



Operations Policy & Procedure Manual

Prepared By

Document Owner(s)	Project/Organization Role
K. Knight	Operations Supervisor

Operations Manual Version Control

Version	Date	Author	Change Description
2.5	01 MAY 2012	Knight	Multiple Revisions
2.4	13 MAY 2011	Slattery	POB Policy change; Paperwork Guidance Revisions
2.3	25 FEB 2011	Slattery	Paperwork Guidance Revisions; Personnel Changes

Trinity at its option, may change, delete, suspend, or discontinue parts or the Operations Manual in its entirety, at any time without prior notice.

TABLE OF CONTENTS

1	INTRODUCTION	3
1.1	Changes in Policy	3
1.2	Trinity Organizational Chart.....	3
2	GENERAL GUIDELINES.....	4
2.1	Uniform & Appearance.....	4
2.2	Mileages	4
2.3	Crew Changes	5
2.4	Functioning as an Helicopter Landing Officer (HLO)	5
2.5	Safety Meetings	5
2.6	Emergency Procedures	6
2.7	Job Sheets.....	6
3	PRE-DEPLOYMENT GUIDELINES	8
3.1	Physical Requirements	8
3.2	Obligation to Report	9
3.3	Field Orientation.....	9
4	COMPETENCY MANAGEMENT	10
4.1	General	10
4.2	Required Certifications	10
4.3	Required Competencies	11
4.4	Optional Competencies	12
4.5	Competency Maintenance.....	12
4.6	Monthly Medical CE Topics	13
5	CLINIC GUIDELINES	14
5.1	Project / Response Readiness.....	14
5.2	Sick Bay Cleanliness	14
5.3	Controlled Substances	17
5.4	Expired Medications / Hazardous Waste.....	18
6	PATIENT CARE	19
6.1	Online Medical Control	19
6.2	Offline Medical Control (Protocol-based Therapy)	19
6.3	Formulary	20
6.4	Prescription Medications.....	20
6.5	OTC Medications	20
6.6	Patient Disposition	21
6.7	Patient Tracking / Medical Management (Follow-up)	21
7	PAPERWORK GUIDANCE.....	24
7.1	Overview	24
7.2	Paperwork (Procedures)	26
8	RDC PROCEDURES	38
8.1	Log-in and Log-out all Persons aboard Project	38
8.2	Conduct the Safety Briefing for New Arrivals	38
8.3	Weekly Hygiene Inspection	39
8.4	Bi-Weekly Project Inspection	39
8.5	Using the Personnel On Board (POB) Program	40
8.6	Using the Stop, Observe, Act & Report Program (SOAR)	41
8.7	Entering Training Using the Plateau Program.....	43
8.8	Conduct a Daily Safety Walk & Inspection	43
9.	ACKNOWLEDGMENT	44

1 INTRODUCTION

This document has been developed in order to familiarize employees with Trinity Medical Management ("Trinity") and provide information about key operational policies and procedures.

1.1 Changes in Policy

This manual supersedes all previous Operations policy & procedure manuals, operating instructions, and memos.

While every effort is made to keep the contents of this document current, Trinity reserves the right to modify, suspend, or terminate any of the policies, procedures, and/or benefits described in the manual with or without prior notice to employees.

1.2 Trinity Organizational Chart



2 GENERAL GUIDELINES

2.1 Uniform & Appearance

Wearing the proper uniform ensures that personnel are easily recognizable, and gives the appearance of professionalism. Persons arriving on projects should easily be able to identify Trinity personnel. This will facilitate safety & orientation briefings, room assignment activities and prescription medication log-ins.

Personnel who have a Trinity-issued uniform are required to wear that uniform on-duty. If a uniform is not available, Trinity personnel may wear a navy blue polo shirt along with khakis and a belt. Trinity personnel are not authorized to wear contractor-issued apparel on duty.

Employees must also be aware of hygiene issues on their respective projects. Hair must be neatly groomed and kept. If an employee's hair is longer than collar-length, it should be secured underneath head gear or restrained so as not to impose an entanglement risk for machinery. Employees must remain clean-shaved while on hitch, and remaining facial hair must not interfere with obtaining a seal on a mask respirator.

Personnel must also protect against, and if necessary cover, the exposure of culturally sensitive or potentially offensive tattoos.

2.2 Mileages

Trinity reimburses mileage from the office in Baton Rouge to the debarkation point for projects. In order to reduce the variation in mileage billing, Trinity maintains a current allowable mileage list for projects. If the mileage for the employee's project is not listed below, they must contact the Operations Manager for guidance and the correct mileage.

Destination	Mileage
Angleton, TX (LBX/Brazoria County Airport)	320 mi.
Cameron, LA	175 mi.
Creole, LA	160 mi.
Corpus Christi, TX	525 mi.
Galliano, LA	120 mi.
Golden Meadow, LA	150 mi.
Grand Isle, LA	155 mi.
Houma, LA (PHI)	105 mi.
Intracoastal City, LA	100 mi.
Sabine Pass, TX	230 mi.
Venice, LA	155 mi.

2.3 Crew Changes

After receiving an assignment, personnel will be given the appropriate location information (or dock, helipad or airport for offshore assignments).

On occasion, the relieving personnel may be delayed. Once personnel are aware that they will be delayed in reaching their assignment, it is their responsibility to notify the Operations Manager.

Personnel may not leave their assigned project until their relief arrives without consent of the Operations Manager. Abandoning the assignment before being properly relieved may result in discharge.

2.4 Functioning as an Helicopter Landing Officer (HLO)

While Trinity personnel are not to function as HLOs, the training received allows the RDM to function as a HLO in a backup role. Procedurally, personnel will be handling most of the duties from the EOC or wheelhouse. It is important that the procedures for landing helicopters safely are understood.

The procedure for helicopter landing is as follows:

- Achieve radio contact with the helicopter pilot and ETA.
- Notify the crane operator of an approaching helicopter and its ETA and request a green deck for landing from the crane operator.
- Notify pilot of green deck for landing or no green deck and instruct pilot to circle until deck is ready. When the crane operator finished crane operations he will advise a green deck. At that time clear the pilot to land.
- Notify the project manager (e.g. OIM, Operator) of an approaching helicopter.
- Wear proper PPE while the helicopter is landing.
- Log the following:
 - Time of landing
 - The name of the aircraft
 - The aircraft identification number
- Sign in personnel and assign to muster stations and life capsules
- Give appropriate safety briefings

The procedure may differ by location but the basic steps apply industry-wide. Some installations use the barge engineer as the HLO.

2.5 Safety Meetings

Trinity personnel are required to attend Daily / Pre-Tower safety meetings. Check with project managers to determine:

- The time and location of the meetings
- If personnel are required to prepare any material for the meetings

Some projects will have an employee (or Trinity) take notes during the meeting and transfer them to a MS-Word file. The next day, return the notes to the safety meeting to have the attendees sign. If this is expected on the project, make arrangements to have notes taken for the night meetings as well. Sometimes, the project management expects everyone in attendance to have a safety topic. Some ideas for sharing are:

- Review a common sample of STOP/SOAR cards for a frequent complaint / topic
- IADC Safety Alerts: www.iadc.org
- MMS Safety Alerts: <http://www.mms.gov/safetyalerts/>
- MMS GOM Safety Alerts:
<http://www.gomr.mms.gov/homepg/offshore/safety/safealt/safemain.html>
- MMS Pacific (POCS) Safety Alerts: <http://www.mms.gov/omm/pacific/offshore/safety/satoc.htm>

2.6 Emergency Procedures

When personnel arrive on a new project, it is of paramount importance to:

- Read the station bill and obtain a clear understanding of the RDM's responsibilities;
- Check with the project manager for any additional roles assigned; and
- Practice these roles through weekly drills.

Some projects will have the Medic report to the staging area with some of the equipment if there is a fire. Other projects will have the Medic report to the EOC/wheelhouse/control room) and takes notes or scribe for the incident. Other times, project RDMs will have to stand by in Sick Bay in case there are any casualties. The bottom line: find out from the project management what is expected of the RDM in different types of emergencies / incidents.

When an evacuation is drilled or is occurring, personnel should be aware of responsibilities posted on the station bill. Typically, they include manning muster stations and performing roll calls, assisting the project management in room-by-room searches, and making sure everyone is evacuated. Often RDMs will perform a thorough head count before, during and after the evacuation. These duties may differ by location but they are usually similar industry wide. Standby and evacuation roles and duties are typically the same.

In the event of an abandon ship drill or actual emergency, grab the life preserver and wear it. Always know the muster stations and remember that the muster stations are not the same on all projects.

Following a Fire/Abandon drill the barge engineer will likely ask for a Fire/Abandon Drill Attendance sheet. This can be printed from the POB program.

Warning: *DO NOT WAIT UNTIL THERE'S AN EMERGENCY TO DETERMINE WHAT THE RDMs RESPONSIBILITIES ARE – PROJECT PERSONNEL WILL BE LOOKING TO TRINITY PERSONNEL FOR LEADERSHIP IN A TIME OF CRISIS!*

2.7 Job Sheets

When Trinity personnel arrive on any project, one of the first items that need to be addressed is the Job Sheet. Personnel should always have a job sheet for the project. It must be posted in

- the clinic / infirmary
- the EOC / operations center

- the project management offices (e.g. OIM & Operator)

This sheet contains all of the evacuation solutions for the project.

