those born before 1957.

- HIV (optional) \*

### **III. Combined WEFIT Examination and Urban Search and Rescue Examination or Combined WEFIT Examination and HazMat Examination**

The combined evaluation includes the components of the WEFIT Exam with the addition of the following services:

- Fecal Occult Blood Card (FOBT) \*
- Blood lead level, (Baseline) \*
- Urine for heavy metals, (Baseline) \*
- RBC cholinesterase, (Baseline) \*
- Chest x-ray (PA and Lat), if indicated \*

\* This service is provided at an additional cost in addition to the global rate, at the global rates set forth in Exhibit C.

### **IV. Combined WEFIT Examination and DMV Medical Clearance or Combined WEFIT Examination and Crane Operator Clearance**

The combined evaluation included the components of the WEFIT Exam with the addition of review of the associated questionnaire (DMV or Crane Operator) and completion of the medical paperwork and clearance form.

### **V. Post-Deployment Evaluation**

To include: Post-deployment evaluations, if determined to be medically indicated by OCFA Medical Director. This evaluation will include: Focused history and physical exam, review of relevant records and questionnaire. Labs and testing will depend on exposure or exposures and will be determined by the OCFA Medical Director or the examining physician.

### **VI. Fitness for Duty Evaluation**

Where OCFA has concerns about an employee's ability to safely perform their job, the employee may be referred for a fitness for duty evaluation. This evaluation will include: Focused history and physical examination, review of relevant records and further diagnostic studies or consultation as indicated.

### **VII. Referral for Cardiology, if indicated**

The OCFA authorizes the UC Irvine COEH examining physician to refer and schedule a firefighter examinee for a cardiology consultation at the UC Irvine Medical Center, if medically indicated. The UC Irvine Medical Center will bill OCFA under the terms specified in Exhibit C.

### **VIII. Management Physical Examination (non-firefighters)**

Management physicals shall be provided to OCFA non-fire managers. This exam will include a traditional comprehensive medical evaluation. The goal of the examination is to detect medical conditions at an early stage, to identify health risk factors and habits which can negatively impact health, and to refer the individual to appropriate community health care providers for additional testing or follow-up for identified problems. This evaluation includes:

History: Review of medical/occupational history  
Computerized health risk assessment questionnaire  
Physical: Core physical examination  
Testing: Spirometry  
Vision testing: (Snellen)  
Fitness Treadmill  
Labs: CBC with differential  
Comprehensive Metabolic Panel

**Lipid Profile**

For males > 40 years of age: Prostate Specific Antigen (PSA)

Urinalysis (microscopic)

Optional: For women: breast exam

For men over 40 years of age: digital rectal exam

**Health Risk Assessment:** This assessment consists of a detailed questionnaire that assesses the individual's risk factors such as family history, life style factors, weight, and the results of certain tests and measurements such as cholesterol and waist-hip ratios and other factors. The results and interpretation will be discussed with the participant.

**Records and Data Management**

Provider will maintain medical and fitness testing records as required in a confidential manner and as required by law.

**IX. DMV Evaluation and Examination**

- a. Review of DMV history form 546, blood pressure measurement, hearing (whisper) and vision (titmus) testing and completion of physician medical clearance form 546A.
- b. If DMV form for Commercial Driver Fitness Determination (DL51) is needed, then an examination, urinalysis and audiogram will be added to the blood pressure measurement, hearing (whisper) and vision (titmus) testing.

**UC Irvine COEH Reports**

**OCFA Firefighters' Individualized Reports**

Written test results of the medical exam concerning health risks and health status shall be provided to the OCFA members. Written fitness assessment shall be provided to the OCFA member concerning the individual's physical capacity pertaining to his/her job related wellness and recommended exercise program.

**Monthly Updated Roster of Completed WEFIT Evaluations**

On a monthly basis, the COEH professional research staff directs a roster of firefighter names with dates of their WEFIT evaluations to the WEFIT Coordinator and Risk Manager.

**Aggregate WEFIT Report**

Provider will provide and make available aggregate medical and fitness testing results, so that data can be shared with the International Association of Firefighters, and so that OCFA can use the aggregate data to review WEFIT program return on investment, and evaluate program effectiveness.

Provider will assist the OCFA in evaluating/quantifying the WEFIT aggregate test results and identifying return on investment factors. The Provider will maintain confidentiality of all medical records. Provider will utilize the services of their professional medical research staff to update and provide these reports. The cost of this report function and the maintenance of all medical records will be factored into the total cost of the physical exam and fitness test. Provider will work with any other Provider the OCFA involves related to "return on investment" and overall program evaluation.

Provider will provide quarterly reports to the OCFA which reflect aggregate data (no identifiable information), including, but not limited to the following variables:

- Number of WEFIT physical exams performed
- Number of WEFIT fitness exams performed
- Number of referrals to the OCFA Exercise Physiologist
- Number of referrals for urgent medical issue
- Number of referrals to primary care physician for non-urgent medical issue

- Number with "Above normal body fat measurement
- Number with Elevated blood pressure on exam
- Number Hypertensive, taking medicine
- Number with Personal history of heart disease
- Number with Family history of heart disease
- Number with High total cholesterol ( $\geq 200$  mg/dl)
- Number with Low HDL-C ( $< 35$  mg/dl)
- Number with High ratio of total cholesterol/HDL-C
- Number with High LDL-C level ( $\geq 130$  mg/dl)
- Number with Elevated triglycerides
- Number of smokers
- Number with personal history of diabetes
- Number with elevated fasting glucose ( $> 140$  mg/dl)
- Number who have not met the American Cancer Screening Guidelines for the following:
- Fecal Occult Blood Test within the last year or sigmoidoscopy/colonoscopy every 3-5 years (ages 50 and older)
- Annual digital Rectal Exam (males age 40 and older)
- Serum PSA (African Americans (age 40 and older; Caucasians age 50 and older)
- Routine Pap Smear (females age 18 and older)
- Self breast exam (females)
- Clinical breast exam (females)
- Mammography, every 1 – 3 years (females age 40 – 49)
- Mammography, every year (females age 50 and older)
- Number with estimated VO<sub>2</sub> score of less than 42 ml/kg/minute (Aerobic capacity)
- Graphs and Histograms showing: strength testing, endurance, flexibility, body fat % and VO<sub>2</sub> max

**Third Amendment  
To The  
Letter of Agreement  
Between  
Orange County Fire Authority and UC Irvine Healthcare**

**OCFA**

**FEB 10 2012**

**RISK MANAGEMENT**

This Third Amendment (herein referred to as "Amendment"), to the Letter of Agreement (herein referred to as "Agreement") is made and entered into this 1<sup>st</sup> day of March 2012, by and between the Orange County Fire Authority ("OCFA") and The Regents of the University of California, a Constitutional Corporation, on behalf of UC Irvine Healthcare ("Provider").

**Recitals**

Whereas OCFA and Provider have entered into an Agreement on March 1, 2009, and;

Whereas OCFA and Provider desire to amend the Agreement:

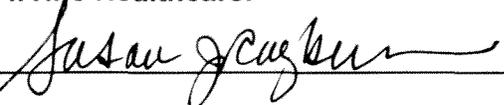
**Agreement**

NOW THEREFORE, OCFA and Provider agree to amend the Agreement as follows:

1. Exhibit A: Scope of Services, Employee Occupational Health Services, is hereby deleted in its entirety and replaced with the attached new Exhibit A: Scope of Services, Employee Occupational Health Services.
2. Exhibit B: Scope of Services, Center for Occupational and Environmental Health Services, is hereby deleted in its entirety and replaced with the attached new Exhibit B: Scope of Services, Center for Occupational and Environmental Health Services.
3. Exhibit C: Compensation, Itemized List of Services, is hereby deleted in its entirety and replaced with the attached new Exhibit C: Compensation, Itemized List of Services.
4. Exhibit D: Compensation, Itemized List of Services, is hereby deleted in its entirety and replaced with the attached new Exhibit D: Compensation, Itemized List of Services.
5. The individuals signing below for their respective organizations have been authorized by those organizations to enter into and be bound by this Agreement on behalf of the organization.
6. All other provisions of the Agreement not inconsistent herewith shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have caused this amendment to be executed on the dates(s) indicated below.

**UC Irvine Healthcare:**

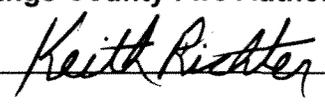
By: 

Susan Rayburn, Vice President  
Contracting and Network Development

Date: 2/22/12

OCFA 3.01.12 Amendment

**Orange County Fire Authority**

By: 

Keith Richter, Fire Chief

Date: 2/15/12

**EXHIBIT A  
SCOPE OF SERVICES  
EMPLOYEE OCCUPATIONAL HEALTH SERVICES**

The Scope of Services to be provided under this Agreement includes the following services. These services will be provided, by agreement between OCFA and the Provider when scheduling the services, at the UC Irvine Medical Center and Occupational Health Clinic in the City of Orange.

**Pre-Placement Examinations:**

**Class I**

History: Review of medical history (questionnaire)  
Physical: Focused physical examination based on review of medical history  
Labs: Collection of urine specimen for drug/alcohol screen for new hires  
Vision testing (Snellen)

**Class I-X**

History: Review of medical history (questionnaire)  
Physical: Focused physical examination based on review of medical history  
Testing: Spirometry, if indicated \*  
X-ray: Single view chest, if indicated\*  
Labs: Collection of urine specimen for drug/alcohol screen

**Class II**

History: Review of medical history (questionnaire)  
Physical: Core physical examination (HEENT, heart, lungs, abdomen, neurological, musculoskeletal: neck and back to include range of motion)  
Grip strength of the hands  
Testing: Audiogram  
Spirometry  
Vision testing (Snellen)  
X-ray: Single view chest x-ray, if indicated. \*  
Labs: Complete blood count  
Urinalysis (microscopic)  
Collection of urine specimen for drug/alcohol screen for new hires

**Class III**

History: Review of medical history (questionnaire)  
Consent for drug/alcohol screen, when specified.  
Physical: Core physical examination  
Grip strength  
Testing: Audiogram  
Spirometry  
Vision testing (Snellen)  
X-ray: Single view chest x-ray, if indicated. \*  
Labs: Complete blood count  
Blood chemistry panel (CMP)  
Urinalysis (microscopic)  
Collection of urine specimen for drug/alcohol screen for new hires

**Class IV-R** Reserve Fire Fighters

History: Review of medical/occupational history  
Forms: Consent for drug/alcohol screen  
Health Status Form for OCFA  
Physical: Core physical examination

Rectal and OB exam, if over age 40  
 Testing: Audiogram  
 Spirometry  
 Grip Strength  
 Vision testing (Titmus)  
 Fitness Treadmill, if over age 35  
 EKG  
 Tuberculin Skin Testing (2-step, if indicated)  
 X-ray: Chest x-ray, 2 views (PA & Lateral)  
 X-ray other body part, if indicated. \*  
 Labs: Complete blood count  
 Blood chemistry panel (CMP)  
 Urinalysis (microscopic)  
 Hepatitis B titer, if indicated \*  
 Hepatitis C titer (baseline required)  
 Varicella titer, if indicated \*  
 Collection of urine drug/alcohol testing samples  
 Immunizations: Tdap, if indicated\*

**Other Examinations:**

**Urban Search and Rescue (USAR) Examination**

History: Review of medical/occupational history  
 Physical: Core physical examination  
 Testing: Fecal Occult Blood Card  
 Audiogram  
 Spirometry  
 Vision testing (Titmus)  
 Resting EKG  
 Fitness Treadmill, as indicated. \*  
 X-ray: Chest x-ray, 2 views (PA & Lateral)  
 Labs: CBC with differential  
 Blood chemistry panel (CMP)  
 Urinalysis (microscopic)  
 Hepatitis B titer, as indicated. \*  
 Hepatitis C Baseline  
 RBC Cholinesterase, as indicated. \*  
 Urine—Heavy Metals, as indicated. \*  
 Blood Lead Level, as indicated. \*  
 Immunizations: Hepatitis A, if indicated\*  
 Tetanus/Diphtheria, if indicated\*

\* This service is provided at an additional cost in addition to the global rate, at the global rates set forth in Exhibit C.

**DMV Examination**

History: Review of DMV questionnaire  
 Physical: DMV exam  
 Testing: Hearing (Whispered Voice)  
 Vision testing (Snellen)  
 Labs: Urinalysis (Dipstick)

**DMV Evaluation**

Review of DMV history form 546, blood pressure measurement, hearing (whisper) and vision (titmus) testing and completion of physician medical clearance form 546A.

