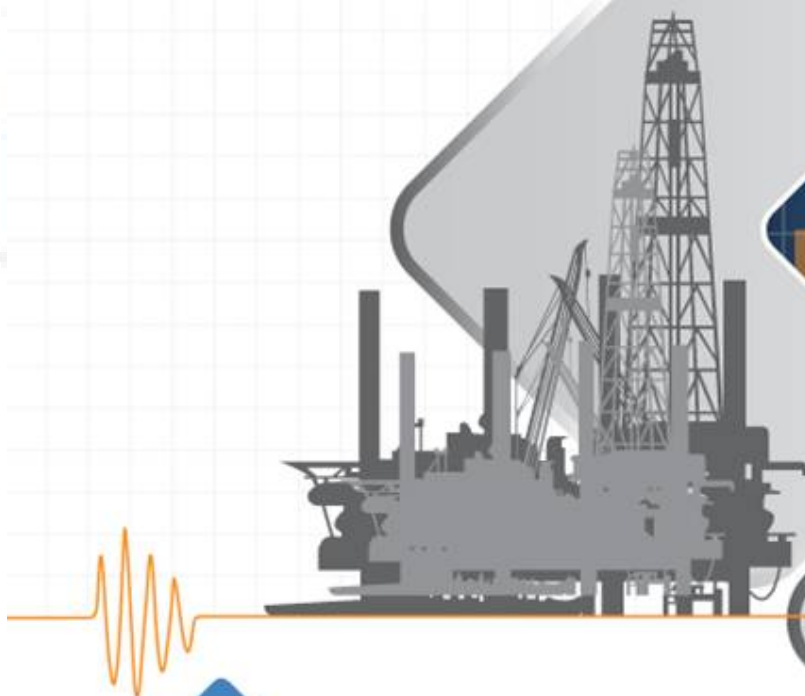


Pandemic Influenza Protocol



TRINITY
MEDICAL MANAGEMENT

TABLE OF CONTENTS

1. Introduction	3
2. CRI Alert Matrix.....	4
3. Level: READY	5
4. Level: GREEN	8
5. Level: YELLOW	10
6. Level: CONTROLLED ORANGE.....	11
8. Level: ORANGE	13
9. Level: RED	15
10. Suspected or Confirmed CRI Management Protocol	16
11. Suspected or Confirmed CRI Project Management Protocol.....	18
12. Self-Triage Algorithm for Persons with Influenza Symptoms.....	21
13. Home Care Guide for Influenza	22
14. Supplies Recommended for Project Pandemic Preparedness.....	23

1. Introduction

This document is intended to describe Trinity Medical Management's ("Trinity") Pandemic Influenza Protocol, and includes policies, procedures, & relevant processes.

Planning activities have revealed a need to maintain a high level of recognition and response for a variety of contagious respiratory infections (CRIs) with epidemic potential for all Trinity projects. Potential threats include SARS and any previously unknown strain of influenza that becomes pandemic. Many elements of the plan will improve Trinity's preparedness for the identification and containment of other contagious respiratory infections, including but not limited to: pertussis, mycoplasma, and parainfluenza.

The Trinity plan builds on guidelines from the local and Federal health authorities. Recommend and aggressive implementation of respiratory hygiene practices and universal administration of influenza vaccine to healthcare workers and high-risk patients for all facilities regardless of the presence of an epidemic will follow these guidelines.

This document outlines a plan for responding to various levels of threat posed by potential pandemic influenzas, and an incremental approach to prevention and control activities as threats increase. It is based on the premise that Trinity should be vigilant at all times for syndromes that may represent contagious respiratory infection, and that we should maintain personnel ready to actively respond to changing situations by implementing appropriate parts of this plan, when indicated.