The office and the Operations Manager must be notified EVERYTIME the rig moves. Office staff will generate a new job sheet based on the project's new location. The updated sheet will be returned by email.

It is the responsibility of Trinity personnel to ensure the job sheet is accurate and current. Contact the office immediately if there are any problems with the job sheet.



3 PRE-DEPLOYMENT GUIDELINES

3.1 Physical Requirements

Personnel must meet the minimum medical screening requirements and receive all immunizations specified in the contract, master service agreement, or as prescribed by law for a specific theater or region.

Access to higher level medical providers, diagnostic equipment and laboratory support is unreliable in the remote environment. Trinity personnel with medical conditions that require access to these resources, or which compromise the ability to provide critical services will result in a medical project ineligibility determination.

U.S. Government exclusion criteria for deployment into austere areas are listed below for review. These criteria have practical applicability for many of the remote environments in which Trinity provides services.

Personnel with any of all of the following should strongly reconsider placement in a remote medical duty area:

- Diabetes mellitus, Type I or II, on pharmacologic therapy;
- Symptomatic coronary artery disease, or with myocardial infarction within one year prior to deployment, or within six months of coronary artery bypass graft, coronary artery angioplasty, or stenting;
- Morbid obesity (BMI \geq 40);
- Dysrhythmias or arrhythmias, either symptomatic or requiring medical or electrophysiological control;
- Uncontrolled hypertension, current heart failure, or automatic implantable defibrillator;
- Therapeutic anticoagulation;
- Malignancy, newly diagnosed or under current treatment, or recently diagnosed / treated and requiring frequent sub-specialist surveillance, examination, and / or laboratory testing;
- Dental or oral conditions requiring or likely to require urgent dental care within six months time, active orthodontic care, conditions requiring prosthodontic care, conditions with immediate restorative dentistry needs, conditions with a current requirement for oral-maxillofacial surgery;
- New onset (< 1 year) seizure disorder, or seizure within one year prior to deployment;
- History of heat stroke;
- Meniere's Disease or other vertiginous / motion sickness disorder, unless well controlled on medications available to personnel;
- Recurrent syncope, ataxias, new diagnosis (< 1 year) of mood disorder, thought disorder, anxiety, somatoform, or dissociative disorder, or personality disorder with mood or thought manifestations;
- Unrepaired hernia;
- Tracheostomy or aphonia;
- Renolithiasis, current;
- Active tuberculosis

- Pregnancy;
- Unclosed surgical defect, such as external fixator placement;
- Requirement for medical devices using AC power;
- HIV antibody positivity; and / or
- Psychotic and bipolar disorders.

Remote Duty Medics should be in excellent health and possess a high degree of stamina and endurance. Fitness standards may be applied and physical assessment may be required in the pre-deployment phase, and all employees are required to pass a pre-employment and / or pre-deployment physical.

3.2 Obligation to Report

Personnel must notify the Medical Director of any and all medical conditions (reference section 3.1) which could affect the ability to function as a Trinity Remote Duty Medic. This includes notification about medical issues or ongoing concerns which may reasonably affect safety or performance regardless of the absence of a formal diagnosis.

Furthermore, personnel must report to the Medical Director any and all prescription medications used for any physical or mental condition. It is the RDMs responsibility to keep this information up-to-date. All medical information disclosed will remain confidential as per Trinity policy.

3.3 Field Orientation

New hires are required to complete a 7 day orientation with a Trinity Field Training Officer. This is an intensive, "hands-on" program in which candidate employees are introduced to Trinity Operational Policies and Procedures, Trinity HSE Policies and Procedures, and project-specific training in order to prepare them for the remote environment.

Trinity, at its option, may provide orientation days when moving personnel from one project to another. All orientation time must be cleared and approved by the Operations Manager.

4 COMPETENCY MANAGEMENT

4.1 General

Specific tasks are identified in the scope of work document provided for the remote assignment. If a certification is available for a competency being performed by a Trinity employee, a current certification is required. Trinity will assist in maintaining required certifications and continuing education units. Ultimately, it is the *employee's responsibility to maintain these certifications and training obligations*.

Personnel operating on Trinity projects with inactive or expired certifications designated as critical will undergo disciplinary action up to and including removal from the work site.

- 1.) At 90 days, personnel will receive notification advising of the expiring critical or required competencies. Personnel are required to respond and develop a plan / corrective action to remain current.
- 2.) At 60 days, replacement preparation will occur for critical and required certifications
- 3.) At 30 days, Trinity at its option will start replacement of personnel for prior to the pending expiration of any critical or required certification.

Trinity requires that any certification or competency carried by personnel must be provided to Human Resources or the Operations Manager upon request.

4.2 Required Certifications

Failure to maintain these competencies will result in removal of personnel from their work assignment up to and including discharge.

- Advanced Cardiac Life Support (ACLS)
- Basic Cardiac Life Support (BCLS)
- Helicopter Landing Officer (HLO)
- HUET / Swing Rope (API RP T-7)
- International Trauma Life Support / Prehospital Trauma Life Support (ITLS/PHTLS)
- Medic First Aid Instructor / Facilitator
- Paramedic certification
 - Includes mandatory refresher
 - National Registry Paramedic certification (after 12 months)
- RigPass / SafeGulf / SafeLand
- SAPAA Drug Collection
- Transportation Worker ID Credential (TWIC)
- Trinity Train-the-Trainer

4.3 Required Competencies

Personnel must remain current on all required safety training / competencies to be eligible for quarterly safety awards.

- Access to Employee Medical & Exposure Records
- Accident Prevention Signs & Tags
- Behavior Based Safety Program
- Back Awareness Training / Manual Lifting
- Benzene Awareness
- Bloodborne Pathogens
- Permit-Required Confined Spaces Attendant / Entrant
- DISA Drug Screen
- Disciplinary Policy
- Driving Safety
- Drug & Alcohol Awareness / Fitness for Duty
- Electrical Safety – Non-qualified
- Emergency Action Plan
- Fall Protection
- Fire Protection / Extinguishers
- Gas Hazards / Compressed Gas
- Hand & Power Tools
- Hazard Communication
- Hazard Identification / Risk Assessment
- Hazardous Waste Operations / Emergency Response - Awareness
- Hearing Conservation
- Heat Injury Prevention
- HIPAA / Privacy Practices
- Hydrogen Sulfide (H₂S)
- Incident Investigation / Reporting
- Job Safety / Environmental Analysis
- Ladder Safety
- Lockout-Tagout
- Marine Debris Awareness
- Offshore Security Awareness
- Permit-to-Work / ISSOW
- Personal Protective Equipment
- Personal Protective Equipment / Hazard Certification
- Pits / Ponds / Tanks
- Prevention of Workplace Violence
- Primary Care Skills/ Suturing
- Respiratory Fit Test
- Respiratory Protection Awareness
- Respiratory Protection Medical Questionnaire
- Rigging / Offshore
- SEMS Awareness
- Scaffolds

- Short Service Employee
- Stop Work Authority
- Trenching / Shoring / Excavations
- Walking & Working Surfaces
- Water Survival / Offshore Orientation (API RP T-4)
- Welding / Cutting / Hotwork

4.4 Optional Competencies

These competencies are not considered mandatory (currently) for any Trinity project. They are, however, available for personal enrichment and career development.

- Abrasive Blasting
- Advanced Medical Life Support (AMLS)
- Asbestos Awareness
- Assured Equipment Grounding Conductor
- Auditing
- Hazardous Waste / RCRA
- Injury & Illness Prevention
- MEDIC First Aid Instructor / Trainer
- MMS Subpart O / Well Control
- Naturally Occurring Radioactive Materials (NORM)
- OSHA 30 Hr. / Construction or General Industry
- Pediatric Advanced Life Support (PALS)
- Process Safety Management
- Rigging – Material Handling
- RigPass HSE Instructor
- SAPAA Drug Collection / Trainer

4.5 Competency Maintenance

Personnel are required to maintain competencies in accordance with our contractor's requirements and to comply with the Trinity Health & Safety Management system. To facilitate the competency management process, Trinity will subsidize or fully reimburse for critical or required competencies.

Required certifications are the absolute minimum requirements to retain employment with Trinity. Trinity will reimburse personnel for the cost of the class or program. Mileage or modified day rates will not be reimbursed for critical competencies.

Required competencies are competencies that are above and beyond the scope of learning of the National Standard Curriculum, but necessary to work in a remote environment. Depending on the particular topic, Trinity at its option, will:

- Schedule / subsidize lodging;
- Pay for the class or certification outright; and / or
- Subsidize learning via the Trinity Intranet and Test Generator.

Due to the requirement of the competencies, Trinity will reimburse students in class for required competencies at a modified (non-OT / 8 hour) day rate.

Optional competencies are competencies that personnel may use to develop career paths or for personal enrichment. Mileage or modified day rates will not be reimbursed for optional competencies. Depending on the needs of the organization (or personnel's requirements for recertification, Trinity at its option, may choose to subsidize or reimburse for completion of optional competencies. Pre-approval of either the Medical Director or the Operations Manager is mandatory if personnel are submitting for reimbursement.

4.6 Monthly Medical CE Topics

Trinity has made provisions to supplement training with monthly online topics at EMS-CE.com. This program is designed for the Remote Duty Medic to receive computer-based training and education each month from pre-selected courses. This continuum of training is based on topics pre-selected by the Medical Director.