**Management Physical Examination (non-firefighters)**

Management physicals shall be provided to OCFA non-fire managers. This exam will include a traditional comprehensive medical evaluation. The goal of the examination is to detect medical conditions at an early stage, to identify health risk factors and habits which can negatively impact health, and to refer the individual to appropriate community health care providers for additional testing or follow-up for identified problems. This evaluation includes:

- History:       Review of medical/occupational history  
                  Computerized health risk assessment questionnaire
- Physical:      Core physical examination
- Testing:       Spirometry  
                  Vision testing (Snellen)  
                  Fitness Treadmill
- Labs:          CBC with differential  
                  Comprehensive Metabolic Panel  
                  Lipid Profile  
                  For males > 40 years of age: Prostate Specific Antigen (PSA)  
                  Urinalysis (microscopic)
- Optional:     For women: breast exam  
                  For men over 40 years of age: digital rectal exam

Health Risk Assessment: This assessment consists of a detailed questionnaire that assesses the individual's risk factors such as family history, life style factors, weight, and the results of certain tests and measurements such as cholesterol and waist-hip ratios and other factors. The results and interpretation will be discussed with the participant.

**Fitness for Duty Evaluation**

Where OCFA has concerns about an employee's ability to safely perform their job, the employee may be referred for a fitness for duty evaluation. This evaluation will include: Focused history and physical examination, review of relevant records and further diagnostic studies or consultation as indicated.

**Return to Work Evaluation**

All employees returning to work after an injury or illness will be medically evaluated to determine their ability to meet the physical demands of their job and/or whether work restrictions may be necessary.

**EXHIBIT B  
SCOPE OF SERVICES  
CENTER FOR OCCUPATIONAL AND ENVIRONMENTAL HEALTH SERVICES**

The Scope of Services to be provided under this Agreement includes the following listed services. These services will be provided at the UC Irvine Medical Center for Occupational and Environmental Health facilities in the City of Irvine:

**I. Wellness and Fitness Evaluation (WEFIT Exam)**

All career firefighters, fire management and designated fire hand crew shall participate in the WEFIT program, which provides for an annual medical evaluation and fitness test. The WEFIT Exam shall include the following:

Medical, Occupational & Fitness History Questionnaire

An initial medical history questionnaire must be completed to provide baseline information with which to compare future medical and fitness concerns. A periodic medical and fitness history questionnaire must be completed to provide follow-up information. Periodic questionnaires focus on changes in health status.

Physical Examination

The physical examination shall consist of the following:

- Vital signs
- Head, eyes, ears, nose, and throat
- Thyroid gland: inspection and palpation
- Cardiovascular: inspection, auscultation, percussion and palpation
- Pulmonary: inspection, auscultation, percussion and palpation
- Gastrointestinal: inspection, auscultation, percussion and palpation
- Hernia exam (for males)
- Lymph nodes: cervical and axillary
- Neurological exam and assessment of major cranial/peripheral nerves, motor, sensory and reflexes
- Musculoskeletal: overall assessment of ROM of all joints

Blood Analysis

The following are components of the blood analysis. At a minimum, laboratory services must provide these components in their automated chemistry panel and complete blood count protocols:

- CBC with differential
- Liver Function Tests, includes SGOT/AST, SGPT/ALT, Alkaline Phosphatase, and Bilirubin
- Triglycerides
- Glucose
- Blood Urea Nitrogen
- Creatinine
- Sodium
- Potassium
- Carbon Dioxide
- Total Protein
- Albumin
- Calcium
- Cholesterol, includes total cholesterol, low density lipoprotein (LDL-C) level, High Density Lipoprotein (HDL-C) level, and total cholesterol/HDL Ratio

### Urinalysis

- Microscopic, includes WBC, RBC, WBC Casts, RBC casts and crystals

### Vision Tests (Examination plus Titmus)

Assessment of vision includes evaluation of distance, near, peripheral, and color vision. Recognize individuals' risks for common visual disorders including cataracts, macular degeneration, and diabetic retinopathy.

### Hearing (Audiogram)

### Pulmonary (Spirogram)

### Resting EKG

### Chest X-Ray (PA and Lateral)

Initial baseline and repeat chest x-ray as indicated, as an additional cost.

Repeat chest x-ray every five years as required or medically indicated, at an additional cost.

### Heavy Metal and Specific Exposure Screening

An exposure history will be obtained and reviewed to assess potential exposures to heavy metals, pesticides, and other potential hazards. At an additional cost, biological specimens (blood or urine) may be obtained as indicated to evaluate exposures:

- Urine: Arsenic, Mercury, Lead (Baseline, HAZMAT and USAR)
- Blood: Lead, RBC cholinesterase (Baseline HAZMAT and USAR)

### Cancer Screening

The following cancer screening elements shall be made available to firefighter personnel as an option (additional cost) and with the individual's approval.

- Clinical breast examination
- Mammogram
- Digital rectal examination

### Immunizations and Infectious Disease Screening

A history of prior immunizations will be obtained, with recommendations for needed immunizations. Required immunization shall be provided to firefighter personnel with the individual's approval and signed consent. (Blood tests to document laboratory immunity and immunizations are provided at an additional cost.)

- Hepatitis C Virus titer (Candidate or if requested by OMFA EMS)\*
- Hepatitis B titer, if no documentation is available (Candidate or if requested by OMFA EMS)\*
- Varicella titer, if no documentation (Candidate or if requested by OMFA EMS)\*
- HIV Screening\*, will be offered on a confidential basis as part of post exposure protocols and as requested by the physician or patient
- Tetanus/Diphtheria, or Tdap (Candidate or if requested by OMFA EMS)\*
- MMR, (Candidate or if requested by OMFA EMS)\*

Screening includes questionnaire review and relevant physical exam. All radiology and laboratory testing, and immunizations provided, for these screening components are to be paid at an additional cost, as set forth in Exhibit C.

### Fitness Evaluation

The fitness evaluation will consist of a fitness assessment. The firefighter will be given the choice of either performing the Functional Movement Screen (FMS-described below) and aerobic testing or the following fitness evaluation:

- Body composition assessment with skin fold measures
- Aerobic Capacity (Fitness Treadmill using sub-maximum Gerkin Protocol)
- Push Ups
- Sit-ups or Prone Plank
- Leg Strength or Vertical Jump
- Arm Strength
- Grip Strength
- Flexibility Evaluation

\*The Functional Movement Screen (FMS) is a ranking and grading system that documents movement patterns that are key to normal function. By screening these movement patterns, the FMS identifies functional limitations and asymmetries. These are issues that can reduce the effects of functional training and physical conditioning. The FMS generates the Functional Movement Screen Score, which is used to target problems and track progress. This scoring system is directly linked to the most beneficial corrective exercises to restore mechanically sound movement patterns.

\*Adapted from [www.functionalmovement.com/fms](http://www.functionalmovement.com/fms)

#### Individualized Health Risk Appraisal

Written feedback to firefighter personnel concerning risks and health status is required following the annual examination. Reporting findings and risks and suggesting plans for modifying risks improves the physician-patient relationship and helps firefighter personnel take a more direct role in their health and fitness status. Individualized health risk appraisals also must include questions that attempt to accurately measure the firefighter's perception of their health and fitness status. Health perception can be a useful indicator of potential problems.

#### Respirator Use Medical Clearance

The WEFIT medical evaluation will be sufficient for the Provider to provide a medical clearance for respirator use for employees who meet the appropriate criteria.

## **II. Combined WEFIT Evaluation and Pre-placement/Candidate Firefighter (including Career and Hand Crew) Examination**

This combined evaluation includes the components of the WEFIT Exam with the addition of the following services:

- Drug and Alcohol Testing (baseline-required) \*
- Tuberculosis Skin Testing (2-step), as indicated \*
- Hepatitis B titer, if no documentation of immunity is available (per CDC guidelines)\*
- Hepatitis B Vaccination (first dose), if requested by OCFA EMS\*
- Hepatitis A Vaccination (first dose), if requested by OCFA EMS\*
- Tetanus/Diphtheria or Tetanus/Diphtheria and Pertussis, if indicated\*
- Hepatitis C titer (baseline-required) \*
- Varicella titer, if no documentation of immunity is available (per CDC guidelines)\*
- Measles, Mumps, Rubella Vaccine (MMR), if indicated\* (Baseline)

Firefighters born on or after 1957 must show documentation of one of the following:

1. Two doses of MMR on or after their first birthday, or
2. Physician-diagnosed disease of measles, mumps and rubella, or
3. Laboratory evidence of immunity to measles, mumps and rubella.

If no documentation is available and there are no medical contraindications, then 2 doses of MMR are recommended for those born in or after 1957.

Firefighters born before 1957 must show documentation of one of the following:

1. One dose of MMR, or
2. Physician-diagnosed disease of measles, mumps and rubella, or

3. Laboratory evidence of immunity to measles, mumps and rubella.

If no documentation is available and there are no medical contraindications, then 1 dose of MMR is recommended for those born before 1957.

- HIV (optional) \*

### **III. Combined WEFIT Examination and Urban Search and Rescue Examination or Combined WEFIT Examination and HazMat Examination**

The combined evaluation includes the components of the WEFIT Exam with the addition of the following services:

- Fecal Occult Blood Card (FOBT) \*
- Blood lead level, (Baseline) \*
- Urine for heavy metals, (Baseline) \*
- RBC cholinesterase, (Baseline) \*
- Chest x-ray (PA and Lat), if indicated \*

\* This service is provided at an additional cost in addition to the global rate, at the global rates set forth in Exhibit C.

### **IV. Combined WEFIT Examination and DMV Medical Clearance or Combined WEFIT Examination and Crane Operator Clearance**

The combined evaluation included the components of the WEFIT Exam with the addition of review of the associated questionnaire (DMV or Crane Operator) and completion of the medical paperwork and clearance form.

### **V. Post-Deployment Evaluation**

To include: Post-deployment evaluations, if determined to be medically indicated by OCFA Medical Director. This evaluation will include: Focused history and physical exam, review of relevant records and questionnaire. Labs and testing will depend on exposure or exposures and will be determined by the OCFA Medical Director or the examining physician.

### **VI. Occupational Medicine Consulting (i.e., Fitness for Duty Evaluation or other requested occupational medicine specialty services)**

Where OCFA has concerns that involve occupational and environmental health issues, then an occupational medicine consult may be requested. One example is when an employee's ability to safely perform their job, the employee may be referred for a fitness for duty evaluation. This evaluation will include: Focused history and physical examination, review of relevant records and further diagnostic studies or consultation as indicated.

### **VII. Referral for Cardiology, if indicated**

The OCFA authorizes the UC Irvine COEH examining physician to refer and schedule a firefighter examinee for a cardiology consultation at the UC Irvine Medical Center, if medically indicated. The UC Irvine Medical Center will bill OCFA under the terms specified in Exhibit C.

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Management physicals shall be provided to OCFA non-fire managers. This exam will include a traditional comprehensive medical evaluation. The goal of the examination is to detect medical conditions at an early stage, to identify health risk factors and habits which can negatively impact health, and to refer the individual to appropriate community health care providers for additional testing or follow-up for identified problems. This evaluation includes:

History: Review of medical/occupational history  
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Vision testing: (Snellen)  
Fitness Treadmill  
Labs: CBC with differential  
Comprehensive Metabolic Panel  
Lipid Profile  
For males > 40 years of age: Prostate Specific Antigen (PSA)  
Urinalysis (microscopic)  
Optional: For women: breast exam  
For men over 40 years of age: digital rectal exam

Health Risk Assessment: This assessment consists of a detailed questionnaire that assesses the individual's risk factors such as family history, life style factors, weight, and the results of certain tests and measurements such as cholesterol and waist-hip ratios and other factors. The results and interpretation will be discussed with the participant.

#### Records and Data Management

Provider will maintain medical and fitness testing records as required in a confidential manner and as required by law.

#### **IX. DMV Evaluation and Examination**

- a. DMV 546 and 546A forms: Physician review of DMV history form 546, blood pressure measurement, hearing (whisper) and vision (titmus) testing and completion of physician medical clearance form 546A.
- b. DMV Commercial Driver Fitness Determination (DL51) form: Physician review of history, urinalysis, audiogram and vision testing: Physician performs a physical.

#### UC Irvine COEH Reports

##### OCFA Firefighters' Individualized Reports

Written test results of the medical exam concerning health risks and health status shall be provided to the OCFA members. Written fitness assessment shall be provided to the OCFA member concerning the individual's physical capacity pertaining to his/her job related wellness and recommended exercise program.

##### Monthly Updated Roster of Completed WEFIT Evaluations

On a monthly basis, the COEH professional research staff directs a roster of firefighter names with dates of their WEFIT evaluations to the WEFIT Coordinator and Risk Manager.

##### Aggregate WEFIT Report

Provider will provide and make available aggregate medical and fitness testing results, so that data can be shared with the International Association of Firefighters, and so that OCFA can use the aggregate data to review WEFIT program return on investment, and evaluate program effectiveness.

Provider will assist the OCFA in evaluating/quantifying the WEFIT aggregate test results and identifying return on investment factors. The Provider will maintain confidentiality of all medical records. Provider will utilize the services of their professional medical research staff to update and provide these reports. The cost of this report function and the maintenance of all medical records will be factored into the total cost of the physical exam and fitness test. Provider will work with any other Provider the OCFA involves related to "return on investment" and overall program evaluation.

