

Standard Operating Procedures

I. Qualifications/Certifications/Training

Paramedic Requirements for Deployment

Physical Requirements

Remote paramedics must be in excellent health and possess stamina and endurance. Fitness standards and physical assessment determinations may be required and vary by assignment. Some location assignments may require a mandatory fitness test prior to placement. The work is physically and mentally demanding. Lifting and moving equipment weighing in excess of 50 pounds is a routine job duty. Lifting and moving patients in various environments may also be required.

Mental Health Considerations

Remote paramedics must be able to multi-task, make accurate, independent judgments and follow oral instructions in high stress, dynamic environments. Well-developed stress management skills are essential.

Other Considerations

Access to higher level medical providers, diagnostic equipment, and laboratory support is unreliable in the remote environment. Personnel with medical conditions that require access to these resources or which may result in impaired function create a danger for the employee and place the crew for which he or she is responsible at an unacceptable risk in the remote environment.

Continuing Obligation to Report Medical Conditions and Prescription Medication Use

It is essential that paramedics maintain excellent health. Therefore, you must notify Trinity Medical Control of any and all medical conditions which could affect your ability to function as a Trinity paramedic in a remote environment. This includes notification about medical issues or concerns which may reasonably affect safety or performance regardless of the absence of a formal diagnosis.

Furthermore, you must report to Trinity Medical Control any and all prescription medications used for any physical or mental condition. It is your responsibility to keep this information up-to-date. All medical information provided to Trinity will remain confidential. A form for submitting this information is available herein.

Human Resource Paperwork Requirements

Human Resources must verify that all required documents and all paperwork is completed and on file in the Trinity office before an employee can be deployed to a worksite. It is the employee's responsibility to provide all documentation and to complete all paperwork.

Required Licenses and Certifications Documents:

- Copies of Certifications (front and back)
- National State Registry*
- State Paramedic*
- ACLS*
- PALS*
- CPR*
- PHTLS/ITLS/BTLS*

Specialty Certifications

The Medical Director, Paramedic Division Manager and Training and Compliance Manager will determine if additional certifications are required for particular assignments. It is the employee's responsibility to provide documentation of additional certifications.

Training/Testing for GOM Deployment

- Rig Pass
- HUET
- HLO
- Online Testing Modules
- TWIC
- Field Training

Training/Testing for International Deployment

- Rig Pass
- BOSIET
- HLO
- Online Testing Modules
- TWIC
- Passport
- Field Training

Online Training Website

Trinity Medical Management conducts monthly, online training through the website www.ems-ce.com. This program is designed for the remote paramedic to receive literature based training and education each month through selected courses to keep the paramedic current on new procedures and literature. This a continuum of training pre-determined by the Medical Director, the Training and Compliance Manager or the Paramedic Division Manager. There will be a notification email sent monthly to inform you of the selected course. You should read the course and take the corresponding test. The website does issue CEU's for completing each course. This program is NOT intended for recertification process. The Training and Compliance manager will oversee all aspects of this program.

Steps for online training:

- Log on the website : <http://www.ems-ce.com/>
- Select desired course
- Read material
- Take the test

At the end of each month the Training and Compliance Manager will review the progress of the monthly training. You will receive login and password information from the Training and Compliance Manager.

Maintaining Current Copies of Certifications on File

You must provide copies of current licenses and certifications to Human Resources.

Online Testing Modules

Online testing modules are available through the Trinity website found at <http://www.trinitymedicalmanagement.com/>. You will be given a login and password during the hiring process. Before you finish the orientation program, you are required to complete the online training and testing modules. These modules are as follows:

- Fall Protection
- Eye Protection
- Drug Awareness
- Respiratory Protection
- Lockout/Tag out
- Confined Space Entry
- Hearing Conservation
- Hazard Communication
- Harsh Environment Survival Techniques
- Back Awareness
- Respiratory Fit testing
- HIPAA

These testing modules are designed as a continuing effort to ensure that you have a broad understanding of the offshore environment and that you are trained to recognize the risks and hazards associated with the duties you will be expected to perform. Additionally, the testing modules provide verification of training required by the customer. New tests will routinely be added in order to meet the needs of new customers.

Procedure for preparing the employee to operate offshore:

1. All HR forms and procedures are completed.
2. The certifications are checked by Human Resources.
3. Any additional classes needed are scheduled at this point.
4. Employee is assigned to a site and training classes are scheduled.
5. Online testing modules completed.
6. Rig Pass completed.
7. TWIC card acquired for personnel working offshore.
8. Passport acquired.
9. HUET class for Gulf of Mexico.
10. BOSIET for international assignments.
11. HLO class scheduled.
12. In-house training and orientation completed.
13. Field training is completed.
14. Proper documents are signed and employee is ready for assignment.

Gulf of Mexico

Procedure for preparing a paramedic for the Gulf of Mexico:

- Slideshow Orientation
- Rig Pass
- HUET
- HLO
- Online Testing Modules
- TWIC
- Pre-Deployment Checklist
- HR Checklist
- Field Training

International Assignments

Procedure for preparing a paramedic for international assignments:

- Slideshow Orientation
- Rig Pass
- BOSIET
- HLO
- Online Testing Modules
- TWIC
- Passport
- Pre-Deployment Checklist
- HR Checklist
- Field Training

IADC Rig Pass Program

The IADC Rig Pass program provides the remote employee with a basic understanding of offshore safety and emphasizes practices which follow OSHA's guidelines for safety. The program can be completed on line through the Trinity web site.

The Curriculum is as follows:

- Module 1. Safety Orientation for Drilling and Oilfield Employees
- Module 2. Introduction to Oilfield and Drilling Operations and Equipment
- Module 3. Drilling Crews and Oilfield Support Duties and Responsibilities
- Module 4. Working Smart
- Module 5. Hydrogen Sulfide Safety for the Oilfield Industry

New Hire Power Point Presentation

Outline of the presentation:

- Meet the staff
- Required Documentation
- Transportation to and from assignments
- Different types of rigs
- How offshore drilling works
- Offshore terminology
- Chain of command
- The derrick and drill floor
- The derrick and drill floor terminology
- Training
- Required paperwork during hitch
- STOP Cards
- JSEA forms
- POB program
- Form 101
- Crew change

This slideshow designed to educate an employee who has no offshore experience. It explains the process of working offshore and describes the typical offshore environment. This slideshow is available for the employee at any time. The Training and Compliance Manager and the Paramedic Division Manager are available to answer your questions about the material.

II. Crew Change Procedures

Reporting for crew change by Airport, Helicopter or Boat

After you receive a remote assignment, you will be given the appropriate dock, helipad, or airport information. You will also be told when your crew change takes place. At a minimum, you should arrive two hours early. On occasion, your relief may be delayed. You should not leave your job assignment until your relief has arrived. Once you become aware that your relief will be delayed, contact the operations manager immediately. Notify the operations manager immediately if you are delayed in arriving at your assignment or you need early relief. Abandoning an assignment before relief has arrived may result in termination of your employment.

BY BOAT:

1. Arrive early
2. Check in
3. Provide Rig Pass ID
4. Board the boat
5. Sign in
6. Arrive to rig
7. Sign in

Boat rides for crew change are usually for transports that take less than two hours. Arrive at the dock and sign in at the office. You will be asked to show an ID and TWIC card. You are subject to a breathalyzer test and a search of your belongings. Illegal drugs, alcohol, and any type of weapons are prohibited. You will be denied access to crew boats if any of these items are found in your possession. Upon arrival at the rig, you will be hoisted to the rig by a crew basket. Attempt to be on the second or third basket up. This allows you to spend as much time as possible to coordinate change over information with the off-going Trinity employee/medic.

BY HELICOPTER:

1. Arrive early
2. Check in
3. Provide Rig Pass ID
4. Watch safety videos
5. Bag/Person checks
6. Arrive to rig
7. Sign in

Helicopter rides are usually for transports to worksites that are farther off of the coast. For helicopter transportation to a remote site, you should arrive at least two hours early. This will allow for any last minute changes such as weather, etc. You will be required to show a picture ID and TWIC card. Your weight and that of your bags will be determined. You are subject to random drug and breathalyzer tests at the helipad. Do not drink any alcohol within 24 hours before your crew change or you will not be allowed to board the helicopter. In addition, you are subject to a search of your belongings and person. Illegal drugs, alcohol, and any type of weapons are not permitted and you will be denied access to the helicopter if any are found.

By Airport:

The policy for traveling from the airport is the same policy if you were traveling on vacation.

- Arrive early.
- Check in.
- Provide Rig Pass ID
- Board you flight.
- Do not consume alcohol.
- Upon arrival at your destination, report to work.

These flights are typically for international assignments. Travel can take up to three days in each direction. Remember, do not consume alcohol or carry any illegal substances. You are not allowed to carry weapons or materials that could be considered a weapon into an airport. . Breach of this policy could result in denied access or criminal charges.

III. Uniform and Appearance

- Employees must maintain a good physical appearance.
- Employees must wear approved Trinity Medical Management uniform.
- Employees' hair must be groomed and neatly kept.
- Employees must not have any extreme facial hair growth. Facial hair must not interfere with obtaining a seal on a mask respirator.
- Employees must attempt to hide any offensive or extreme tattoos.

Wearing the proper uniform ensures that employees maintain a professional appearance and are easily recognized as the Medical Person in Charge. Arriving personnel should be able to easily recognize the medic/safety officer for the work site. Ease of identification will facilitate safety briefings and room assignment activities. Trinity Medical Management strictly enforces standards for appearance and professionalism.

IV. Safety and On the Job Injuries

Personal Protective Equipment (PPE)

The PPE you will have in possession before reporting to work:

- Steel toe work shoes/boots.
- OSHA approved hard hat.
- ANSI approved safety glasses/eye protection.
- Proper hearing protection.

PPE, when required, must be worn. Any outside activity requires a hard hat, steel toe boots, and eye protection. All other PPE required at the remote site will be provided on location by Trinity or the contractor.

The above requirements apply to all personnel at the remote site. You may be required to give the safety orientation and ensure that all persons have the required PPE for their duty assignment. For drilling rig assignments, these supplies can be ordered through the barge engineer's office.

If you are hurt on the job, follow these steps:

- Report the injury to the Paramedic Division Manager and your offshore supervisor within one hour of the injury.
- During your treatment, you will be given a drug/alcohol screening test. If you refuse to take the test or fail the test, you may be responsible for any medical expenses incurred and your employment will be terminated for safety violations.
- After treatment, you will need to report back to Trinity and complete the necessary form.

If any on-the-job work injury occurs after office hours or on the weekend, call Medical Control and report the injury. You will also be advised where to report for treatment.

V. Rig Procedures

Required Forms, Logs and Documentation

Start of Hitch Forms 
C:\Documents and Settings\jmar

End of Hitch Forms 
C:\Documents and Settings\jmar

Weekly Patient Treatment Logs 
C:\Documents and Settings\jmar

Weekly patient treatment logs should include all patients you treated and evaluated as well as patients who only required over-the-counter medications.

These weekly logs are designed to provide a variety of information to the customer. The patient's first and last name should be on the log unless the patient's condition is **not** work related **AND** you do not have a HIPAA authorization on file. Then you should only use initials. However, this situation should be extremely rare because you should routinely get a HIPAA Authorization forms.

You must fax or email these forms to the Trinity Medical Management office every Friday. You might need to fax these logs to additional personnel at the end of each week. That will depend on the customer and worksite to which you are assigned.

You are required to file these forms on your rig in the corresponding folder after they have been forwarded to the correct personnel. This procedure is in place for medical management reasons as well as documenting patient care.

Time Sheets 
C:\Documents and Settings\jmar

- Fill out name in header box.
- Fill out rig assignment.
- Enter the day of week crew change.
- Enter the start and end payroll periods.
- Enter date, project name, hours, overtime and position of rig.
- Fill out expense report box if you have expenses.
- Enter mileage.
- Sign and date.
- OIM signature required.
- Fax or scan/email to the office at the end of the week.