The current month's topic will be identified by the EMS-CE.com schedule. It is the RDM's responsibility to read / study the information and take the corresponding test. The website issues CEUs for satisfactory completion. As National Registry limits online CE hours to 13, it is NOT intended to replace the recertification process.

Steps for online training:

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

At the end of each month the previous month's module will be audited. Any personnel who fall behind by greater than 30 days will be notified of the need to complete the module. Personnel can receive login and password information from the Trinity Office.

Warning: IF PERSONNEL FALLS FURTHER BEHIND THAN TWO (2) MODULES WITHOUT EXCEPTION OR EXCUSE FROM THE TRINITY OFFICE, TRINITY WILL ACTIVELY TAKE STEPS TO REPLACE PERSONNEL FROM THEIR RESPECTIVE PROJECT.

5 CLINIC GUIDELINES

5.1 Project / Response Readiness

The clinic at the project site is subject to inspection or audit with or without notice. Personnel are expected to possess a working knowledge of the clinic and inventory.

Furthermore, personnel are to ensure that Sick Bay remains clean, and equipment is maintained for a ready response to medical or traumatic emergencies without unnecessary delays in locating supplies or equipment.

5.2 Sick Bay Cleanliness

Trinity believes that a clean hospital is integral to appropriate medical support. The Sick Bay will be maintained in a clean and organized state at all times. No equipment or supplies are to be stored on the floor. Supplies are to be organized in bins, if possible, to facilitate cleaning and storage.

Cleaning Standards

Patient equipment – Direct contact

Element	Standard
Commodes	All parts including underneath should be visibly clean with no blood, OPIM, dust, dirt, debris or spillages
Scales or manual handling equipment	All parts including underneath should be visibly clean with no blood, OPIM, dust, dirt, debris or spillages
I.V. poles, if present	All parts including underneath should be visibly clean with no blood, OPIM, dust, dirt, debris or spillages
Other medical equipment not connected to a patient (defibrillators, pulse oximetry, Agilent transport monitors)	All parts including underneath should be visibly clean with no blood, OPIM, dust, dirt, debris or spillages
Medical gas equipment	All parts including underneath should be visibly clean with no blood, OPIM, dust, dirt, debris or spillages

Close Contact

Element	Standard
Hand wash, hand sanitizer, clipboards, display notices	All parts including the holders should be visibly clean with no blood, OPIM, dust, dirt, debris or spillages. Hand wash dispenser should be free of product build-up around the nozzle. Splashes on the wall, floor, bed or furniture should not be present.
Carts / rolling storage containers	All parts including the underneath and inside of the container should be visibly clean with no blood, OPIM, dust, dirt, debris or spillages.

Fixed assets

Element	Standard
Switches, sockets and data points	All wall fixtures (e.g. switches, sockets, and data points) should be visibly clean with no blood, OPIM, dust dirt, debris, adhesive tape or spillages.
Walls	All wall surfaces including skirting should be visible clean with no blood, OPIM, dust, dirt, debris, adhesive tape or spillages.
Ceiling	All ceiling surfaces should be visible clean with no blood, OPIM, dust, dirt, debris, adhesive tape or spillages.
All doors	All parts of the door structure should be visibly clean so that all door surfaces, vents, frames and jambs have no blood, OPIM, dust, dirt, debris, adhesive tape or spillages
Cabinets / counters	All glazed surfaces should be visibly clean and smear-free with no blood, OPIM, dust, dirt, debris, adhesive tape or spillages. They should have a uniform shine appearance.
Mirrors	Mirrors should be visibly clean and smear-free with no blood, OPIM, dust, dirt, debris, adhesive tape or stains.
Ventilation grills	The external part of the ventilation grill should be visibly clean with no blood, OPIM, dust, dirt, debris or cobwebs.

Hard floors

Element	Standard
Floor – polished	The complete floor including all edges, corners and main floor spaces should have a uniform shine and be visibly clean with no blood, OPIM, dust, dirt, debris, spillages or scuff marks.
Floor – non-slip	The complete floor including all edges, corners and main floor space should have a uniform finish or shine and be visibly clean with no blood, OPIM, dust, dirt, debris or spillages.

Furnishings and fixtures

Element	Standard
Low surfaces	All surfaces should be visibly clean with no blood, OPIM, dust, dirt, debris, adhesive tape or spillages.
High surfaces	All surfaces should be visibly clean with no blood, OPIM, dust, dirt, debris, adhesive tape or spillages.
Chairs	All parts of the furniture should be visibly clean with no blood, OPIM, dust, dirt, debris, adhesive tape or spillages.
Beds / exam table	All parts of the bed (including mattress, frame, wheels/castors, if applicable) should be visibly clean with no blood, OPIM, dust, dirt, debris, adhesive tape or spillages.
Lockers	All parts of the locker (including inside) should be visibly clean with no blood, OPIM, dust, dirt, debris, adhesive tape or spillages.
Tables	All parts of the table (including underneath, and wheels/castors, if applicable) should be visibly clean with no blood or OPIM, dust, dirt, debris, adhesive tape or spillages.
Hand wash dispensers	All parts of the surfaces of hand soap, paper towel containers should be visibly clean with no blood, OPIM, dust, dirt, debris, adhesive tape or

	spillages.
Waste receptacles	The waste receptacle should be visibly clean including lid and pedal with no blood, OPIM, dust, dirt, debris, stains or spillages. Receptacles should be emptied frequently and not allowed to overflow.

Appliances

Element	Standard
Refrigerator / freezer	Fridges and freezers should be visibly clean with no blood, OPIM, dust, dirt, debris, spillages, or build up of ice.

Toilets, sinks, wash hand basins and bathroom fixtures

Element	Standard
Showers	The shower should be visibly clean with no blood, OPIM, scum, dust, lime scale, stains, deposits or smears.
Toilets	The toilet should be visibly clean with no blood, OPIM, scum, dust, lime scale, stains, deposits or smears.
Sinks	The sink and wall-attached dispensers should be visibly clean with no blood, OPIM, scum, dust, lime scale, stains, or deposits. Plugholes and overflow should be free from build-up.
Baths	The bath should be visibly clean with no blood, OPIM, scum, dust, lime scale, stains, deposits or smears. Plugholes and overflow should be free from build-up.

Cleaning Frequencies

Element	Standard
Medical equipment not connected to a patient (e.g. defibrillators, pulse oximetry, Agilent monitors)	Clean 1x per week and between patient use
Clipboards & display boards	Clean 1x per week and between patient use
Patient care trays, rolling tables, "crash carts"	Clean 1x per week and between patient use
Switches, sockets, data points	Clean 1x per week and between patient use
Walls	Check clean weekly
	Wash once every month
Ceiling	Check clean weekly
	Wash once every month
Counters & surfaces	Check clean daily
	Full clean weekly
Mirrors	Full clean weekly
Ventilation grills and inlets	Full clean monthly
Floors – polished	Dust removal: check clean daily, full clean weekly
	Wet mop: check clean daily, full clean weekly
Electrical items	Dust removal: full clean weekly
	Full clean monthly
Low surfaces	Full clean weekly
High surfaces	Full clean weekly

Chairs	Full clean weekly
Beds/bunks	Full clean after patient use
	Frames dust check as needed
Lockers	Full clean weekly
Tables	Full clean weekly
Waste receptacles	Pull daily
	Deep clean weekly
Fridges & freezers	Check clean daily
	Full clean weekly
	Defrost monthly
Showers	Full clean weekly
Sinks	Full clean weekly
Baths	Full clean weekly
Toilets	Full clean 3x week

5.3 Controlled Substances

The controlled substances on Trinity projects must remain under a two-level security (multiple controls) at all times. At no time should controlled substances be left unattended and unsecured.

The two-level security system for controlled substance operates as follows:

1. Level one: medications are secured in Trinity lock box using the two-key system. This secures the controlled substances within the box.
2. Level two: the lock box is stored in a lockable cabinet in Sick Bay or may be permanently wall-mounted.

For level-two storage: the RDM may retain the key or combination to the locked cabinet.

For level-one storage: the RDM retains the key(s) to one of the two locks only. ***Under no circumstances should the RDM retain control of both keys for level-one storage.***

Receiving Controlled Substances

Controlled substances are sent from the Trinity office with a Controlled Substance Transport Form. This form identifies the pertinent project and receiving information, and provides a chain of custody for controlled substances. This form must be completed and returned to the office and Ops. Manager as soon as it can be completed.

Disposal of Controlled Substances

Due to restrictions of hazardous waste operators and the abuse potential of controlled substances, it is Trinity's policy that they are disposed of in the following steps:

1. Contact other level-one key holder and have them meet the RDM in Sick Bay.
2. Verify the acceptability of the replacement controlled substances.
 - a. If the replacement controlled substances have not arrived on project, contact the Operations Manager for guidance.

3. Waste the expired controlled substances into the sink in Sick Bay.
4. Log the medication, expiration date, LOT number and Trinity-assigned serial number to Trinity Controlled Substances Waste Log.
5. Have the other level-one key holder and a secondary witness, co-sign the Controlled Substances Log.
6. Submit the Controlled Substances Log in the normal manner within the specified timeframe.