This protocol is divided into:

- A matrix that defines parameters that will be the critical determinants of the level of risk on Trinity projects;
- A summary of the elements of the baseline state of readiness that should be maintained at all times;
- A summary of the ways in which our surveillance, prevention & control activities may need to change at each level of increasing risk; and
- Corresponding policies & standard operating procedures for the management of patients who have suspected CRIs (e.g. remaining on projects, transfer, & resuscitation)

This document is intended for use by Trinity Medical Management, or an incident command team consisting of Trinity personnel and its clients, to determine actions that should be taken to prevent the spread of CRIs on remote duty projects. The intent is

that this document will be used in the context of advisory documents and guidance by the OSHA and the CDC.

2. CRI Alert Matrix

Six levels of alert corresponding to the type of transmission, the location of the cases and the presence and type of cases on Trinity-managed projects.

What type of transmission is confirmed?	Where are the cases?	Are there cases on Trinity-managed projects?	Alert Level
None or sporadic cases only	Anywhere in the world	No	Ready
Person-to-person transmission	Anywhere outside the U.S. and bordering nations (e.g. Canada, Mexico)	No	Green
Person-to-person transmission	In the U.S., Canada or Mexico	No	Yellow
Person-to-person transmission	In the regional area of the operating theater	N/A	Orange
N/A	On Trinity-managed projects	Yes, but no nosocomial transmission	"Controlled Orange"
Person-to-person transmission	On Trinity-managed projects	Yes, with nosocomial transmission, from known sources only	Orange
Person-to-person transmission	On Trinity-managed projects	Yes, with nosocomial transmission, sources not clear	Red

The alert level will be determined by the Operations Manager in concert with the Medical Director using this matrix and data collected through surveillance activities. It can be upgraded or downgraded depending on the number of cases, or for other compelling circumstances.

At each level of alert, Trinity will consider implementing certain actions. As the alert becomes higher, additional actions are added to the actions initiated at the lower level.

3. Level: READY

Baseline activities to ensure preparedness in the absence of known active epidemic of CRI in the world.

Goals

- To prevent cases of vaccine-preventable contagious respiratory infection (e.g. influenza) on Trinity-managed projects and in the community;
- To promote early detection of initial cases of CRI (including, but not limited to, influenza);
- To prevent nosocomial and isolated population spread of CRI; and
- To create a system for real-time data collection flexible enough to be adapted for use in an epidemic setting

Influenza Vaccination

- For patients and the general public
 - Trinity, with input from the Safety Committee, will develop education and promotional material to promote availability and desirability of influenza vaccine for all.
- For Trinity personnel
 - Trinity leadership & management will promote maximum participation of Trinity and our customers' personnel in influenza vaccine programs;
 - Trinity will provide multiple opportunities (when possible) for employees and our customers' personnel to receive influenza vaccine conveniently and efficiently

Access Control

- Trinity will develop a plan and policy that allows control of access to Trinity-owned property through the use of mandatory ID badges for all staff, and a plan to lockdown certain entrances & exits, and to monitor the use of others, if necessary.

Surveillance, Screening & Triage

- For patients
 - Trinity personnel will screen all patients at the time of presentation with the following question: ***"Do you have a new cough that has developed over the last 10 days?"*** and will:
 - Provide patients who have a new cough with a surgical mask and/or tissues; and
 - Document data at time of screening and email to Operations Manager with cc: Medical Director for review of appropriate use of precautions

- Trinity personnel will:
 - Liaise with project managers and other customer points of contact to advise customer's and other contract personnel who have a fever and a new cough not to come to work
 - Screen personnel who report pneumonia or respiratory infection to identify possible clusters of pneumonia or respiratory infection in customer's and other contract personnel
 - Report possible clusters to Medical Director
- For project visitors:
 - Trinity will maintain surgical masks during project orientations and at all meeting rooms to encourage all persons entering Trinity or customer's facilities to self-screen
 - Via different forms of communication, ask persons who have new cough to wear a surgical mask or use tissues to cover their mouth and nose when coughing, and to use good hand hygiene during the time they remain at Trinity's facilities or customer's projects.
 - All Trinity personnel will advise persons who have fever and cough to defer visiting Trinity or its customers' facilities until their illness has resolved
- Monitoring surveillance data
 - The Operations Manager & Medical Director will monitor national, regional and local data related to CRI and discuss changing trends with the Safety Committee on a regular basis

