

STATEMENT OF WORK

Medical Oversight Services for Special Operations Group (SOG)

A. BACKGROUND

The Special Operations Group (SOG) is a specially trained, rapidly deployable law enforcement element of the United States Marshals Service capable of conducting complex and sensitive operations throughout the globe intended to further the rule of law. SOG leverages these enhanced capabilities in support of the Marshals Service and the Department of Justice mission to protect, defend, and enforce the federal judicial system.

The Special Operations Group (SOG) is deployed in high-risk/sensitive law enforcement situations, national emergencies, civil disorders, and natural disasters. SOG is comprised Deputy U.S. Marshals who must meet higher standards and complete rigorous training in specialties such as high-risk entry, explosive breaching, sniper/observer, rural operations, evasive driving, less lethal munitions, waterborne operations, and tactical medical support. SOG also manages and operates the Operational Medical Support Unit (OMSU). OMSU is comprised of Deputy U.S. Marshals who provide tactical medical support for training and operational events facilitated by USMS districts and divisions.

The Operational Medical Support Unit (OMSU) provides emergency medical care and fosters a safer working environment for all agency employees, protectees, law enforcement personnel assisting the USMS, and the public by performing the following:

- Provides medical support during USMS operations.
- Conducts Medical Threat Assessments prior to the operation to better prepare USMS personnel for emergency responses in the event of a serious illness or injury.
- Monitors and promotes the health of personnel during operations and high-risk training.
- Provides a dynamic resource for the immediate initiation of emergency medical care, bridging the critical gap between the point of injury and the availability and/or arrival of conventional Emergency Medical Service (EMS) resources.

B. OBJECTIVES

The purpose of this acquisition is to find an experienced contractor whose organization has a minimum of 10 years of formal work experience in Tactical Emergency program with a focus on law enforcement operations (special operations preferred). This contractor, will not only possess faculty physicians and medical staff experienced in multiple disciplines such a Tactical Emergency Medicine, Emergency Medical Services (EMS), Disaster Medicine, and Global Health, Ultrasound, Research and Administration but will also provide medical direction and oversight services for SOG's Operational Medical Support Unit (OMSU) operating both in and outside of the United States.

C. SCOPE

The contractor shall provide all administration, supervision, labor, transportation and other supplies/services in accordance with this Statement of Work (SOW).

- C.1** Provide Medical Program Oversight for fifteen (15) SOG medics and one hundred twenty-five (125) OMSU medics who are authorized to carry approximately 30 medications from over-the-counter medications to narcotics:
- Train and update SOG/OMSU medics in the latest advancements in tactical and operational medicine, pursuant to the Tactical Combat Casualty Care (TCCC) guidelines and the National Registry of Emergency Medical Technicians (EMT) pre-hospital care;
 - Provide off-line medical direction (minimum of 100 hours per year). This shall include medical direction for an automated external defibrillator program.
 - Have at least 10-years' experience developing tactical medical protocols for Federal Agency EMTs (Basic, Intermediate and Paramedic) and demonstrate the ability to capture their experience in a handbook and electronic format. The contractor shall provide the protocols in print to approximately 125 students per year (40-50 students per class), and in electronic format.
- C.2** Provide Medical Program Oversight for the Opioid Response Program, as follows:
- Provide off-line medical direction (as needed in response to opioid exposure by USMS operational employees) when the USMS operational employee is functioning in accordance with established patient care protocols as approved by the OMSU Medical Director;
 - Establish standard medical protocols, practices, oversight and conduct post-incident reviews for the administration of naloxone;
- C.3** Provide an Emergency Medicine Physician on-site for the first five (5) days of SOG Selection in Pineville, Louisiana. The physician shall lead/oversee/participate in the on-site medical pre-screening of invited candidates.
- C.4** Develop, implement, maintain, and oversee the USMS electronic patient care record and reporting system. Keep all records in a secure area in accordance with applicable Health Insurance Portability and Accountability Act (HIPAA) regulations.
- C.5** Provide USMS the necessary subject matter expertise to develop, maintain, and oversee agency-wide treatment protocols which shall be provided to all SOG/OMSU medics in both hard copy and electronic format.
- Includes pre-deployment medical briefings and advanced medical threat assessments for domestic and international travel missions/deployments as needed.
 - Includes the pre-planning, in transit care plan, and post operational debrief when individuals are transported for official USMS business and accompanied with SOG/OMSU Medical Personnel.