Warning: *Personnel should not perform an unwitnessed waste or disposal of controlled substances. The participation of a project manager IS required. The procedures and accompanying documentation are strictly regulated. Violation of protocol or breach in accountability will result in notification of the Drug Enforcement Agency (DEA) and the United States Coast Guard (USCG). Failure to follow this procedure WILL result in termination and possible criminal charges.*

5.4 Expired Medications / Hazardous Waste

1. Remove the expired medications from inventory
2. Replace old with new medications if on hand or order replacement medication
3. Place the expired medication in a separate box for shipment
4. Create a manifest listing of Medications or other Biohazard (Sharps containers or Red bag trash) substances which require removal from the installation.
5. Determine the designated method and disposal site for expired or contaminated medical supplies. The method and site may vary by assignment and might change periodically. If the disposal point is unknown, contact the Trinity office for instructions.
6. Document the: quantity (bottles, not pill counts), lot number and expiration dates of the medications included, the outside of the container should be labeled "expired medications to be destroyed."
7. Secure the sharps containers or double-bag red bag trash it and place in a transport/disposal box; this box should be labeled "biohazard to be destroyed."
8. Prepare the package for transport arrange with the Barge Engineer to have the package sent to the appropriate disposal site. Again, if the disposal point is unknown, contact the Trinity office for instructions.
9. Transfer the medications / supplies to the carrier – document carrier and date on manifest. Scan and email to Trinity.



Trinity will also consider the donation of expired medications to charitable international resources – please contact the office for guidance prior to the disposal of expired medications for information if personnel know of such an organization in need.

6 PATIENT CARE

6.1 Online Medical Control

Due to the nature of austere work, and Trinity's desire to maintain quality medical care, access to a medical control physician is available 24/7/365 for consultation and guidance.

Any treatment options that create an OSHA-defined "recordable incident," must have actual and documented medical control consultation, without exception.

When to contact Medical Control:

- Medical emergencies;
- Occupational / primary care;
- The patient's vital signs or physical findings are not consistent with the request for care;
- All documented treatment / assessment refusals;
- Work-related injury or illness; if uncertain, consult and document; and / or
- An atypical presentation or multiple / complex differential diagnoses

Any time there is a medical need beyond distribution of OTC medications or an OTC medication above a manufacturer's recommended dosage, the RDM must contact Medical Control.

- After consultation, the RDM is 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.

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

Procedure

1. Complete primary / focused assessment
2. Requests the medical control physician through the main Trinity number (225) 769-4983.
 - a. During normal business hours, there is usually a physician present on-site to handle medical control requests.
 - b. After-hours, the request will be handled by the answering service.
3. For emergencies, or if phone service access to the site is limited – request a direct connect to physician and stay on the line.
4. For non-emergent medical consultation, leave the operator a call back number and ensure that the line stays available for the physician.
 - a. If no response is obtained 10-15 minutes, assume there are communication problems.
 - i. Call and request direct connection with medical control physician.
 - ii. If unable to connect, contact the Operations Manager via cell or through the switchboard.

6.2 Offline Medical Control (Protocol-based Therapy)

Trinity Medical Direction Guidelines are currently under development for off-line medical control. However, in the case of patient presentation with a life-threatening injury or illness, personnel are directed to treat and intervene in accordance with:

- Guidelines for the treatment of traumatic injuries in accordance with the International Trauma Life Support or Prehospital Trauma Life Support curriculum; or
- Guidelines for the treatment of Emergency Cardiac Care as established by the American Heart Association in accordance with the curriculum for Advanced Cardiac Life Support.

Personnel should attempt to establish a connection with online medical control at the earliest possible opportunity where there is no further danger to the patient or all critical interventions have been exhausted.

6.3 Formulary

The most current version of the Trinity Formulary can be found on the Trinity Intranet in the Quick Reference Section.

The treatment suggestions offered in the Trinity Formulary are for reference only, and should in no shape or fashion be considered standing orders by the Medical Director.

6.4 Prescription Medications

Prescription medications are not to be dispensed without approval of medical control unless specifically directed in a Medical Protocol. It is unlawful for paramedics to dispense medications within U.S. borders and is subject to a per incidence fine by the federal government.

Medications are provided as part of an ongoing treatment plan which is authorized per protocol or by direction from medical control.

Personnel may provide enough medication to meet the treatment requirement of the patient during transport from the remote environment to an area capable of providing medical care. This amount is never to exceed a 24 hour supply of medication or wound care (for patients returning to the U.S.). If extended transport is anticipated, approval from medical control is requested.

Prescription medications are not to be dispensed for consumption or treatment of an individual who is leaving the remote environment to which personnel have been assigned.

Failure to comply with this directive will result in disciplinary action up to and including termination.

6.5 OTC Medications

Follow these steps when administering OTC meds:

- Limit the administration of OTC meds to patients who ask specifically for a medication.
 - If a patient has a medical complaint – consider a full assessment with documentation. Err on the side of evaluation and documentation.

- At a minimum, a brief medical screening (e.g. HPI & VS) should be performed to ensure vital signs are within normal limits and complaint is not an atypical presentation of a more serious problem.
- Give the appropriate OTC medication and dosage – if unsure, consult Medical Direction Guidelines and / or contact a medical control physician.
- Document the intervention on the Patient Treatment Log.

6.6 Patient Disposition

6.6.1 Workplace Injuries / Work-related Illnesses

Workplace injuries and work-related illnesses that remain on the rig must have follow-ups performed and documented per policy. Follow-ups should be coordinated with the medical control physician.

6.6.2 First Aid vs. Medical Treatment

This table is an acceptable list of treatments that qualify as “first aid.” Anything that does not appear in this table or extends beyond the therapies listed here must have a physician consultation.

Using a nonprescription medication at nonprescription strength	Administering tetanus immunizations – all others are recordable	Cleaning, flushing, or soaking wounds on the surface of the skin	Using hot or cold therapy
Using wound coverings such as bandages (e.g. elastic bandages) or Steri-Strips™	Using any non-rigid means of support (elastic bandages, wraps, back belts, etc.)	Using temporary immobilization devices while transporting an accident victim	Trephination of a fingernail or toenail to relieve pressure or draining fluid from a blister
Using eye patches / coverings	Removing foreign bodies from the eye by flushing or using a cotton swab	Using finger guards	Using massages (physical therapy or chiropractic treatment are recordable)
Drinking fluids for the relief of head stress			

6.7 Patient Tracking / Medical Management (Follow-up)

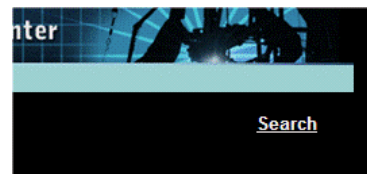
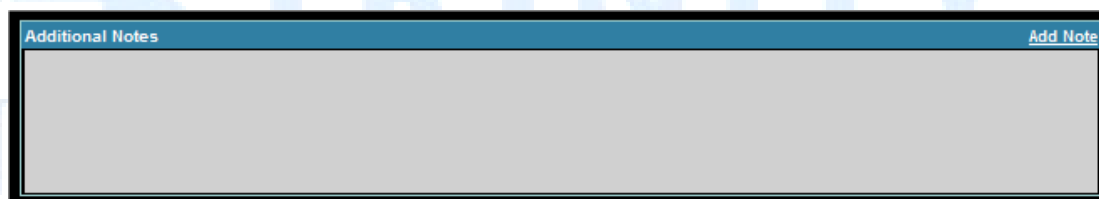
Trinity Medical Management believes good quality patient care requires following personnel to resolution of their illness or injury. The remote duty clinician plays a critical role in information gathering, verification, and documentation of medical outcomes for their ill or injured patients.

For every patient encounter created, Trinity requires the following:

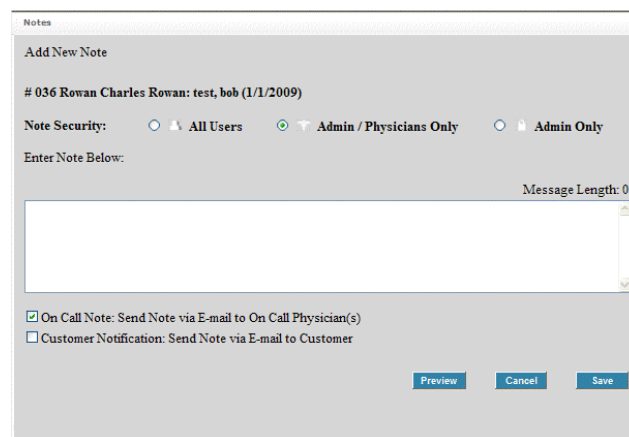
- Follow up to verify resolution of the complaint or equilibration of a chronic process.
- Daily follow up notes for patients requiring ongoing medication administration, wound care, or modified duty (formal or informal).
- For patients who are not expected to return to duty in the immediate or near future, an approved interval for the patient as discussed with medical control may be substituted.
- All patient tracking / Medical Management communication must be documented in the Trinity Intranet; "Add Notes" function in Medical Manager.

Procedure

- Make sure the project / RDM has a cell phone number for the patient and/or a person who is accompanying the patient.
- Contact the patient for additional information regarding their consultation / treatment with the health care provider.
 - Take notes – more information is better than less
- Log on to the Trinity Intranet and from the Patient Encounter screen, select "Search" from the upper right-hand corner
- After locating the search option, just click the "Search" button from the pop-up window, or enter the name and SSN of the patient to assist with searching.
- Select the appropriate patient and the completed Patient Encounter.
- Once at the patient encounter, click-through to the third section / page. On the bottom of the page, there is an additional notes section at the bottom.