Infection Control / Precautions

- All Trinity personnel will use ***Droplet Precautions (surgical mask within 3 feet of patient)*** for all contact with any patient who has a new cough & fever, until a diagnosis of non-contagious respiratory illness, or an infection requiring a higher level of precautions, is made
- Trinity personnel will use a visible doorway "precautions sign" system to allow persons entering the room to know what type of protective equipment is needed
- Catering / crew services will maintain adequate supplies at all times of surgical masks, waterless hand rub, and tissues throughout public areas. Trinity personnel will maintain these supplies in clinical areas (Sick Bay).
- Trinity personnel will maintain current fit testing for N-95 particulate respirators for Sick Bay and first aid personnel

Communication / Education

- Trinity will develop a sustainable and effective plan for communication and promotion of messages relating to CRI to internal audiences
- Trinity management will coordinate with customer's emergency preparedness personnel to develop an internal communication plan to allow immediate access

- to predefined groups of people, including “on call” staff, via e-mail, telephone, etc.
- Trinity will develop a sustainable plan to orient and educate staff regarding basic readiness activities, and a strategy for “just-in-time” educational activities to provide timely information in the event of a pandemic CRI.

Additional Preparedness Activities

- Trinity Safety Committee will meet approximately once per month
- Trinity will monitor communication from public health officials regarding changes in recommendations to screening criteria, and will communicate changes to clinical staff via some combination of e-mail, Intranet, or reporting

4. Level: GREEN

Confirmed efficient human-to-human transmission of potentially epidemic contagious respiratory infection present outside the U.S. and bordering countries (Canada and Mexico)

Summary: At the “GREEN” level, our basic activities remain similar to the “READY” level, except that there may be more focused surveillance and screening based on specific geographic and epidemiologic risk factors, and more aggressive forms of isolation may be required for suspected cases. Vigilance of all staff is required to identify potential cases of CRI remains critical. At the “GREEN” level, the following **additional** actions will be considered for implementation:

Access Control

- Trinity will consider the need to activate the policy on requiring personnel to wear visible identification in all Trinity facilities

Surveillance, Screening & Triage

- “Ask for a Mask” signs will be placed at all entrances, and in all meeting rooms, which may be modified to include specific risk factors for a specific CRI, and to encourage all persons entering Trinity or customer’s facilities to self-screen.
 - Persons who self-identify as at risk for the designated infection are instructed to don a surgical mask and should be directed to Sick Bay for a clinical evaluation
- Clinical staff will evaluate:
 - Patients who answer “yes” to new cough and specific risk factors for fever and other symptoms, using N-95 masks, gowns, gloves and eye protection
 - Patients who answer “yes” to new cough but do not have specific risk factors using droplet precautions
- Clinicians who suspect, after initial clinical evaluation that a patient may have a CRI should immediately consult with the Medical Director
- Trinity personnel must report any personal symptoms of fever or cough that occur during a specified time period. Trinity will maintain a list of personnel under surveillance for this reason

Infection Control / Precautions

- Airborne, droplet, and contact precautions are required for all contact with any patient who has been screened as a possible CRI, until such time that an alternate diagnosis is made

- Droplet precautions are required for all contact with any patient who has a new cough & fever, but no risk factors for CRI, until a diagnosis of a non-contagious respiratory illness, or an infection requiring a higher level of precautions, is made

Communication / Education

- At each Trinity Safety Committee meeting, the committee will review the need for communication with, or educational programs for Trinity and customers' personnel

Preparedness

- The Trinity Safety Committee may meet twice a month with the Medical Director, depending on the stability of the situation

5. Level: YELLOW

Confirmed human-to-human transmission of potentially epidemic contagious respiratory infection documented in the U.S. or bordering countries (Canada and Mexico)