Provider will provide quarterly reports to the OCFA which reflect aggregate data (no identifiable information), including, but not limited to the following variables:

- Number of WEFIT physical exams performed
- Number of WEFIT fitness exams performed
- Number of referrals for urgent medical issue
- Number of referrals to primary care physician for non-urgent medical issue
- Number with "Above normal body fat measurement
- Number with Elevated blood pressure on exam
- Number Hypertensive, taking medicine
- Number with Personal history of heart disease
- Number with Family history of heart disease
- Number with High total cholesterol ( $\geq 200$  mg/dl)
- Number with Low HDL-C ( $< 35$  mg/dl)
- Number with High ratio of total cholesterol/HDL-C
- Number with High LDL-C level ( $\geq 130$  mg/dl)
- Number with Elevated triglycerides
- Number of smokers
- Number with personal history of diabetes
- Number with elevated fasting glucose ( $> 140$  mg/dl)
- Number who have not met the American Cancer Screening Guidelines for the following:
  - Fecal Occult Blood Test within the last year or sigmoidoscopy/colonoscopy every 3-5 years (ages 50 and older)
  - Annual digital Rectal Exam (males age 40 and older)
  - Serum PSA (African Americans (age 40 and older; Caucasians age 50 and older)
  - Routine Pap Smear (females age 18 and older)
  - Self breast exam (females)
  - Clinical breast exam (females)
  - Mammography, every 1 – 3 years (females age 40 – 49)
  - Mammography, every year (females age 50 and older)
- Number with estimated VO<sub>2</sub> score of less than 42 ml/kg/minute (Aerobic capacity)
- Graphs and Histograms showing: fitness testing results by age group, body fat % and VO<sub>2</sub> max

**EXHIBIT D  
COMPENSATION  
ITEMIZED LIST OF UC IRVINE COEH SERVICES**

<b>Services (Refer to Exhibit B for Service Components)</b>	<b>Rate</b>
WEFIT Exam (additional tests are provided at an additional cost)	750.00
WEFIT Pre-Placement/Candidate Firefighter Exam (additional tests are provided at an additional cost)	750.00
WEFIT + Urban Search and Rescue (USAR) Exam (additional tests are provided at an additional cost)	750.00
WEFIT + Crane Operator Clearance (additional tests are provided at an additional cost)	750.00
Post-Deployment Evaluation	159.00
Occupational Medicine Consulting/per hour (i.e. Fitness for duty and other occupational specialist services)	Refer to Exhibit C
Record review per hour	Refer to Exhibit C
Management Wellness and Fitness Examination	Refer to Exhibit C
DMV Evaluation and Examination – With WEFIT Exam	25.00
DMV Evaluation and Examination – Forms 546/546A	125.00
DMV Evaluation and Examination – Form DL 51	175.00

**The Center for Occupational and Environmental Health (COEH) Rates**

OCFA has permitted COEH to use sub-contracted qualified organizations, such as Gottschalk Radiology Department, Pacific Toxicology and other laboratories, for selected services to meet the special needs of the OCFA firefighters. These costs are generally less than those quoted in Exhibit C (above) and will not exceed those costs listed in Exhibit C.

**WEFIT Evaluation Scheduling**

Provider shall maintain a block of four appointments per one half day session for WEFIT evaluations on Mondays and Thursdays (totaling four half day sessions). Morning clinic sessions begin at 8:30AM and afternoon sessions begin at 1PM. Firefighters scheduled in the morning session must present by 9:30AM and 1:30PM for the afternoon session to allow for sufficient evaluation time.

The WEFIT Coordinator shall provide a monthly schedule of firefighter names/fire station# to COEH 14 days before the 1st of every month.

The WEFIT Coordinator and COEH staff will periodically review the annual OCFA calendars (TAG and others) and the COEH Clinic calendar to block clinic time for OCFA requests for additional WEFIT evaluations (one or more consecutive week blocks of Mondays – Fridays). One or more consecutive weeks (Mondays – Fridays), Tuesdays and/or Wednesdays and/or Fridays may be scheduled with 30 day notice. Saturdays may be scheduled with prior COEH approval and advance notification.

The COEH staff will be flexible and support scheduling of additional WEFIT evaluation time with advance notice.

**“No-Show” Fee for WEFIT Exams and Combined WEFIT Exams:**

On scheduled exam days, the Provider will notify the OCFA WEFIT Coordinator of names of no-shows. The Provider will provide the WEFIT Coordinator information that will assist and support the evaluation of the no-show rates.

On a monthly basis, if greater than 15% of the scheduled WEFIT Exam appointments are "no shows", then OCFA shall reimburse Provider the amount of \$375.00 for each these "no show" appointments, with the following exceptions:

1. If weather, fire conditions, or a major emergency (e.g., flood watch, red flag warnings, regional fires, earthquakes or similar hazard) occurs, then cancellation of all unnecessary activities may be required as OCFA's primary mission is to provide optimum emergency services. OCFA will inform Provider of these emergencies and will not be charged for these "no-show/excused" appointments.
2. In the OCFA verification process, individuals, who have gone on Worker's Compensation between the time that the WEFIT appointment is scheduled and the actual appointment, will be identified. OCFA (via the supervisor, WEFIT Coordinator or risk management personnel) will inform Provider of these Worker's Compensation cases, and OCFA will not be charged for these "no-show/excused" appointments.
3. Similarly, if an individual misses an appointment due to sick-leave, then OCFA will verify the sick-leave during the verification process. OCFA will inform Provider of this sick-leave and will not be charged for these "no-show/excused" appointments.
4. If OCFA is unable to schedule personnel 14 days prior to the scheduled exam date or appointment slot, then OCFA may cancel the exam date by giving 7-day written notice. Appointments canceled under these specific circumstances will not count as scheduled appointments.
5. If within 14 days of an OCFA-reserved clinic session, appointment slots remain unscheduled or have been cancelled, the Provider is allowed to schedule a non-OCFA client.

**EXHIBIT C - Billed on a monthly basis.**

Any services or procedures not specified below will be negotiated on a case by case basis.

**A. Pre-Placement Physical Examinations**

	Global Rate	Prof %	Tech %	Prof Rate	Tech Rate	
Class I	\$110.05	41%	59%	\$45.12	\$64.93	100%
Class 1-X	\$110.05	41%	59%	\$45.12	\$64.93	100%
Class II	\$185.09	36%	64%	\$66.63	\$118.46	100%
Class III	\$227.60	42%	58%	\$95.59	\$132.01	100%
Class IV-R with fitness treadmill	\$544.00	37%	63%	\$201.28	\$342.72	100%
Class IV-R without fitness treadmill	\$337.65	40%	60%	\$135.06	\$202.59	100%

**B. Other Evaluations**

Return to Work Evaluation	\$105.05	71%	29%	\$74.59	\$30.46	100%
Fitness for Duty Evaluation - Hourly Consultation Rate	\$337.65	84%	16%	\$283.63	\$54.02	100%
Management Annual with Fitness Treadmill	\$650.29	41%	59%	\$266.62	\$383.67	100%
Urban Search & Rescue (USAR) with Treadmill **	\$500.23	41%	59%	\$205.09	\$295.14	100%
**Plus Optional Services:Tetnus Diphtheria Booster, Urinalysis For Heavy Metal-Rates in Exhibit C						
DMV Evaluation (546A Completion)	\$132.50	38%	62%	\$50.35	\$82.15	100%
DMV Examination	\$185.50	38%	62%	\$70.49	\$115.01	100%

**C. Specified Procedures and Tests**

Additional Questionnaires, as needed	\$11.26	100%	0%	\$11.26	\$0.00	100%
Blood & Body Fluid Exposure Medical Evaluation (Lab Testing at Additional Cost)	\$137.57	39%	61%	\$53.65	\$83.92	100%
Occupational Medicine Specialist - Hourly Consultation Rate	\$337.65	100%	0%	\$337.65	\$0.00	100%
Record Review - Hourly Consultation Rate	\$148.81	100%	0%	\$148.81	\$0.00	100%
Drug Test - Specimen Collection Only	\$47.52	0%	100%	\$0.00	\$47.52	100%
Back Motion Test	\$33.76	100%	0%	\$33.76	\$0.00	100%
Rectal Exam and Occult Blood	\$33.76	100%	0%	\$33.76	\$0.00	100%
Stool For Occult Blood (Hemoccult Slide)	\$27.52	0%	100%	\$0.00	\$27.52	100%
Pap Smear	\$67.53	0%	100%	\$0.00	\$67.53	100%
Spirometry	\$58.78	24%	76%	\$14.11	\$44.67	100%
DLCO - as needed component to spirometry	\$175.08	24%	76%	\$42.02	\$133.06	100%
Audiometry (Pure Tone Audiogram)	\$35.01	0%	100%	\$0.00	\$35.01	100%
Audiology Evaluation Follow-up	\$335.15	100%	0%	\$335.15	\$0.00	100%
Visual Screening (Snellen Chart)	\$18.76	0%	100%	\$0.00	\$18.76	100%
Visual Screening (Titmus)	\$33.76	37%	63%	\$12.49	\$21.27	100%
Resting Electrocardiogram (EKG)	\$67.53	31%	69%	\$20.93	\$46.60	100%
Treadmill - Fitness Assessment (Submaximal Gerkin Protocol)	\$215.09	35%	65%	\$75.28	\$139.81	100%
Treadmill - Exercise Stress Test(Maximal Bruce Protocol)	\$442.71	35%	65%	\$154.95	\$287.76	100%
Computerized Screening Health Risk	\$43.77	39%	61%	\$17.07	\$26.70	100%
X-Ray, Chest (PA)	\$75.04	30%	70%	\$22.51	\$52.53	100%
X-Ray, Chest (PA & Lateral)	\$100.04	30%	70%	\$30.01	\$70.03	100%

X-Ray, Chest (L&R Oblique)	\$100.04	30%	70%	\$30.01	\$70.03	100%
X-Ray, Chest, Read By "B" Reader	\$75.04	30%	70%	\$22.51	\$52.53	100%
X-Ray, Shoulder	\$85.04	30%	70%	\$25.51	\$59.53	100%
X-Ray, Knee (Weight Bearing)	\$102.54	30%	70%	\$30.76	\$71.78	100%
X-Ray, Cervical Spine	\$152.56	30%	70%	\$45.77	\$106.79	100%
X-Ray, Lumbo-Sacral Spine (PA & Lateral)	\$112.56	30%	70%	\$33.77	\$78.79	100%
X-Ray, Ankle	\$105.06	30%	70%	\$31.52	\$73.54	100%
X-Ray, Elbow	\$88.78	30%	70%	\$26.63	\$62.15	100%
X-Ray, Wrist	\$85.04	30%	70%	\$25.51	\$59.53	100%
X-Ray, any Single View	\$75.04	30%	70%	\$22.51	\$52.53	100%
X-Ray, Mammogram	\$203.84	30%	70%	\$61.15	\$142.69	100%
Urinalysis (Dipstick)	\$13.76	0%	100%	\$0.00	\$13.76	100%
Urinalysis (Microscopic)	\$22.51	0%	100%	\$0.00	\$22.51	100%
Pregnancy Test (Urine)	\$40.01	0%	100%	\$0.00	\$40.01	100%
Blood Draw	\$25.02	0%	100%	\$0.00	\$25.02	100%
CBC w/ Differential	\$18.76	0%	100%	\$0.00	\$18.76	100%
Comprehensive Metabolic Panel	\$52.52	0%	100%	\$0.00	\$52.52	100%
Cholesterol	\$13.76	0%	100%	\$0.00	\$13.76	100%
Triglycerides	\$13.76	0%	100%	\$0.00	\$13.76	100%
Lipid Panel	\$95.04	0%	100%	\$0.00	\$95.04	100%
Thyroid Uptake	\$18.76	0%	100%	\$0.00	\$18.76	100%
TSH	\$21.26	0%	100%	\$0.00	\$21.26	100%
T4 Uptake	\$21.26	0%	100%	\$0.00	\$21.26	100%
Hepatic Function Panel (SGOT, SGPT)	\$21.26	0%	100%	\$0.00	\$21.26	100%
GGTP	\$13.76	0%	100%	\$0.00	\$13.76	100%
Direct Bilirubin	\$13.76	0%	100%	\$0.00	\$13.76	100%
PSA	\$67.53	0%	100%	\$0.00	\$67.53	100%
Blood Lead	\$16.26	0%	100%	\$0.00	\$16.26	100%
Zinc Protoporphrin (ZPP)	\$35.64	0%	100%	\$0.00	\$35.64	100%
Cholinesterase, RBC	\$83.79	0%	100%	\$0.00	\$83.79	100%
Cholinesterase, Plasma	\$27.52	0%	100%	\$0.00	\$27.52	100%
Tuberculin Skin Test (PPD)	\$40.01	0%	100%	\$0.00	\$40.01	100%
Initial Evaluation For INH Prophylaxis As Part Of Other Exam	\$13.76	39%	61%	\$5.37	\$8.39	100%
Follow-up Evaluation For INH Prophylaxis as Part of Other Exam	\$13.76	39%	61%	\$5.37	\$8.39	100%
Gamma Globulin Injection	\$26.27	0%	100%	\$0.00	\$26.27	100%
Hepatitis B Surface Antibody Test	\$67.53	0%	100%	\$0.00	\$67.53	100%
Hepatitis A Vaccine (One Dose)	\$72.35	0%	100%	\$0.00	\$72.35	100%
Hepatitis B Vaccine Series Of 3	\$173.43	0%	100%	\$0.00	\$173.43	100%
Hepatitis B Vaccine Booster	\$57.81	0%	100%	\$0.00	\$57.81	100%
Hepatitis B Immune Globulin Injection 5ml	\$1,057.87	0%	100%	\$0.00	\$1,057.87	100%
Hepatitis B Immune Globulin Injection 1ML	\$211.58	0%	100%	\$0.00	\$211.58	100%
Twin RIX (Hep A/Hep B) Vaccine	\$95.56	0%	100%	\$0.00	\$95.56	100%
Hepatitis C Antibody Test	\$47.52	0%	100%	\$0.00	\$47.52	100%
Tetanus/Diphtheria Vaccination	\$33.76	0%	100%	\$0.00	\$33.76	100%
Tetanus/Diphtheria Toxoids & Acellular Pertussis(TDAP) Vaccination	\$48.62	0%	100%	\$0.00	\$48.62	100%