- Click the "Add Note" link at the top right hand corner of the box, and a pop up window will appear to enter the follow-up information for the patient.
- Add the new note
- Select the appropriate security level (Admin/Physicians Only)
- Select the Customer Notification option if the information needs to be sent to the Operator or Client as well.
- Click "Preview" to look at the message prior to sending it (suggested – this is an opportunity to check spelling)
- If the information is ok, click "Save" and the information will be saved to the Patient encounter – as well as to the On Call Physicians and the patient employer representative.



Upon return of the patient to the installation or site, **the RDM must receive verification of an appropriate return to work certificate or form.** This form should be scanned in and emailed to medical management.

Appropriate restrictions are to be accommodated and the project manager is to be notified of the restrictions. If the restrictions seem inappropriate or there is a safety issue, contact the medical control physician or medical director for guidance.



7 PAPERWORK GUIDANCE

7.1 Overview

7.1.1 Frequent Paperwork

<i>Document</i>	<i>Contractor</i>	<i>Due (in days) from Start of Hitch</i>	<i>Typed / Handwritten</i>	<i>Signature Required?</i>	<i>Distribution</i>
START OF HITCH	RDC, ATP	2	TYPED	NO	TMMOFFICE, KKNIGHT
MEDICAL PACK INVENTORY	RDC, ATP	2	TYPED	NO	TMMOFFICE, KKNIGHT
MONITOR – DEFIBRILLATOR CHECKLIST	RDC, ATP	BY DAY 2 & 9 (FOR 2 WK HITCH) or 2, 9, 16 (FOR 3 WK HITCH)	TYPED	NO	TMMOFFICE, KKNIGHT
WEEKLY HYGIENE INSPECTION	RDC	7 (FOR WK 1); 14 (FOR WK 2); 21 (FOR WK 3);	TYPED	YES	TMMOFFICE, KKNIGHT
BI-WEEKLY PROJECT INSPECTION	RDC	LAST DAY OF HITCH	TYPED	YES	TMMOFFICE, KKNIGHT
CONTROLLED SUBSTANCE INVENTORY AND WASTE FORM	RDC, ATP	2 (SOH) AND 14 (EOH)	TYPED	YES	TMMOFFICE, KKNIGHT
PATIENT TREATMENT LOG	RDC, ATP	FRIDAYS (RDC) WEDNESDAYS (ATP)	TYPED	YES	TMMOFFICE, KKNIGHT, Rowan- deannac@rowancompanies.com
PAYROLL EXPENSE FORM	RDC, ATP	EVERY OTHER FRIDAY	TYPED	YES	TMMOFFICE
DAILY ACTIVITY REPORT	RDC, ATP	LAST DAY OF HITCH	TYPED	NO	TMMOFFICE, KKNIGHT
END OF HITCH	RDC, ATP	LAST DAY OF HITCH	TYPED	NO	TMMOFFICE, KKNIGHT

7.1.2 Infrequent (Demand) Paperwork

<i>Document</i>	<i>Contractor</i>	<i>Complete after</i>	<i>Typed / Handwritten</i>	<i>Signature Required?</i>	<i>Distribution</i>
PROJECT OTC INVENTORY	RDC, ATP	MGMT. REQUEST	TYPED	YES	TMMOFFICE, KKNIGHT
EXPIRED MED / HAZ WASTE MANIFEST	RDC, ATP	MGMT. REQUEST	TYPED	YES	TMMOFFICE, KKNIGHT
ACTION REQUEST FORM	RDC, ATP	MGMT. REQUEST	TYPED	YES	TMMOFFICE, DSLATTERY
PATIENT TREATMENT & ACKNOWLEDGEMENT FORM	RDC, ATP	PATIENT ENCOUNTER	HANDWRITTEN	YES	TMMOFFICE, MGUERIN
HIPAA AUTHORIZATION	RDC, ATP	PATIENT ENCOUNTER	HANDWRITTEN	YES	TMMOFFICE, MGUERIN
PATIENT DECISIONS AGAINST MEDICAL ADVICE	RDC, ATP	PATIENT ENCOUNTER	HANDWRITTEN	YES	TMMOFFICE, MGUERIN
TRINITY VACCINE CONSENT	RDC, ATP	PATIENT ENCOUNTER THAT RESULTS IN VACCINE ADMINISTRATION	HANDWRITTEN	YES	TMMOFFICE, MGUERIN
TRINITY JOB SHEET	RDC, ATP	RIG / PROJECT MOVE	TYPED	NO	TMMOFFICE, PROJECT
PRESCRIPTION MEDICATION WORK RECOMMENDATION	RDC	EMPLOYEE W/ NEW MEDICATION	HANDWRITTEN	YES (X3)	TMMOFFICE, MGUERIN
PRESCRIPTION MEDICATION LOG	RDC	EMPLOYEE W/ NEW MEDICATION	HANDWRITTEN	YES	PROJECT, MGUERIN, TMMOFFICE

7.2 Paperwork (Procedures)

7.2.1 General

Most Trinity forms are in a computerized format to facilitate completion and for legibility. In the format section, it should be noted that there are several forms that are allowed to be handwritten, but in the interest of legibility please attempt to complete all forms in a computerized version.

Arrangements should be made to retain copies of paperwork (either printed or digital versions) to remain on the project. Primarily these should serve as references for relief personnel, in case Remote Duty Medics do not return to projects.

7.2.2 Start of Hitch

Frequency: Within the first two days of the hitch personnel are required to complete and submit the Start of Hitch Form. The current version of this form can be found on the Trinity Intranet in the Quick Reference Section Ops Forms & Documents - **OPS-BF-001**.

Distribution: This form must be submitted when completed to Trinity (tmmoffice@trinitymedicalmanagement.com, & kknight@trinitymedicalmanagement.com).

Signatures Required: None

Format: Typed

Procedure

- Complete the identifying information at the bottom (Name, Project, Date)
- Check and verify that the Project Sign-in / Sign-out logs are current
- Check and verify that the Project Prescription Log is current and securely maintained
- Check and verify that the Trinity Job Sheet is current and posted in the locations per policy
- Check and verify that the sick bay is clean / organized / "response ready"
- Check and verify that the cleaning schedules are posted and being followed
- Check and verify that the "Trinity Privacy Practices" is posted / displayed in sick bay
- Check and verify that extra copies of "Trinity Privacy Practices" are available to distribute to patients
- Check and verify that the Trinity MSDS Binder in sick bay is current
- Verify the controlled substance inventory, and counts
 - If counts, serial numbers, or any other information is contradictory from previous hitch, personnel must contact the Operations Manager immediately.
- Verify that the Level-2 security system for controlled substances are in place
- Check and verify the good working order of the suction unit, to include 10 minutes of operation while running on battery power.
- Check and verify the good working order of the glucometer.
- Check and verify contents and good working order of the Airway/Intubation equipment and supplies.

- Verify the presence of a primary, and second D/E cylinder regulator (back-up)
- Verify the presence of a M/H cylinder regulator.
- Check the levels of the M/H cylinders on the project, and verify dates for last hydrostatic pressure testing and log on SOH form.
- Check the levels of the D/E cylinders on the project, and verify dates for last hydrostatic pressure testing (for steel cylinders) and log on SOH form.
 - Oxygen levels are calculated automatically
 - If there are less than 1440 minutes (24 hours) of oxygen on the project, contact Contractor's oxygen vendor for resupply or to add additional tanks.
 - For International projects, 2880 minutes (48 hours) of medical grade oxygen is suggested for a minimum par level.
- Add additional information in the "Comments" section as needed.

7.2.3 Medical Pack Inventory

Frequency: Within the first two days of the hitch personnel are required to complete and submit the Medical Pack Inventory. The current version of this form can be found on the Trinity Intranet in the Quick Reference Section Ops Forms & Documents - **OPS-BF-002**.

Distribution: This form must be submitted when completed to Trinity (tmmoffice@trinitymedicalmanagement.com, & kknight@trinitymedicalmanagement.com).

Signatures Required: None

Format: Typed

Procedure

- Complete the identifying information at the top (Name, Project, Date)
- Ensure that the current "Ship to:" address is on the form.
- Count and verify the presence of equipment and materiel with the par value listed for the project
- If below par, place number of item needed in "Need" column
- For items with expiration dates, place earliest dating in the "Expiration Date" column.

- If multiple expiration dates are present, utilize the notes section to denote multiple expiration dates.

ON HAND	PAR QUANTITY	EXPIRATION DATE	NEED	NOTES
10	10	6/30/2010	5	5 @ 6/30/10, 5 @ 8/31/12

- Any additional information may be added in the "Notes" section at the top of the form

7.2.4 Monitor-Defibrillator Checklist

Frequency: Starting the day of crew change, and every 7 days of the hitch following (Days 1, 8, 15), personnel is required to test, verify and log the good working order of the Monitor/Defibrillator. The current version of this form can be found on the Trinity Intranet in the Quick Reference Section Ops Forms & Documents - **OPS-BF-004**.

Distribution: This form must be submitted when completed to Trinity
(tmmoffice@trinitymedicalmanagement.com, & kknight@trinitymedicalmanagement.com).