Summary: At the “YELLOW” level, the CRI is closer to home, and may pose a more real threat. Vigilance of all to identify potential cases of CRI remains critical. At the “YELLOW” alert level, rapid changes in the epidemiology of disease and the level of threat to Trinity and Trinity-managed projects may be expected. The major change is that the Medical Director and the Safety Committee become more active so that a rapid change to a higher level of alert is possible. The following additional activities will be considered:

Access Control

- Trinity will consider the need to activate the policy on requiring personnel to wear visible identification in all Trinity facilities

Surveillance, Screening & Triage

- Expand screening and triage of patients and employees, with regular review of need to modify or add specific risk factors
- Continued use of posters to promote screening visitors and vendors

Infection Control / Precautions

- No changes

Communication / Education

- No changes

Preparedness

- The Trinity Safety Committee may meet at least once a week to review surveillance data and new recommendations from DHS / CDC
- Trinity will evaluate the availability and appropriateness of disease-specific vaccine or preventive treatment

6. Level: CONTROLLED ORANGE

A case of CRI has been diagnosed on a Trinity-managed project, but there has been no documented nosocomial or community spread from this person to others.

Summary: When there is a patient with suspected CRI on a Trinity-managed project, because of the potential for transmission in the remote setting, the alert level immediately is raised to a form of ORANGE. At the “CONTROLLED ORANGE” level, more caution is needed, and Trinity’s activities shift from more passive to active control measures. The goal is to prevent nosocomial spread to employees and other personnel on the project. At this level, activation of a number of new measures is considered, relating to access, screening and clinical care, but there is an effort to maintain relatively normal operations on the project except in the area where a potentially infected patient is being cared for. The emphasis is on personal protection of staff and personnel, and a readiness to raise the alert level quickly if there is any indication of spread.

Access Control

- Limit visitors and other patients to areas where possible infected patients are convalescing
- Review need to restrict vendors, visitors & conferences.

Surveillance, Screening & Triage

- Modified “Ask for a Mask” signs remain at all access points and at all meeting rooms, which include specific risk factors for the targeted infection, to encourage all persons embarking on a Trinity-managed project to self-screen.
 - The Trinity Remote Duty Medic should be present during ALL orientations to facilitate self-screening, answer questions and direct personnel to Sick Bay for clinical evaluation, if necessary.
- Screening questions for patients and other rig personnel upon time of patient presentation will be reviewed and modified as needed in concert with the Trinity Medical Director.
- Personnel who have had contact with suspected patients should liaise with the medic and be screened daily for fever or respiratory symptoms.
- Surveillance data will be transmitted to Trinity for daily review.

Infection Control / Precautions

- No changes

Communication / Education

- Regular updates to Trinity personnel and Contractor’s points of contact via method as determined by the Trinity Safety Committee & Medical Director

Preparedness

7. Safety Committee / Operations / Medical Director will meet daily to review situation & strategies



8. Level: ORANGE

There is evidence of nosocomial transmission of CRI from known infected patients to other patients, employees or visitors on Trinity-managed projects, or there is human-to-human transmission in the geographical region or nearby.

Summary: "ORANGE" indicates a high level of alert, and should trigger restrictions on access to Trinity-managed projects, much more active screening, and a shift away from normal clinical operations. At the "ORANGE" level, Trinity will consider implementing each of the following additional actions.