It is your responsibility to fill out the time sheets accurately and timely. All signatures are required for the time sheets to be processed. The office will send out reminders close to the end of the week. **However, it is your responsibility to submit your time sheet. Failure to so on a timely basis could result in a delayed or incomplete pay check.**

Note that Trinity Medical Management only pays for mileage from the office to the dock.

Overtime Verification

The OIM must approve any overtime.

Job Sheets

You should always have a job sheet for your rig. It should be posted in the radio room and wheel house. You should give a copy to the company man. This sheet contains all of your evacuation information. You must notify the office **EVERYTIME** your rig moves. Office staff will generate a new job sheet based on your new location. The updated sheet will be emailed to you. It is your responsibility to make sure your job sheet is accurate and current. Contact the office immediately if there are any problems with your job sheet.

Management Structure

There is a management structure and chain of command for offshore operations which must be followed at all times.

RIG MANAGER

OIM

Tool pusher

Barge Engineer

Mechanics-Electricians-Motorman-Welders

Medic

DRILL CREW

Driller

Assistant Driller
Roughnecks

CRANE CREW

Senior Crane Operator

Crane Operator
Roustabouts

The rig manager makes the final decisions on the all aspects of the rig. The OIM (Rig Superintendant) oversees the rig and all aspects on a day to day basis. Next in authority is the Tool pusher. There are two people assigned to this position. One works a day shift and the other works a night shift. The Tool pusher is the immediate supervisor to the drill crew and crane crew. The drill crew is led by the Driller and the positions follow as stated above. The crane crew is led by the Senior Crane Operator and the positions follow as stated above.





VI. Sick Bay/Infirmary Procedures

Appearance/ Cleanliness/Organization

The sick bay at your job site is subject to an inspection/audit without notice. You must possess a working knowledge of the clinic and inventory. You are expected to keep the hospital clean and be prepared to respond to medical issues without hunting for supplies or equipment. You are expected to maintain a professional appearance and provide the highest level of care,


Inventory and Clinic Orientation

Steps to follow upon arrival at your assignment:

1. Site inventory checklist domestic.  C:\Documents and Settings\gmar
2. Site inventory checklist international.  C:\Documents and Settings\gmar
3. Narcotic inventory and waste form.  C:\Documents and Settings\gmar
4. Start of Hitch Checklist
5. Over- the-counter medication checklist.  C:\Documents and Settings\gmar

****These forms can also be found under the start of hitch forms folder on your desktop.****

At this point, replace expired medications or damaged equipment through the following steps:

6. Fill out Trinity order form for medications/equipment if necessary.  C:\Documents and Settings\gmar
7. Fill out the contracting company's order form for OTC meds if necessary.
8. Fill out the narcotic inventory and waste form if necessary.
9. Fax or scan and email the Trinity order form to the Paramedic Operations Manager.
10. Hand-deliver the contracting company's order form to the appropriate person on the rig.

When you arrive to your worksite, you must complete a thorough inventory and equipment check. Check-off forms are provided for you as a guide to familiarize yourself with the various types of inventory we have in the clinic and jump bags. These forms should be emailed or faxed to the office.

Orientation to the work site is done as part of your New Hire training. You must continue to familiarize yourself with the work site beyond the initial training period. As the company grows and our field evolves, we will continue to update equipment, supplies and tools in order to improve the service we offer to our customers. You will receive many of the changes by email. You are required to know which medications, and/or equipment that should be taken in or out of service, Modifying the clinic and jump bags to meet current needs is a clear requirement for employment. **Check your Trinity email account often.**

Ordering of supplies and equipment should be done at the beginning of your hitch. Trinity requires that medications be ordered for replacement 90 days prior to expiration. No medication is to be disposed of until a replacement medication has been provided to the work site. As you go through your inventory, make a list of all medications nearing expiration. Because of the shifts we work, the medications may take an additional two weeks to arrive on location. Therefore any drug that expires within the month that your hitch begins should be marked as expired and the replacement should be ordered. Fax the order form to the office. The supplies will be sent to your rig.


In many cases, OTC medications are provided by the contractor. In those cases, OTC medications should be ordered through the barge engineer's office. The barge engineer will give you an inventory order sheet that will detail the medications that can be ordered through their warehouse.

Trinity requires that you demonstrate the ability to respond to medical issues at all times. Therefore, your rig is subject to an audit/inspection without notice at any time. You must have a working knowledge of both the clinic and inventory. You must maintain a clean and functional hospital. Trinity expects you to maintain a professional appearance as well provide a high level of care.

Receiving Supplies

Upon receipt of ordered medications and/or equipment, the expired/damaged supplies should be replaced with the new supplies. The procedure for disposal of medication is as follows:

- Remove the expired drugs from inventory.
- Replace the old medications with the new medications.
- Place the expired medications in a separate box for transport.
- Create a manifest listing the medication, lot # and expiration date. Email to office.
- Determine the designated method and disposal site for expired or contaminated medical supplies. The method and site is will vary by assignment and might change periodically.

Narcotics are handled the same way except that they are wasted on location in the presence of the OIM or tool pusher. The narcotics inventory and waste Form must be filled out immediately. The signature of the OIM is required. The narcotics are sent to the rig with a narcotic transfer form  that is signed by the Medical Control doctor. Once the narcotics and narcotic transfer forms arrive, the forms are to be signed by the receiving medic and OIM. This form will be placed in the correct folder on your rig and the signed copy scanned and emailed to the office.

Steps for Narcotics Disposal:

1. Contact the OIM and have him meet you in the clinic.

2. Break open the ampoules and waste the medications in the sink.
3. Replace the expired meds with the new meds.
4. Have the OIM sign the appropriate paperwork.
5. Sign the narcotic transfer form and file in the correct folder.

You are not to waste medication under any circumstance without the presence of the OIM. These procedures and the accompanying documentation are mandates from the Drug Enforcement Agency and the United States Coast Guard. These procedures must be strictly adhered to.

Narcotics must be locked in a lock box. The box is to be stored in a locked cabinet. It takes two keys to simultaneously unlock the controlled drugs. The medic has one key and the OIM has the other. The medic shall not open the lock box without the OIM being present. This procedure is in place to safeguard both the narcotics and those who have access to them. **YOU ARE NOT** to accept control of the second key.

Verification of non-tampering of narcotics is to be performed as a first step upon arrival at location. You are to examine the containers carefully. Utilize strong lighting and magnification to assure the absence of tampering. Discolored or cloudy material should be reported to the Trinity office immediately.

Procedure for bio-waste materials

You must create a manifest listing medications/biohazard substances which require removal from the installation. The substance, quantity, lot number and expiration dates should be included. Email this document to the Trinity office. Package the expired medications and arrange with the Barge Engineer to have the package sent to the appropriate disposal site. If the disposal point is unknown, contact the Trinity office for instructions. Please mark this box "Expired Medications to be Destroyed." If you are removing a sharps box, seal the box and put it in two red bags that are sealed and then in a box. Label the box "Biohazard to be Destroyed." The box will then be stored there temporarily until picked up by the disposal company for incineration.

Packaging, IV tubing and IV bags not contaminated with blood or specialty medications can be disposed of through the general trash management system. Elastic bandaging and other materials which have not been contaminated with biological fluids can be disposed of through the general trash system.

Under no circumstance is any medication to be dumped, flushed or placed in the general waste system. This excludes narcotics which are to be disposed into a sink as a witnessed and documented event as listed previously in the narcotics section.

Medication entry and exit from an installation should be demonstrated clearly in the worksite records. A copy of these records must be sent to the office for electronic storage.

VII. Patient Procedures

How to Contact Medical Control

There are three options for contacting Medical Control for patient consults. You should try these options in order. After contact is made, advise the operator that you have a patient and that you need to speak to a physician.

- Call the office at (225) 769-4983
- After Hours the phone should roll to the medical exchange. The exchange has a call list and should be able to reach an alternate physician if the primary call physician is unavailable for any reason. Direct dial number for the exchange is (225) 215-5049.
- For emergencies or if phone service access to your site is limited- **REQUEST A DIRECT CONNECT AND STAY ON THE LINE.**
- For non-emergency medical consultation, leave a call back number and make sure to leave the line clear for a call back. For international calls, give the exchange or office a US call back number if one is available. For non-emergency medical issues in which you have elected to have a call back, if no response is obtained in 10-15 minutes, assume phone problems, call back, and request a direct connect.
- If you still cannot reach Medical Control, try the on-call physician at the phone numbers listed below.

Dr. Wilkerson

- cell: (225) 281-4000
- cell: (225) 436-8823
- home: (225) 767-8002

Dr. Depp

- cell: (225) 278-6731
- office: (225) 769-9631
- home: (225) 767-1815

Contacting the Managers

You can reach the Paramedic Division Manager by using one of three options. Use these options in order if possible.

Paramedic Division Manager

- email: dslattery@trinitymedicalmanagement.com
- office: (225) 769-3248
- cell: (704) 654-5726

If it is an urgent manner in which you need to get in touch with the operations manager you are allowed to bypass these steps and go straight to cell phone contact.

You can reach the Training and Compliance Manager by using one of three options. Use these options in order if possible.

Training and Compliance Manager

- email: tring@trinitymedicalmanagement.com
- office: (225) 769-3248
- cell: (817) 889-2501

Contact the training and compliance manager for help or questions regarding any training or compliance issues.

Contacting the Paramedic Division Manager when Medical Control is unavailable

If you are not able to contact Medical Control for patient consults, notify the Paramedic Division Manager.

Acceptable situations are:

- Office phone is out-of service.
- Answering service is out-of-service or unavailable.
- Cell phone service to the physician is unavailable.
- The physician is physically unavailable to take the call.
- The physician may be taking multiple calls.
- Natural disasters.
- All attempts to reach the physician have been exhausted.

While these situations are rare, they do occur. Regional back up physicians are available during natural disasters, telephone issues and situations where multiple patient accidents are developing on other installations.

When to contact Medical Control

Early notification of Medical Control is necessary for the best possible patient outcome. This section provides guidance on when medical control input is recommended and lists information required for a typical consult.

The first steps are as follows:

- Determine the patient's need(s) and chief complaint(s).
- If necessary perform a physical assessment.
- Determine if situation is a medical emergency.
- Determine if situation can be handled with OTC medications.
- Determine the timing of appropriate Medical Control contact.

Guidelines for contacting Medical Control are as follows:

- An obvious need for a physician consult;
- If the patient's vital signs or physical findings are not consistent with the request for care;
- If you are unsure about the MOI/NOI;
- Any time a prescription medication is needed;
- Any time a physical intervention is needed;
- If you have questions about the patient's medical status or if you have suggestions regarding treatments;
- After the patient returns to work from being sent to a land based medical facility;
- If the patient refuses medical treatment.

Any time there is a medical need beyond distribution of OTC medications, you must contact Medical Control. After consultation, you are to perform the treatment recommended by Medical Control. A follow up consult is required after the treatment is performed. Follow up information is to be relayed to Medical Control via phone, or email as directed by the physician.

If the patient is sent from location for medical care, you must track the patient. Make sure you have a cell phone number for the patient and/or a person who is accompanying the patient. Also, if you are making the arrangements for this medical care, you must request that the treating facility do a DOT level drug

screen. Finally, you must ask the treating facility to contact Trinity Medical Control after the patient has been evaluated.

Upon return of the patient to the installation or site, verification of an appropriate return to work certificate is to be verified and a copy filed in the patient's records. Appropriate restrictions are to be accommodated and the OIM is to be notified of the restrictions.

Before distributing OTC medications you must get a set of baseline vital signs and document them. If the vital signs are not within normal limits for the patient, do not administer OTC medications. Consult Medical Control.

Medical Control is also to be notified if a patient refuses medical treatment.

Patient Encounter Reports


The steps for entering patient care reports are as follows:

- Determine the need for medical intervention.
- Contact medical control for physician's consultation.
- Perform medical procedures for patient as directed.
- Log into the Trinity Medical Management website.
- Enter the patient report.
- Assist the OIM with the form 101.