- C.6** Provide an Emergency Medicine Physician 24 hours per day, seven (7) days per week, for real-time, on-line medical consultation services, and/or via telephone, with SOG/OMSU medical personnel.
- SOG/OMSU providers must be able to speak to the Emergency Medicine Physician within five (5) minutes of the initial call. Consultations must be through an existing communications center with live dispatch personnel. Telemedicine capabilities must be available 24/7 for those events such as extraditions that are domestic and internationally related. The physical presence and attention of an Emergency Medical Physician via telemedicine device will be needed to provide on hand medical advice, approve patient care practices, or to modify standing protocols as needed.
- C.7** Conduct two (2) 40-hour Emergency Medical Technician (EMT) refresher classes per year that meet the 24-hour (NREMT) requirements and one (1) 40-hour OMSU class (if needed). Classes (estimated at approximately 40-50 students for each class) will either be held at a contractor location in the Baltimore Washington metropolitan area, or in Pineville, LA (SOG's location). Each EMT refresher class shall include the following:
- 16 hours of continuing education learning, including a CPR recertification course for SOG/OMSU members;
 - Instruction will be conducted via indoor and outdoor facilities with space for dynamic tactical medicine scenarios. Training shall accommodate the use of both live and simulated ordnances and available under both daylight and nighttime conditions at the contractor's facility. Training will be conducted by a physician at least 70 percent of the time, and all other instructors shall be trained tactical medical experts either at a mid-level provider, Nurse Practitioner/Physician Assistant (NP/PA), a nurse, or an OMSU Program Manager, or his/her designee;
 - Expanded Scope Skills (Basic) including, but not limited to, airway procedures (oropharyngeal and nasopharyngeal airways, Combi tube device, King airway device and surgical cricothyroidotomy); needle procedures (peripheral intravenous access and fluid therapy, intraosseous access and needle thoracostomy); medication administration (oral, sublingual and intravenous); hemorrhage control (tourniquet application and topical hemostatic agents); and wound care (local anesthetic administration, tissue adhesive application, wound closure-stapling and wound closure-suturing);
 - Cadaver lab learning opportunities for anatomy and procedure training;
 - Provide official EMT refresher class certification documentation to each of the class participants (approximately 125 per year) that passes the class.
- C.8** Provide clinical training for EMTs in an accredited (i.e., Joint Commission on the Accreditation of Healthcare Organizations) Level 1 adult and pediatric trauma center that includes emergency department and operating room rotations.
- The SOG/OMSU EMT will observe and practice skills taught in an emergency and operating room setting while being overseen by a nurse or physician.

D. REIMBURSABLE TRAVEL

Estimated travel is approximately 6 days per year. All long-distance and pre-approved travel may be reimbursable. All travel costs authorized on a case-by-case basis and must be reviewed and pre-approved by the COR prior to travel. Any expenses incurred by the contractor without prior Government approval may be denied for payment. The Contractor will be reimbursed for allowable travel costs and travel allowances of personnel. All travel requirements shall be met using the most economical and discounted form of transportation and lodging available. No higher-class travel is authorized. Upgrades are at the Contractor's cost. If a trip is cancelled at the Government's behest, cancellation and change fees will be reimbursable. Any other circumstances outside the Government's direction shall be at the Contractor's cost. All claims and required receipts must be attached to the appropriate invoice in accordance with the Federal Acquisitions Regulations (FAR) 31.205, and the Federal Travel Regulations (FTR).

Note: General and Administrative (G&A) expenses and profit shall not be authorized or applied to travel costs.

E. MEETINGS

All meetings with contractor personnel will take place at the USMS Tactical Operations Division in Springfield, Virginia or at a contractor location in the Baltimore-Washington metropolitan area. Meetings will be used for contract planning purposes and to review treatment protocols. The USMS will hold between 6-8 meetings per year. At a minimum, contractor attendees shall include the listed key personnel.

F. PERIOD OF PERFORMANCE

The period of performance shall be from April 1, 2021, through March 31, 2022 (base period), subject to the availability of funds, plus four (4) one-year option periods.

G. PLACE OF PERFORMANCE

All work shall be performed at a contractor location within the Baltimore Washington metropolitan area, or in Pineville, LA (SOG's location) unless otherwise directed by the Contracting Officer's Representative (COR) via written notice.

H. INSPECTION AND ACCEPTANCE

H.1 Services. Inspection, acceptance and evaluation of services to be furnished shall be performed by the COR. The Government reserves the right to conduct any inspection and test it deems reasonably necessary to assure that the services provided conform in all respects to the contract specifications as outlined in the SOW. Services, which upon inspection are found to not be in conformance with contractual specifications, as outlined in the SOW, shall be promptly rejected by the COR, and a notice of such rejection will be provided to the contractor by the Contracting Officer (CO).