MMR Vaccination	\$50.02	0%	100%	\$0.00	\$50.02	100%
Polio Vaccination	\$33.76	0%	100%	\$0.00	\$33.76	100%
Influenza Vaccination	\$27.52	0%	100%	\$0.00	\$27.52	100%
Tetanus Toxoid Vaccination	\$33.76	0%	100%	\$0.00	\$33.76	100%
Tetanus Toxoid Booster Vaccination	\$33.76	0%	100%	\$0.00	\$33.76	100%
Varicella Vaccination	\$47.52	0%	100%	\$0.00	\$47.52	100%
Varicella Titer	\$32.51	0%	100%	\$0.00	\$32.51	100%
HIV Antibody Test (with consent)	\$40.01	0%	100%	\$0.00	\$40.01	100%
ECG, Tracing	\$74.28	0%	100%	\$0.00	\$74.28	100%
ECG, Report	\$13.58	100%	0%	\$13.58	\$0.00	100%
Complete Echo 2-D M-Mode	\$186.81	41%	59%	\$76.59	\$110.22	100%
Complete Echo Doppler	\$146.84	22%	78%	\$32.30	\$114.54	100%
Complete Echo, Color Flow	\$115.81	5%	95%	\$5.79	\$110.02	100%
Contrast Injection	\$132.29	0%	100%	\$0.00	\$132.29	100%
Stress Echo, Exercise Stress	\$358.45	35%	65%	\$125.46	\$232.99	100%
Stress Echo, Tracing Only, Without Interpretation & Report	\$253.98	0%	100%	\$0.00	\$253.98	100%
Stress Echo, Interpretation & Report Only	\$24.86	100%	0%	\$24.86	\$0.00	100%
Holter Monitor, 24HR-Recording	\$123.81	0%	100%	\$0.00	\$123.81	100%
Holter Monitor, 24HR-Monitor-Scan Analysis w/ Report	\$179.64	0%	100%	\$0.00	\$179.64	100%
Holter Monitor, 24HR-Monitor-Scan Analysis w/ Report	\$43.49	100%	0%	\$43.49	\$0.00	100%
Dobutamine (PER 250 MG IV)	\$7.26	0%	100%	\$0.00	\$7.26	100%
Complete TEE, 2-D w/ or w/o M-Mode	\$446.01	40%	60%	\$178.40	\$267.61	100%
Cardiovascular Stress Test	\$182.70	100%	0%	\$182.70	\$0.00	100%
Pulmonary Stress Test/Simple	\$315.69	15%	85%	\$47.35	\$268.34	100%
Exhaled Air Analysis, O2	\$71.58	27%	73%	\$19.33	\$52.25	100%
Physical Performance Test, 1st 1/2 hr	\$222.85	42%	58%	\$93.60	\$129.25	100%
Physical Performance Test, each 15 min	\$110.73	42%	58%	\$46.51	\$64.22	100%
New Patient Visit, Level 1 Problem Focused	\$66.96	53%	47%	\$35.49	\$31.47	100%
New Patient Visit, Level 2 Expanded Problem Focused	\$102.23	69%	31%	\$70.54	\$31.69	100%
New Patient Visit, Level 3 Detailed	\$159.07	69%	31%	\$109.76	\$49.31	100%
New Patient Visit, Level 4 Comprehensive	\$240.65	74%	26%	\$178.08	\$62.57	100%
New Patient Visit, Level 5 Complex	\$296.19	79%	21%	\$233.99	\$62.20	100%
Return Patient Visit, Level 1 Minimal	\$44.84	30%	70%	\$13.45	\$31.39	100%
Return Patient Visit, Level 2 Problem Focused	\$67.66	54%	46%	\$36.54	\$31.12	100%
Return Patient Visit, Level 3 Expanded Problem	\$118.03	58%	42%	\$68.46	\$49.57	100%
Return Patient Visit, Level 4 Detailed	\$170.04	63%	37%	\$107.13	\$62.91	100%
Return Patient Visit, Level 5 Comprehensive	\$217.70	71%	29%	\$154.57	\$63.13	100%
Consult, Level 1 Problem Focused	\$83.54	63%	37%	\$52.63	\$30.91	100%
Consult, Level 2 Expanded Problem	\$140.84	78%	22%	\$109.86	\$30.98	100%
Consult, Level 3 Detailed	\$201.41	75%	25%	\$151.06	\$50.35	100%
Consult, Level 4 Moderate Complexity	\$299.32	79%	21%	\$236.46	\$62.86	100%
Consult, Level 5 High Complexity	\$362.51	83%	17%	\$300.88	\$61.63	100%

**Fourth Amendment  
To The  
Letter of Agreement  
Between  
Orange County Fire Authority and UC Irvine Healthcare**

This Fourth Amendment (herein referred to as "Amendment"), to the Letter of Agreement (herein referred to as "Agreement") is made and entered into this 28<sup>th</sup> day of August 2012, by and between the Orange County Fire Authority ("OCFA") and The Regents of the University of California, a Constitutional Corporation, on behalf of UC Irvine Healthcare ("Provider").

**Recitals**

Whereas OCFA and Provider have entered into an Agreement on March 1, 2009, and;

Whereas OCFA and Provider desire to amend the Agreement:

**Agreement**

NOW THEREFORE, OCFA and Provider agree to amend the Agreement as follows:

1. Exhibit B: Scope of Services, Center for Occupational and Environmental Health Services, is hereby deleted in its entirety and replaced with the attached new Exhibit B: Scope of Services, Center for Occupational and Environmental Health Services.
2. Exhibit D: Compensation, Itemized List of Services, is hereby deleted in its entirety and replaced with the attached new Exhibit D: Compensation, Itemized List of Services.
3. The individuals signing below for their respective organizations have been authorized by those organizations to enter into and be bound by this Agreement on behalf of the organization.
4. All other provisions of the Agreement not inconsistent herewith shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have caused this amendment to be executed on the dates(s) indicated below.

**UC Irvine Healthcare:**

By: *Susan Rayburn*

Susan Rayburn, Vice President  
Contracting and Network Development

Date: 10/9/12

**Orange County Fire Authority**

By: *Keith Richter*

Keith Richter, Fire Chief

Date: Sep. 7, 2012

**EXHIBIT A  
SCOPE OF SERVICES  
EMPLOYEE OCCUPATIONAL HEALTH SERVICES**

The Scope of Services to be provided under this Agreement includes the following services. These services will be provided, by agreement between OCFA and the Provider when scheduling the services, at the UC Irvine Medical Center and Occupational Health Clinic in the City of Orange.

**Pre-Placement Examinations:**

**Class I**

History: Review of medical history (questionnaire)  
 Physical: Focused physical examination based on review of medical history  
 Labs: Collection of urine specimen for drug/alcohol screen for new hires  
 Vision testing (Snellen)

**Class I-X**

History: Review of medical history (questionnaire)  
 Physical: Focused physical examination based on review of medical history  
 Testing: Spirometry, if indicated \*  
 X-ray: Single view chest, if indicated\*  
 Labs: Collection of urine specimen for drug/alcohol screen

**Class II**

History: Review of medical history (questionnaire)  
 Physical: Core physical examination (HEENT, heart, lungs, abdomen, neurological, musculoskeletal: neck and back to include range of motion)  
 Grip strength of the hands  
 Testing: Audiogram  
 Spirometry  
 Vision testing (Snellen)  
 X-ray: Single view chest x-ray, if indicated. \*  
 Labs: Complete blood count  
 Urinalysis (microscopic)  
 Collection of urine specimen for drug/alcohol screen for new hires

**Class III**

History: Review of medical history (questionnaire)  
 Consent for drug/alcohol screen, when specified.  
 Physical: Core physical examination  
 Grip strength  
 Testing: Audiogram  
 Spirometry  
 Vision testing (Snellen)  
 X-ray: Single view chest x-ray, if indicated. \*  
 Labs: Complete blood count  
 Blood chemistry panel (CMP)  
 Urinalysis (microscopic)  
 Collection of urine specimen for drug/alcohol screen for new hires

**Class IV-R**

**Reserve Fire Fighters**

History: Review of medical/occupational history  
 Forms: Consent for drug/alcohol screen  
 Health Status Form for OCFA  
 Physical: Core physical examination

Rectal and OB exam, if over age 40  
 Testing: Audiogram  
 Spirometry  
 Grip Strength  
 Vision testing (Titmus)  
 Fitness Treadmill, if over age 35  
 EKG  
 Tuberculin Skin Testing (2-step, if indicated)  
 X-ray: Chest x-ray, 2 views (PA & Lateral)  
 X-ray other body part, if indicated. \*  
 Labs: Complete blood count  
 Blood chemistry panel (CMP)  
 Urinalysis (microscopic)  
 Hepatitis B titer, if indicated \*  
 Hepatitis C titer (baseline required)  
 Varicella titer, if indicated \*  
 Collection of urine drug/alcohol testing samples  
 Immunizations: Tdap, if indicated\*

**Other Examinations:**

**Urban Search and Rescue (USAR) Examination**

History: Review of medical/occupational history  
 Physical: Core physical examination  
 Testing: Fecal Occult Blood Card  
 Audiogram  
 Spirometry  
 Vision testing (Titmus)  
 Resting EKG  
 Fitness Treadmill, as indicated. \*  
 X-ray: Chest x-ray, 2 views (PA & Lateral)  
 Labs: CBC with differential  
 Blood chemistry panel (CMP)  
 Urinalysis (microscopic)  
 Hepatitis B titer, as indicated. \*  
 Hepatitis C Baseline  
 RBC Cholinesterase, as indicated. \*  
 Urine—Heavy Metals, as indicated. \*  
 Blood Lead Level, as indicated. \*  
 Immunizations: Hepatitis A, if indicated\*  
 Tetanus/Diphtheria, if indicated\*

\* This service is provided at an additional cost in addition to the global rate, at the global rates set forth in Exhibit C.

**DMV Examination**

History: Review of DMV questionnaire  
 Physical: DMV exam  
 Testing: Hearing (Whispered Voice)  
 Vision testing (Snellen)  
 Labs: Urinalysis (Dipstick)

**DMV Evaluation**

Review of DMV history form 546, blood pressure measurement, hearing (whisper) and vision (titmus) testing and completion of physician medical clearance form 546A.

**Management Physical Examination (non-firefighters)**

Management physicals shall be provided to OCFA non-fire managers. This exam will include a traditional comprehensive medical evaluation. The goal of the examination is to detect medical conditions at an early stage, to identify health risk factors and habits which can negatively impact health, and to refer the individual to appropriate community health care providers for additional testing or follow-up for identified problems. This evaluation includes:

- History:       Review of medical/occupational history  
                  Computerized health risk assessment questionnaire
- Physical:       Core physical examination
- Testing:        Spirometry  
                  Vision testing (Snellen)  
                  Fitness Treadmill
- Labs:           CBC with differential  
                  Comprehensive Metabolic Panel  
                  Lipid Profile  
                  For males > 40 years of age: Prostate Specific Antigen (PSA)  
                  Urinalysis (microscopic)
- Optional:       For women: breast exam  
                  For men over 40 years of age: digital rectal exam

Health Risk Assessment: This assessment consists of a detailed questionnaire that assesses the individual's risk factors such as family history, life style factors, weight, and the results of certain tests and measurements such as cholesterol and waist-hip ratios and other factors. The results and interpretation will be discussed with the participant.