You must do an assessment on any person who requests medical attention and you must enter a Patient Encounter Report. Most patient care situations should be documented in a Patient Encounter Report. As a general rule, any time that you contact Medical Control, a Patient Encounter Report should be completed. The injury may simply be a minor cut or strain but it is essential that you document any and all injuries and sicknesses that occur at the worksite. Before treating any patient, complete a Patient Treatment Authorization and Acknowledgement form and have the patient sign and date it.

Patient Encounter Reports should be completed when:

- a work related injury or illness occurs;
- prescription medication is given;
- invasive treatment is administered (including use of sutures or other wound closure methods);
- A report of accident form is completed.

This report is required for OTC medication administration if the vital signs for that patient are not within normal limits. All HIPAA Authorization and Patient Treatment Authorization and Acknowledgement forms  should be completed prior to interventions if feasible. These forms should be sent to the Trinity office.

Patient Encounter Reports must be completed online through the Trinity Medical Management website. If you have technical difficulties entering the report you should try entering the report several times over several hours or days. If you still cannot enter the report online you should complete the paper report and send it to the office with an explanation of the reason the report was not entered online.

To access the patient care report database go to www.trinitymedicalmanagement.com.

- Go To employee login.
- Enter your username and password.
- Select tools and patient report.

Fill in all of the blanks or the program will not allow you to continue to the next page. If you need to add additional notes to the report as the patient care situation progresses, sign in to the program and select “SEARCH” at the right upper portion of the screen. You will then be able to enter the patient’s name and retrieve the report. At the bottom of the third page is an option to add a note. Click on ADD NOTE and you can now include additional information.

For patients who only require over-the-counter medications, you are to fill out a weekly treatment log with the corresponding information and fax or email the document to the appropriate personnel at the end of each week.

It is better to document in a report for an anticipated need than try and defend why a report was not completed when medical documentation is needed. A Patient Treatment Acknowledgment or Refusal form and HIPPA Authorization form should also be completed with each patient care report. The Patient Treatment Log must be updated to include every patient.

It is important that you complete your Patient Encounter Reports in a timely manner. Other than updating a POB most other rig related jobs can wait a few minutes while you complete your patient encounter report.

Notification of Rig Management

After completion of medical treatment, the OIM must complete forms that require information from your report. This form is typically called a form 101. The OIM may request assistance with this form. If requested to fill parts of the form, do not recreate the medical report. An incident report is not a medical document and is designed to list accident cause and a nonspecific documentation of level of injury.

The OIM should be notified immediately of any accident or injury. The notification policy includes second or third party employees temporarily assigned to your site. In situations where the OIM is unavailable or is not responding to his pages, you may notify the tool pusher on duty. This procedure is extremely important for you to follow. Many of the supervisors on the rigs are cross trained as CPR/BLS providers and you might find that some of them might be EMT-B level providers as well. Part of the medical process for treatment requires that supervisory level employees be notified. This helps you out in

the event that your hands are full and you can use these extra hands to make phone calls or help in the treatment process. The OIM will help in the decision process as a joint effort with Medical Control, the OIM and the paramedic.

For patients who only require over-the-counter medications, you are to fill out a weekly treatment log with the corresponding information and fax or email the document to the appropriate personnel at the end of each week.

HIPAA

HIPAA stands for Health Insurance Portability and Accountability Act of 1996. This federal law addresses the use and disclosure of individuals' health information, called "protected health information" ("PHI"), by organizations subject to the law. The organizations covered by the law are called "covered entities." The HIPAA Privacy Rule also sets standards for individuals' privacy rights and helps people to understand and control how their health information is used. Trinity is a covered entity under HIPAA and therefore must comply with its requirements. PHI is information, including demographic data that relates to:

- The individual's past, present or future physical or mental health or condition,
- The providing of health care to the individual, or
- The past, present, or future payment for the provision of health care to the individual,

and that identifies the individual or for which there is a reasonable basis to believe can be used to identify the individual. Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number).

Therefore, Patient Encounter Reports and Patient Treatment Logs completed by Trinity medics contain PHI which is subject to the HIPAA requirements. One of the major goals of HIPAA is to assure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public's health and well being.



HIPAA defines and limits the circumstances in which an individual's protected health information may be used or disclosed by covered entities. A covered entity may not use or disclose protected health information, except either: (1) as the HIPAA Privacy Rule permits or requires; or (2) as the individual who is the subject of the information (or the individual's personal representative) authorizes in writing.

A covered entity is permitted, but not required, to use and disclose protected health information, without an individual's authorization, for a variety of purposes. The following purposes or situations are most likely to be relevant to Trinity's operations. Trinity may disclose PHI without authorization from the patient:


- (1) To the individual who is the subject of the information
- (2) To other healthcare providers who may treat the patient

- (3) To someone we believe can prevent or lessen a serious and imminent threat to a person or the public
- (4) To comply with workers compensation information laws and other similar programs providing benefits for work-related injuries or illnesses

Individual patients who request to see their patient encounter report should be referred to their employer or to the Trinity office.

Trinity's Notice of Privacy Practices, sets forth other purposes for which we may release PHI. This policy allows disclosure of PHI for reasons beyond those set forth by HIPAA including employment operations. This provision allows Trinity personnel to provide an OIM or other management personnel with the necessary information to complete Incident Reports and other administrative/management reports and to make decisions affecting staffing as well as the health and welfare of the entire crew. Both the HIPAA Authorization form  and the Treatment Acknowledgement Release  form have the patient acknowledge that a copy of the Notice of Privacy Practices has been made available. However, the additional protections afforded to Trinity by the Notice of Privacy Practices may not be fully realized if the patient does not complete a HIPAA Authorization form.

TRINITY PERSONNEL MUST GET A HIPAA AUTHORIZATION FORM FOR EVERY PATIENT WHOSE NAME WILL APPEAR ON THE PATIENT TREATMENT LOG.

The completed forms must be either faxed to the Trinity office at 225 769-4984 or emailed to LaVonne Martin at lmartin@trinitymedicalmanagement.com. The HIPAA Authorization form together with the Notice of Privacy Practices clearly sets forth the PHI that Trinity may obtain and disclose and under what circumstances. **Trinity's Notice of Privacy Policy must be posted in every sick bay/infirmery where Trinity personnel work.** A copy of the notice must be available for any patient who requests one. 

Trinity personnel will make a good faith effort to have patients sign the HIPAA Authorization form and/or the Treatment Authorization or Refusal. If a patient refuses to sign the HIPAA Authorization and/or the Treatment Authorization or Refusal form, the medic should contact the Trinity office as soon as possible. **Trinity personnel shall provide appropriate medical care and treatment even if the patient refuses to sign the HIPAA authorization.** If a patient who refuses to sign the forms has a condition that is not work-related, the details of the condition, symptoms and treatment should be omitted from the Patient Treatment Log. The condition should be listed as "not work-related."

Any Trinity employee who is uncertain whether s/he may release PHI under the HIPAA rules should contact LaVonne Martin at the Trinity office. Also, any patient who has questions concerning HIPAA rules should be referred to the Trinity office.

Patient refusals

Steps to follow patient refusals:

- Notify OIM.
- Asses the patient.

- Notify medical control.
- Make patient aware of medical consequences of refusals.
- Fill out proper paperwork.
- Notify medical control after the situation is resolved.

If you are faced with the situation where the sick or injured person refuses care, there are forms for that person to complete and sign. These forms are to be kept on the desktop of the computer in the clinic. It is your responsibility to explain in detail the consequences that the person may experience if s/he refuses treatment. If the patient still refuses treatment, proceed with filling out the refusal forms.

The refusal form must be filled out completely and accurately. It is a legal, binding document that requires specific detailed information. After this form is completed, fax or email it to the Trinity office.

Follow up with Medical Control

After the patient returns to work from being sent to a treatment facility, you should call Medical Control for post care instructions.

The Procedure is as follows:

1. Upon returning to work the patient is to report directly to the medic.
2. Notify the OIM.
3. Review the post care instructions with the employee and OIM for directions on work detail.
4. Call Medical Control with the post care instructions and inform the physician of all details that you have been given by the patient.
5. Enforce the post care instructions for the patient.

This policy is in place for Medical Control to conduct medical management for the contracting company, as well as for the physician to complete his/her assessment and patient care reports. The OIM is to be notified because he has reports to be filled out as well. This information is important because the OIM, physician and medic all need to be on the same page for helping the patient recover quickly and being able to place the patient on the correct work detail. This policy is strictly enforced.

Patients Leaving the Work Site

1. Get the mobile numbers of patient and/or person accompanying.
2. Provide those numbers to the Trinity office.
3. Give patient your contact numbers as well as the Trinity office number.
4. Make sure the patient brings picture identification with him for drug screening purposes.

5. Stress to patient and anyone accompanying him the need to stay in touch with you and /or the Trinity office.
6. If patient is going to hospital/clinic and the Trinity office is not open, make arrangements with the treating facility to administer a DOT level drug screen. If there is a problem arranging the screen, notify Medical Control immediately.

Over the Counter Medication

Follow these steps when administering OTC meds:

1. Asses the patient to make ensure that vital signs are within normal limits for the patient.
2. Confirm that the patient is asymptomatic secondary to chief complaint.
3. Give the appropriate OTC medication and dosage.
4. Fill out required documents.
5. Fax or email the weekly treatment log to the appropriate personnel each Friday before noon.
6. Place the week ending form in the correct file on your rig.

VIII. Medic Treatment Guidelines (protocols)

The medic treatment guidelines or protocols are written procedures for the paramedic to follow regarding the treatment of the sick and injured. These are guidelines and are subject to change. They are available in a hard copy and in an electronic format.

IX. Briefing new arrivals

As new personnel arrive to your installation, you need to give the employee safety briefing covering the various hazards of the offshore installation. This is also the time you will get a medical history on the employee and discuss policies and procedures for use of prescription medication on offshore rigs.




Steps to this process include:

- Landing Helicopter/crew boat.
- Assigning arriving personnel to rooms.
- Assigning personnel to muster stations.
- Assigning personnel to life capsules.
- Ensuring that personnel have all PPE.
- Give an oral safety briefing.
- Show the safety video in video room.
- Check for prescription medications.
- Give work recommendations for employees on prescription medication.
- Fill out work recommendations form.

All people arriving on the rig are to go through this process. No matter whom they are. Many of the people coming to the rig are upper level management of the drilling companies. They do not have to view the video if they have an orientation card issued by their company. People will arrive on the rig regularly. Many of these people are rig auditors or safety personnel whose job it is to make safety procedures and processes are being carried out accurately.

Reporting Prescription Medications and Work Recommendations Form

Medical Information for Personnel Aboard Offshore Rigs

1. Everyone who will be on an offshore rig must complete a “Medical Information Form.” 
2. Explain to everyone completing the form the need to update the form if medical information changes.
3. Log in ANY prescription medication that someone brings aboard and reports. (see “Prescription Medication Log”) 
4. Complete a “Work Recommendation While Taking Prescription Medication” form for any person taking medication that poses a safety risk. Standard restrictions will be provided by Medical Control. If you are unsure or if you have questions, contact Medical Control. The completed, signed form must be sent to the Trinity office. The original should be maintained in the infirmary files. 
5. Do not take possession of anyone’s prescription medication or dispense anyone’s medication without permission from Medical Control.

6. If you do get approval from Medical Control to take possession of someone's prescription medication, you must keep a log to track when the employee takes the medication. (See "Patient Medication Log")

If an employee arrives with prescription medication, you must contact Medical Control with the prescription information. Medical Control will advise you of the recommendations, if any, for work for that employee. You will then fill out the corresponding paperwork and fax it to the office and give a copy to the OIM.

X. Safety Duties and Responsibilities

JSEA worksheets

JSEA worksheets are to be filled out by the crew daily and entered into a tracking program daily. Much like the stop cards process.