H.2 Reports and Data. The Contractor shall provide Ad Hoc Reports as requested. From time to time the Contracting Officer may request reports as a result of data calls from the Department of Justice, USMS senior leadership, auditors and/or inspectors. Data calls for information will be provided by written requests to include description, format, distribution, and due date.

- H.3** Deliverables. The contractor shall provide the applicable official EMT refresher class certification documentation, as required in paragraph C.7, page 3, of the SOW. The contractor shall also provide tactical medical protocols in both print, and in electronic format, as described in paragraph C.5, page 2 of the SOW.

	Deliverable	Due Date	Submit to
1	On-Line Medical Consultation Services Report	1 week after FY quarter is complete	CO and COR
2	National Registry of Emergency Medical Technicians Report	1 per year on April 06	CO and COR
3	Medical Protocols in digital and print format	1 per year	CO and COR

I. KEY PERSONNEL

- I.1** The following contractor personnel are designated as key personnel and considered essential to the work performed hereunder: **Emergency Medicine Physician.**
- I.2** The Emergency Medicine Physician's resume must possess the following mandatory qualifications:
- Valid state Medical license and Emergency Medicine Board certification from either Maryland, Virginia or District of Columbia;
 - Emergency Medicine Board certified;
 - Medical director experience; with minimum of 10 years managing a tactical medicine program;
 - Experienced in training and supervising EMS medical direction.
- I.3** Any changes to key personnel shall be reported to the CO immediately. Contractor shall provide a fully trained, qualified replacement within two (2) business days. The CO shall approve any changes in key personnel, whether temporary or permanent.
- The notification shall include:
 1. An explanation of the circumstances necessitating the replacement.
 2. A complete resume of the proposed replacement.
 3. Any other information requested by the CO to enable the Government to verify the proposed replacement meets or exceeds the mandatory qualifications.
 4. Letters of Commitment, if applicable.

J. OTHER PERSONNEL REQUIREMENTS

- J.1** All physicians performing on this contract must possess a valid Drug Enforcement Agency (DEA) license and the ability to procure narcotic medications for SOG/OMSU medics for official use. USMS will keep the Drug Enforcement Agency (DEA) license in a secure file.
- J.2** All physicians performing on this contract must pass a thorough background investigation,

possess a valid state Medical license and Emergency Medicine Board certification from either Maryland, Virginia or District of Columbia.

- J.3** Physicians must be capable of satisfying EMS medical direction in accordance with prevailing state laws.
- J.4** Faculty physicians must be proficient in medical ultrasound and be actively engaged in research involving tactical medicine must be published within the last ten (10) years per SOW J.4

K. MANDATORY CONTRACTOR QUALIFICATIONS

- K.1** The contractor must have a formal agreement with an academic Level 1 Adult and Pediatric Trauma/Medical Center within the Baltimore-Washington metropolitan area that provides multiple post-residency Fellowship training programs in multiple disciplines such as Tactical Medicine, Emergency Medical Services (EMS), Disaster Medicine, Global Health, Ultrasound, Research and Administration.
- The Adult and Pediatric trauma center must be able to permit law enforcement medics to participate in clinical programs at the trauma center for the purposes of patient care and skills proficiency training. All such clinical “hands-on” training occurs under the oversight of the designated SOG/OMSU Medical Director and/or approved designees in close coordination with the Operational Medical Support Unit (OMSU) Program Manager(s). This will be coordinated, as schedules permit, for both the USMS and the contractor.
 - “Hands on” training include patient admission; for the purposes of patient care and skills proficiency training for SOG/OMSU Medics and can render emergent and urgent care for patients with minor injuries, illnesses, and critical injuries.
 - Must have classroom facilities for at least 40-50 students with audio and video equipment pre-installed. Classrooms must be equipped with computers, Internet access, MS Power Point capability, television, simulation room, and conference space.
- K.2** Contractor shall possess Advanced Post-Graduate Fellowship training programs in Emergency Medical Services, International Emergency Medicine, and Disaster Preparedness. These programs do not need to be certified.
- K.3** The contractor shall operate a standing, dedicated medical communications center (staffed 24/7) for the purposes of emergency consultations between USMS providers and physician medical control.
- Contractor shall possess some experience with telemedicine and remote video medical consultation for the purposes assisting with development and operation of a functional USMS/OMSU telemedicine and video conference program.