**Fitness for Duty Evaluation**

Where OCFA has concerns about an employee's ability to safely perform their job, the employee may be referred for a fitness for duty evaluation. This evaluation will include: Focused history and physical examination, review of relevant records and further diagnostic studies or consultation as indicated.

**Return to Work Evaluation**

All employees returning to work after an injury or illness will be medically evaluated to determine their ability to meet the physical demands of their job and/or whether work restrictions may be necessary.

**EXHIBIT B  
SCOPE OF SERVICES  
CENTER FOR OCCUPATIONAL AND ENVIRONMENTAL HEALTH SERVICES**

The Scope of Services to be provided under this Agreement includes the following listed services. These services will be provided at the Orange County Fire Authority Regional Operations Training Center (RFOTC) by the UC Irvine Center for Occupational and Environmental Health clinical faculty.

**I. Wellness and Fitness Evaluation (WEFIT Exam)**

All career firefighters, fire management and designated fire hand crew shall participate in the WEFIT program, which provides for medical evaluation and fitness test. The WEFIT Exam shall include the following:

Medical, Occupational & Fitness History Questionnaire

An initial medical history questionnaire must be completed to provide baseline information with which to compare future medical and fitness concerns. A periodic medical and fitness history questionnaire must be completed to provide follow-up information. Periodic questionnaires focus on changes in health status.

Physical Examination

The physical examination shall consist of the following:

- Vital signs
- Head, eyes, ears, nose, and throat
- Thyroid gland: inspection and palpation
- Cardiovascular: inspection, auscultation, percussion and palpation
- Pulmonary: inspection, auscultation, percussion and palpation
- Gastrointestinal: inspection, auscultation, percussion and palpation
- Hernia exam (for males)
- Lymph nodes: cervical and axillary
- Neurological exam and assessment of major cranial/peripheral nerves, motor, sensory and reflexes
- Musculoskeletal: overall assessment of ROM of all joints

Blood Analysis

The following are components of the blood analysis. At a minimum, laboratory services must provide these components in their automated chemistry panel and complete blood count protocols:

- CBC with differential
- Liver Function Tests, includes SGOT/AST, SGPT/ALT, Alkaline Phosphatase, and Bilirubin
- Triglycerides
- Glucose
- Blood Urea Nitrogen
- Creatinine
- Sodium
- Potassium
- Carbon Dioxide
- Total Protein
- Albumin
- Calcium
- Cholesterol, includes total cholesterol, low density lipoprotein (LDL-C) level, High Density Lipoprotein (HDL-C) level, and total cholesterol/HDL Ratio

#### Urinalysis

- Microscopic, includes WBC, RBC, WBC Casts, RBC casts and crystals

#### Vision Tests (Examination plus Titmus)

Assessment of vision includes evaluation of distance, near, peripheral, and color vision. Recognize individuals' risks for common visual disorders including cataracts, macular degeneration, and diabetic retinopathy.

#### Hearing (Audiogram)

#### Pulmonary (Spirogram)

#### Resting EKG

#### Chest X-Ray (PA and Lateral)

Initial baseline and repeat chest x-ray as indicated, as an additional cost.

Repeat chest x-ray every five years as required or medically indicated, at an additional cost.

#### Heavy Metal and Specific Exposure Screening

An exposure history will be obtained and reviewed to assess potential exposures to heavy metals, pesticides, and other potential hazards. At an additional cost, biological specimens (blood or urine) may be obtained as indicated to evaluate exposures:

- Urine: Arsenic, Mercury, Lead (Baseline, HAZMAT and USAR)
- Blood: Lead, RBC cholinesterase (Baseline HAZMAT and USAR)

#### Cancer Screening

The following cancer screening elements shall be made available to firefighter personnel as an option and with the individual's approval.

- Clinical breast examination
- Mammogram (at additional cost)
- Digital rectal examination

#### Immunizations and Infectious Disease Screening

A history of prior immunizations will be obtained, with recommendations for needed immunizations. Required immunization shall be provided to firefighter personnel with the individual's approval and signed consent. (Blood tests to document laboratory immunity and immunizations are provided at an additional cost.)

- Hepatitis C Virus titer (Candidate or if requested by OMFA EMS)\*
- Hepatitis B titer, if no documentation is available (Candidate or if requested by OMFA EMS)\*
- Varicella titer, if no documentation (Candidate or if requested by OMFA EMS)\*
- HIV Screening\*, will be offered on a confidential basis as part of post exposure protocols and as requested by the physician or patient
- Tetanus/Diphtheria, or Tdap (Candidate or if requested by OMFA EMS)\*
- MMR, (Candidate or if requested by OMFA EMS)\*

Screening includes questionnaire review and relevant physical exam. All radiology and laboratory testing, and immunizations provided, for these screening components are to be paid at an additional cost, as set forth in Exhibit C or through the COEH vendor (whichever is less per Exhibit D).

#### Fitness Evaluation

The fitness evaluation will consist of a fitness assessment. The firefighter will be given the choice of either performing the Functional Movement Screen (FMS-described below) and aerobic testing or the following fitness evaluation:

- Body composition assessment with skin fold measures
- Aerobic Capacity (Fitness Treadmill using sub-maximum Gerkin Protocol)
- Push Ups
- Sit-ups or Prone Plank
- Leg Strength or Vertical Jump
- Arm Strength
- Grip Strength
- Flexibility Evaluation

\*The Functional Movement Screen (FMS) is a ranking and grading system that documents movement patterns that are key to normal function. By screening these movement patterns, the FMS identifies functional limitations and asymmetries. These are issues that can reduce the effects of functional training and physical conditioning. The FMS generates the Functional Movement Screen Score, which is used to target problems and track progress. This scoring system is directly linked to the most beneficial corrective exercises to restore mechanically sound movement patterns.

\*Adapted from [www.functionalmovement.com/fms](http://www.functionalmovement.com/fms)

#### Individualized Health Risk Appraisal

Written feedback to firefighter personnel concerning risks and health status is required following the annual examination. Reporting findings and risks and suggesting plans for modifying risks improves the physician-patient relationship and helps firefighter personnel take a more direct role in their health and fitness status. Individualized health risk appraisals also must include questions that attempt to accurately measure the firefighter's perception of their health and fitness status. Health perception can be a useful indicator of potential problems.

#### Respirator Use Medical Clearance

The WEFIT medical evaluation will be sufficient for the Provider to provide a medical clearance for respirator use for employees who meet the appropriate criteria.

## **II. Combined WEFIT Evaluation and Pre-placement/Candidate Firefighter (including Career and Hand Crew) Examination**

This combined evaluation includes the components of the WEFIT Exam with the addition of the following services:

- Drug and Alcohol Testing (baseline-required) \*
- Tuberculosis Skin Testing (2-step), as indicated \*
- Hepatitis B titer, if no documentation of immunity is available (per CDC guidelines)\*
- Hepatitis B Vaccination (first dose), if requested by OCFA EMS\*
- Hepatitis A Vaccination (first dose), if requested by OCFA EMS\*
- Tetanus/Diphtheria or Tetanus/Diphtheria and Pertussis, if indicated\*
- Hepatitis C titer (baseline-required) \*
- Varicella titer, if no documentation of immunity is available (per CDC guidelines)\*
- Measles, Mumps, Rubella Vaccine (MMR), if indicated\* (Baseline)

Firefighters born on or after 1957 must show documentation of one of the following:

1. Two doses of MMR on or after their first birthday, or
2. Physician-diagnosed disease of measles, mumps and rubella, or
3. Laboratory evidence of immunity to measles, mumps and rubella.

If no documentation is available and there are no medical contraindications, then 2 doses of MMR are recommended for those born in or after 1957.

Firefighters born before 1957 must show documentation of one of the following:

1. One dose of MMR, or
2. Physician-diagnosed disease of measles, mumps and rubella, or

3. Laboratory evidence of immunity to measles, mumps and rubella.  
If no documentation is available and there are no medical contraindications, then 1 dose of MMR is recommended for those born before 1957.

- HIV (optional) \*

**III. Combined WEFIT Examination and Urban Search and Rescue Examination or  
Combined WEFIT Examination and HazMat Examination**

The combined evaluation includes the components of the WEFIT Exam with the addition of the following services:

- Fecal Occult Blood Card (FOBT) \*
- Blood lead level, (Baseline) \*
- Urine for heavy metals, (Baseline) \*
- RBC cholinesterase, (Baseline) \*
- Chest x-ray (PA and Lat), if indicated \*

\* This service is provided at an additional cost in addition to the global rate, at the global rates set forth in Exhibit C or through the COEH vendor (whichever is less per Exhibit D).

**IV. Combined WEFIT Examination and DMV Medical Clearance  
or  
Combined WEFIT Examination and Crane Operator Clearance**

The combined evaluation included the components of the WEFIT Exam with the addition of review of the associated questionnaire (DMV or Crane Operator) and completion of the medical paperwork and clearance form.

**V. Post-Deployment Evaluation**

To include: Post-deployment evaluations, if determined to be medically indicated by OCFA Medical Director. This evaluation will include: Focused history and physical exam, review of relevant records and questionnaire, Labs and testing will depend on exposure or exposures and will be determined by the OCFA Medical Director or the examining physician.

**VI. Occupational Medicine Consulting (i.e., Fitness for Duty Evaluation or other requested occupational medicine specialty services)**

Where OCFA has concerns that involve occupational and environmental health issues, then an occupational medicine consult may be requested. One example is when an employee's ability to safely perform their job, the employee may be referred for a fitness for duty evaluation. This evaluation will include: Focused history and physical examination, review of relevant records and further diagnostic studies or consultation as indicated.

**VII. Referral for Cardiology, if indicated**

The OCFA authorizes the UC Irvine COEH examining physician to refer and schedule a firefighter examinee for a cardiology consultation at the UC Irvine Medical Center, if medically indicated. The UC Irvine Medical Center will bill OCFA under the terms specified in Exhibit C.

**VIII. Management Wellness and Fitness Examination (non-firefighters)**

Management physicals shall be provided to OCFA non-fire managers. This exam will include a traditional comprehensive medical evaluation. The goal of the examination is to detect medical conditions at an early stage, to identify health risk factors and habits which can negatively impact health, and to refer the individual to appropriate community health care providers for additional testing or follow-up for identified problems. This evaluation includes:

History: Review of medical/occupational history  
Computerized health risk assessment questionnaire  
Physical: Core physical examination  
Testing: Spirometry  
Vision testing: (Snellen)  
Fitness Treadmill  
Labs: CBC with differential  
Comprehensive Metabolic Panel  
Lipid Profile  
For males > 40 years of age: Prostate Specific Antigen (PSA)  
Urinalysis (microscopic)  
Optional: For women: breast exam  
Optional: For men over 50 years of age: digital rectal exam

Health Risk Assessment: This assessment consists of a detailed questionnaire that assesses the individual's risk factors such as family history (optional), life style factors, weight, and the results of certain tests and measurements such as cholesterol and waist-hip ratios and other factors. The results and interpretation will be discussed with the participant.

#### Records and Data Management

Provider will maintain medical and fitness testing records as required in a confidential manner and as required by law.

#### **IX. DMV Evaluation and Examination**

- a. DMV 546 and 546A forms: Physician review of DMV history form 546, blood pressure measurement, hearing (whisper) and vision (tilmus) testing and completion of physician medical clearance form 546A.
- b. DMV Commercial Driver Fitness Determination (DL51) form: Physician review of history, urinalysis, audiogram and vision testing; Physician performs a physical.

#### UC Irvine COEH Reports

##### OCFA Firefighters' Individualized Reports

Written test results of the medical exam concerning health risks and health status shall be provided to the OCFA members. Written fitness assessment shall be provided to the OCFA member concerning the individual's physical capacity pertaining to his/her job related wellness and recommended exercise program.

##### Monthly Updated Roster of Completed WEFIT Evaluations

On a monthly basis, the COEH professional research staff directs a roster of firefighter names with dates of their WEFIT evaluations to the WEFIT Coordinator and Risk Manager.

##### Aggregate WEFIT Report

Provider will provide and make available aggregate medical and fitness testing results, so that data can be shared with the International Association of Firefighters, and so that OCFA can use the aggregate data to review WEFIT program return on investment, and evaluate program effectiveness.

Provider will assist the OCFA in evaluating/quantifying the WEFIT aggregate test results and identifying return on investment factors. The Provider will maintain confidentiality of all medical records. Provider will utilize the services of their professional medical research staff to update and provide these reports. The cost of this report function and the maintenance of all medical records will be factored into the total cost of the physical exam and fitness test. Provider will work with any other Provider the OCFA involves related to "return on investment" and overall program evaluation.