- Designate a computer for the crews to have access to the JSEA.
- Collect the JSEA worksheets daily.
- Review the JSEA for typing errors.
- Check to see if they need to be entered into the database.
- File the JSEA worksheet in the appropriate file

JSEA worksheets are forms that are typed of a step by step process for every task that is done on the rig. This includes a task as small as sweeping the floor, to the actual drilling process. Every time a load is lifted from the boat to the rig, there will be a JSEA worksheet filled out for that procedure. Each separate crew should have its own folder with JSEA forms to print off daily. These folders include Drill Crew, Maintenance Crew, Crane Crew, and 6-6 crew. You should collect these forms daily and file the worksheets in the correct file on the rig.

You may have the task of helping the crews modify theses forms to better fit the rig and crews. This process may be different on each individual rig, but the core roles still apply industry wide.

STOP Card Program

Stop cards are an industry tool that tracks safe and unsafe acts witnessed by rig personnel.

These are the steps for entering stop cards:

- Collect stop cards daily.
- Review stop cards with OIM.
- Make any changes deemed necessary by the OIM.
- Enter the stop cards on the appropriate program.
- File the stop cards in the corresponding folder on your rig.

Stop cards are to be entered every day so that an accurate record can be kept of safe and unsafe acts observed. This program is to help identify hazards and to correct these hazards. Through training and personal interaction with the crew, the unsafe acts should be discussed. If you see a situation where a stop card should be filled out, you are required to do so.

Stop cards are not only for negative or unsafe acts observed, they are also for safe acts observed. Many times you observed more safe acts than unsafe acts. Review these cards and enter them the same way you enter the unsafe acts.

Daily Rig Walk Around

Daily rig walk “around” are set up for the employee to help the rig personnel maintain a safe work environment.

Follow These Steps:

- Check of the main deck for obvious hazards.
- Check of the drill floor for obvious hazards.
- Check of the helipad for obvious hazards.
- Check of the living quarters of obvious hazards.
- Check of the galley for obvious hazards.
- Check of the motor room for obvious hazards.
- Check of the pump room for obvious hazards.
- Check of the chemical room for obvious hazards.
- Check of the electrical/HVAC room for obvious hazards.

After these actions are preformed:

- Compile a list of all the hazards seen.
- Report the hazards to the safety officer.
- Report the hazards to the OIM.
- Help to ensure that the hazards are corrected.

This process and the corresponding steps may differ from rig to rig, but the purpose for this procedure is to help maintain a safe working environment. Your responsibility is to help identify these hazards and to make sure that the hazards are corrected. Many of the hazards can be eliminated by early notification to the correct person.

Maintaining the Personnel On Board Program

Steps to maintaining the POB:

1. Check in with the rig clerk for arriving/departing personnel.
2. Add the arriving personnel to the proper room assignments.
3. Remove departing personnel from the room assignments.
4. Cross check the muster lists for errors.
5. Cross check the fire and abandon bill for errors.
6. Cross check the life capsule list for errors.
7. Post at all muster stations.
8. Post in all appropriate life capsules.
9. Distribute to appropriate personnel.

It is imperative for you to follow these steps to ensure that the POB list is accurate. These lists carry vital information for the mustering of all persons assigned to the rig in the event of an emergency. These lists are also used by the companies for payroll purposes.

Helicopter Landing Duties

It is important that you understand the procedure for landing helicopters safely.

The steps for landing helicopters:

- Make contact with the helicopter pilot.
- Give the pilot a green light for landing.
- Notify the crane operator of an approaching helicopter.
- Notify the OIM of an approaching helicopter.
- Wear proper PPE while the helicopter is landing.
- Meet the personnel on the helipad and assist the pilot and crew with any baggage or equipment on board.
- Sign personnel in and assign muster stations and life capsules.
- Give appropriate safety briefings.

- Log time of landing.
- Log the name of the aircraft.
- Log the aircraft identification number.
- Assist the pilot with logistics for refueling if necessary.

The process may differ from rig to rig, but the basic steps apply industry wide. You may or may not have this responsibility some installations have an assigned HLO who typically the barge engineer.

Mandatory Evacuations and Standby

Steps to ensure that this process is followed:

- Reading the station bill for a clear understanding of your responsibilities.
- Checking with the OIM for any additional roles that may be assigned.
- Practicing these roles through weekly drills.

When an evacuation occurs, your responsibilities will be posted on the station bill for your rig. Typically they include manning muster stations for roll calls, assisting the OIM in room-by-room searches for any persons not notified of the evacuation. Making sure that everyone is evacuated and doing a thorough head count before, during and after the evacuations. These duties may differ from rig to rig, but they are usually similar industry wide.

Standby responsibilities are typically the same for the evacuation roles and duties. They will be posted on the station bill for your rig. These duties may differ from rig to rig, but typically they are the same industry wide.

Muster Stations

Muster stations are designated areas set for gathering during an emergency. These muster station areas are also assigned a life capsule for abandonment procedures.

While there is no actual procedure for the muster stations themselves, the muster stations are part of many other procedures, such as:

- The posting area of the daily POB.
- The posting area of the fire and abandon bill.
- The posting area of the capsule assignment list.
- The posting area for work permits.
- Assigned meeting place for fire/abandonment drills or procedures.

Muster stations are designated by the OIM or they are designated on the blueprints when the rig is being built. The muster stations are added to the station bill and posted around the rig for all to see and become familiar with. These are to be added to your POB program and to be modified when necessary.

XI. Miscellaneous

Trinity Medical Management Computer Policy

The purpose of this policy is to ensure the security of Trinity's computers and the data they contain. It is essential that patient information remain confidential. Therefore, computer security must be ensured at all times. Furthermore, because Trinity's customers provide internet access at the work sites, Trinity personnel are subject to user agreements with Microsoft Corporation and other software vendors that allow computer audits to determine whether there is unauthorized use of software.

This policy applies to all computer equipment, computer networks, voice mail, e-mail, internet, intranet access system and any other electronic data and/or computer systems and files furnished at the worksite. Trinity supplies computers to facilitate the timely relay of patient reports and related paperwork. Trinity computers are for Trinity personnel only. All files and messages are the property of Trinity. Employees should not expect their communications or use of Trinity computer information systems to be confidential or private.

Trinity reserves the right to access, search and monitor voice mail, e-mail or company files of any employee that are created, stored or deleted from company computer systems.

Limited personal use is permitted. However, personal use which interferes with employee's work or that of others is prohibited. **Inappropriate use including transmitting or downloading material that is discriminatory, defamatory, harassing, insulting, offensive, pornographic or obscene is strictly prohibited.** Trinity, at its sole discretion, will determine what materials, files, information, software, communications, and other content and/or activity will be permitted or prohibited. Files and/or programs are not to be downloaded and/or installed without the prior authorization of management. Any files authorized for download from the Internet must be scanned with virus detection software before being opened.

Copying and sending any confidential or proprietary information, or software that is protected by copyright and other laws protecting intellectual property using Trinity computer systems is strictly prohibited. Unauthorized access by employees of other employees' electronic communications is prohibited.

Any misuse of Trinity or customer computer systems will result in discipline, up to and including termination.



PATIENT TREATMENT AUTHORIZATION AND ACKNOWLEDGEMENT FORM

Date					
PATIENT INFORMATION					
Last Name	First Name	Middle Initial	Social Security Number		
Birth Date	Age	Sex	Home Phone	Alternate Phone	
			()	()	
Street Address					
City	State	Zip	Employer	Employer Phone	Employer Address
				()	
AUTHORIZATION AND ACKNOWLEDGEMENT					
<p>I consent to the recommended treatment plan as explained by personnel from Trinity Medical Management, LLC. ("Trinity"). I also consent to Trinity's releasing medical information requested by my employer or by my medical providers. I acknowledge that I am aware that I am entitled to a copy of Trinity's Notice of Privacy Practices. A copy is available for my review in the infirmary/sick bay. Upon my request a copy will be furnished to me. I agree to comply with my employer's breath/blood alcohol testing and/or drug screening program. I also understand that if I test positive for alcohol and/or drug use, I will be subject to disciplinary actions under my employer's substance abuse program, which may include termination of my employment.</p>					
Employee Signature			Date		

TRINITY MEDICAL MANAGEMENT, L.L.C.

PAYROLL INVOICE

Employee Name:

Project Name:

Day of Week Crew Change:

Pay Period Begin: Pay Period End:

Dates Worked	Project Name	Hours Worked	Overtime	Total	RIG STATUS:
Total Pay Period Hours:					

NOTE:
RIG STATUS:
UNDER TOW,
STACKED,
WORKING FOR
____ OPERATOR

Expenses

Date	Please describe nature of expenses below and submit receipts to office.

Date	Please describe nature of all overtime

Mileage

Date	Location	Total Miles
Mileage Total:		0

Employee Signature: _____

Rowan OIM Signature: _____

Trinity Medical Management L.L.C.

Start of Hitch Checklist

To be completed and emailed to the office within first 2 days of hitch.

Page 1 of 2

Narcotic Inventory up to date:	YES:		NO:	
If NO Contact the Office Immediately				

Defibrillator Operates Properly	YES:		NO:	
Defibrillator Inspection Sheet Completed (see next page)	YES:		NO:	
Charging Station Functions Properly	YES:		NO:	
Defibrillator Spare Batteries Charged / Avail.	YES:		NO:	

Intubation kit checked	YES:		NO:	
Batteries Changed every 90 days	YES:		NO:	

Glucometer: Calibrated / Functionable	YES:		NO:	
Test Strips available and not Expired	YES:		NO:	

Suction Unit Checked	YES:		NO:	
Functioned for 10 min on battery if equiped	YES:		NO:	

Med Cabinet Inventory Completed	YES:		NO:	
Inventory emailed/faxed to Trinity Office	YES:		NO:	

747, Crash Box inventory Completed	YES:		NO:	
Inventory emailed/faxed to Trinity Office	YES:		NO:	

M Cylinder	YES:		NO:	
M Cylinder Pressure				
M Cylinder Test	Date:			
Regulator for M Cylinder	YES:		NO:	
D Cylinder	YES:		NO:	
Number	1	2	3	4
Pressure	1	2	3	4
Date of D Cylinder Test	1	2	3	4
First Regulator for D Cylinder	YES:		NO:	
Second Regulator for D Cylinder	YES:		NO:	

Medic: _____ Rig: _____ Date: _____

Note: Do not forget to list the pressure and hydroseal test dates for all O2 cylinders!

Comments:

DEFIBRILLATOR / CARDIAC MONITOR INSPECTION

PAGE 2 of 2

Site #: _____

Model #: _____

Serial #: _____

A. INSPECT PHYSICAL CONDITION

Cases and controls are clean and in good condition.

--

B. INSPECT CABLES AND CONNECTORS

Correct patient ECG cable.

Patient ECG cable not cracked, frayed, or broken and connects to monitor.

Optional pacing cable is not cracked, frayed, or broken.

--

--

--

C. INSPECT PADDLES

Paddle assemblies and plates clean; plates not pitted or damaged.

--

D. INSPECT POWER SUPPLIES (FASTPAK batteries)

Instrument battery pins not broken, loose, or worn.

Three fully charged batteries available.

Fully charged spare batteries available.

Observe appropriate battery maintenance schedule.

--

--

--

--

TESTING

TEST DEFIBRILLATOR

Test on battery power

Battery power - 360J delivered.

--

--

TEST MONITOR (select Lead II)

Trace appears on monitor and is visible in a well lighted room.

Monitor displays straight line when the red and white ECG lead snaps are pushed together.

ECG deflection observed on monitor and recorder when CAL button is pushed.

--

--

--

TEST RECORDER

Recorder paper supply adequate, extra paper available.

Confirm paper advances when "RECORD" is pressed.

--

--

TEST QUIK-LOOK DEFIBRILLATION PADDLES (select "PADDLES" lead)

Monitor displays straight line when defibrillation paddles are pressed together.

--

TEST SYNC MODE (select Lead II)

Push "SYNC" (SYNC on LCD display illuminates).