Signatures Required: None

Format: Typed

Procedure

- Complete the identifying information at the top (Name, Project, Date & Unit Serial Number)
- Follow the checklist
- Retain printout that shows “Test OK” following defibrillator test.
 - Attach to separate sheet of paper and scan both as a single document.
- Under no circumstances should the defibrillator be tested at an energy level higher than 30 joules.
- If any problems require correction, or the unit is designated “Out of Service,” contact the Operations Manager immediately.

7.2.5 Controlled Substance Inventory and Waste Form

Frequency: The first and last day of their hitch personnel should complete the Controlled Substance Inventory and Waste Form. The current version of this form can be found on the Trinity Intranet in the Quick Reference Section Ops Forms & Documents - **OPS-BF-007**.

Distribution: This form must be submitted when completed to Trinity
(tmmoffice@trinitymedicalmanagement.com, & kknight@trinitymedicalmanagement.com).

Signatures Required: Remote Duty Medic, Project Manager (OIM)

Format: Typed

Procedure

To Inventory:

- Complete the identifying information at the top (Name, Project & Dates)
- Have the project manager verify the SOH count and sign
- Document each vial of each controlled substance and serial number, lot number and expiration date
- At the end of hitch, have the project manager verify the counts and serial numbers of all controlled substances, and sign.

If Used:

- Use the “Narcotic Usage” Section
- Enter Date
- Under “Patient” document the patients full name
- Document Medication & Serial Number
- Enter the amount of medication used on the patient in “mg”
- Enter the name of the ordering physician

- Sign the form
- Document any waste on the Controlled Substance Waste Form **OPS-BF-024**
- Submit to Trinity

7.2.6 Patient Treatment Log

Frequency: Every week Trinity personnel are required to keep a weekly treatment log. The treatment log(s) must be submitted every 7 days to the Trinity office. This can be found on the Trinity Intranet and is **OPS-BF-008**.

Distribution: This form must be submitted weekly to Trinity (tmmoffice@trinitymedicalmanagement.com, knight@trinitymedicalmanagement.com).

For RDC projects: the form must be submitted on Fridays to contractor (deannac@rowancompanies.com).

Signatures Required: Remote Duty Medic, Project Manager (OIM)

Format: Typed

These weekly logs are designed to provide a variety of information to the customer and to Trinity. The patient's first and last name should be on the log. If the person requesting medication does not have an active HIPAA form on file, one must be secured. If there's any doubt about whether or not there's an active HIPAA form – complete another one.

Personnel are required to file these forms on the project in the corresponding folder after they have been emailed to Medical Management. This is so other project members are able to reference the log for medical management reasons, as well as documenting patient care.

- Patient treatment logs should include all patients treated and evaluated as well as patients who only required over-the-counter medications.
- For every patient evaluated by Trinity personnel, a log entry for that patient **must** be created, even if the person requesting only is asking for an OTC medication.
- Any work related injuries or illnesses must have a corresponding Patient Encounter – it is not sufficient to simply list a work related illness or injury on the Patient Treatment Log.
- If OTC meds were administered to the patient – document the medication and dose on the patient treatment log.

Procedure

- Complete the identifying information at the top (Name, Project, Dates & Project Manager)
- For every log entry complete:

Sample Patient Treatment Log Entry:

Date	Time	Patient Name	Complaint	Treatment	Release on File Yes / No	Sent Offsite for Medical Treatment Yes/No	Company	Reported to Project Manager	PROI (R-101) Completed Yes / No	Online Patient Encounter Yes / No
2/15/10	14:30	Sample Patient	Headache	APAP 650 mg	Y	N	Trinity	Y	N	N

- Date/time
- Patient name

- Complaint
- Treatment
- Release on File
- Sent Offsite for Med Treatment.
- Company (the patient's)
- Reported to Project Mgr.
- First Report of Injury Completed (e.g. R-101)
- Online Patient Encounter
- Review entries with Project Manager
- Sign and gather signature from Project Manager

7.2.7 Payroll / Expense Form

Frequency: Starting the day of crew change, and every 7 days of the hitch following (Days 1, 8, 15), personnel is required to submit a Payroll / Expense Form. The current version of this form can be found on the Trinity Intranet in the Quick Reference Section Ops Forms & Documents - **OPS-BF-009**.

Distribution: This form must be submitted when completed to Trinity (tmmoffice@trinitymedicalmanagement.com).

Signatures Required: Remote Duty Medic; Project Manager

Format: Typed

Procedure

- Type name in header box;
- Type project assignment;
- Enter the day of week crew change;
- Enter the start and end dates for payroll periods;
- Enter date, project name, hours, overtime, location of project and project status;
- Fill out expense report box if personnel have reimbursable expenses – be sure to attach documentation (e.g. receipts / authorizations) for all expense line items;
- Enter mileage (Trinity only pays from Baton Rouge to point of debarkation);
- Scan and email to the office when complete.

Personnel are responsible for ensuring that the payroll invoices is completed accurately and in a timely fashion. All signatures are required in order for the time sheets to be processed. If the employee fails to submit the payroll invoice prior to 9:00 AM the Monday following the end of the pay period, it could result in a delayed or incomplete pay check.

Only one project may be submitted per payroll invoice during a pay period. For instance, if the RDP completes his/her regularly schedule hitch, and transfers to another project to cover OT or an open slot, a *second* payroll invoice must be submitted.



If overtime is billed on the payroll invoice, personnel must include supporting documentation (e.g. patient care / name on payroll form & log times and activities on the Daily Activity Report) and approval from the project management.

7.2.8 Daily Activity Report

Frequency: Personnel must keep a running log of all daily activities. This form is used to log / record the duties, special events, classes, and other activities that don't have a specific form. It should also be used to justify all overtime billed. This form is due in the office the last day of the hitch. The current version of this form can be found on the Trinity Intranet in the Quick Reference Section Ops Forms & Documents - **OPS-BF-007/007b**.

Distribution: This form must be submitted when completed to Trinity (tmmoffice@trinitymedicalmanagement.com, & kknight@trinitymedicalmanagement.com).

Signatures Required: None

Format: Typed

Procedure

- Complete the identifying information at the top (Name, Project, & Dates)
- Document activities during duty hours, preferably broken down by hours
- Every day personnel should document:
 - Daily Project Walk Around / Hazard Hunt
 - Arrivals / departures of personnel
 - New arrival orientations
- All classes instructed or taken while on duty should be documented on this form.

7.2.9 End of Hitch Form

Frequency: Before personnel depart their respective projects, they are required to complete and submit the End of Hitch Form. The current version of this form can be found on the Trinity Intranet in the Quick Reference Section Ops Forms & Documents - **OPS-BF-011**.

Distribution: This form must be submitted when completed to Trinity (tmmoffice@trinitymedicalmanagement.com, & kknight@trinitymedicalmanagement.com).

Signatures Required: None

Format: Typed

Procedure

- Complete the identifying information at the bottom (Name, Project, Date)
- Verify the controlled substance inventory, and counts
 - If counts, serial numbers, or any other information is contradictory from previous hitch, personnel must contact the Operations Manager immediately.
- Verify the Weekly Patient Treatment Logs have been signed and submitted to Trinity & Contractor
- Ensure originals of Patient Treatment Logs are secured and remain on project
- Ensure all online Patient Encounters have been completed

- Document and pass follow-up information to relief for patients being followed
- Verify the Bi-Weekly Project Inspections have been completed, signed, and submitted; and that originals remain on the project
- Verify the Weekly Hygiene Inspections have been completed, signed, and submitted; and that originals remain on the project
- Verify the Patient Treatment Log has been completed, signed, scanned and emailed to the office
- Verify the Daily Activity Log has been completed, scan and email to Trinity, and file original on project.
- Complete & gather signatures, scan & send Payroll / Expenses Form
- If operating on a project that requires training, verify all of the training information for classes has been completed, signed, scanned and emailed to contractor, and that the originals have been filed on the project. Log the classes on the Trinity EOH form including the contractors associated audit # (e.g. Plateau).
- Add additional information in the "Comments" section as needed.

7.2.10 Trinity Vaccine Consent

Frequency: This form is provided to patients anytime Decavac or Tetanus Toxoid is administered as part of the informed consent process. The current version of this form can be found on the Trinity Intranet in the Quick Reference Section Ops Forms & Documents - **OPS-BF-012**.

Distribution: This form must be submitted when completed to Trinity (tmmoffice@trinitymedicalmanagement.com, & mguerin@trinitymedicalmanagement.com).

Signatures Required: Patient; Translator if necessary

Format: Handwritten

Procedure

- Prior to administering a Decavac injection to a patient, this form must be signed
- Document patient's answers to checklist questions
- Document the type(s) of vaccinations to be given
- Have patient sign/date form at bottom
- Document vaccination information
 - Dose
 - Site
 - Manufacturer
 - Lot # / Expiration Date

7.2.11 Decavac™ Information

Frequency: This form is provided to patients anytime Decavac or Tetanus Toxoid is administered as part of the informed consent process. The current version of this form can be found on the Trinity Intranet in the Quick Reference Section Ops Forms & Documents - **OPS-BF-013**.

Distribution: This form must be given to the patient and documented on the Vaccine Consent Form.