Access Control

- All access to Sick Bay will be restricted to patients, catering staff (for cleaning) and clinical personnel.
- Personnel allowed on to the project must be screened for fever or cough and have their temperature taken and if cleared, are allowed access.
- Consider restriction of vendors & training programs, except those related to the epidemic disease

Surveillance, Screening & Triage

- Patients will be screened for a new cough developing over the last 10 days
- All personnel embarking on the projects will be actively screened by clinical staff for a cough or fever during the orientation process
 - Personnel who are identified to have fever and / or cough will be instructed to don a surgical mask, use waterless hand rub, and go to a designated evaluation location.
 - Trinity personnel who have fever and/or cough will be considered possible cases:
 - If at home, personnel should contact Medical Control for evaluation prior to coming to work.
 - If at work, personnel must contact the Operations Supervisor and Medical Director
 - Trinity will develop a tool to screen employees regarding need for evaluation, need for home isolation, etc.
- Trinity will continue to maintain a log of which employees have contact with epidemic patients, whether there are unprotected exposures, and the employee's health & work status daily

Infection Control / Precautions

- A N-95 mask and contact precautions are mandatory for all clinical staff having contact with any patient who presents with fever and / or a new cough, until an

alternate diagnosis is made. This includes personnel who conduct screening for embarking personnel.

- Adequate supplies of personal protective equipment, waterless hand rub, and tissues will be maintained throughout projects.

Communication / Education

- Daily or more frequent updates to Trinity personnel and its customers will be provided as determined by the Safety Committee / Operations / Medical Director

Preparedness

- Trinity Operations will meet with the Medical Director twice daily to review infection control surveillance data, clinic operations (e.g. number of screening evaluations being done), adequacy of new controls and revise the alert level as needed
- Trinity will liaise and advise with customers on a continual basis in regards to continuing operations and implied risk

9. Level: RED

There is evidence of untraceable or uncontrolled nosocomial transmission of CRI or there is widespread human-to-human transmission locally or in the geographic region.

Summary: “RED” indicates the highest level of alert, with extreme restrictions on access to Trinity-managed projects, and will most likely trigger a major shift away from normal project operations. The following additional actions will be considered:

Access Control

- Any personnel allowed onto the projects must be screened for cough & other criteria (as outlined in ORANGE) and have their temperature taken and if cleared, allowed to board the project
- Consider restriction of vendors & training programs, except those related to the epidemic disease

Surveillance, Screening & Triage

- Required daily for all persons entering facility (see ORANGE).

Infection Control / Precautions

- Trinity personnel will wear surgical masks and use frequent hand hygiene at all times while on board the project, and should require customer’s personnel to do the same.

Communication / Education

- Daily or more frequent updates to Trinity personnel and its customers will be provided as determined by the Safety Committee / Operations / Medical Director

Preparedness

- Trinity Operations will meet with the Medical Director at least daily to review infection control surveillance data, clinic operations (e.g. number of screening evaluations being done), adequacy of new controls and revise the alert level as needed
- Trinity will liaise and advise with customers on a continual basis in regards to continuing operations and implied risk

10. Suspected or Confirmed CRI Management Protocol

The following protocol will be adhered to when a patient has a new cough & risk factors associated with a specific epidemic contagious respiratory infection (CRI).

Principles to Follow when Caring for CRI Patients

- Minimize health care worker's contact with the patient
- Protect health care workers during contact with the patient
- Minimize opportunities for exposure to other personnel

Key Points

1. Personnel should give the patient a mask to put on covering their nose and mouth and place patient in Sick Bay. The goal is to minimize the amount of time that the patient is in common areas.
2. Personal protective equipment (PPE) is required for anyone present in sick bay to see the patient. This includes gown, gloves, eye protection and N-95 mask.
3. The clinician will evaluate the patient to confirm that the patient has a fever > 100.4° F, respiratory symptoms and risk factors for CRI. If the provider confirms this, s/he should contact the Medical Control Physician immediately.
4. The Medical Control Physician will consult with clinician to confirm the suspect case and plan further evaluation.
5. If the patient is considered to be a suspect case of CRI and needs further evaluation, during any movement the patient should wear a surgical mask and avoid crowded common / public areas. If a clinician accompanies the patient, they are required to continue to wear PPE.
6. The patient will be required to remain in Sick Bay until a decision regarding disposition is made. If the patient needs to leave Sick Bay, the clinician is responsible for notifying the project manager, and patient will have to remain isolated for airborne and contact precautions for an amount of time determined by the Medical Control Physician. The PPE will go with the patient when they leave Sick Bay. Other personnel who have contact with the employee should be kept to a minimum.
7. If the patient is stable and does not need medical (urgent or routine) evacuation from the project, the clinician must coordinate appropriate medical follow-up and surveillance.

