MED-TAC INTERNATIONAL



MED-TAC FIELD REFERENCE · WORKPLACE SERIES · FREE RESOURCE

THE WORKPLACE TRAUMA READINESS ASSESSMENT

An OSHA-aligned self-assessment for safety managers and EHS leads: 40 scored items, one floor walk. Find the gaps in bleeding control, AED coverage, and first-aid compliance before an incident finds them for you.

Marco R. Torres, MD, NRP · Founder, MED-TAC International

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A · FIRST AID | B · BLEEDING | C · AED | D · TEAM | E · EAP

Aligned with OSHA 29 CFR 1910.151 (Medical Services and First Aid) and C-TECC civilian guidelines. General educational information only — not medical or legal advice. Always call 911 for serious injuries.

CLINICIAN-FOUNDED · SERVICE-DISABLED VETERAN-OWNED · SOUTH FLORIDA, US OF A

HOW THIS ASSESSMENT WORKS

WALK THE FLOOR. SCORE WHAT'S REAL.

Forty items in five sections, each scored 0, 1, or 2, for a maximum of 80. The score tells you where your facility stands; the zeros tell you what to fix first; the remediation tracker turns the gaps into owners and dates.

This is a self-assessment. It is not an OSHA inspection, a certification, or a sales call, and nobody needs to see your score but you and your leadership. It is written for the person who owns the answer when someone asks, after an injury, "where was the kit?"

WHO SHOULD COMPLETE IT

THE OWNER
The facility safety manager, EHS lead, or designated first-aid program coordinator. One accountable name on the score sheet.

A FLOOR PARTNER
A supervisor or lead from nights or weekends. They know where the kit really is at 3 a.m.

LEADERSHIP SIGN-OFF
The site or plant manager reviews the Scoring Summary and approves the remediation owners and dates.

HOW LONG IT TAKES

20 MIN · SCORING
Once you know the answers, marking 40 items takes about twenty minutes at a desk.

60–90 MIN · FIRST FLOOR WALK
The first time through, walk every zone with a stopwatch and run the four floor-walk tests (p. 11).

20–30 MIN · RE-RUNS
Twice a year and after facility changes, re-score and re-time. Readiness is a rhythm, not a project.

BRING THESE

- A stopwatch or phone timer
- The facility map with exits, docks, gates, and the EMS entrance
- First-aid kit and AED inspection logs
- The training roster with card dates, by shift
- Your written Emergency Action Plan (29 CFR 1910.38)
- Shift schedules for the last month
- Injury and first-aid logs, and your hazard assessment
- This document, printed, and a pen

THREE RULES FOR AN HONEST SCORE

1. **Score the worst shift.** If days have coverage and nights don't, the item is not in place.
2. **Score what a stranger finds.** A kit locked in an office, or an AED behind a badge door, is not available to the person who needs it.
3. **Paper without the floor is a 1.** A written procedure nobody has walked, timed, or drilled scores 1 at most.

ONE ASSESSMENT PER SITE

Multi-building campus? Score each building separately, or score the whole site at the level of its weakest building. Averages hide the building where the gap is.

DOC'S NOTE — THE DETAILS DECIDE IT

As a tactical medic, a flight medic, and a physician, I learned that a workplace injury is decided by details no compliance audit shows: whether the nearest worker knew where the kit was, whether the 911 call named the right gate, whether a coworker was waiting at the door. Every item in this assessment is one of those details. — Marco R. Torres, MD, NRP

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FIVE SECTIONS. FORTY ITEMS. ONE SCORE.

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THE ASSESSMENT PATH

1 · UNDERSTAND
Why OSHA's first-aid duty leaves a trauma gap, and how to score.
pp. 04–05

→

2 · SCORE
Sections A–E, eight items each. Walk the floor while you mark.
pp. 06–10

→

3 · TEST
Four stopwatch tests, then hazard add-ons for your operation.
pp. 11–12

→

4 · FIX
Total the score, assign owners and dates, post the sequence.
pp. 13–15

PRINT THESE

Sections A–E score sheets (pp. 06–10) · **Floor-Walk Test Log** (p. 11) · **Scoring Summary & sign-off** (p. 13) · **Remediation Tracker** (p. 14) · **Posted Response Sequence** (p. 15).

Print the score sheets fresh for every re-run and keep the completed set with the date on page one of your program file — the trend over time is the real result. Laminate the Posted Response Sequence and hang one at every kit and AED station.

HOW TO READ THE EVIDENCE TAGS

[REGULATION] the text or an official interpretation of an OSHA standard, or a consensus standard OSHA references. [VERIFIED] traceable to a named study, guideline, or government source in the References. [MECHANISM] physiology or consensus reasoning, not a trial. [MED-TAC TARGET] a MED-TAC operational goal, not a published standard.

Untagged instruction is standard lay-responder first aid consistent with C-TECC and the American Heart Association. Prices are live tactical-medicine.com prices on the version date. Regulatory content is general information, not legal advice — confirm your obligations, including state-plan OSHA rules, with counsel. Questions and corrections: info@tactical-medicine.com.

SECTION 01

WHY TRAUMA READINESS IS AN OSHA DUTY OF CARE

OSHA requires first aid. It does not spell out what happens in the minutes between a life-threatening injury and the ambulance — and those minutes belong to your employees.

7 MIN

Median 911-to-arrival EMS time nationally; about double in rural areas — before the crew finds your gate and dock. [VERIFIED]

3–4 MIN

OSHA's "near proximity" where serious injuries — uncontrolled bleeding, cardiac arrest — are possible. [REGULATION]

~10,000

U.S. workplace cardiac arrests each year (American Heart Association). Survival depends on how fast the AED arrives. [VERIFIED]

6 MO

Six months after a bleeding-control class, 1 in 4 trained people could no longer control a simulated bleed. [VERIFIED]

29 CFR 1910.151 — MEDICAL SERVICES AND FIRST AID [REGULATION]

(a) "The employer shall ensure the ready availability of medical personnel for advice and consultation on matters of plant health."