Provider will provide quarterly reports to the OCFA which reflect aggregate data (no identifiable information), including, but not limited to the following variables:

- Number of WEFIT physical exams performed
- Number of WEFIT fitness exams performed
- Number of referrals for urgent medical issue
- Number of referrals to primary care physician for non-urgent medical issue
- Number with "Above normal body fat measurement
- Number with Elevated blood pressure on exam
- Number Hypertensive, taking medicine
- Number with Personal history of heart disease
- Number with Family history of heart disease (since GINA, this data will be limited)
- Number with High total cholesterol ( $\geq 200$  mg/dl)
- Number with Low HDL-C ( $< 35$  mg/dl)
- Number with High ratio of total cholesterol/HDL-C
- Number with High LDL-C level ( $\geq 130$  mg/dl)
- Number with Elevated triglycerides
- Number of smokers
- Number with personal history of diabetes
- Number with elevated fasting glucose ( $> 140$  mg/dl)
- Number who have not met the American Cancer Screening Guidelines for the following:
- Fecal Occult Blood Test within the last year or sigmoidoscopy/colonoscopy every 3-5 years (ages 50 and older)
- Routine Pap Smear (females age 18 and older)
- Self breast exam (females)
- Clinical breast exam (females)
- Mammography, every 1 – 3 years (females age 40 – 49)
- Mammography, every year (females age 50 and older)
- Number with estimated VO<sub>2</sub> score of less than 42 ml/kg/minute (Aerobic capacity)
- Graphs and Histograms showing: fitness testing results by age group, body fat % and VO<sub>2</sub> max

**EXHIBIT D  
COMPENSATION  
ITEMIZED LIST OF UC IRVINE COEH SERVICES**

<b>Services (Refer to Exhibit B for Service Components)</b>	<b>Rate</b>
WEFIT Exam (additional tests are provided at an additional cost)	750.00
WEFIT Pre-Placement/Candidate Firefighter Exam (additional tests are provided at an additional cost)	750.00
WEFIT + Urban Search and Rescue (USAR) Exam (additional tests are provided at an additional cost)	750.00
WEFIT + Crane Operator Clearance (additional tests are provided at an additional cost)	750.00
Post-Deployment Evaluation	159.00
Occupational Medicine Consulting/per hour (i.e. Fitness for duty and other occupational specialist services)	Refer to Exhibit C
Record review per hour	Refer to Exhibit C
Management Wellness and Fitness Examination	Refer to Exhibit C
DMV Evaluation and Examination – With WEFIT Exam	25.00
DMV Evaluation and Examination – Forms 546/546A	125.00
DMV Evaluation and Examination – Form DL 51	175.00

**The Center for Occupational and Environmental Health (COEH) Rates**

OCFA has permitted COEH to use sub-contracted qualified organizations, such as Gottschalk Radiology Department, Pacific Toxicology and other laboratories, for selected services to meet the special needs of the OCFA firefighters. These costs are generally less than those quoted in Exhibit C (above) and will not exceed those costs listed in Exhibit C.

**WEFIT Evaluation Scheduling**

Provider shall maintain a block of four appointments per one half day session for WEFIT evaluations on Mondays and Thursdays (totaling four half day sessions). Morning clinic sessions begin at 8:30AM and afternoon sessions begin at 1PM. Firefighters scheduled in the morning session must present by 9:30AM and 1:30PM for the afternoon session to allow for sufficient evaluation time.

The WEFIT Coordinator shall provide a monthly schedule of firefighter names/fire station# to COEH 14 days before the 1st of every month.

The WEFIT Coordinator and COEH staff will periodically review the annual OCFA calendars (TAG and others) and the COEH Clinic calendar to block clinic time for OCFA requests for additional WEFIT evaluations (one or more consecutive week blocks of Mondays – Fridays). One or more consecutive weeks (Mondays – Fridays), Tuesdays and/or Wednesdays and/or Fridays may be scheduled with 30 day notice. Saturdays may be scheduled with prior COEH approval and advance notification.

The COEH staff will be flexible and support scheduling of additional WEFIT evaluation time with advance notice.

**“No-Show” Fee for WEFIT Exams and Combined WEFIT Exams:**

This fee is being deleted with the relocation to the OCFA headquarters.

**Fifth Amendment  
To The  
Letter of Agreement  
Between  
Orange County Fire Authority and UC Irvine Healthcare**

This Fifth Amendment (herein referred to as "Amendment"), to the Letter of Agreement (herein referred to as "Agreement") is made and entered into this 1<sup>st</sup> day of March 2013, by and between the Orange County Fire Authority ("OCFA") and The Regents of the University of California, a Constitutional Corporation, on behalf of UC Irvine Healthcare ("Provider").

**Recitals**

Whereas OCFA and Provider have entered into an Agreement on March 1, 2009, and;

Whereas OCFA and Provider desire to amend the Agreement:

**Agreement**

NOW THEREFORE, OCFA and Provider agree to amend the Agreement as follows:

1. The Agreement covered by this amendment is amended by substituting the name UC Irvine Health ("Provider") for the name UC Irvine Healthcare ("Provider") wherever it appears in the Agreement. This amendment accomplishes a change in name only and all rights and obligations of Provider and OCFA are unaffected by this change.
2. Exhibit C: Compensation, Itemized List of Services, is hereby deleted in its entirety and replaced with the attached new Exhibit C: Compensation, Itemized List of Services.
3. The individuals signing below for their respective organizations have been authorized by those organizations to enter into and be bound by this Agreement on behalf of the organization.
4. All other provisions of the Agreement not inconsistent herewith shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have caused this amendment to be executed on the dates(s) indicated below.

UC Irvine Health:

By: \_\_\_\_\_

Stusan Rayburn, Vice President  
Contracting and Network Development

Date: \_\_\_\_\_

4/2/13

Orange County Fire Authority

By: \_\_\_\_\_

Keith Richter, Fire Chief

Date: \_\_\_\_\_

03/28/13

UCI

**EXHIBIT C - Billed on a monthly basis.**

Any services or procedures not specified below will be negotiated on a case by case basis.

	Global Rate	Prof %	Tech %	Prof Rate	Tech Rate	
<b>A. Pre-Placement Physical Examinations</b>						
Class I	\$115.55	41%	59%	\$47.38	\$68.17	100%
Class 1-X	\$115.55	41%	59%	\$47.38	\$68.17	100%
Class II	\$194.34	36%	64%	\$69.96	\$124.38	100%
Class III	\$238.98	42%	58%	\$100.37	\$138.61	100%
Class IV-R with fitness treadmill	\$571.20	37%	63%	\$211.34	\$359.86	100%
Class IV-R without fitness treadmill	\$354.53	40%	60%	\$141.81	\$212.72	100%
<b>B. Other Evaluations</b>						
Return to Work Evaluation	\$110.30	71%	29%	\$78.31	\$31.99	100%
Fitness for Duty Evaluation - Hourly Consultation Rate	\$354.53	84%	16%	\$297.81	\$56.72	100%
Management Annual with Fitness Treadmill	\$682.80	41%	59%	\$279.95	\$402.85	100%
Urban Search & Rescue (USAR) with Treadmill **	\$525.24	41%	59%	\$215.35	\$309.89	100%
**Plus Optional Services:Tetnus Diphtheria Booster, Urinalysis For Heavy Metal-Rates in Exhibit C						
DMV Evaluation (546A Completion)	\$139.13	38%	62%	\$52.87	\$86.26	100%
DMV Examination	\$194.78	38%	62%	\$74.02	\$120.76	100%
<b>C. Specified Procedures and Tests</b>						
Additional Questionnaires, as needed	\$11.82	100%	0%	\$11.82	\$0.00	100%
Blood & Body Fluid Exposure Medical Evaluation (Lab Testing at Additional Cost)	\$144.45	39%	61%	\$56.34	\$88.11	100%
Occupational Medicine Specialist - Hourly Consultation Rate	\$354.53	100%	0%	\$354.53	\$0.00	100%
Record Review - Hourly Consultation Rate	\$156.25	100%	0%	\$156.25	\$0.00	100%
Drug Test - Specimen Collection Only	\$49.90	0%	100%	\$0.00	\$49.90	100%
Back Motion Test	\$35.45	100%	0%	\$35.45	\$0.00	100%
Rectal Exam and Occult Blood	\$35.45	100%	0%	\$35.45	\$0.00	100%
Stool For Occult Blood (Hemoccult Slide)	\$28.90	0%	100%	\$0.00	\$28.90	100%
Pap Smear	\$70.91	0%	100%	\$0.00	\$70.91	100%
Spirometry	\$61.72	24%	76%	\$14.81	\$46.91	100%
DLCO - as needed component to spirometry	\$183.83	24%	76%	\$44.12	\$139.71	100%
Audiometry (Pure Tone Audiogram)	\$36.76	0%	100%	\$0.00	\$36.76	100%
Audiology Evaluation Follow-up	\$351.91	100%	0%	\$351.91	\$0.00	100%
Visual Screening (Snellen Chart)	\$19.70	0%	100%	\$0.00	\$19.70	100%
Visual Screening (Titmus)	\$35.45	37%	63%	\$13.12	\$22.33	100%
Resting Electrocardiogram (EKG)	\$70.91	31%	69%	\$21.98	\$48.93	100%
Treadmill - Fitness Assessment (Submaximal Gerkin Protocol)	\$225.84	35%	65%	\$79.04	\$146.80	100%
Treadmill - Exercise Stress Test(Maximal Bruce Protocol)	\$464.85	35%	65%	\$162.70	\$302.15	100%
Computerized Screening Health Risk	\$45.96	39%	61%	\$17.92	\$28.04	100%
X-Ray, Chest (PA)	\$78.79	30%	70%	\$23.64	\$55.15	100%
X-Ray, Chest (PA & Lateral)	\$105.04	30%	70%	\$31.51	\$73.53	100%

X-Ray, Chest (L&R Oblique)	\$105.04	30%	70%	\$31.51	\$73.53	100%
X-Ray, Chest, Read By "B" Reader	\$78.79	30%	70%	\$23.64	\$55.15	100%
X-Ray, Shoulder	\$89.29	30%	70%	\$26.79	\$62.50	100%
X-Ray, Knee (Weight Bearing)	\$107.67	30%	70%	\$32.30	\$75.37	100%
X-Ray, Cervical Spine	\$160.19	30%	70%	\$48.06	\$112.13	100%
X-Ray, Lumbo-Sacral Spine (PA & Lateral)	\$118.19	30%	70%	\$35.46	\$82.73	100%
X-Ray, Ankle	\$110.31	30%	70%	\$33.09	\$77.22	100%
X-Ray, Elbow	\$93.22	30%	70%	\$27.97	\$65.25	100%
X-Ray, Wrist	\$89.29	30%	70%	\$26.79	\$62.50	100%
X-Ray, any Single View	\$78.79	30%	70%	\$23.64	\$55.15	100%
X-Ray, Mammogram	\$214.03	30%	70%	\$64.21	\$149.82	100%
Urinalysis (Dipstick)	\$14.45	0%	100%	\$0.00	\$14.45	100%
Urinalysis (Microscopic)	\$23.64	0%	100%	\$0.00	\$23.64	100%
Pregnancy Test (Urine)	\$42.01	0%	100%	\$0.00	\$42.01	100%
Blood Draw	\$26.27	0%	100%	\$0.00	\$26.27	100%
CBC w/ Differential	\$19.70	0%	100%	\$0.00	\$19.70	100%
Comprehensive Metabolic Panel	\$55.15	0%	100%	\$0.00	\$55.15	100%
Cholesterol	\$14.45	0%	100%	\$0.00	\$14.45	100%
Triglycerides	\$14.45	0%	100%	\$0.00	\$14.45	100%
Lipid Panel	\$99.79	0%	100%	\$0.00	\$99.79	100%
Thyroid Uptake	\$19.70	0%	100%	\$0.00	\$19.70	100%
TSH	\$22.32	0%	100%	\$0.00	\$22.32	100%
T4 Uptake	\$22.32	0%	100%	\$0.00	\$22.32	100%
Hepatic Function Panel (SGOT, SGPT)	\$22.32	0%	100%	\$0.00	\$22.32	100%
GGTP	\$14.45	0%	100%	\$0.00	\$14.45	100%
Direct Bilirubin	\$14.45	0%	100%	\$0.00	\$14.45	100%
PSA	\$70.91	0%	100%	\$0.00	\$70.91	100%
Blood Lead	\$17.07	0%	100%	\$0.00	\$17.07	100%
Zinc Protoporphrin (ZPP)	\$37.42	0%	100%	\$0.00	\$37.42	100%
Cholinesterase, RBC	\$87.98	0%	100%	\$0.00	\$87.98	100%
Cholinesterase, Plasma	\$28.90	0%	100%	\$0.00	\$28.90	100%
Tuberculin Skin Test (PPD)	\$42.01	0%	100%	\$0.00	\$42.01	100%
Initial Evaluation For INH Prophylaxis As Part Of Other Exam	\$14.45	39%	61%	\$5.64	\$8.81	100%
Follow-up Evaluation For INH Prophylaxis as Part of Other Exam	\$14.45	39%	61%	\$5.64	\$8.81	100%
Gamma Globulin Injection	\$27.58	0%	100%	\$0.00	\$27.58	100%
Hepatitis B Surface Antibody Test	\$70.91	0%	100%	\$0.00	\$70.91	100%
Hepatitis A Vaccine (One Dose)	\$75.97	0%	100%	\$0.00	\$75.97	100%
Hepatitis B Vaccine Series Of 3	\$182.10	0%	100%	\$0.00	\$182.10	100%
Hepatitis B Vaccine Booster	\$60.70	0%	100%	\$0.00	\$60.70	100%
Hepatitis B Immune Globulin Injection 5ml	\$1,110.76	0%	100%	\$0.00	\$1,110.76	100%
Hepatitis B Immune Globulin Infection 1ML	\$222.16	0%	100%	\$0.00	\$222.16	100%
Twin RIX (Hep A/Hep B) Vaccine	\$100.34	0%	100%	\$0.00	\$100.34	100%
Hepatitis C Antibody Test	\$49.90	0%	100%	\$0.00	\$49.90	100%
Tetanus/Diphtheria Vaccination	\$35.45	0%	100%	\$0.00	\$35.45	100%
Tetanus/Diphtheria Toxoids & Acellular Pertussis(TDAP) Vaccination	\$51.05	0%	100%	\$0.00	\$51.05	100%