8. If the patient requires medical evacuation, the clinician must notify the transporting agency that the patient requires airborne & contact precautions. The clinician who has been caring for the patient should continue to wear PPE until the patient has been transferred.



11. Suspected or Confirmed CRI Project Management Protocol

This plan will be executed when a patient is believed to meet the criteria for an epidemic CRI and required intermediate-term care on the project prior to transfer.

Principles to Follow when Caring for CRI Patients

- Minimize health care worker's contact with the patient
- Protect health care workers during contact with the patient
- Minimize opportunities for exposure to other personnel

Criteria for IP

- Patient will be cared for prior to transfer when medically necessary, and not solely for the purpose of isolation

Patient Placement

- Patients should remain in the Sick Bay
- If the number of CRI patients exceeds the bed space in Sick Bay, patients with known CRI may be cohorted.

Patient Transport

Guidelines for moving CRI patients:

- The clinician caring for the patient will assist with transport while on the project, as needed.
- The patient must wear a surgical mask over their nose and mouth during transport.
- Clinicians who are transporting the patient should wear gloves, N-95 mask, eye protection & gown.

Protective Equipment

Anyone entering the room must wear respiratory protection appropriate to the disease. If the disease is transmitted via the airborne route then the following is required.

- N-95 mask (must have been fitted and trained per Respiratory Protection Program) and eye protection.
- Everyone must wear gloves and a gown.

When leaving the room the PPE will be removed just outside the door. Remove PPE in the following order.

- Untie the gown's waist tie
- Remove gloves and dispose of them in trash
- Remove eye protection handling them by side pieces and place in disinfectant
- Remove mask handling it by the head straps and dispose of in trash

- Untie neck ties of gown and carefully remove gown turning sleeves inside out as arms are pulled out, place gown in trash
- Put new gloves on and disinfect eye protection
- WASH HANDS before doing anything else.

All of the PPE that are either disposable or single use should not be reused.

N-95 masks will not be reused. They will be disposed of in the trash as soon as they are removed.

Room Setup

Only essential equipment should remain in the room. Equipment brought in the room should be left in the room for use only by that patient. Equipment that cannot be left in the room must be disinfected before it is used for any other patient.

Linen requires no special precautions. Used linen should be handled as little as possible. It should be carefully rolled together in a manner that avoids shaking, and placed in linen bags.

Trash requires no special precautions. Routine waste should be placed in the regular trash bags. Any waste that is saturated with blood or body fluids must be disposed of in accordance with the Bloodborne Pathogen program.

The Sick Bay should be cleaned daily and as needed by housekeeping / catering staff. While the patient is present in the room cleaning personnel must wear N-95 masks, eye protection, gloves and gowns. Routine cleaning with a disinfectant is adequate. When the patient is cleared to leave the room, the room should be left closed for an hour, and then personnel may enter without masks to clean

Staffing

The goal is to limit the number of personnel who enter the room while providing appropriate safe care for the patient.

Personnel are expected to participate in the care of CRI patients as needed.

Staff members who care for a CRI patient while on duty should shower immediately after coming off duty.

Employee Surveillance

Personnel who enter the room or have had close contact with the patient should be tracked by the project medic. All personnel entering the room, or who have had contact with the CRI patient must have their contact information added to a current list kept by the medic. These personnel will be followed by the duty medic for symptoms of the

disease. Trinity will develop a disease-specific protocol for close monitoring of all employees who have had contact with the CRI patient.

Visitors

No visitors should be allowed to the Sick Bay. Other personnel may contact the patient via telephone.