(b) "In the absence of an infirmary, clinic, or hospital in near proximity to the workplace which is used for the treatment of all injured employees, a person or persons shall be adequately trained to render first aid. Adequate first aid supplies shall be readily available."

(c) "Where the eyes or body of any person may be exposed to injurious corrosive materials, suitable facilities for quick drenching or flushing of the eyes and body shall be provided within the work area for immediate emergency use."

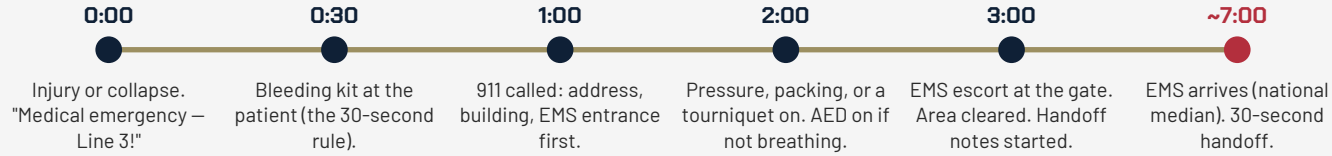
WHAT OSHA DOES — AND DOESN'T — SPELL OUT

- **Near proximity** means 3–4 minutes where serious accidents such as falls, amputations, electrocution, suffocation, cardiac arrest, or uncontrolled bleeding are possible; up to 15 minutes in low-hazard settings such as offices. [REGULATION]
- **Supplies:** the standard does not name a kit. Its non-mandatory Appendix A points to ANSI/ISEA Z308.1 — and the 2021 Class B kit includes a tourniquet. [REGULATION]
- **AEDs:** no federal OSHA general-industry rule requires one; OSHA encourages them and some states require them in certain facilities. [REGULATION]
- **Responders** assigned first-aid duties fall under the Bloodborne Pathogens standard (1910.1030), and your Emergency Action Plan (1910.38) must cover employees who perform rescue or medical duties. [REGULATION]

WHAT THE EVIDENCE SAYS

- **Bleeding is the leading cause of potentially preventable death after injury**, and it kills in minutes, not hours. [VERIFIED]
- **Bleeding control belongs beside the AED:** the Hartford Consensus (American College of Surgeons) calls for public-access kits and trained bystanders. [VERIFIED]
- **Lay responders with AEDs save lives.** In the PAD trial, sites with CPR-plus-AED volunteers had twice the survivors of CPR-only sites (30 vs. 15). [VERIFIED]
- **Tourniquets work in civilian hands:** prehospital use is associated with lower mortality in civilian trauma (Teixeira 2018). [VERIFIED]

THE FIRST TEN MINUTES — WHAT A READY FACILITY DOES WITH THEM



THE GOAL: HOLD THE LINE — NOT TURN THE WORKFORCE INTO MEDICS

Recognize. Put staged equipment in trained hands within seconds. Hold the line for the minutes EMS needs. Hand off cleanly. Every skill here is a layperson skill; the timeline targets are MED-TAC training goals [MED-TAC TARGET].

SECTION 02

ASSESSMENT INSTRUCTIONS & SCORING

Walk the facility while you complete Sections A–E. Mark one score per item. Be strict: a generous score only moves the gap somewhere you can't see it.

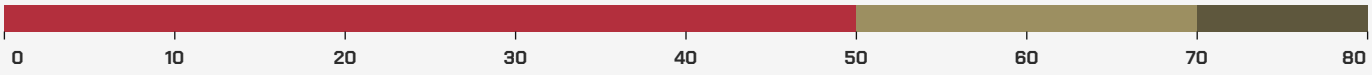
SCORE	MEANING	WHAT YOU DO NEXT
2	**In place and verified this quarter** — you saw it, timed it, or checked the record yourself, and it holds on every shift.	Maintain. Log the verification date.
1	**Partially in place, or not verified recently** — exists on paper, covers some shifts or zones, or hasn't been checked this quarter.	Remediation Tracker: owner and target date within 90 days.
0	**Not in place** — or in place but unavailable to the person who would need it (locked, empty, expired, unknown).	Priority. Escalate to leadership this week.

READINESS BANDS · 40 ITEMS × 2 = 80 POINTS

70–80 · STRONG
Trauma-ready. Maintain drill cadence, re-verify quarterly, and close any remaining 1s.

50–69 · DEVELOPING
Real capability with defined gaps. Close every 0 within 30 days and every 1 within 90.

BELOW 50 · AT RISK
Life-threatening gaps. Staged equipment, trained people, and written procedures before an incident, not after.



THE PRIORITY RULE

Any 0 in Section B (Bleeding Control) or Section C (AED & Cardiac) is a priority gap regardless of your total. A facility can score 72 and still have no tourniquet within reach of its worst machine or an AED locked away on night shift. Those two sections protect against the emergencies that kill within minutes. [MED-TAC TARGET]

N/A — ONLY WHERE MARKED

Three items can be N/A: **A7** eyewash (no corrosive exposure), **C6** pediatric pads (children never on site), and **C7** naloxone (documented low risk). Score an N/A item 2 **only** when the reason is written in the item's notes; otherwise score it like any other item. Every other item applies to every workplace.

SCORE THE ITEM, NOT THE INTENT

"We're ordering kits" is a 0. "The AED is in the manager's office, but it's usually open" is a 0 on night shift and a 1 at best on days.