--

TEST OPTIONAL EXTERNAL PACEMAKER

Test pacing function.

Check supply and expiration dates of Pacing Patches

--

--

Signature of Paramedic: _____

Date: _____

Prescription Medication Log

TRINITY MEDICAL MANAGEMENT MEDICATION APPROVAL FORM
(For safety-sensitive personnel)

Employee Name _____

Date _____

Current Assignment _____

Medications I am Currently Taking

Name of Drug	Date Prescribed	Prescribing Physician
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This information is true and correct to the best of my knowledge. I understand and will comply with the prescribed use of these medications and their restrictions while working.

Signature

Date

Reviewed by:

Trinity Medical Control Physician

Date _____

Comments: _____

Trinity Medical Management L.L.C.

Over the Counter List

	ON HAND	PAR QUANTITY
ADVIL COLD & SINUS or EQUIV.		
ALKA-SELTZER PLUS COLD or EQUIV		
AMBESOL GEL or EQUIV		
ANTI-DIARRHEAL		
ASPRIN		
BACK QUELL or EQUIV		
BENEDRYL or EQUIV		
CHLORASEPTIC THROAT LOZENGES or EQUIV		
CORAFED PLUS or EQUIV.		
COUGH DROPS		
DAY-QUIL GELCAPS or EQUIV.		
DEEP HEAT or EQUIV		
EX-LAX, MAX STRENGTH or EQUIV.		
GUIATUSS DM (COUGH FORMULA) or EQUIV.		
HYDROCORTISONE CREAM or EQUIV.		
IBUPROFEN		
MAALOX EXTRA STRENGTH or EQUIV.		
MILK OF MAGNESIA or EQUIV.		
MULTISYMPTOM COLD		
PEPCID AC or EQUIV.		
PEPTO-BISMOL (CHEWABLE) or EQUIV.		
PETROLEUM JELLY, 144pkt/bx		
TETRASINE DROPS or EQUIV.		
TINACTIN (JOCK ITCH CREAM) or EQUIV.		
TRIPLE ANTIBIOTIC OINTMENT, PACKET, 144BX		
TYLENOL		
ZANTAC 75mg or EQUIV.		



Notice of Privacy Practices

IMPORTANT: THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

As an essential part of our commitment to you, Trinity Medical Management, L.L.C. maintains the privacy of certain confidential health care information about you, known as Protected Health Information or PHI. We are required by law to protect your health care information and to provide you with the attached Notice of Privacy Practices.

The Notice outlines our legal duties and privacy practices relating to your PHI. It not only describes our privacy practices and your legal rights, but lets you know, among other things, how Trinity Medical Management L.L.C. is permitted to use and disclose PHI about you, how you can access and copy that information, how you may request amendment of that information, and how you may request restrictions on our use and disclosure of your PHI.

Trinity Medical Management L.L.C. is also required to abide by the terms of the version of this Notice currently in effect. In most situations we may use this information as described in this Notice without your permission, but there are some situations where we may use it only after we obtain your written authorization, if we are required by law to do so.

We respect your privacy, and treat all health care information about our patients with care under strict policies of confidentiality that our staff is committed to following at all times.

PLEASE READ THE ATTACHED DETAILED NOTICE. IF YOU HAVE ANY QUESTIONS ABOUT IT, PLEASE CONTACT LAVONNE MARTIN, OUR PRIVACY OFFICER, AT Trinity Medical Management L.L.C., P.O. Box 83357, Baton Rouge, LA 70884-3357, (225) 769-4983.

Purpose of this Notice: Trinity Medical Management L.L.C. is required by law to maintain the privacy of certain confidential health care information, known as Protected Health Information or PHI, and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. This Notice describes your legal rights, advises you of our privacy practices, and lets you know how Trinity Medical Management L.L.C. is permitted to use and disclose PHI about you.

Trinity Medical Management L.L.C. is also required to abide by the terms of the version of this Notice currently in effect. In most situations we may use this information as described in this Notice without your permission, but there are some situations where we may use it only after we obtain your written authorization, if we are required by law to do so.

Uses and Disclosures of PHI: Trinity Medical Management L.L.C. may use PHI for the purposes of treatment, payment, workers compensation, employment operations and health care operations, in most cases without your written permission. Examples of our use of your PHI:

For treatment: This includes oral and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by us and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). It also includes information we give to other health care personnel to whom we transfer your care and treatment, and includes transfer of PHI via radio or telephone to the hospital or dispatch center as well as providing the hospital with a copy of the written record we create in the course of providing you with treatment and transport.

For payment: This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as organizing your PHI and submitting bills to insurance companies (either directly or through a third party billing company), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review, and collection of outstanding accounts.

For health care operations: This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating reports that do not individually identify you for data collection purposes, fundraising, and certain marketing activities.

For employment operations: This includes oral and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by us and other medical personnel.

Reminders for Scheduled Appointments: We may contact you to provide you with a reminder of any scheduled appointments.

Use and Disclosure of PHI Without Your Authorization. Trinity Medical Management L.L.C. is permitted to use PHI *without* your written authorization, or opportunity to object in certain situations, including:

- For Trinity Medical Management L.L.C.'s use in treating you or in obtaining payment for services provided to you or in other health care operations;
- For the treatment activities of another health care provider;
- To another health care provider or entity for the payment activities of the provider or entity that receives the information (such as your hospital or insurance company);
- To another health care provider (such as the hospital to which you are transported) for the health care operations activities of the entity that receives the information as long as the entity receiving the information has or has had a relationship with you and the PHI pertains to that relationship;
- For health care fraud and abuse detection or for activities related to compliance with the law;
- To a family member, other relative, or close personal friend or other individual involved in your care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family, relatives, or friends if we infer from the circumstances that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when your spouse has called the ambulance for you. In situations where you are not capable of objecting (because you are not present or due to your incapacity or medical emergency), we may, in our professional judgment, determine that a disclosure to your family member, relative, or friend is in your best interest. In that situation, we will disclose only health information relevant to that person's involvement in your care. For example, we may inform the person who accompanied you in the ambulance that you have certain symptoms and we may give that person an update on your vital signs and treatment that is being administered by our ambulance crew;
- To a public health authority in certain situations (such as reporting a birth, death or disease as required by law, as part of a public health investigation, to report child or adult abuse or neglect or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease as required by law);

- For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;
- For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;
- For law enforcement activities in limited situations, such as when there is a warrant for the request, or when the information is needed to locate a suspect or stop a crime;
- For military, national defense and security and other special government functions;
- To avert a serious threat to the health and safety of a person or the public at large;
- For workers' compensation purposes, and in compliance with workers' compensation laws;
- For employment operations including health and safety issues, managerial and administrative responsibilities;
- To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;
- If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation and transplantation;
- For research projects, but this will be subject to strict oversight and approvals and health information will be released only when there is a minimal risk to your privacy and adequate safeguards are in place in accordance with the law;
- We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization. The authorization must specifically identify the information we seek to use or disclose, as well as when and how we seek to use or disclose it. **You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.**

Patient Rights: As a patient, you have a number of rights with respect to the protection of your PHI, including:

The right to access, copy or inspect your PHI. This means you may come to our offices and inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this information within 30 days of your request. We may also charge you a reasonable fee for you to copy any medical information that you have the right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials.

We have available forms to request access to your PHI and we will provide a written response if we deny you access and let you know your appeal rights. If you wish to inspect and copy your medical information, you should contact the privacy officer listed at the end of this Notice.

The right to amend your PHI. You have the right to ask us to amend written medical information that we may have about you. We will generally amend your information within 60 days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information only in certain circumstances, like when we believe the information you have asked us to amend is correct. If you wish to request that we amend the medical information that we have about you, you should contact the privacy officer listed at the end of this Notice.

The right to request an accounting of our use and disclosure of your PHI. You may request an accounting from us of certain disclosures of your medical information that we have made in the last six years prior to the date of your request. We are not required to give you an accounting of information we have used or disclosed for

purposes of treatment, payment or health care operations, or when we share your health information with our business associates, such as the billing company or a medical facility from/to which we have transported you.

We are also not required to give you an accounting of our uses of protected health information for which you have already given us written authorization. If you wish to request an accounting of the medical information about you that we have used or disclosed that is not exempted from the accounting requirement, you should contact the privacy officer listed at the end of this Notice.

The right to request that we restrict the uses and disclosures of your PHI. You have the right to request that we restrict how we use and disclose your medical information that we have about you for treatment, payment or health care operations, or to restrict the information that is provided to family, friends and other individuals involved in your health care. But if you request a restriction and the information you asked us to restrict is needed to provide you with emergency treatment, then we may use the PHI or disclose the PHI to a health care provider to provide you with emergency treatment. Trinity Medical Management L.L.C. is not required to agree to any

The Right to Obtain Copy of Paper Notice on Request: We will prominently post a copy of this Notice in the infirmary/sickbay of each worksite (or other designated location). You may always request a paper copy of the Notice.

Revisions to the Notice: Trinity Medical Management L.L.C. reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all protected health information that we maintain. Any material changes to the Notice will be promptly posted in our facilities. You can get a copy of the latest version of this Notice by contacting the Privacy Officer identified below.

Your Legal Rights and Complaints: You also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or to the government. If you have any questions, comments or complaints you may direct all inquiries to the privacy officer listed at the end of this Notice. Individuals will not be retaliated against for filing a complaint.

If you have any questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact:

LaVonne Martin
Trinity Medical Management, L.L.C.
P.O. Box 83357
Baton Rouge, LA 70884-3357

Effective Date of the Notice: January 19, 2009

Trinity Medical Management L.L.C.

Narcotic Transport Form

Date _____

Medic Receiving Narcotics _____

Medic Signature _____

Destination for Narcotics _____

Medication Name _____

Vial #	Lot #	Expiration Date

Person Issuing Medication _____

Trinity Medical Management L.L.C.

Narcotic Inventory and Waste Form

Rig Name

Start Date
End Date

Morphine			Valium			Demerol		
Vial #	Lot #	Exp Date	Vial #	Lot #	Exp Date	Vial #	Lot #	Exp Date

Date																			
Morphine																			
Valium																			
Demerol																			
Initials																			

Medic Name

Signature

OIM Name

Signature

Narcotic Usage <small>(attach additional forms if needed)</small>						
Date	Patient	Med. Ordered	Used	Wasted	Medic Signature	OIM Signature

REMINDER: DOCUMENT ALL PATIENT USAGE AND/OR WASTAGE. Dispose of sharps in appropriate container.

Trinity Medical Management L.L.C.

Narcotic Inventory and Waste Form

Rig Name

Start Date
End Date

Morphine			Valium			Demerol		
Vial #	Lot #	Exp Date	Vial #	Lot #	Exp Date	Vial #	Lot #	Exp Date

Date																			
Morphine																			
Valium																			
Demerol																			
Initials																			

Medic Name

Signature

OIM Name

Signature

Narcotic Usage <small>(attach additional forms if needed)</small>						
Date	Patient	Med. Ordered	Used	Wasted	Medic Signature	OIM Signature

REMINDER: DOCUMENT ALL PATIENT USAGE AND/OR WASTAGE. Dispose of sharps in appropriate container.

[illegible]

Medical Information Form

I acknowledge that I am aware that I am entitled to a copy of Trinity's Notice of Privacy Practices. A copy is available for my review in the infirmary/sick bay. Upon my request a copy will be furnished to me. I understand that I must update the information on this form as changes in my medical information occur.

Today's Date: _____

Name : _____
(last name, first name, middle initial)

Complete Address: _____
(Include City, State, Zip)

Phone Number : _____
(include area code)

Date of Birth : _____
month/day/year

Company: _____ Position: _____

Do you have any known allergies? ☐ Yes ☐ No

If YES, please explain _____

Do you have a pre-existing medical condition? (Diabetes, heart condition, etc.) ☐ Yes ☐ No

If YES, please explain _____

Are you currently taking any Prescription or Injectable Medications? ☐ Yes ☐ No

All Syringes/ Needles must be disposed of in sick-bay.