MMR Vaccination	\$52.52	0%	100%	\$0.00	\$52.52	100%
Polio Vaccination	\$35.45	0%	100%	\$0.00	\$35.45	100%
Influenza Vaccination	\$28.90	0%	100%	\$0.00	\$28.90	100%
Tetanus Toxoid Vaccination	\$35.45	0%	100%	\$0.00	\$35.45	100%
Tetanus Toxoid Booster Vaccination	\$35.45	0%	100%	\$0.00	\$35.45	100%
Varicella Vaccination	\$49.90	0%	100%	\$0.00	\$49.90	100%
Varicella Titer	\$34.14	0%	100%	\$0.00	\$34.14	100%
HIV Antibody Test (with consent)	\$42.01	0%	100%	\$0.00	\$42.01	100%
ECG, Tracing	\$77.99	0%	100%	\$0.00	\$77.99	100%
ECG, Report	\$14.26	100%	0%	\$14.26	\$0.00	100%
Complete Echo 2-D M-Mode	\$196.15	41%	59%	\$80.42	\$115.73	100%
Complete Echo Doppler	\$154.18	22%	78%	\$33.92	\$120.26	100%
Complete Echo, Color Flow	\$121.60	5%	95%	\$6.08	\$115.52	100%
Contrast Injection	\$138.90	0%	100%	\$0.00	\$138.90	100%
Stress Echo, Exercise Stress	\$376.37	35%	65%	\$131.73	\$244.64	100%
Stress Echo, Tracing Only, Without Interpretation & Report	\$266.68	0%	100%	\$0.00	\$266.68	100%
Stress Echo, Interpretation & Report Only	\$26.10	100%	0%	\$26.10	\$0.00	100%
Holter Monitor, 24HR-Recording	\$130.00	0%	100%	\$0.00	\$130.00	100%
Holter Monitor, 24HR-Monitor-Scan Analysis w/ Report	\$188.62	0%	100%	\$0.00	\$188.62	100%
Holter Monitor, 24HR-Monitor-Scan Analysis w/ Report	\$45.66	100%	0%	\$45.66	\$0.00	100%
Dobutamine (PER 250 MG IV)	\$7.62	0%	100%	\$0.00	\$7.62	100%
Complete TEE, 2-D w/ or w/o M-Mode	\$468.31	40%	60%	\$187.32	\$280.99	100%
Cardiovascular Stress Test	\$191.84	100%	0%	\$191.84	\$0.00	100%
Pulmonary Stress Test/Simple	\$331.47	15%	85%	\$49.72	\$281.75	100%
Exhaled Air Analysis, 02	\$75.16	27%	73%	\$20.29	\$54.87	100%
Physical Performance Test, 1st 1/2 hr	\$233.99	42%	58%	\$98.28	\$135.71	100%
Physical Performance Test, each 15 min	\$116.27	42%	58%	\$48.83	\$67.44	100%
New Patient Visit, Level 1 Problem Focused	\$70.31	53%	47%	\$37.26	\$33.05	100%
New Patient Visit, Level 2 Expanded Problem Focused	\$107.34	69%	31%	\$74.06	\$33.28	100%
New Patient Visit, Level 3 Detailed	\$167.02	69%	31%	\$115.24	\$51.78	100%
New Patient Visit, Level 4 Comprehensive	\$252.68	74%	26%	\$186.98	\$65.70	100%
New Patient Visit, Level 5 Complex	\$310.99	79%	21%	\$245.68	\$65.31	100%
Return Patient Visit, Level 1 Minimal	\$47.08	30%	70%	\$14.12	\$32.96	100%
Return Patient Visit, Level 2 Problem Focused	\$71.04	54%	46%	\$38.36	\$32.68	100%
Return Patient Visit, Level 3 Expanded Problem	\$123.93	58%	42%	\$71.88	\$52.05	100%
Return Patient Visit, Level 4 Detailed	\$178.54	63%	37%	\$112.48	\$66.06	100%
Return Patient Visit, Level 5 Comprehensive	\$228.59	71%	29%	\$162.30	\$66.29	100%
Consult, Level 1 Problem Focused	\$87.72	63%	37%	\$55.26	\$32.46	100%
Consult, Level 2 Expanded Problem	\$147.88	78%	22%	\$115.35	\$32.53	100%
Consult, Level 3 Detailed	\$211.48	75%	25%	\$158.61	\$52.87	100%
Consult, Level 4 Moderate Complexity	\$314.29	79%	21%	\$248.29	\$66.00	100%
Consult, Level 5 High Complexity	\$380.64	83%	17%	\$315.93	\$64.71	100%

**Sixth Amendment  
To The  
Letter of Agreement  
Between  
Orange County Fire Authority and UC Irvine Healthcare**

This Sixth Amendment (herein referred to as "Amendment"), to the Letter of Agreement (herein referred to as "Agreement") is made and entered into this 5<sup>th</sup> day of August 2013, by and between the Orange County Fire Authority ("OCFA") and The Regents of the University of California, a Constitutional Corporation, on behalf of UC Irvine Health ("Provider").

**Recitals**

Whereas OCFA and Provider have entered into an Agreement on March 1, 2009, and;

Whereas OCFA and Provider desire to amend the Agreement:

**Agreement**

NOW THEREFORE, OCFA and Provider agree to amend the Agreement as follows:

1. Exhibit B: Scope of Services, Center for Occupational and Environmental Health Services, is hereby deleted in its entirety and replaced with the attached new Exhibit B: Scope of Services, Center for Occupational and Environmental Health Services.
2. Exhibit D: Compensation, Itemized List of Services, is hereby deleted in its entirety and replaced with the attached new Exhibit D: Compensation, Itemized List of Services.
3. The individuals signing below for their respective organizations have been authorized by those organizations to enter into and be bound by this Agreement on behalf of the organization.
4. All other provisions of the Agreement not inconsistent herewith shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have caused this amendment to be executed on the dates(s) indicated below.

**UC Irvine Healthcare:**

By: \_\_\_\_\_

Susan Rayburn, Vice President  
Contracting and Network Development

Date: \_\_\_\_\_

9/4/13

**Orange County Fire Authority**

By: \_\_\_\_\_

Keith Richter, Fire Chief

Date: \_\_\_\_\_

8/20/13

**EXHIBIT B**  
**SCOPE OF SERVICES**  
**CENTER FOR OCCUPATIONAL AND ENVIRONMENTAL HEALTH SERVICES**

The Scope of Services to be provided under this Agreement includes the following listed services. These services will be provided at the UC Irvine Center for Occupational and Environmental Health Practice site located in Irvine at Centerpointe by the UC Irvine Center for Occupational and Environmental Health clinical faculty.

**I. Wellness and Fitness Evaluation (WEFIT Exam)**

All career firefighters, fire management and designated fire hand crew shall participate in the WEFIT program, which provides for medical evaluation and fitness test. The WEFIT Exam shall include the following:

Medical, Occupational & Fitness History Questionnaire

An initial medical history questionnaire must be completed to provide baseline information with which to compare future medical and fitness concerns. A periodic medical and fitness history questionnaire must be completed to provide follow-up information. Periodic questionnaires focus on changes in health status.

Physical Examination

The physical examination shall consist of the following:

- Vital signs
- Head, eyes, ears, nose, and throat
- Thyroid gland: inspection and palpation
- Cardiovascular: inspection, auscultation, percussion and palpation
- Pulmonary: inspection, auscultation, percussion and palpation
- Gastrointestinal: inspection, auscultation, percussion and palpation
- Hernia exam (for males)
- Lymph nodes: cervical and axillary
- Neurological exam and assessment of major cranial/peripheral nerves, motor, sensory and reflexes
- Musculoskeletal: overall assessment of ROM of all joints

Blood Analysis

The following are components of the blood analysis. At a minimum, laboratory services must provide these components in their automated chemistry panel and complete blood count protocols:

- CBC with differential
- Liver Function Tests, includes SGOT/AST, SGPT/ALT, Alkaline Phosphatase, and Bilirubin
- Triglycerides
- Glucose
- Blood Urea Nitrogen
- Creatinine
- Sodium
- Potassium
- Carbon Dioxide
- Total Protein
- Albumin
- Calcium

- Cholesterol, includes total cholesterol, low density lipoprotein (LDL-C) level, High Density Lipoprotein (HDL-C) level, and total cholesterol/HDL Ratio

#### Urinalysis

- Microscopic, includes WBC, RBC, WBC Casts, RBC casts and crystals

#### Vision Tests (Examination plus Titmus)

Assessment of vision includes evaluation of distance, near, peripheral, and color vision. Recognize individuals' risks for common visual disorders including cataracts, macular degeneration, and diabetic retinopathy.

#### Hearing (Audiogram)

#### Pulmonary (Spirogram)

#### Resting EKG

#### Chest X-Ray (PA and Lateral)

Initial baseline and repeat chest x-ray as indicated, as an additional cost.

Repeat chest x-ray every five years as required or medically indicated, at an additional cost.

#### Heavy Metal and Specific Exposure Screening

An exposure history will be obtained and reviewed to assess potential exposures to heavy metals, pesticides, and other potential hazards. At an additional cost, biological specimens (blood or urine) may be obtained as indicated to evaluate exposures:

- Urine: Arsenic, Mercury, Lead (Baseline, HAZMAT and USAR)
- Blood: Lead, RBC cholinesterase (Baseline HAZMAT and USAR)

#### Cancer Screening

The following cancer screening elements shall be made available to firefighter personnel as an option and with the individual's approval.

- Clinical breast examination
- Mammogram (at additional cost)
- Digital rectal examination

#### Immunizations and Infectious Disease Screening

A history of prior immunizations will be obtained, with recommendations for needed immunizations. Required immunization shall be provided to firefighter personnel with the individual's approval and signed consent. (Blood tests to document laboratory immunity and immunizations are provided at an additional cost.)

- Hepatitis C Virus titer (Candidate or if requested by OMFA EMS)\*
- Hepatitis B titer, if no documentation is available (Candidate or if requested by OMFA EMS)\*
- Varicella titer, if no documentation (Candidate or if requested by OMFA EMS)\*
- HIV Screening\*, will be offered on a confidential basis as part of post exposure protocols and as requested by the physician or patient
- Tetanus/Diphtheria, or Tdap (Candidate or if requested by OMFA EMS)\*
- MMR, (Candidate or if requested by OMFA EMS)\*

Screening includes questionnaire review and relevant physical exam. All radiology and laboratory testing, and immunizations provided, for these screening components are to be paid at an additional cost, as set forth in Exhibit C or through the COEH vendor (whichever is less per Exhibit D).

#### Fitness Evaluation

The fitness evaluation will consist of a fitness assessment. The firefighter will be given the choice of either performing the Functional Movement Screen (FMS-described below) and aerobic testing or the following fitness evaluation:

- Body composition assessment with skin fold measures
- Aerobic Capacity (Fitness Treadmill using sub-maximum Gerkin Protocol)
- Push Ups
- Sit-ups or Prone Plank
- Leg Strength or Vertical Jump
- Arm Strength
- Grip Strength
- Flexibility Evaluation

\*The Functional Movement Screen (FMS) is a ranking and grading system that documents movement patterns that are key to normal function. By screening these movement patterns, the FMS identifies functional limitations and asymmetries. These are issues that can reduce the effects of functional training and physical conditioning. The FMS generates the Functional Movement Screen Score, which is used to target problems and track progress. This scoring system is directly linked to the most beneficial corrective exercises to restore mechanically sound movement patterns.