RE-RUN THE ASSESSMENT

- **Twice a year**, on the calendar — pair it with a drill.
- **After facility changes:** a new building, remodel, racking or line move, new dock or gate.
- **After people changes:** a new shift, headcount growth, or the coordinator leaving.
- **After any real event** — the debrief will find at least one item that needs a new score.

SECTION A

FIRST-AID PROGRAM COMPLIANCE

The baseline OSHA expects under 29 CFR 1910.151(b)–(c) and ANSI/ISEA Z308.1: the right supplies, a trained person in time, and a program someone owns. [REGULATION]

	ITEM · VERIFY ON THE FLOOR, NOT IN THE BINDER	SCORE (CIRCLE OR X)
A1	A first-aid program coordinator is named in writing, with a trained backup on the opposite shift. VERIFY Both names appear in the program document and on the posted response sequence; the backup's training is current.	0 ☐ 1 ☐ 2 ☐
A2	Kit class matches a written hazard assessment: ANSI Z308.1 Class A for lower-risk areas, Class B where injuries are more complex or work is more hazardous. [REGULATION] VERIFY The hazard assessment exists, and each kit's label shows its class. A "first-aid kit" with no class is a 1.	0 ☐ 1 ☐ 2 ☐
A3	Kit containers fit their location (Type I–IV), and every kit is unlocked, visible, and signed — including after hours. VERIFY Open three kits at random, one of them at the far end of the building, on the off shift.	0 ☐ 1 ☐ 2 ☐
A4	A trained first-aid provider can reach any work area within 3–4 minutes where serious injuries are possible (15 minutes in low-hazard offices). [REGULATION] VERIFY Stopwatch from the provider's usual post to your farthest work area. If you rely on nearby medical care instead, time that too.	0 ☐ 1 ☐ 2 ☐
A5	At least one trained first-aid provider is on site every shift — nights, weekends, and overtime included. VERIFY Compare the training roster against last month's actual schedules, shift by shift.	0 ☐ 1 ☐ 2 ☐
A6	Kits are inspected on a logged schedule (monthly recommended); expired and depleted items are replaced, and the log shows it. VERIFY Three months of log entries; spot-check expiration dates in two kits against the log.	0 ☐ 1 ☐ 2 ☐
A7	Where eyes or skin may be exposed to corrosives, eyewash or drench units are reachable within 10 seconds, activated weekly, and deliver a 15-minute flush. [REGULATION] VERIFY Walk from the chemical point to the unit with a stopwatch; check the weekly activation tag.	0 ☐ 1 ☐ 2 ☐ N/A ALLOWED — SEE P. 05
A8	The street address, building or dock number, and best EMS entrance are posted at every phone and kit location. VERIFY Read one posting aloud. Is it exactly what a dispatcher needs to send a crew to the right door?	0 ☐ 1 ☐ 2 ☐

SECTION A SUBTOTAL ZEROS: _____ ONES: _____ ☐ **/ 16**

COMMON FAILURE: THE COMPLIANT-BUT-EMPTY KIT

The paper audit passes and the floor walk fails: a kit locked in the supervisor's office, a kit with an empty glove box and a torn bandage, a kit eight minutes from the far end of the building, a kit whose tourniquet degraded in a heat-soaked trailer. Score what a real person encounters on your worst shift, not what the binder says.

SECTION B

BLEEDING CONTROL READINESS

A severe limb bleed is where seconds and equipment matter most. OSHA's first-aid standard doesn't name it; your score has to. [VERIFIED]

	ITEM · VERIFY ON THE FLOOR, NOT IN THE BINDER	SCORE (CIRCLE OR X)
B1	Every work zone has a bleeding-control kit: commercial windlass tourniquet (CoTCCC-recommended), pressure dressing, packing or hemostatic gauze, gloves, shears, marker. VERIFY Open the kit. A Class A first-aid box without a tourniquet does not count here.	0 ☐ 1 ☐ 2 ☐
B2	From each high-hazard point — the worst machine, saw, press, busiest dock, kitchen line — a responder reaches a bleeding-control kit within 30 seconds. [MED-TAC TARGET] VERIFY Run the 30-second kit test (p. 11) from the three worst spots.	0 ☐ 1 ☐ 2 ☐
B3	Kits are visible or clearly signed and, where possible, co-located with the AED — no searching drawers, lockers, or locked offices. VERIFY Ask a new hire and a visitor where the nearest kit is. Time the answer.	0 ☐ 1 ☐ 2 ☐
B4	Tourniquets are genuine commercial devices, sealed and serviceable — no improvised straps, no look-alikes, no blue trainers in live kits. VERIFY Check each tourniquet's brand, color, and packaging against the kit list.	0 ☐ 1 ☐ 2 ☐
B5	At least 2–3 trained bleeding-control responders are on every shift, spread across the floor — not all in the office. VERIFY Roster against schedule, by shift and by zone.	0 ☐ 1 ☐ 2 ☐
B6	Training was hands-on: pressure, packing on a trainer, and tourniquet application on a real limb, including self-application. Video-only scores 1 at most. VERIFY Training records name the course and show a hands-on component.	0 ☐ 1 ☐ 2 ☐
B7	Every responder gets a hands-on refresher or drill-based skills check at least every 6 months. [VERIFIED] VERIFY Dated skills-check entries for each responder within the last six months.	0 ☐ 1 ☐ 2 ☐
B8	Opened kits are restocked the same day, applied tourniquets are replaced, and every use triggers a debrief and equipment check. VERIFY The restock log. Ask when a kit was last opened, and what happened next.	0 ☐ 1 ☐ 2 ☐