If YES, please list medication(s) and dosage(s) _____

Emergency Contact

Please list the Name, Relationship, and Contact Number of a person that we may contact, in case of an emergency.

Name: _____

Relationship: _____

Phone Numbers: _____

Signature: _____

Date: _____

TRINITY MEDICAL MANAGEMENT, L.L.C.

ORDER FORM

Medic:	
Date Ordered:	

Ship To Address:	

ITEM	Description	U=Used E=Expired O=Other	Patient's Name	Amount Used	Amount Ordered
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					

OFFICE USE

Customer Name:	
Location:	

Approved By:	
--------------	--

Date Ordered:	
Ordered From:	
Date Shipped:	
Shipped Via:	

Trinity Medical Management L.L.C.

RIG PACK INVENTORY, International

RIG NAME:

Date:

ON
HAND

PAR
QUANTITY

WOUND CARE SUPPLIES

ABDOMINAL SURGICAL DRESSING 8X10 OR 5X9		18
ACE BANDAGE 6"		10
ACE WRAP 3"		10
ALCOHOL, 16oz BOTTLE		6
BANDAGES 1 X 3, Fabric (100/BOX)		6
BANDAGE SCISSORS		2
BANDAID, LARGE 2" X 4.5", Fabric (50/BOX)		6
BANDAID, BUTTERFLY, BOX		4
BETADINE 8OZ		2
BURN SHEETS		2
COLD SPRAY, 3OZ		4
COTTON TIP APPLICATOR, STERILE, 100/PACK		1
EYE DRESSINGS OVAL		10
GAUZE, 2X2, NON-STERILE (200/BAG)		4
GAUZE, 4X4, NON-STERILE (200/BAG)		4
GAUZE, 4X4, STERILE (50/BOX)		2
HYDROGEN PEROXIDE, 16oz BOTTLE		2
JUMP BAG, LARGE		1
KLING 4", BAG		3
KLING 2", BAG		3
PETROLIUM GAUSE		10
SPLINTER TWEEZER W/MAGNIFIER		2
STERILE WATER 1 LITER		6
TAPE 1" (12/BOX), SILK		2
TAPE 3" (4/BOX), SILK		2
TRAUMA DRESSING, 10" X 30"		4

SUTURING SUPPLIES

ON
HAND

PAR
QUANTITY

3.0 ETHILON, FS1 NEEDLE		10
4.0 ETHILON, FS2 NEEDLE		10
5.0 ETHILON, FS2 NEEDLE		10
6.0 ETHILON, FS2 NEEDLE		10
BENZOIN COMPOUND, 2OZ (OR 8 SINGLE PACK SWABS)		4
LACERATION PACKS		6
SCALPEL, STERILE , #10 Blade, BOX 10		3
STERILE GLOVES, SIZE 7		10
STERILE GLOVES, SIZE 8		10
SUTURE REMOVAL KIT		6
SKIN STAPLER W/5 STAPLES		6
STAPLE REMOVAL KIT		6
STERI-STRIP, 2"		50

SPLINTING SUPPLIES

ON
HAND

PAR
QUANTITY

CARDBOARD SPLINT (ARM) 18"		5
CARDBOARD SPLINT (LEG) 36"		5
C-COLLAR Adjustable, No Neck - Tall		4
HEAD IMMOBILIZER, STA-BLOCK or Equivalent		2
KED		1
LONG SPINE BOARD, With Speed Clips		2
SPINEBOARD STRAPS, Spider Strap or 3 Speed Straps		2
TRACTION SPLINT		1
TRIANGULAR BANDAGES		24
SAM SPLINT		6

I.V. SUPPLIES	ON HAND	PAR QUANTITY
I.V. TUBING 10 gtts/ML		12
I.V. TUBING 60 gtts/ML		12
I.V. START KIT		12
ALCOHOL PADS (200 / BOX)		3
14G JELCO		15
16G JELCO		15
18G JELCO		15
20G JELCO		15
LACTATED RINGERS 1000ML		12
.9NACL 1000ML		12
D5W 250ML		4
SYRINGE 1ML, WITH NEEDLE		50
SYRINGE 3ML, WITH NEEDLE		50
SYRINGE 5ML, WITH NEEDLE		50
SYRINGE 10ML, WITH NEEDLE		50
SYRINGE 30ML		20
PRESSURE INFUSER		1
DIAL A FLOW IV ADAPTER		2

CARDIAC MONITOR AND EKG/PACING SUPPLIES	ON HAND	PAR QUANTITY
BATTERIES (# required for 6 hours monitor Time)		
BATTERY CHARGER		1
CARDIAC MONITOR WITH DEFIB & PACING		1
PACING CABLE / COMBI CABLE		1
PACING PADS / COMBI PADS		2
SET OF PATIENT LEADS		1
SPARE TRACING PAPER (3 ROLLS/BOX)		2
EKG ELECTRODES (BAG OF 30)		6
DEFIB. GEL, TUBE		2

OXYGEN SUPPLIES	ON HAND	PAR QUANTITY
AMBU BAG		2
ASSORTED NASAL AIRWAYS, 9 PER KIT		2
ASSORTED ORAL AIRWAYS, 6 PER KIT		2
CHRISTMAS TREE ADAPTER		2
NASAL CANNULA		12
NEBULIZER MASK		12
NON-REBREATHER MASK		12
OXYGEN REGULATOR, 25LPM FLOW, FOR PORTABLE CYLINDER		1
OXYGEN CYLINDER D (CUSTOMER TO PROVIDE 4 ADDITIONAL)		1
OXYGEN REGULATOR, 25LPM FLOW, FOR M TANK		1
CUSTOMER TO PROVIDE 2 M CYLINDERS		2

INTUBATION EQUIPMENT & SUPPLIES	ON HAND	PAR QUANTITY
LARYNGOSCOPE HANDLE		1
MAC. (CURVED) #4 BLADE		1
MAC. (CURVED) #3 BLADE		1
MILLER (STRAIGHT) #4 BLADE		1
MILLER (STRAIGHT) #3 BLADE		1
SPARE BULBS FOR ABOVE BLADES		2
STYLETTE		4
MAGILL FORCEPS, LARGE & MEDIUM 1 EACH SIZE		2
ET TUBE HOLDER, ADULT		2
E.T. TUBE 7.0		2
E.T. TUBE 7.5		6
E.T. TUBE 8.0		2
E.T. TUBE 8.5		2
HURRICANE SWABS, 6/PACK		1
KY GEL, TUBE, SMALL, OR 12 PACKETS		1

SUCTIONING SUPPLIES	ON HAND	PAR QUANTITY
FRENCH CATHETERS		2
RIGID TIP		2
SUCTION TUBING		2
V-VAC REPLACEMENT CANISTERS, OR EQUIVALENT		2
V-VAC SUCTION UNIT, OR EQUIVALENT		1
MECHANICAL SUCTION UNIT, BATTERY OPERATED		1

TESTING EQUIPMENT	ON HAND	PAR QUANTITY
GLUCOMETER		1
GLUCOMETER TEST STRIPS		100
LANCETS		150
MULTISTIX (URINE), BOTTLE		1

EYE CARE EQUIPMENT	ON HAND	PAR QUANTITY
COBALT BLUE PEN LIGHT		4
EYE MAGNET WITH LOOP		2
FLOURECEIN STRIPS, BOX 100		2
OTOSCOPE / OPHTHOSCOPE		1

INFECTION CONTROL EQUIPMENT	ON HAND	PAR QUANTITY
CONVENIENCE BAG		5
EMISIS BASIN, 8"		12
FACE MASK WITH EYE SHIELD		10
GLOVES, EXTRA LG, NON-STERILE, BOX, Powder Free		6
GLOVES, LARGE, NON-STERILE, BOX, Powder Free		6
RED BAGS (25 PK)		2
SHARPS CONTAINER, 1 GALLON		4
SHARPS CONTAINER, 1 QUART		2

DIAGNOSTIC EQUIPMENT	ON HAND	PAR QUANTITY
BLOOD PRESSURE CUFF ADULT REGULAR		2
BLOOD PRESSURE CUFF LARGE ADULT		1
PEN LIGHT		6
STETHOSCOPE,		2
TONGUE DEPRESSORS, NON STERILE, BOX		2

MISC. SUPPLIES	ON HAND	PAR QUANTITY
AMMONIA INHALANTS 10/BOX		3
BATTERY C		10
BLANKET, DISPOSABLE YELLOW		2
HEATING PAD		2
LOCK BOX, 2 LOCK, 2 KEY, 2 PERSON ENTRY		1
ORAL GLUCOSE		6
RING CUTTER		1
PLANO 747M ALS EQUIPMENT BOX		1
CARPROJECT		2
COIN ENVELOPES, BOX, MEDICINE DISPENSE		2

PRESCRIPTION MEDICATIONS: ACLS	ON HAND	PAR QUANTITY	EXPIRE
ALBUTEROL SOLUTION .083% / 3 ML UNIT DOSE		25	
ADENOCARD 6MG / 2ML SYRINGE OR VIAL		5	
ATROPINE 1MG PRELOAD SYRINGE		3	
CALCIUM CHLORIDE 10%, PRELOAD SYRINGE		1	
DEXTROSE 50%, PRELOAD		2	
DOPAMINE HCL 200mg (or 1 400MG VIAL)		2	
DIPHENHYDRAMINE 50MG VIAL		6	
EPINEPHRINE 1:1000 30ml Multi Dose Vial		1	
EPINEPHRINE 1:10000 1 MG, Preload Syringe		10	
FUROSEMIDE (LASIX) 100MG/10 ML, VIAL		1	
LIDOCAINE 2% PREFILL SYRINGE		3	
LIDOCAINE 20% 1 GR/25ML (IV INFUSION) PREMIX BAG		1	
MAGNESIUM SULFATE, VIAL		1	
NALOXONE 1MG, VIAL OR PRELOAD		4	
NITROGLYCERIN OINTMENT (NITRO PASTE), TUBE		2	
NITROGLYCERIN .4MG PILLS SMALL BOTTLE		4	
PROCAINAMIDE 500MG/ML, VIAL		3	
SODIUM BICARBONATE 8.4%, PRELOAD		2	
VASOPRESSIN 20u/ML, VIAL		6	
VERAPAMIL HCL 2.5MG/ML, VIAL		2	

PRESCRIPTION MEDICATIONS: ANTIBIOTICS / ANTIVIRAL	ON HAND	PAR QUANTITY	EXPIRE
AMANTADINE 100MG (10 Tab Card)		4	
AMOXICILLIN 500MG 100 tab Bottle		3	
ANCEF, (CEPAZOLIN) 1 GM/10 ML VIAL		4	
CEPHALEXIN (KEFLEX) 500mg TABS, 100 TAB BOTTLE		2	
DOXYCYCLINE 100MG, 100 tab bottle		4	
ERYTHROMYCIN TAB 500 MG, 100 tab Bottle		2	
METRONIDAZOLE 500MG, 100 tab Bottle		2	
SULFAMETHOXAZOLE/TRIMETHOPRIM DS (BACTRIM) 100 tab Bottle		4	

PRESCRIPTION MEDICATIONS: OPHTHO.	ON HAND	PAR QUANTITY	EXPIRE
AKTROL O/S .1% 5 ML (NEO/POLY/DEX)		3	
ERYTHROMYCIN OPHTHALMIC OINTMENT, TUBE		3	
GENTAMICIN SULFATE OPHTHALMIC SOLUTION, BOTTLE		3	
TETRACAINE, BOTTLE		4	

PRESCRIPTION MEDICATIONS: NARCOTICS	ON HAND	PAR QUANTITY	EXPIRE
DEMEROL, 50mg VIAL		15	
DIAZEPAM, 10mg VIAL		15	
MORPHINE SULFATE 10MG/ML, VIAL		15	