Special Situations

Cough-inducing or aerosol producing procedures (intubation, nebulizer treatments, suctioning) should not be performed unless absolutely necessary. If they must be done, every precaution should be taken to limit the aerosol production. An absolute minimum number of personnel should be in the room. All personnel must observe isolation precautions.

To the extent possible all tests and procedures should be done in the room where the patient is staying. Rooms and equipment must be appropriately cleaned after the patient leaves and before other patients are seen.

In the event of a cardiopulmonary arrest, the number of people present in the room should be minimized and they must wear all appropriate PPE (N-95 mask, eye protection, gloves & gown). Equipment and supplies must go in only one direction, and all surfaces must be cleaned prior to use on other patients.

Cohorting of Patients and Personnel

If there is significant of CRI transmission on the project or frequent unprotected exposures, then patients and personnel may need to be cohorted in separate areas of the facility according to their exposure status:

- No exposure
- Unprotected exposure but no symptoms
- Unprotected exposure with symptoms but do not meet the CRI case definition
- Symptoms that meet the CRI case definition

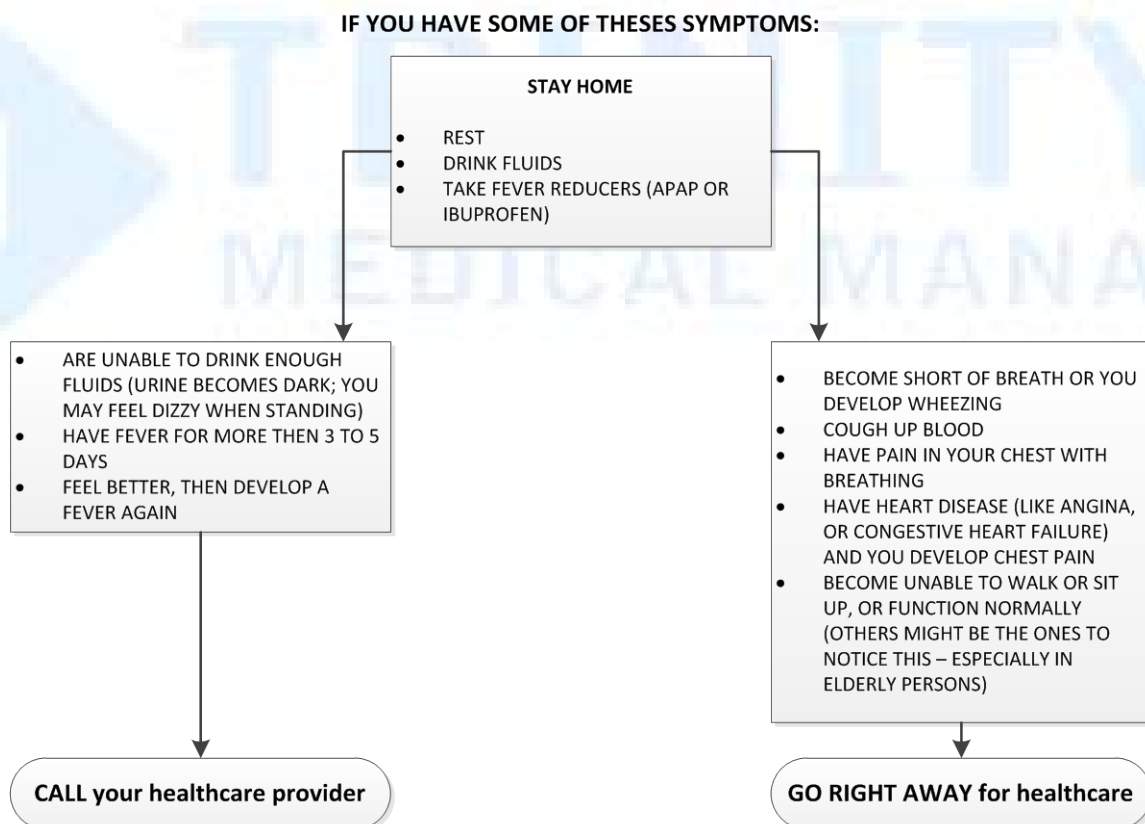
12. Self-Triage Algorithm for Persons with Influenza Symptoms

You may have influenza (flu).