SECTION B SUBTOTAL ZEROS: _____ ONES: _____ ____ / 16

THE 30-SECOND RULE — AND WHERE THE TOURNIQUET GOES

From the worst machine or busiest dock: kit in hand within 30 seconds. Walk it with a stopwatch; if it takes longer, stage a second kit. [MED-TAC TARGET]

Teach one placement rule: **2–3 inches above a visible wound, on bare skin, never on a joint** — if that lands on a knee or elbow, go above the joint. **High and tight** when the source is unknown, there are many wounds, or it's dark. Tighten until bleeding stops, write the time, don't loosen it. [VERIFIED]

SECTION C

AED & CARDIAC RESPONSE

Sudden cardiac arrest is the most time-critical workplace medical emergency. The AED only works if a trained person can reach it, unlocked, in minutes. [VERIFIED]

	ITEM · VERIFY ON THE FLOOR, NOT IN THE BINDER	SCORE (CIRCLE OR X)
C1	Every AED is in service: status indicator OK, pads and battery within expiration, and a check logged at least monthly. VERIFY The AED log, and the expiration dates printed on the pads and battery.	0 ☐ 1 ☐ 2 ☐
C2	AEDs are placed for a 3–5 minute round trip (about 90 seconds each way) from any occupied area; multiple buildings or large floor plates have more than one. [VERIFIED] VERIFY Run the AED round-trip test (p. 11) from your farthest occupied workstation.	0 ☐ 1 ☐ 2 ☐
C3	Every AED is unlocked and reachable during all operating hours, marked on the facility map, and signed. An AED behind a locked door on night shift scores 0. VERIFY Try to reach each AED at the start of your least-staffed shift.	0 ☐ 1 ☐ 2 ☐
C4	At least 2–3 people on every shift hold current CPR/AED training and have practiced hands-on since their last card (cards typically run two years). VERIFY Card dates plus the date of the last hands-on practice, per person, per shift.	0 ☐ 1 ☐ 2 ☐
C5	A written 911 call flow exists: who calls, what they say first (address, building, entrance), who stays on the line, who brings the AED, and who meets EMS. VERIFY Ask two employees on different shifts who would call and what they would say first.	0 ☐ 1 ☐ 2 ☐
C6	If children are ever on site — visitors, family events, childcare, public areas — pediatric pads or a child key are with the AED, or the reason they aren't is documented. [VERIFIED] VERIFY Open the AED case. Adult pads can be used on a child when no pediatric option is available — but plan for it.	0 ☐ 1 ☐ 2 ☐ N/A ALLOWED — SEE P. 05
C7	Where opioid overdose or exposure is a realistic risk, naloxone is staged with the AED or first-aid kit, and responders are trained to give it. [VERIFIED] VERIFY Nasal naloxone has been available over the counter since 2023; NIOSH publishes workplace program guidance.	0 ☐ 1 ☐ 2 ☐ N/A ALLOWED — SEE P. 05
C8	After any AED use: the event is reviewed, data downloaded if your medical direction requires it, pads and battery replaced, the unit returned to service, and a debrief documented. VERIFY Ask what would happen to the AED tomorrow if it were used today — and who owns each step.	0 ☐ 1 ☐ 2 ☐

SECTION C SUBTOTAL ZEROS: _____ ONES: _____ ☐ / 16

SURVIVAL FALLS EVERY MINUTE WITHOUT A SHOCK

Without defibrillation, survival from sudden cardiac arrest falls roughly 7–10% per minute. In the Public Access Defibrillation trial, sites with trained lay volunteers and AEDs had twice the survivors of CPR-only sites. [VERIFIED]

That math is why this section is strict: the AED has to be unlocked, in service, and minutes away on every shift — and the people nearby have to be willing to turn it on. An AED nobody can reach in time is a wall decoration.

SECTION D

TRAINING & RESPONSE TEAM

Equipment doesn't respond. People do — named, trained on the hazards they work beside, and practiced often enough to act without thinking.

	ITEM · VERIFY ON THE FLOOR, NOT IN THE BINDER	SCORE (CIRCLE OR X)
D1	A written response-team roster names each role — coordinator, responders, 911/communications lead, EMS escort — with coverage on every shift, drawn from floor staff near the hazards. VERIFY Roster by shift and zone. If every responder works in the front office, score 1.	0 ☐ 1 ☐ 2 ☐
D2	The team's scope is written — what it will do and explicitly will not do — signed off by leadership, and kept in every kit. VERIFY Find the scope document inside a kit. See the one-line version below.	0 ☐ 1 ☐ 2 ☐
D3	Initial training is hands-on and covers bleeding control, CPR/AED, choking, and placing an unresponsive, breathing person on their side. Video-only onboarding scores 1 at most. VERIFY Course names and hands-on components in the training records.	0 ☐ 1 ☐ 2 ☐
D4	Drills or hands-on skills checks happen at least quarterly, on a published calendar, with attendance logged. [MED-TAC TARGET] VERIFY The calendar for the next two quarters and the sign-in sheets for the last two.	0 ☐ 1 ☐ 2 ☐
D5	Drills rotate realistic scenarios for your hazards — severe laceration, amputation, crush, cardiac arrest, fall from height, vehicle or yard event — and at least one runs on nights. VERIFY Last four drill topics and shifts. The same scenario four times in a row scores 1.	0 ☐ 1 ☐ 2 ☐
D6	Training records (name, course, date, provider, expiration) are maintained, auditable, and flagged at least 60 days before expiration. VERIFY Pull three names at random and find their records in under five minutes.	0 ☐ 1 ☐ 2 ☐
D7	Responders are covered by the bloodborne pathogens exposure control plan: PPE in every kit, post-exposure reporting, and hepatitis B vaccine offered — or the documented collateral-duty exception. [REGULATION] VERIFY Ask a responder what they do after a blood exposure, and whom they tell before the end of the shift.	0 ☐ 1 ☐ 2 ☐
D8	Good Samaritan, liability, and workers' compensation questions have been reviewed with HR, counsel, and your insurer, and the answer is summarized in the program document. VERIFY The one-paragraph summary exists, and responders have been told what it says.	0 ☐ 1 ☐ 2 ☐