Signatures Required: None

Format: N/A

Procedure

- Prior to administering a Decavac injection to a patient, provide them with this form
- Allow patient to read information, and determine if they sufficiently understand the information
 - If the patient has further questions, contact Medical Control for guidance

7.2.12 Project OTC Inventory

Frequency: This form is used to document a project's OTC Inventory if not part of the Medical Pack Inventory. Currently, this is a demand form and only needs to be submitted to Trinity upon request, but personnel may find it helpful to use this form to track OTCs on projects. The current version of this form can be found on the Trinity Intranet in the Quick Reference Section Ops Forms & Documents - **OPS-BF-014**.

Distribution: Instructions will be given when form is requested, however at a minimum this form should be submitted to tmmoffice@trinitymedicalmanagement.com & kknight@trinitymedicalmanagement.com

Signatures Required: None

Format: Typed

Procedure

- Count and verify all project OTC medications, whether located in the Sick Bay, or throughout the project.
- Complete the identifying information at the top (Name, Project, & Date)

7.2.13 Expired Medication / HAZ Waste Manifest

Warning: *Under no circumstances should any medication be dumped, flushed, or placed into the general waste system, excluding narcotics. Medication entry and exit from an installation should be demonstrated clearly in the worksite records. A copy of all records must be sent to Trinity for electronic storage.*

Frequency: This form is used to document a project's expired medications and hazardous waste and to manifest these items for tracking and destruction. Currently, this is a demand form, and only needs to be submitted to Trinity upon request, but personnel may find it helpful to use this form to track expired medications waiting to be sent for destruction on projects. The current version of this form can be found on the Trinity Intranet in the Quick Reference Section Ops Forms & Documents - **OPS-BF-015**.

Distribution: Instructions will be given when form is requested, however at a minimum this form should be submitted to tmmoffice@trinitymedicalmanagement.com and kknight@trinitymedicalmanagement.com

Signatures Required: None

Format: Typed

Procedure

- When found, remove any expired drugs from inventory
- Replace old with new medications if on hand or order replacement medication
- Place the expired medication in a separate box for shipment
- Create a manifest listing of Medications or other Biohazard (Sharps containers or Red bag trash) substances which require removal from the installation.
- Determine the designated method and disposal site for expired or contaminated medical supplies. The method and site may vary by assignment and might change periodically. If the disposal point is unknown, contact the Trinity office for instructions.
- Ensure the manifest contains: quantity, lot number and expiration dates of the medications included, the outside of the container should be labeled "Expired Medications to be destroyed". If it's a Sharps Container or Red bag trash it should be double red bag and placed in a transport/disposal box, this box should be labeled "Biohazard to be destroyed."
- After preparing either package for transport arrange with the Barge Engineer to have the package sent to the appropriate disposal site. If the disposal point is unknown contact Trinity for instructions.
- Following the transfer of medications / supplies to the carrier – document carrier and date on manifest.



Trinity will also consider the donation of expired medications to charitable international resources – please contact the office for guidance prior to the disposal of expired medications for information if personnel know of such an organization in need.

7.2.14 Action Request Form

Reserved for audit activities

7.2.15 Patient Treatment and Acknowledgment

Frequency: This form is provided to patients anytime a Patient Encounter is performed. The current version of this form can be found on the Trinity Intranet in the Quick Reference Section Ops Forms & Documents - **OPS-BF-017**.

Distribution: This form must be submitted when completed to Trinity (tmmoffice@trinitymedicalmanagement.com, & mguerin@trinitymedicalmanagement.com).

Signatures Required: Patient

Format: Handwritten; prefer Typed

Procedure

- If patient is able, have them complete demographic and employer information, and read “Authorization and Acknowledgment” section.
- Have patient sign and date form
 - If patient is unable to sign for consent, document “Unable to Sign” in signature area and document on bottom of form why patient was not able to consent, but was treated.
 - Have project manager verify patient’s inability to consent by co-signing.

7.2.16 HIPAA Authorization

Frequency: This form is provided to patients anytime a Patient Encounter is performed. The current version of this form can be found on the Trinity Intranet in the Quick Reference Section Ops Forms & Documents - **OPS-BF-018/019**.

Trinity / All other projects document on BF-018. RDC Projects must use form BF-019.

Distribution: This form must be submitted when completed to Trinity
(tmmoffice@trinitymedicalmanagement.com, & mguerin@trinitymedicalmanagement.com).

Signatures Required: Patient

Format: Handwritten

Procedure

- If patient is able, have them complete demographic information, and read Sections “B” and “C.”
- Have patient sign and date form
 - If patient is unable to sign for consent, document “Unable to Sign” in signature area and document on bottom of form why patient was not able to consent, but was treated.
 - Have project manager verify patient’s inability to consent by co-signing.
- Produce a copy of signed form for patient if they want one.

7.2.17 WORK RECOMMENDATION/PRESCRIPTION MEDICATION APPROVAL FORM

Policy: This form is to review new / updated prescription meds for safety-sensitive personnel. Schedule drugs (1-5) and muscle relaxants are **automatic rejections**.

Frequency: This form is filled out anytime personnel declare a medication which may hinder, due to the properties of the medication, the safety of the person, co-workers or the job site. The current version of this form can be found on the Trinity Intranet in the Quick Reference Section Ops Forms & Documents- **OPS-BF-020**.

Distribution: This form must be submitted to Medical Control for review and recommendations
(bwilkerson@trinitymedicalmanagement.com)
Once completed send the form to Trinity
(tmmoffice@trinitymedicalmanagement.com) & (mguerin@trinitymedicalmanagement.com)

Signatures Required: Trinity Medical Control Supervisor, Employee and Employee's Supervisor

Format: Handwritten

Procedure:

- Complete the demographics information.
- List medication(s) of concern or combination medications of concern
- Briefly describe recommendation for listed medications
 - Pay particular attention to any concerns for working at heights, confined spaces, over the side operations and technical machinery operation.
- Submit form to medical control for review
- Upon receiving returned form:
 - Review recommendations with employee and his supervisor
 - Have both employee and his supervisor sign form acknowledging recommendations
- Submit completed form to Trinity

7.2.18 PRESCRIPTION MEDICATION LOG

Frequency: This form is to be filled out when any personnel enter a job site and/or updated when any new prescription medication is added to an employee's regime. The current version of this form can be found on the Trinity Intranet in the Quick Reference Section Ops Forms & Documents- **OPS-BF-021**.

Distribution: This form is to be filled out and maintained on the job site for a minimum of 1 year or, as determined by the contractor, whichever is longer. If contractor request, form may be submitted to requesting personnel.

Signatures Required: Employee declaring medication and Medic

Format: Handwritten

Procedure:

- Enter the employee's name and the date the medication was declared at the job site
- Enter the medication name as it appears on the prescription bottle and the dosage
- Have employee sign beside each listed medication, verifying the entry is correct
- Log whether there is a work recommendation to be made on any listed medication
 - If a medication warrants a recommendation, fill out form **OPS-BF-020** and submit accordingly
- Complete form with signature and file appropriately

7.2.19 PATIENT DECISIONS AGAINST MEDICAL ADVISE

Frequency: This form should be filled out if a patient refuses any portion of medical treatment or transport decisions made by medical control. The current version of this form can be found on the Trinity Intranet in the Quick Reference Section Ops Forms & Documents- **OPS-BF-022**.

Distribution: This form is to be completed and submitted to Trinity
(tmmoffice@trinitymedicalmanagement.com) & (mguerin@trinitymedicalmanagement.com)

Signatures Required: Patient, Trinity Medic and a Witness

- If patient refuses to sign the form, document the refusal in space provided

Format: Handwritten

Procedure:

- If patient is able, have them fill out the appropriate section of the form based on what they are refusing and give a reason
 - Refusal of Consent to Examination/Treatment
 - Refusal of Consent to Transfer
 - Combination of both, then both sections should be filled out.
 - Patient Signature
 - If patient refuses to sign the form, document the refusal in space provided
 - Fill in any pertinent comments
 - Fill in the diagnosis, the original treatment plan that was refused and the possible risks the patient may experience as a result of the refusal
 - Have a Witness observe the entire refusal documentation process and sign
 - Submit Refusal to Trinity and if requested give patient a copy
-

8 RDC PROCEDURES

8.1 Log-in and Log-out all Persons aboard Project

Trinity personnel manage the boarding / disembarking procedures for contractors on their projects.

All personnel, whether on-board for a day visit, inspection, or other short period shall be added to the POB, assigned muster points, and entered into accountability system (e.g. T-system). If using an older POB system that does not allow for assigning muster points without room assignment, consider using sick bay as an obvious way to account for visitors.

Failure to comply with this policy is a failure to work safely; Trinity personnel are must be able to account for all personnel-on-board following an incident or emergency situation. Failing to work safely* is grounds for termination / dismissal.

Procedure

- Meet the incoming personnel
 - Trinity personnel should never be on the helideck during the normal course of flight operations
- Require incoming personnel sign in to project logbook
- Ensure all personnel have proper PPE
- Ensure personnel who need orientation are identified
- Assign arriving personnel to bunk rooms; if the POB program being used on the project doesn't automatically assign personnel, be prepared to:
 - assign personnel to fire bill
 - assign personnel to muster stations
 - assign personnel to lifeboats
 - create & maintain T-cards (if utilized on project)

8.2 Conduct the Safety Briefing for New Arrivals

Trinity personnel are required (by contract) to provide employee safety briefings for new arrivals on the project. All arriving personnel are required to go through this orientation. The only exemption to this requirement is any arriving personnel in the possession of evidence of previous project orientation (e.g. cards).