\*Adapted from [www.functionalmovement.com/fms](http://www.functionalmovement.com/fms)

#### Individualized Health Risk Appraisal

Written feedback to firefighter personnel concerning risks and health status is required following the annual examination. Reporting findings and risks and suggesting plans for modifying risks improves the physician-patient relationship and helps firefighter personnel take a more direct role in their health and fitness status. Individualized health risk appraisals also must include questions that attempt to accurately measure the firefighter's perception of their health and fitness status. Health perception can be a useful indicator of potential problems.

#### Respirator Use Medical Clearance

The WEFIT medical evaluation will be sufficient for the Provider to provide a medical clearance for respirator use for employees who meet the appropriate criteria.

## **II. Combined WEFIT Evaluation and Pre-placement/Candidate Firefighter (including Career and Hand Crew) Examination**

This combined evaluation includes the components of the WEFIT Exam with the addition of the following services:

- Drug and Alcohol Testing (baseline-required) \*
- Tuberculosis Skin Testing (2-step), as indicated \*
- Hepatitis B titer, if no documentation of immunity is available (per CDC guidelines)\*
- Hepatitis B Vaccination (first dose), if requested by OCFA EMS\*
- Hepatitis A Vaccination (first dose), if requested by OCFA EMS\*
- Tetanus/Diphtheria or Tetanus/Diphtheria and Pertussis, if indicated\*
- Hepatitis C titer (baseline-required) \*
- Varicella titer, if no documentation of immunity is available (per CDC guidelines)\*
- Measles, Mumps, Rubella Vaccine (MMR), if indicated\* (Baseline)

Firefighters born on or after 1957 must show documentation of one of the following:

1. Two doses of MMR on or after their first birthday, or
2. Physician-diagnosed disease of measles, mumps and rubella, or
3. Laboratory evidence of immunity to measles, mumps and rubella.

If no documentation is available and there are no medical contraindications, then 2 doses of MMR are recommended for those born in or after 1957.

Firefighters born before 1957 must show documentation of one of the following:

1. One dose of MMR, or
2. Physician-diagnosed disease of measles, mumps and rubella, or
3. Laboratory evidence of immunity to measles, mumps and rubella.

If no documentation is available and there are no medical contraindications, then 1 dose of MMR is recommended for those born before 1957.

- HIV (optional) \*

**III. Combined WEFIT Examination and Urban Search and Rescue Examination or  
Combined WEFIT Examination and HazMat Examination**

The combined evaluation includes the components of the WEFIT Exam with the addition of the following services:

- Fecal Occult Blood Card (FOBT) \*
- Blood lead level, (Baseline) \*
- Urine for heavy metals, (Baseline) \*
- RBC cholinesterase, (Baseline) \*
- Chest x-ray (PA and Lat), if indicated \*

\* This service is provided at an additional cost in addition to the global rate, at the global rates set forth in Exhibit C or through the COEH vendor (whichever is less per Exhibit D).

**IV. Combined WEFIT Examination and DMV Medical Clearance  
or  
Combined WEFIT Examination and Crane Operator Clearance**

The combined evaluation included the components of the WEFIT Exam with the addition of review of the associated questionnaire (DMV or Crane Operator) and completion of the medical paperwork and clearance form.

**V. Post-Deployment Evaluation**

To include: Post-deployment evaluations, if determined to be medically indicated by OCFA Medical Director. This evaluation will include: Focused history and physical exam, review of relevant records and questionnaire. Labs and testing will depend on exposure or exposures and will be determined by the OCFA Medical Director or the examining physician.

**VI. Occupational Medicine Consulting (i.e., Fitness for Duty Evaluation or other requested occupational medicine specialty services)**

Where OCFA has concerns that involve occupational and environmental health issues, then an occupational medicine consult may be requested. One example is when an employee's ability to safely perform their job, the employee may be referred for a fitness for duty evaluation. This evaluation will include: Focused history and physical examination, review of relevant records and further diagnostic studies or consultation as indicated.

**VII. Referral for Cardiology, if indicated**

The OCFA authorizes the UC Irvine COEH examining physician to refer and schedule a firefighter examinee for a cardiology consultation at the UC Irvine Medical Center, if medically indicated. The UC Irvine Medical Center will bill OCFA under the terms specified in Exhibit C.

**VIII. Management Wellness and Fitness Examination (non-firefighters)**

Management physicals shall be provided to OCFA non-fire managers. This exam will include a traditional comprehensive medical evaluation. The goal of the examination is to detect medical conditions at an early stage, to identify health risk factors and habits which can negatively

impact health, and to refer the individual to appropriate community health care providers for additional testing or follow-up for identified problems. This evaluation includes:

History: Review of medical/occupational history  
Computerized health risk assessment questionnaire  
Physical: Core physical examination  
Testing: Spirometry  
Vision testing: (Snellen)  
Fitness Treadmill  
Labs: CBC with differential  
Comprehensive Metabolic Panel  
Lipid Profile  
For males > 40 years of age: Prostate Specific Antigen (PSA)  
Urinalysis (microscopic)  
Optional: For women: breast exam  
Optional: For men over 50 years of age: digital rectal exam

Health Risk Assessment: This assessment consists of a detailed questionnaire that assesses the individual's risk factors such as family history (optional), life style factors, weight, and the results of certain tests and measurements such as cholesterol and waist-hip ratios and other factors. The results and interpretation will be discussed with the participant.

#### Records and Data Management

Provider will maintain medical and fitness testing records as required in a confidential manner and as required by law.

#### **IX. DMV Evaluation and Examination**

- a. DMV 546 and 546A forms: Physician review of DMV history form 546, blood pressure measurement, hearing (whisper) and vision (litmus) testing and completion of physician medical clearance form 546A.
- b. DMV Commercial Driver Fitness Determination (DL51) form: Physician review of history, urinalysis, audiogram and vision testing: Physician performs a physical.

#### UC Irvine COEH Reports

##### OCFA Firefighters' Individualized Reports

Written test results of the medical exam concerning health risks and health status shall be provided to the OCFA members. Written fitness assessment shall be provided to the OCFA member concerning the individual's physical capacity pertaining to his/her job related wellness and recommended exercise program.

##### Monthly Updated Roster of Completed WEFIT Evaluations

On a monthly basis, the COEH professional research staff directs a roster of firefighter names with dates of their WEFIT evaluations to the WEFIT Coordinator and Risk Manager.

##### Aggregate WEFIT Report

Provider will provide and make available aggregate medical and fitness testing results, so that data can be shared with the International Association of Firefighters, and so that OCFA can use the aggregate data to review WEFIT program return on investment, and evaluate program effectiveness.

Provider will assist the OCFA in evaluating/quantifying the WEFIT aggregate test results and identifying return on investment factors. The Provider will maintain confidentiality of all medical records. Provider will utilize the services of their professional medical research staff to update and

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provide these reports. The cost of this report function and the maintenance of all medical records will be factored into the total cost of the physical exam and fitness test. Provider will work with any other Provider the OCFA involves related to "return on investment" and overall program evaluation.

Provider will provide quarterly reports to the OCFA which reflect aggregate data (no identifiable information), including, but not limited to the following variables:

- Number of WEFIT physical exams performed
- Number of WEFIT fitness exams performed
- Number of referrals for urgent medical issue
- Number of referrals to primary care physician for non-urgent medical issue
- Number with "Above normal body fat measurement
- Number with Elevated blood pressure on exam
- Number Hypertensive, taking medicine
- Number with Personal history of heart disease
- Number with Family history of heart disease (since GINA, this data will be limited)
- Number with High total cholesterol ( $\geq 200$  mg/dl)
- Number with Low HDL-C ( $< 35$  mg/dl)
- Number with High ratio of total cholesterol/HDL-C
- Number with High LDL-C level ( $\geq 130$  mg/dl)
- Number with Elevated triglycerides
- Number of smokers
- Number with personal history of diabetes
- Number with elevated fasting glucose ( $> 140$  mg/dl)
- Number who have not met the American Cancer Screening Guidelines for the following:
  - Fecal Occult Blood Test within the last year or sigmoidoscopy/colonoscopy every 3-5 years (ages 50 and older)
  - Routine Pap Smear (females age 18 and older)
  - Self breast exam (females)
  - Clinical breast exam (females)
  - Mammography, every 1 – 3 years (females age 40 – 49)
  - Mammography, every year (females age 50 and older)
- Number with estimated VO<sub>2</sub> score of less than 42 ml/kg/minute (Aerobic capacity)
- Graphs and Histograms showing: fitness testing results by age group, body fat % and VO<sub>2</sub> max

**EXHIBIT D  
COMPENSATION  
ITEMIZED LIST OF UC IRVINE COEH SERVICES**

<b>Services (Refer to Exhibit B for Service Components)</b>	<b>Rate</b>
WEFIT Exam (additional tests are provided at an additional cost)	750.00
WEFIT Pre-Placement/Candidate Firefighter Exam (additional tests are provided at an additional cost)	750.00
WEFIT + Urban Search and Rescue (USAR) Exam (additional tests are provided at an additional cost)	750.00
WEFIT + Crane Operator Clearance (additional tests are provided at an additional cost)	750.00
Post-Deployment Evaluation	159.00
Occupational Medicine Consulting/per hour (i.e. Fitness for duty and other occupational specialist services)	Refer to Exhibit C
Record review per hour	Refer to Exhibit C
Management Wellness and Fitness Examination	Refer to Exhibit C
DMV Evaluation and Examination – With WEFIT Exam	25.00
DMV Evaluation and Examination – Forms 546/546A	125.00
DMV Evaluation and Examination – Form DL 51	175.00

**The Center for Occupational and Environmental Health (COEH) Rates**

OCFA has permitted COEH to use sub-contracted qualified organizations, such as Gottschalk Radiology Department, Pacific Toxicology and other laboratories, for selected services to meet the special needs of the OCFA firefighters. These costs are generally less than those quoted in Exhibit C (above) and will not exceed those costs listed in Exhibit C.

**WEFIT Evaluation Scheduling**

Provider shall maintain a block of four appointments per one half day session for WEFIT evaluations on Mondays and Thursdays (totalling four half day sessions). Morning clinic sessions begin at 8:30AM and afternoon sessions begin at 1PM. Firefighters scheduled in the morning session must present by 9:30AM and 1:30PM for the afternoon session to allow for sufficient evaluation time.

The WEFIT Coordinator shall provide a monthly schedule of firefighter names/fire station# to COEH 14 days before the 1st of every month.

The WEFIT Coordinator and COEH staff will periodically review the annual OCFA calendars (TAG and others) and the COEH Clinic calendar to block clinic time for OCFA requests for additional WEFIT evaluations (one or more consecutive week blocks of Mondays – Fridays). One or more consecutive weeks (Mondays – Fridays), Tuesdays and/or Wednesdays and/or Fridays may be scheduled with 30 day notice. Saturdays may be scheduled with prior COEH approval and advance notification.

The COEH staff will be flexible and support scheduling of additional WEFIT evaluation time with advance notice.

**"No-Show" Fee for WEFIT Exams and Combined WEFIT Exams:**

At the conclusion of each scheduled WEFIT exam day, the Provider will notify the OCFA WEFIT Coordinator of names of no-shows/late cancels. The Provider will provide the WEFIT Coordinator information that will assist and support the evaluation of the no-show/late cancel rates.

A no-show / late cancel are defined as any of the following:

- 1.) A scheduled appointment slot that does not show up for their scheduled appointment.
- 2.) A scheduled appointment that arrives for their appointment too late to allow for the WEFIT exam to occur,
- 3.) A scheduled appointment slot that is cancelled with less than 10 days notice to the COEH scheduler. This slot will not be counted as a no-show/late cancel if the slot can be filled by the OCFA WEFIT coordinator, with another OCFA client. Cancellations will be made via email to allow for tracking of actual cancellation date and time.

On a monthly basis, if greater than 15% of the scheduled WEFIT slots are no shows or late cancels, then OCFA shall reimburse Provider the amount of \$ \$375.00 for each these no show/late cancel appointments, beyond the 15% threshold, with the following exceptions:

1. If weather, fire conditions, or a major emergency (e.g., flood watch, red flag warnings, regional fires, earthquakes or similar hazard) occurs, then cancellation of all unnecessary activities may be required as OCFA's primary mission is to provide optimum emergency services. OCFA will inform Provider of these emergencies and will not be charged for these "no-show/excused" appointments.
2. In the OCFA verification process, individuals, who have gone on Worker's Compensation between the time that the WEFIT appointment is scheduled and the actual appointment, will be identified. OCFA (via the supervisor, WEFIT Coordinator or risk management personnel) will inform Provider of these Worker's Compensation cases, and OCFA will not be charged for these "no-show/excused" appointments.
3. Similarly, if an individual misses an appointment due to sick-leave, then OCFA will verify the sick-leave during the verification process. OCFA will inform Provider of this sick-leave and will not be charged for these "no-show/excused" appointments.
4. If within 14 days of an OCFA-reserved clinic session, appointment slots remain unscheduled or have been cancelled, the Provider is allowed to schedule a non-OCFA client.