SECTION D SUBTOTAL ZEROS: _____ ONES: _____ ☐ / 16

SCOPE, IN ONE LINE — WRITE IT, SIGN IT, PUT IT IN EVERY KIT

WILL: call 911, control bleeding, do CPR and use the AED, position the person, direct EMS, hand off. **WILL NOT:** enter an unsafe scene (energized equipment, permit confined space, active violence); move a suspected spine injury except from immediate danger; give medication beyond helping a person use their own prescribed emergency medication (and naloxone, if your program includes it); or exceed training.

SECTION E

EMERGENCY ACTION PLAN INTEGRATION

Trauma response fails when it lives in a binder separate from the plan employees actually use. Put it inside the Emergency Action Plan (29 CFR 1910.38). [REGULATION]

	ITEM · VERIFY ON THE FLOOR, NOT IN THE BINDER	SCORE (CIRCLE OR X)
E1	The Emergency Action Plan covers medical emergencies alongside fire and evacuation, and names the procedures for employees who perform rescue or medical duties. [REGULATION] VERIFY The EAP is written (required above 10 employees; oral is allowed at 10 or fewer) and has a medical section.	0 ☐ 1 ☐ 2 ☐
E2	The medical response sequence — recognize, call 911, respond, direct EMS, hand off, follow up — is posted at every kit and AED station. VERIFY Compare each posting with the Posted Response Sequence (p. 15).	0 ☐ 1 ☐ 2 ☐
E3	EMS entrance routes are kept clear and marked, and front-desk, gate, and security staff on every shift know which entrance to send the ambulance to. VERIFY Run the EMS route test (p. 11): street to gate to door to your worst hazard. Locked gates? Blocked docks? Badge doors?	0 ☐ 1 ☐ 2 ☐
E4	A designated employee meets the ambulance and walks responders to the patient; a backup is named for every shift, with gate codes or keys. VERIFY Ask the night-shift escort where they would meet EMS and how they'd open the gate.	0 ☐ 1 ☐ 2 ☐
E5	A written handoff form — what happened, when, what was done (including tourniquet time), and what changed — is in every kit. VERIFY Find a blank handoff form in two kits.	0 ☐ 1 ☐ 2 ☐
E6	After any event: same-day restock, a team debrief within 48 hours, and an injury report that captures the first-aid response so the program learns from real events. VERIFY The last event's debrief notes and the changes they produced.	0 ☐ 1 ☐ 2 ☐
E7	The EAP is reviewed with employees when it or their duties change, and leadership re-authorizes the program, budget, and training calendar every year. [REGULATION] VERIFY The date and signature of the last leadership review.	0 ☐ 1 ☐ 2 ☐
E8	The program survives turnover: every role has a named backup, and the program document, logs, and keys live in a shared location, not one person's desk. VERIFY If the coordinator resigned today, could someone else run next month's inspection?	0 ☐ 1 ☐ 2 ☐

SECTION E SUBTOTAL ZEROS: _____ ONES: _____ ☐ / 16

WHY THE BINDER FAILS

Employees learn the fire alarm, the exits, and the muster point because the EAP drills them. When the medical plan sits in a separate binder, nobody drills it — and on the day it's needed, the person who wrote it is on vacation. Put the medical sequence in the same plan, the same training, and the same drills as evacuation, and it becomes something the whole workforce knows.

SECTION 03

THE FLOOR-WALK TESTS

Four stopwatch tests turn opinions into numbers. Run them on your least-staffed shift, with someone who doesn't already know the answers.



HOW TO RUN THEM

- **Walk, don't run.** Time a normal brisk walk — that's how a responder moves carrying equipment through a working floor.
- **Start the clock at the hazard,** not at the kit. Stop it when the kit or AED is in hand at the start point.
- **Use real doors.** If a door needs a badge, a key, or a code on nights, the test runs through it on nights.
- **Every fail goes on the Remediation Tracker** (p. 14) with the item code it proves.

DATE _____ SHIFT _____

WALKED BY _____

TEST 1 · THE 30-SECOND KIT TEST · ITEM B2 · PASS ≤ 0:30

START POINT (HAZARD)	NEAREST KIT	TIME	PASS?	FIX IF FAILED

TEST 2 · AED ROUND TRIP · ITEMS C2–C3 · TARGET ≤ 3:00 (AHA: 3–5 MIN)

START POINT (FARTHEST OCCUPIED AREA)	AED LOCATION	UNLOCKED?	M:SS	FIX IF FAILED

TEST 3 · EMS ROUTE · ITEMS A8, E3, E4 · EVERY LOCKED POINT NEEDS AN OPENER

SEGMENT	OBSTACLES (GATE, CODE, BADGE DOOR)	WHO OPENS IT	M:SS	FIX
Street to site gate				
Gate to EMS entrance door				
Door to worst hazard				

TEST 4 · THE STRANGER TEST · ITEMS A8, B3, C3, C5, E4 · LEAST-STAFFED SHIFT, NO HINTS

QUESTION	ANSWER GIVEN	CORRECT?	FIX
Where is the nearest bleeding-control kit?			
Where is the nearest AED — and is it unlocked right now?			
What address and entrance would you give 911?			
Who meets the ambulance on this shift?			

SECTION 04

HAZARD-SPECIFIC ADD-ONS

Unscored, but not optional. If a hazard below exists on your floor, add its line to your drills (D5), your kits, and your Remediation Tracker.