Procedure

- Identify those employees / service hands / contractors that require a project orientation
- Give a safety briefing
- Screen the contractor's Orientation Video
- Screen the OOC Marine Debris Video
- Have personnel complete the contractor's safety briefing / orientation paperwork
- Ensure that all service hands are aware that any time they leave the living quarters they are to utilize their personal protective equipment (hard hat, safety glasses, steel-toed footwear)

- Conversely, they are required to cover footwear, and secure hats and glasses inside the living quarters
- Ensure that personnel understand policies pertaining to the galley (e.g. clothing, hygiene, etc.)
- Explain the sound patterns for the different alarms
 - Fire
 - If sounded, personnel are expected to grab their life preserver from their room and go to their muster station.
 - Man Overboard
 - Abandon ship
 - If sounded, personnel are expected to be wearing their life preserver and be present in their muster area.
- Complete Medical clearances
 - History / HIPAA / consent
 - Log medications – Use “Work Recommendation While Taking Prescription Medication” form
 - Clear through medical control physician for modified instructions
 - File forms on project for later use

8.3 Weekly Hygiene Inspection

Frequency: Every week of the hitch (by day 7, 14, & if necessary, 21) personnel is required to conduct a hygiene inspection. The current version of this template can be found on the Trinity Intranet in the Quick Reference Section Ops Forms & Documents - **OPS-BF-005**. *This form should be modified by project personnel to adequately reflect the configuration of the office areas, commissary and living quarters of their respective projects.*

Distribution: This form must be submitted when completed to Trinity (tmmoffice@trinitymedicalmanagement.com, & kknight@trinitymedicalmanagement.com).

Signatures Required: Remote Duty Medic, Project Manager (OIM), and Steward / Camp Boss (Catering Rep.)

Format: Typed

Procedure

- Conduct inspection using a checklist modified to the project
- Assign scores (1-10) to the area inspected; a score less than 8 indicates an unsatisfactory condition
- Gather signatures from the project manager and catering representative

8.4 Bi-Weekly Project Inspection

Frequency: Once every 14 days Trinity personnel are required to conduct a Bi-Weekly inspection. The current version of this form can be found on the Trinity Intranet in the Quick Reference Section Ops Forms & Documents - **OPS-BF-006**.

Distribution: This form must be submitted when completed to Trinity (tmmoffice@trinitymedicalmanagement.com, & kknight@trinitymedicalmanagement.com).

Signatures Required: Remote Duty Medic, Project Manager (OIM)

Format: Typed

Procedure

- Conduct inspection using the checklist
- Consult with the project manager to prevent / correct any nonconformities
- Gather signature from the project manager

8.5 Using the Personnel On Board (POB) Program

It is very important that the project management knows exactly who is aboard the vessel / platform at all times. In the event of an emergency, the POB will be used to verify personnel who were on the project. No one should be put in harm's way looking for someone who is not on the project, or not looking for someone who is unaccounted for. A number of people on the project will assist (company man, project managers, galley staff) by giving an indication of who is coming and going. Often times, employees will tell the RDM directly. The POB program is found in the ROS system on the medic computer desktop.

Procedure

Prior to starting the POB program:

- Print a copy of the current POB – just in case something gets erased that wasn't intended. Across the top of the program, click on the icon titled "Current POB". This brings up a pop-up box that is the current POB and allows printing.
- Compare the POB with the outbound helicopter/vessel manifests – identify the people that are no longer on the project.

Open the icon to the left of the screen titled "Personnel Change Schedule"

- This is a list of all the scheduled personnel coming and going by day, week or monthly views.
- Open the schedule for the day and confirm all personnel who are scheduled to arrive or depart.
 - If personnel need to be added to either arrival or departure personnel, click the appropriate icon at the top of the page and enter the parties name, add and done.
 - The name should be added to the list of arriving and departing personnel respectively.
- Once names are correct, select the date and time personnel arrived or departed.
- Select "This personnel has arrived" or "This personnel has departed" to add or subtract from your POB.
- Click the Done button at the bottom of the page.

Return to your complete POB at this time to assign bunks and muster locations.

- Some projects have a copy of the POB and bunk assignments for every day. If this is the case on the project, a binder should be available with previous copies from the last hitch which will help identify who is going to what room
- The rig should have a bed assignment sheet for regular rig personnel and operators to assist with bed assignments.

- Galley staff is usually helpful in determining which rooms are for roustabouts, floor men, etc.
- Another way to do this is to look at the crew list and the positions of the people that are leaving. (e.g. roustabouts that are arriving will go into the same room(s) as the ones leaving, etc.)

On the personnel that were added to the POB you will notice in the column to the right, there is no bed assignment or muster location. The personnel will be easily identifiable by a yellow caution exclamation point that is near their name.

- To the far left of each person, is a plus symbol (+) click the symbol for a drop down of available rooms.
- Simply click on the room assignment you wish to give them, the system will assign it and the corresponding muster location and abandon capsule.

If arriving personnel are not in the POB system (meaning they have not been on a Rowan rig in the last year) you must add them to the system prior to putting them on your POB.

- From the main POB page, along the top of the page is an icon titled "New Personnel"
- From this screen you will notice 3 tabs across the top of the page.
- The first page is name, gender, address, etc.
- The second tab is for emergency contact information- please fill this out.
- The third page is for listing the persons job information
 - Select whether they are Rowan, Rowan Service, Operator or Operator Service.
 - Select what company they are with
 - Then at the top of the page select "add job"
 - Then double click in the job box for a drop down box of job descriptions, choose the job description that best suits them or select N/A.
- Once completed, click Done and return to adding them to the POB

It is a good idea to keep a copy of the POB. The RDM will always know what rooms are open (for when people board that were not expected and the RDM is not sitting near a computer).

Once the POB is updated and verified for correctness, confirm with the toolpusher. The TP will take a look and advise if he sees anything that is inaccurate. After that, copies will need to be printed and posted at the various locations on the project. These areas may include, but are not limited to:

- Hallways / stairwells
- Muster areas
- Escape capsules
- Toolpusher and Camp Boss / Steward

The POB needs to be accurate and updated / posted every time someone boards or disembarks the project. The accuracy of the POB is a way that the TP can evaluate performance.

8.6 Using the Stop, Observe, Act & Report Program (SOAR)

One of the expectations on projects is to tally and enter and enter the program cards into the contractor's database. There are video and workbooks available on the project – the RDM should take time to familiarize with the system.

Procedure

Entering SOAR Cards

1. The SOAR card management program can be accessed through the EHS Insight Program on the desktop.
2. In the Row titled “Add New” select the SOAR Card icon.
3. The program will open to a new entry. Select “Safe” or “Unsafe”.
4. The program will load all necessary entry boxes for the choice made.
5. Enter the information given from the collected SOAR Card.

Safe SOAR Cards

6. Enter the card provider name, date, Company, time of action and location of action.
7. Selecting Proactive adds a box for Brief Description of Observation (what is written on the SOAR card by the observer) and a box for Actions Taken to Encourage Continued Safe Performance (what did or what will the observer do to encourage continued safe performances).
8. Once completed, select the “Submit” button in the upper Left corner.

Unsafe SOAR Cards

Selecting Unsafe brings up a new list on the screen.

9. From the five areas (Reactions of People, PPE, Procedures and Orderliness, Positions of People, and Tools and Equipment) pick all that apply – more than one can be selected from any group. However, one **must** be selected from the Procedures and Orderliness group.
10. There are also three new text boxes on the screen: Unsafe Acts Observed, Immediate Corrective Action, and Actions Taken to Prevent Reoccurrence.
11. Unsafe Acts Observed: Enter this information as listed on the STOP card.
What did they see that was wrong?
12. Immediate Corrective Action: Enter this information as listed on the STOP card. *What did they immediately do to stop the unsafe practice?*
13. Actions take to prevent reoccurrence: Enter this information as listed on the STOP card. *What did they do to help ensure that this action won’t happen in the future?*
14. After this information has been entered, finish the card like a Proactive card: List observer; submit.

8.7 Entering Training Using the Plateau Program

The Plateau Program is used for scheduling classes, assigning personnel to the class and confirming the class was taught and all personnel specified were in attendance for credit. The RDM is responsible for information entry and gathering data. Some of the covered learning's will be instructed by the RDM and others by the Barge Engineer or Driller.

- This is a very in-depth program and will be covered extensively in New Hire Training and periodically as needed.

8.8 Conduct a Daily Safety Walk & Inspection

Daily rig "walk-around" activities are intended to help the project personnel maintain a safe work environment.

Procedure

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

After these actions are performed:

- 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 by location but personnel are responsible for helping to identify hazards and to ensure the hazards are eliminated.

9. ACKNOWLEDGMENT

I acknowledge that I am able to access a digital copy of the Trinity Operations Manual, and I do commit to read and follow these policies.

I am aware that if, at any time, I have questions regarding the Trinity Operations Manual I should direct them to my supervisor or the Operations Manager.

I know that Trinity company policies and other related documents do not form a contract of employment and are not a guarantee by Trinity of the conditions and benefits that are described within them. Nevertheless, the provisions of such Trinity company policies are incorporated into the acknowledgment, and I agree that I shall abide by its provisions.

I also am aware that Trinity, at any time, may on reasonable notice, change, add to, or delete from the provisions of the company policies.

Employee's Printed Name

Position

Employee's Signature

Date