PRESCRIPTION MEDICATIONS: MISC.	ON HAND	PAR QUANTITY	EXPIRE
ACTIVATED CHARCOAL, 15G		2	
ALBUTEROL METERED DOSE INHALER		6	
BACTERIOSTATIC WATER OR SALINE 30 ML VIAL		10	
CLONODINE .1MG TAB, 100 TAB BOTTLE		2	
DEXAMETHASONE 10MG/ML, 10ml VIAL		3	
GUAFENISEN 600MG/PSEUDOPHEDRINE 120MG, 100 Tab Bottle		2	
KETORALAC TROMETHAMINE 60MG/2ML (VIAL)		6	
KETOROLAC TROMETHAMINE 10MG (TABLET), 100 tab bottle		2	
LIDOCAINE 2% W/O EPI 50ML (LOCAL)		2	
PREDNISONE 20MG, 100 tab Bottle		2	
PROMETHAZINE (PHENERGAN) 25MG/ML, VIAL		15	
SILVADINE CREAM 20GR, TUBE		5	
TETANUS TOXOID, 5 dose vial		3	
TIGAN SUPPOSITORIES, BOX 10		5	
VISCOUS LIDOCAINE 10ML, BOTTLE		4	

OFFICE SUPPLIES For Initial Rig Setup ONLY	ON HAND	PAR QUANTITY
LETTER SIZE WRITING PADS		6
INK PENS, BLACK		12
HIGHLIGHTER, YELLOW		2
SCOTCH TAPE ROLL, WITH DISPENSER		2
STAPLER, STANDARD		1
STAPLES, STANDARD, BOX		1
PAPER CLIPS, BOX		1
FOLDERS, LETTER, BOX		1
SHARPIE, FINE POINT, BLACK		2
LARGE MAGIC MARKER, BLACK		2
SCISSORS,		1

NON-PRESCRIPTION MEDS FOR INITIAL ORDER WITH RIG PACK	ON HAND	QUANTITY
IBUPROFEN (LARGE BOX) 2 tablet 200mg ea packet		2
TYLENOL (LARGE BOX)		1
MULTISYMPTOM COLD (LARGE BOX)		1
ANTACID, LIQUID, 16oz		2
TRIPLE ANTIBIOTIC OINTMENT, PACKET, 144BX		1



Authorization for Use and Disclosure of Protected Health Information

SECTION A: Individual authorizing use and/disclosure

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Telephone Number _____ Mobile/Cell Number _____

Date of Birth _____ Social Security Number _____

Section B: The use and or disclosure being authorized

I authorize Trinity Medical Management L.L.C.; Rowan Companies, Inc.; and/or their employees and designated representatives, to receive and disclose my personal health information. This includes examining all of my medical records as may relate to any incident (past/present); medical history; any and all statements given by me; to obtain copies of such records as may be requested; to discuss my medical history, examination, and treatment with physicians, nurses, medics or other healthcare providers who have treated or examined me and with my employer. I understand this PHI may include alcohol, drug use, psychiatric, HIV, AIDS testing and results, sexually transmitted diseases, Hepatitis B & C testing, Sickle Cell Anemia and other sensitive information. I agree to release any of the above. Initial _____. If not applicable, check here. ☐

Purpose of this authorization:

- ☒ Workers Compensation (excluded from HIPAA)
- ☒ Treatment Payment Operations
- ☒ Employment Operations

Effect of Granting this Authorization: The PHI used or disclosed may be subject to re-disclosure by the recipient, in which case it may no longer be protected under the HIPAA privacy rule.

Section C: Expiration and revocation

Expiration: This authorization will expire three years from the date signed.

Right to revoke: I understand that I may revoke this authorization at any time by giving written notice of my revocation to the person (s) designated below. I understand that revocation of the authorization will not affect any action taken in reliance on this authorization before my written notice of revocation was received.

Contact: Bruce L. Wilkerson, MD
Trinity Medical Management, LLC
Post Office Box 83357
Baton Rouge, LA 70884-3357
Phone: 225 769-4983
Fax: 225 769-4984

I _____, have had full opportunity to read and consider the contents of this authorization, and I understand that, signing this form, I am confirming my authorization of the use and/or disclosure of my protected health information as described in this form and as described in the Notice of Privacy Practices. A copy of the Notice Of Privacy Practices has been made available to me.

Signature: _____

Date: _____

Trinity Medical Management L.L.C.

RIG PACK INVENTORY, Gulf of Mexico

RIG NAME:

Date:

ON

PAR

HAND

QUANTITY

WOUND CARE SUPPLIES

ABDOMINAL SURGICAL DRESSING 8X10 OR 5X9		18
ACE BANDAGE 6"		4
ACE WRAP 3"		4
ALCOHOL, 16oz BOTTLE		2
BANDAGES 1 X 3, Fabric (100/BOX)		2
BANDAGE SCISSORS		2
BANDAID, LARGE 2" X 4.5", Fabric (50/BOX)		2
BANDAID, BUTTERFLY, BOX		2
BETADINE 8OZ		1
BURN SHEETS		2
COTTON TIP APPLICATOR, STERILE, 100/PACK		1
EYE DRESSINGS OVAL		10
GAUZE, 2X2, NON-STERILE (200/BAG)		2
GAUZE, 4X4, NON-STERILE (200/BAG)		2
GAUZE, 4X4, STERILE (50/BOX)		2
HYDROGEN PEROXIDE, 16oz BOTTLE		1
JUMP BAG, LARGE		1
KLING 4", BAG		1
KLING 2", BAG		1
PETROLIUM GAUSE		10
SPLINTER TWEEZER W/MAGNIFIER		1
STERILE WATER 1 LITER		2
TAPE 1" (12/BOX), SILK		1
TAPE 3" (4/BOX), SILK		1
TRAUMA DRESSING, 10" X 30"		4

ON

PAR

HAND

QUANTITY

SUTURING SUPPLIES

3.0 ETHILON, FS1 NEEDLE		4
4.0 ETHILON, FS2 NEEDLE		4
5.0 ETHILON, FS2 NEEDLE		4
6.0 ETHILON, FS2 NEEDLE		4
BENZOIN COMPOUND, 2OZ (OR 8 SINGLE PACK SWABS)		1
LACERATION PACKS		2
SCALPEL, STERILE , #10 Blade, BOX 10		1
STERILE GLOVES, SIZE 7		4
STERILE GLOVES, SIZE 8		4
SUTURE REMOVAL KIT		2
SKIN STAPLER W/5 STAPLES		2
STAPLE REMOVAL KIT		2
STERI-STRIP, 2"		10

ON

PAR

HAND

QUANTITY

SPLINTING SUPPLIES

CARDBOARD SPLINT (ARM) 18"		5
CARDBOARD SPLINT (LEG) 36"		5
C-COLLAR Adjustable, No Neck - Tall		2
HEAD IMMOBILIZER, STA-BLOCK or Equivalent		2
KED		1
LONG SPINE BOARD, With Speed Clips		2
SPINEBOARD STRAPS, Spider Strap or 3 Speed Straps		2
TRACTION SPLINT		1
TRIANGULAR BANDAGES		12
SAM SPLINT		2

I.V. SUPPLIES	ON HAND	PAR QUANTITY
I.V. TUBING 10 gtts/ML		6
I.V. TUBING 60 gtts/ML		6
I.V. START KIT		6
ALCOHOL PADS (200 / BOX)		2
14G JELCO		10
16G JELCO		10
18G JELCO		10
20G JELCO		10
LACTATED RINGERS 1000ML		6
.9NACL 1000ML		6
D5W 250ML		2
SYRINGE 1ML, WITH NEEDLE		20
SYRINGE 3ML, WITH NEEDLE		20
SYRINGE 5ML, WITH NEEDLE		20
SYRINGE 10ML, WITH NEEDLE		20
SYRINGE 30ML		10
PRESSURE INFUSER		1
DIAL A FLOW IV ADAPTER		2

CARDIAC MONITOR AND EKG/PACING SUPPLIE:	ON HAND	PAR QUANTITY
BATTERIES (# required for 6 hours monitor Time)		
BATTERY CHARGER		1
CARDIAC MONITOR WITH DEFIB & PACING		1
PACING CABLE / COMBI CABLE		1
PACING PADS / COMBI PADS		2
SET OF PATIENT LEADS		1
SPARE TRACING PAPER (3 ROLLS/BOX)		1
EKG ELECTRODES (BAG OF 30)		3
DEFIB. GEL, TUBE		1

PHILLIPS A1 DIAGNOSTIC MONITOF	ON HAND	PAR QUANTITY
Phillips A1 Diagnostic Unit		1
NIBP Adult Cuff		1
NIBP Large Adult Cuff		1
EKG Cable		1
Pulse Ox Probe		1
Storage Case, Silver, UNIT TO BE STORED IN CASE		1

OXYGEN SUPPLIES	ON HAND	PAR QUANTITY
AMBU BAG		2
ASSORTED NASAL AIRWAYS, 9 PER KIT		2
ASSORTED ORAL AIRWAYS, 6 PER KIT		2
CHRISTMAS TREE ADAPTER		2
NASAL CANNULA		6
NEBULIZER MASK		6
NON-REBREATHER MASK		6
OXYGEN REGULATOR, 25LPM FLOW, FOR PORTABLE CYLINDER		1
OXYGEN CYLINDER D (CUSTOMER TO PROVIDE 4 ADDITIONAL)		1
OXYGEN CARRY BAG, GREEN		1
OXYGEN REGULATOR, 25LPM FLOW, FOR M TANK		1
CUSTOMER TO PROVIDE 2 M CYLINDERS		2

INTUBATION EQUIPMENT & SUPPLIE:	ON HAND	PAR QUANTITY
LARYNGOSCOPE HANDLE		1
MAC. (CURVED) #4 BLADE		1
MAC. (CURVED) #3 BLADE		1
MILLER (STRAIGHT) #4 BLADE		1
MILLER (STRAIGHT) #3 BLADE		1
SPARE BULBS FOR ABOVE BLADES		2
STYLETTE		2
MAGILL FORCEPS, LARGE & MEDIUM 1 EACH SIZE		2
ET TUBE HOLDER, ADULT		2
E.T. TUBE 7.0		2
E.T. TUBE 7.5		2
E.T. TUBE 8.0		2
E.T. TUBE 8.5		2
HURRICAIN SWABS, 6/PACK		1
KY GEL, TUBE, SMALL, OR 12 PACKETS		1
END TIDAL C02 DETECTOR		1
INTUBATION KIT (ROLL), BLUE		1

SUCTIONING SUPPLIES	ON HAND	PAR QUANTITY
FRENCH CATHETERS		2
RIGID TIP		2
SUCTION TUBING		2
V-VAC REPLACEMENT CANISTERS, OR EQUIVALENT		1
V-VAC SUCTION UNIT, OR EQUIVALENT		1
MECHANICAL SUCTION UNIT, BATTERY OPERATED		1

TESTING EQUIPMENT	ON HAND	PAR QUANTITY
GLUCOMETER		1
GLUCOMETER TEST STRIPS		25
LANCETS		50
MULTISTIX (URINE), BOTTLE		1

EYE CARE EQUIPMENT	ON HAND	PAR QUANTITY
COBALT BLUE PEN LIGHT (OR 1 LED LIGHT)		2
EYE MAGNET WITH LOOP		1
FLOURECEIN STRIPS, BOX 100		1
OTOSCOPE / OPHTHOSCOPE		1

INFECTION CONTROL EQUIPMENT	ON HAND	PAR QUANTITY
CONVENIENCE BAG		5
EMESIS BASIN, 8"		6
FACE MASK WITH EYE SHIELD		5
GLOVES, EXTRA LG, NON-STERILE, BOX, Powder Free		2
GLOVES, LARGE, NON-STERILE, BOX, Powder Free		2
RED BAGS (25 PK)		1
SHARPS CONTAINER, 1 GALLON		2
SHARPS CONTAINER, 1 QUART		2