HAZARD	ADD TO YOUR READINESS	STANDARD / SOURCE
Machinery, saws, presses — amputation	Kit within 30 seconds of the machine. Lock out before anyone reaches in. Tourniquet for any limb amputation or a limb bleed pressure won't stop. **Save the part:** wrap it in clean gauze moistened with water or saline, seal it in a plastic bag, and set the bag on ice or in ice water — never directly on ice. It goes with EMS.	29 CFR 1910.147 (lockout/tagout), 1910.212 (machine guarding)
Crush — pinned by load, vehicle, or equipment	Call 911 early and tell them how long the person has been trapped. Stabilize the load; no heavy extrication beyond your training and equipment. Control bleeding once the scene is safe.	Lay-responder first aid; EMS directs extrication
Corrosives and chemicals	Eyewash or drench within 10 seconds; flush 15 minutes with eyelids held open and contacts out. Send the Safety Data Sheet with EMS.	1910.151(c); ANSI/ISEA Z358.1; HazCom 1910.1200 [REGULATION]
Electrical	Nobody touches the person until the power is off. Then check breathing — CPR and the AED. Electrical injuries can look small and still be serious: always EMS.	1910.332–.335; NFPA 70E
Falls from height and suspension	A written prompt-rescue plan for every worker in fall arrest — a suspended worker needs rescue in minutes, not after the fire department arrives. Treat a fall as a possible spine injury.	1910.140(c)(21) prompt rescue [REGULATION]
Confined spaces	No untrained entry rescue. NIOSH found that about 60% of confined-space deaths were would-be rescuers. Rescue per the permit-space plan, with retrieval from outside. [VERIFIED]	1910.146(k); NIOSH 86-110 [REGULATION]
Heat	Water, rest, shade, and acclimatization for new workers. Confusion, collapse, or hot skin: call 911 and cool immediately — cold-water immersion or ice-water towels.	OSHA heat illness guidance; CDC/NIOSH
Hot work, kitchens, burns	Cool running water for 20 minutes; no ice, no butter. Hydrogel burn dressings in kitchen and hot-work kits.	ANZCOR 9.1.3; MED-TAC Burn Brief
Workplace violence — active assailant	Escape and shelter first; care starts when the area is safe. Stage bleeding-control kits where people will shelter and where security works; plan with local law enforcement and EMS.	C-TECC; NFPA 3000 (2021)
Vehicles, yards, remote and field crews	A Type III or IV kit with a tourniquet in every vehicle and with every remote crew. Share GPS coordinates with 911. Expect EMS well beyond the 7-minute median.	ANSI/ISEA Z308.1; Mell 2017
Opioid overdose or exposure	Naloxone with the kit, responders trained, 911 called — naloxone can wear off before the opioid does.	NIOSH 2019-101; FDA OTC approval 2023

SCOPE CHECK

Every line above stays inside the team's written scope (p. 09). Unsafe-space entry, de-energizing, and technical rescue belong to trained specialists — your job is to call them early and meet them at the gate.

SECTION 05

SCORING SUMMARY

Transfer each subtotal, total the score, then check the priority rule before you read the band.

SECTION	SCORE	ZEROS	ONES	TOP GAP (ITEM CODE + ONE LINE)
A · First-Aid Program Compliance	/ 16			
B · Bleeding Control Readiness	/ 16			
C · AED & Cardiac Response	/ 16			
D · Training & Response Team	/ 16			
E · Emergency Action Plan Integration	/ 16			
TOTAL	/ 80			

STEP 1 · THE PRIORITY RULE

Any 0 in Section B (Bleeding Control)? ☐ YES ☐ NO

Any 0 in Section C (AED & Cardiac)? ☐ YES ☐ NO

Either YES = priority gap, whatever the total. Escalate to leadership this week.

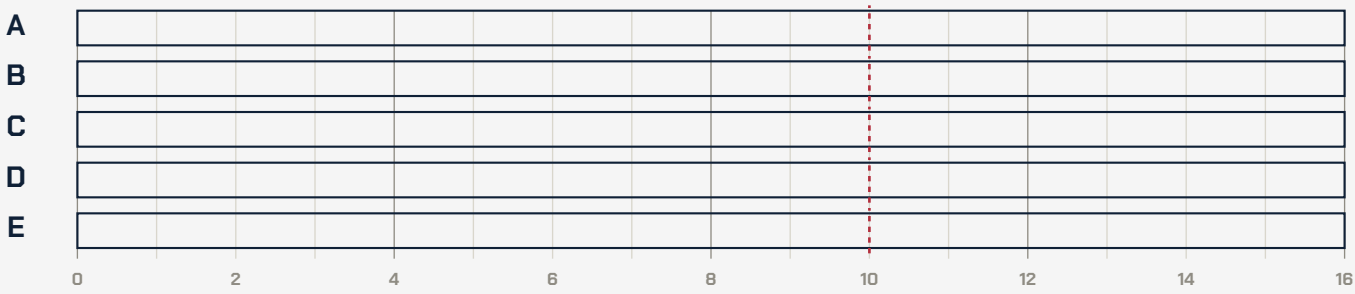
STEP 2 · YOUR READINESS BAND

☐ **STRONG · 70–80** Maintain; re-verify quarterly

☐ **DEVELOPING · 50–69** 0s in 30 days, 1s in 90

☐ **AT RISK · BELOW 50** Equipment, people, paper — now

STEP 3 · SHADE YOUR SECTION PROFILE — THE SHORTEST BAR IS WHERE THE NEXT DOLLAR AND THE NEXT DRILL GO



Red dashed line = 10/16, the per-section equivalent of the 50-point At Risk line.