When should you seek additional help from a healthcare provider?

The symptoms of influenza are:

- Fever – low (99° F) to high (104° F), usually for 3 days, but may persist for 4 to 8 days. Sometimes fever will go away and return a day later.
- Aching muscles
- Cough
- Headache
- Joint aches
- Eye pain
- Feeling very cold or having shaking chills
- Feeling very tired
- Sore throat, runny or stuffy nose



13. Home Care Guide for Influenza

A person with influenza will often become ill very suddenly. Fever and the worst symptoms often last three days, but sometimes last as many as eight days. The person may feel weak, tired, or less energetic than normal for weeks afterward, and may have a long-lasting hacking cough.

Common Symptoms

- Fever – low (99° F) to high (104° F), usually for 3 days, but may persist for 4 to 8 days. Sometimes fever will go away and return a day later.
- Extreme fatigue
- Muscle and body aches; Joint aches
- Feeling very cold or having shaking chills
- Eye pain
- Sore throat
- Runny or stuffy nose
- Dry cough initially, may become a deep, hacking and painful cough over the course of several days
- No appetite for food or desire to drink fluids

Supplies to have on hand:

- Thermometer
- Acetaminophen & ibuprofen
- Cough suppressants / cough syrup
- Drinks – fruit juices, sports drinks
- Light foods – clear soups, crackers, applesauce
- Blankets; warm covers

Caring for a person with influenza:

- Comfort measures
 - Have the patient rest in bed
 - Allow the sick person to judge the amount of bed covers needed; when fever is high the person may feel very cold and want several blankets
 - Give acetaminophen or ibuprofen according to the package label or a healthcare provider's direction to reduce fever, headache, and muscle, joint or eye pain
- Fluids – give frequently, extremely important to replace body fluids that are lost as a result of fever
- Feeding
 - Give light foods as the person tolerates: fluids are more important than food, especially in the first days when the fever may be the highest

When to seek additional medical attention:

- If the person is short of breath or breathing rapidly at rest
- If the person's skin is dusky or bluish in color
- If the person is disoriented ("out of it")
- If the person is so dizzy or weak that standing is difficult (in a person who was able to walk prior to the illness)
- If the person has not urinated in 12 or more hours.

14. Supplies Recommended for Project Pandemic Preparedness

Consumable & Durable Supply Needs

- Consumable Resources (Consider stockpiling a 4 week supply)
 - Hand hygiene supplies (anti-microbial soap and alcohol-based [$<60\%$], waterless hand hygiene gels or foams)
 - Disposable (fit-testable) N95 particulate respirators
 - Surgical and procedure-type masks
 - Gowns
 - Gloves
 - Facial tissues
 - Morgue packs
 - IV equipment
 - Syringes & needles
 - Respiratory care equipment
 - Portable oxygen
 - Regulators and flow meters
 - Oxygen and ventilator tubing, cannulae, masks
 - Endotracheal tubes, various sizes
 - Suction kits
- Medications (Consider stockpiling a 4 week supply)
 - Nonsteroidal anti-inflammatory drugs (NSAIDs), pill & liquid forms
 - Acetaminophen (pill, suppository, liquid)
 - Antibiotics
 - Antivirals (oseltamivir)
 - Vaccines (pandemic and seasonal influenza, pneumococcal)
 - Vasopressors
 - Benzodiazepines
 - Bronchodilators
 - Oral rehydration mix packs
 - Cough suppressants

Items to consider in home care kits:

- Thermometers
- NSAIDs or acetaminophen
- Cough suppressants
- Surgical or procedure-type masks for the patient to wear around others and for care providers to wear around the patient
- Printed home care instructions, including Trinity / company contact information and information about symptoms that should prompt the patient to see a healthcare provider.