DIAGNOSTIC EQUIPMENT	ON HAND	PAR QUANTITY
BLOOD PRESSURE CUFF ADULT REGULAR		2
BLOOD PRESSURE CUFF LARGE ADULT		1
PEN LIGHT		2
STETHOSCOPE		2
TONGUE DEPRESSORS, NON STERILE, BOX		1

MISC. SUPPLIES	ON HAND	PAR QUANTITY
AMMONIA INHALANTS 10/BOX		1
BATTERY C		6
BLANKET, DISPOSABLE YELLOW		2
HEATING PAD		1
LOCK BOX, 2 LOCK, 2 KEY, 2 PERSON ENTRY		1
ORAL GLUCOSE		3
RING CUTTER		1
PLANO 747M ALS EQUIPMENT BOX		1
CARPROJECT		1
COIN ENVELOPES, BOX, MEDICINE DISPENSE		1
MEDICINE CUP, 1oz, 50 Bag		1
BODY BAG, ADULT		1

PRESCRIPTION MEDICATIONS: ACL:	ON HAND	PAR QUANTITY	EXPIRE
ALBUTEROL SOLUTION .083% / 3 ML UNIT DOSE		10	
ADENOCARD 6MG / 2ML SYRINGE OR VIAL		5	
ATROPINE 1MG PRELOAD SYRINGE		3	
CALCIUM CHLORIDE 10%, PRELOAD SYRINGE		1	
DEXTROSE 50%, PRELOAD		2	
DOPAMINE HCL 200mg (or 1 400MG VIAL)		2	
DIPHENHYDRAMINE 50MG VIAL		2	
EPINEPHRINE 1:1000 30ml Multi Dose Vial		1	
EPINEPHRINE 1:10000 1 MG, Preload Syringe		10	
FUROSEMIDE (LASIX) 100MG/10 ML, VIAL		1	
HEPARIN, 3000U VIAL		6	
LIDOCAINE 2% PREFILL SYRINGE		3	
LIDOCAINE 20% 1 GR/25ML (IV INFUSION) PREMIX BAG		1	
MAGNESIUM SULFATE, VIAL		1	
NALOXONE 1MG, VIAL OR PRELOAD		2	
NITROGLYCERIN OINTMENT (NITRO PASTE), TUBE		1	
NITROGLYCERIN .4MG PILLS SMALL BOTTLE		2	
PROCAINAMIDE 500MG/ML, VIAL		3	
SODIUM BICARBONATE 8.4%, PRELOAD		2	
VASOPRESSIN 20u/ML, VIAL		2	
VERAPAMIL HCL 2.5MG/ML, VIAL		2	

PRESCRIPTION MEDICATIONS: ANTIBIOTICS / ANTIVIRA	ON HAND	PAR QUANTITY	EXPIRE
AMANTADINE 100MG (10 Tab Card)		2	
AMOXICILLIN 500MG 100 tab Bottle		1	
ANCEF, (CEPAZOLIN) 1 GM/10 ML VIAL		2	
CEPHALEXIN (KEFLEX) 500mg TABS, 100 TAB BOTTLE		1	
DOXYCYCLINE 100MG, 100 tab bottle		1	
ERYTHROMYCIN TAB 500 MG, 100 tab Bottle		1	
METRONIDAZOLE 500MG, 100 tab Bottle		1	
SULFAMETHOXAZOLE/TRIMETHOPRIM DS (BACTRIM) 100 tab Bottle		1	

PRESCRIPTION MEDICATIONS: OPHTH	ON HAND	PAR QUANTITY	EXPIRE
AKTROL O/S .1% 5 ML (NEO/POLY/DEX)		1	
ERYTHROMYCIN OPHTHALMIC OINTMENT, TUBE		1	
GENTAMICIN SULFATE OPHTHALMIC SOLUTION, BOTTLE		1	
TETRACAINE, BOTTLE		2	

PRESCRIPTION MEDICATIONS: NARCOTIC:	ON HAND	PAR QUANTITY	EXPIRE
DEMEROL, 50mg VIAL		5	
DIAZEPAM, 10mg VIAL		5	
MORPHINE SULFATE 10MG/ML, VIAL		5	

PRESCRIPTION MEDICATIONS: MISC	ON HAND	PAR QUANTITY	EXPIRE
ACTIVATED CHARCOAL, 15G		1	
ALBUTEROL METERED DOSE INHALER		2	
BACTERIOSTATIC WATER OR SALINE 30 ML VIAL		4	
CLONODINE .1MG TAB, 100 TAB BOTTLE		1	
DEXAMETHASONE 10MG/ML, 10ml VIAL		2	
GUAFENISEN 600MG/PSEUDOPHEDRINE 120MG, 100 Tab Bottle		1	
KETORALAC TROMETHAMINE 60MG/2ML (VIAL)		3	
KETOROLAC TROMETHAMINE 10MG (TABLET), 100 tab bottle		1	
LIDOCAINE 2% W/O EPI 50ML (LOCAL)		1	
PREDNISONE 20MG, 100 tab Bottle		1	
PROMETHAZINE (PHENERGAN) 25MG/ML, VIAL		3	
SILVADINE CREAM 20GR, TUBE		2	
TETANUS TOXOID, 5 DOSES		1	
TIGAN SUPPOSITORIES, BOX 10		1	
VISCOUS LIDOCAINE 10ML, BOTTLE		1	

ITEMS BELOW ARE FOR INITIAL TAKE OVER OF RIG ONLY

OFFICE SUPPLIES	ON HAND	PAR QUANTITY
LETTER SIZE WRITING PADS		6
INK PENS, BLACK		12
HIGHLIGHTER, YELLOW		2
SCOTCH TAPE ROLL, WITH DISPENSER		2
STAPLER, STANDARD		1
STAPLES, STANDARD, BOX		1
PAPER CLIPS, BOX		1
FOLDERS, LETTER, BOX		1
SHARPIE, FINE POINT, BLACK		2
LARGE MAGIC MARKER, BLACK		2
SCISSORS		1

NON-PRESCRIPTION MEDS	ON HAND	QUANTITY
IBUPROFEN (LARGE BOX) 2 tablet 200mg ea packet		2
TYLENOL (LARGE BOX)		1
MULTISYMPTOM COLD (LARGE BOX)		1
ANTACID, LIQUID, 16oz		2
TRIPLE ANTIBIOTIC OINTMENT, PACKET, 144BX		1

Trinity Medical Management L.L.C.

End of Hitch Checklist

To be faxed to the office the last day of your hitch.

Narcotic Inventory up to date:	YES:		NO:		
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LifePak: Operates Properly	YES:		NO:		
LifePak: Spare Batttries Charged / Avail.	YES:		NO:		

Medical Log Completed	YES:		NO:		
Signed, Scanned, Emailed to Office	YES:		NO:		

Patient Reports Completed	YES:		NO:		
Signed, Scanned, Emailed to Office	YES:		NO:		

Rowan Bi Weekly Inspection Completed	YES:		NO:		
Signed, Scanned, Emailed to Office	YES:		NO:		

Weekly Hygiene Inspection Completed	YES:		NO:		
Signed, Copy to OIM & TMM Office, Filed In Sickbay	YES:		NO:		

Rowan Training Logs Completed	YES:		NO:		
Signed, Copy to Rowan Office, Original file on Rig	YES:		NO:		

Activity Log Completed	YES:		NO:		
Signed, Copy to Rowan Office, Original file on Rig	YES:		NO:		

Employee Time & Expense Form Completed	YES:		NO:		
Signed, Scanned & Email to Office	YES:		NO:		

Notice of Privacy Practices posted	YES	NO
Copies of Notice of Privacy Practices available	YES	NO

*** If employee fails to file form by Monday 9am after pay periods ends, Pay will be delayed ***

Medic: _____ Rig: _____ Date: _____

Comments: _____

PATIENT DECISIONS AGAINST MEDICAL ADVICE

I confirm that a health professional has explained to me the risks and benefits of my refusal to follow medical advice regarding my desire not to consent to the emergency treatment or transfer described below.

I have selected the appropriate box.

☐ **Refusal To Consent To Examination / Treatment:** A health professional has advised me of the need for further medical examination and treatment within the capabilities of the Trinity Medical Management, L.L.C. ("Trinity") staff. I understand fully that refusal of this treatment may jeopardize my health or life, but it is my wish that my refusal be honored. I understand that this treatment would be provided by Trinity were it not for my refusal and that my refusal of such treatment is my own decision and against the advice of the health professional.

The treatment(s) that I have refused include:

I understand that the risks to me of my refusal to consent to further examination and/or treatment may be:

The healthcare provider has explained to me fully that the benefit(s) of further examination and/or treatment may include:

My reason for refusal is: _____

☐ **Refusal To Consent To Transfer:** A health professional has explained the risks and benefits of my refusal to consent to be transferred from my present location to a hospital or to another treatment facility. This person has advised me of his or her recommendation for further medical examination and treatments within the capabilities of the staff and facilities available at such hospital or treatment facility. I understand fully that my refusal to transfer may jeopardize my health or life, but it is my wish that my refusal be honored.

I have been advised that the reason that transfer is recommended is:

I understand that the risks to me of my refusal to consent to transfer may be:

My reason for refusal to consent to transfer is:

I hereby release and hold Trinity and the health care personnel attending me harmless from any damages caused, related to or arising from, whether directly or indirectly, my failure to continue medical evaluation, treatment, and/or transfer as recommended, and from any liability that I might assert against any of them for not providing the treatment or transfer described herein. Furthermore, I agree to accept full responsibility for the consequences of my refusal of treatment and/or transfer.

I consent to Trinity's releasing any medical information requested by my employer or by my medical providers. I acknowledge that I am aware that I am entitled to a copy of Trinity's Notice of Privacy Practices. A copy is available for my review in the infirmary/sick bay. Upon my request a copy will be furnished to me.

Patient or Legally Authorized Representative

Relationship to Patient

Date

I have explained to the patient the nature of his (her) illness, injury or disease and the need and advisability of further examination, treatment and/or transfer to a hospital or treatment facility, together with the known risks of discontinuing medical care/treatment at this time. Furthermore, I have offered the patient the opportunity to ask and have answered all questions regarding his (her) condition, the need for continued treatment and the possible risks associated with prematurely discontinuing treatment and/or refusal to be transferred to a hospital or treatment facility to receive further treatment. Nevertheless, the patient has decided to refuse to be examined further, to continue current treatment and/or to consent to transfer, and the patient has reiterated his (her) desire and intention to refuse treatment and/or transfer against medical advice.

Health Professional's comments:

Diagnosis:

Treatment Plan:

Possible Risks:

Health Professional Signature

Health Professional Providing Information

☐ Patient refused to sign

☐ Patient failed to sign

Date

Witness

Date



WORK RECOMMENDATION WHILE TAKING PRESCRIPTION MEDICATION

Rig Name/ Number: _____

Personnel Name: _____ DOB: _____

Employer: _____

Position: _____

Medication (s): _____

Prescribed by: _____

Rx #: _____ Filled on: _____

Recommendation Concerning Working While Taking Prescription Medication:

The above recommendation has been explained and any questions have been answered. This recommendation applies only to work activities while taking the medication(s) listed above. The recommendation is based upon safety considerations. This is not a recommendation concerning using this medication or concerning the treatment plan established by the treating physician. The treating physician should be consulted for any questions or concerns regarding the medical condition and/or treatment plan.

Employee Signature

Date: _____

OIM Signature

Date: _____

Medic Signature

Date: _____

Please fax the completed form with all signatures to Trinity Medical Management L.L.C. (225) 769-4984.

EMPLOYEE'S REPORT OF WORK RELATED INJURY OR ILLNESS

Employee Name _____ Date of Injury/Illness _____

DOB _____ SSN _____

Address _____

Phone # _____

Work Assignment on date of Injury/Illness _____

Description of Injury/Illness _____

Please list any witnesses:

Phone # _____
Phone # _____

Did you seek medical treatment for this injury/illness? _____

If so please list the medical providers you saw for this injury/illness.

Phone # _____
Phone # _____