STEP 4 · SIGN-OFF

SITE / BUILDING _____ DATE COMPLETED _____

COMPLETED BY _____ FLOOR PARTNER _____

REVIEWED BY (LEADERSHIP) _____ SIGNATURE _____

NEXT RE-RUN DATE _____ PREVIOUS SCORE (FOR TREND) _____

SECTION 06

REMEDIATION TRACKER

Copy every 0 and every 1 here — zeros first. A gap with an owner and a date is a project. A gap without one is a finding in the next incident report.

0 · PRIORITY
Escalate to leadership this week. Close within 30 days.

1 · REMEDIATE
Owner and target date. Close within 90 days.

FLOOR-WALK FAIL
Log it under the item code the test proves (B2, C2, E3…).

GAPS, OWNERS, DATES

ITEM	GAP — WHAT'S MISSING OR FAILED	SCORE	OWNER	TARGET DATE	CLOSED (DATE)

MEDICAL EMERGENCY — RESPONSE SEQUENCE

LAMINATE · POST AT EVERY KIT, EVERY AED, AND EVERY GATE OR FRONT DESK

1	RECOGNIZE	Shout it: **"Medical emergency — [location]!"** Stop the machine or kill the power **only if you can do it safely**. Never enter an unsafe scene.
2	CALL 911	Speaker on. **Address, building, and EMS entrance first**, then what happened and how many are hurt. Stay on the line.
3	RESPOND	Nearest bleeding-control kit and AED to the patient — now. Gloves on.
4	BLEEDING	**Press** hard and don't let up. **Pack** deep groin or armpit wounds. **Tourniquet** on an arm or leg still bleeding: 2–3 in above the wound, never on a joint; source unknown — high and tight. Write the time.
5	NOT BREATHING NORMALLY	**CPR**: hard and fast, center of the chest. **AED** on the moment it arrives — turn it on, follow the voice.
6	DIRECT EMS	The EMS escort opens gates and doors and walks the crew to the patient. Clear the area.
7	HAND OFF	What happened, when, what we did (tourniquet time), what changed. Handoff form is in the kit.
8	FOLLOW UP	Tell the coordinator. Restock today. Debrief within 48 hours. Blood exposure? Report it before the end of the shift.

EVERYTHING ELSE

CHEMICAL IN EYES / ON SKIN
Eyewash or shower now, 15 minutes. SDS to EMS.

AMPUTATED PART
Moist gauze, sealed bag, bag on ice — never directly on ice.

ELECTRICAL
Power off before you touch. Then CPR + AED if needed.

BURN
Cool running water 20 minutes. No ice, no butter.

CHOKING
5 back blows + 5 abdominal thrusts. Unresponsive: CPR.

FALL FROM HEIGHT
Don't move them unless in danger. Keep head and neck still.

HEAT
Confused or collapsed: 911, cool fast with cold water.

OVERDOSE
Naloxone if available, rescue breathing or CPR, 911.

SITE ADDRESS _____ EMS ENTRANCE _____

NEAREST AED _____ NEAREST KIT _____

COORDINATOR _____ EMS ESCORT (THIS SHIFT) _____

UPDATED _____ · POISON HELP 1-800-222-1222

SECTION 08

CLOSING THE GAPS: EQUIPMENT MAPPED TO ITEMS

Buy against your score, not a catalog. Each product is matched to the items it closes, at live tactical-medicine.com prices.

SECTION B — Bleeding control within 30 seconds of every hazard — ITEMS B1–B4

B1 · B2



Public Access Bleeding Control Kit — Nylon

Basic $69.99 · Intermediate $79.99 · Advanced from $109.99

Inside: C-A-T tourniquet (CoTCCC-recommended), 6-in. emergency trauma dressing, 2 wound-packing gauze, gloves, shears, survival blanket, marker, instruction card. Intermediate adds a HyFin Vent chest seal twin pack.

Where: One per work zone, within 30 seconds of each high-hazard point. 15 oz — fits an AED cabinet.

B3 · A6



Public Access Clear Wall Case

$249.99 · cabinet only, no kits

Inside: Clear polycarbonate surface-mount enclosure. Occupants can see the kit is there; inspectors can check it without opening a seal.

Where: High-traffic walls, beside the AED. Makes the kit visible (B3) and the monthly check faster (A6).

B1 · E4



Public Access Bleeding Control 5 Pack

Basic $299.99 · Intermediate $359.99 · Advanced $579.99

Inside: Five complete individual bleeding-control kits plus a Responder QuikLitter in one zippered tote.

Where: Security desk or shipping office — a grab-and-go cache for a multi-casualty event.

SECTIONS A & C — Compliant first aid that also stops bleeding — and an AED station — ITEMS A2–A3 · C1–C3

A2 · B1



NAR Trauma and First Aid Kit — Class B

From $199.99 · Celox $254.95 · Bleeding Control Dressing $214.95

Inside: Exceeds ANSI Z308.1-2021 Class B, plus a C-A-T tourniquet and HyFin Vent chest seal twin pack. Zippered bag, 4.87 lb.

Where: Higher-hazard areas (A2). Carry it to the patient; hang it on the wall hook ($39.99).

C1 · C2 · C3



ZOLL AED Plus — Complete Package

$1,999.99 · AED + cabinet + sign

Inside: AED Plus with Real CPR Help, alarmed wall cabinet, three-way sign; pads and batteries installed (5-year life). Pads are for ages 8+ / 55 lb+.

Where: Every 3–5 minute round-trip zone (C2). Add pediatric pads where children may be present (C6).

A3 · B1



Logging First Aid & Trauma Kit — Hard Case

From $389.99 · three case colors

Inside: C-A-T tourniquet, trauma dressing, compressed gauze, SAM Splint II, burn dressing, eyewash, CPR mask — Type IV ANSI hard case.

Where: Trucks, yards, equipment cabs, and remote crews, where EMS is far longer than seven minutes.

BUY ORDER: zeros in B and C first — a tourniquet within 30 seconds of the worst hazard, an unlocked AED on every shift. Equipment closes items in Sections A–C only; Sections D and E close with people, paper, and drills.

SECTION 08 · CONTINUED

MORE OPTIONS BY GAP — AND A WORKED EXAMPLE

ITEM GAP	PRODUCT	LIVE PRICE	WHY IT FITS
A2 · lower-hazard areas	NAR Trauma and First Aid Kit — Class A	From $184.99	Exceeds ANSI Class A and adds a C-A-T tourniquet and HyFin Vent chest seal. Zippered bag, 2.94 lb.
C1 · harsh environments	Philips HeartStart FRx AED	$1,499.99	Rugged, IP55, SMART Pads II pre-connected. Infant/Child Key sold separately (C6). Cabinet not included.
C7 · opioid risk	Naloxone Nasal Spray — Twin Pack	$33.50	Two 4 mg intranasal devices, over the counter. Keep both in the same carton.
B4 · genuine devices; B6 training	C-A-T Gen 7 — Genuine NAR	$28.99	Black or Orange for live kits (CoTCCC-recommended). **Blue is a trainer** — label it and keep it out of live kits.
B1 · inside AED cabinets	Public Access INDIVIDUAL Kit — Vacuum Sealed	$54.95–$115.99	Flat vacuum-sealed single-casualty kit with a C-A-T tourniquet; stacks in an AED cabinet drawer.
B1 · individual responders	MED-TAC Bleeding Control Kit	$49.95	Genuine C-A-T Gen 7, Safeguard emergency trauma bandage, 2 compressed gauze, blanket, shears, gloves, marker.
Add-on · security desk	Crisis Incident Response Kit	$389.99 black · $399.99 orange	Two C-A-T tourniquets and two HyFin Vent twin packs for several casualties — a staged kit for the security desk.
Add-on · kitchens, hot work	TacMed Basic Burn Kit	$38.16	Waterjel hydrogel dressings, gel sachets, wrap, shears, gloves.
B3 · visible staging	Trauma and First Aid Kit Wall Mount Hook	$39.99	Puts a carry-bag kit on the wall in plain sight. Hardware included; kit sold separately.

WORKED EXAMPLE · ONE HIGH-HAZARD ZONE, FULLY STAGED	CLOSES	LIVE PRICE
Public Access Bleeding Control Kit — Nylon, Intermediate	B1, B2	$79.99
Public Access Clear Wall Case (houses the kit)	B3, A6	$249.99
NAR Trauma and First Aid Kit — Class B, with Compressed Gauze	A2, B1	$199.99
Trauma and First Aid Kit Wall Mount Hook	B3	$39.99
Zone subtotal		**$569.96**
ZOLL AED Plus Complete Package — one per 3–5 minute round-trip zone	C1–C3	$1,999.99
First zone with its AED		**$2,569.95**

B2B AND GOVERNMENT QUOTES

Standardizing several plants, a district, or a fleet? Request a formal quote with your site count and the item codes you're closing: **tactical-medicine.com/pages/medical-logistics-rfq-services**. Government, agency, and school-district buyers: **tactical-medicine.com/pages/government-procurement-solutions**. Figures above exclude tax and shipping; the product page is the source of truth.

SECTION 09

NEXT STEPS: YOUR 90 DAYS, BY BAND

Your band sets the pace. People and paper cost nothing — start there the week you score.

AT RISK · BELOW 50

This week: name the coordinator and backup (A1); post the address and EMS entrance (A8); unlock or move every AED (C3); stage a bleeding-control kit at the worst hazard (B1–B2).

Day 30: hands-on training for 2–3 people per shift (B5–B6, C4); write the scope and 911 call flow (D2, C5).

Day 90: medical section in the EAP (E1), first drill (D4), re-score.

DEVELOPING · 50–69

Day 30: close every 0 — Sections B and C first.

Day 60: close the 1s in B and C; publish the drill calendar (D4) and run a night-shift drill.

Day 90: close the 1s in A, D, and E; re-run the floor-walk tests and re-score.

STRONG · 70–80

Every quarter: re-verify the 2s, rotate drill scenarios (D5), and run one drill on your least-staffed shift.

Every six months: re-score and re-time.

Every year: leadership re-authorization (E7) — and share the program with your other sites.

TRAINING THAT LASTS — CLIMB ONE RUNG A YEAR

1 · QUARTERLY DRILLS

Free, 20–30 minutes, on the floor where the hazards are (D4–D5).

2 · A HANDS-ON CLASS

Bleeding control and CPR/AED from your local fire or EMS agency or a recognized training provider, on your site.

3 · MED-TAC ACADEMY

Structured education paths for coordinators and team leads: tactical-medicine.com/pages/med-tac-academy

4 · THE MARCH LEARNING CENTER

The framework behind this assessment — Massive hemorrhage, Airway, Respiration, Circulation, Hypothermia: tactical-medicine.com/pages/march-protocol-the-complete-guide-to-tactical-casualty-care

WORKPLACE KITS, AED STATIONS, AND ANSI-CLASS SUPPLIES

Scan for the Workplace Safety & OSHA Compliance hub: bleeding-control stations, AEDs, ANSI-class kits, and training materials aligned with this assessment.

Free companion references for your responders — The Trauma Brief, The CPR Brief, The Choking Brief, and The Burn Brief: start at tactical-medicine.com/brief

ABOUT MED-TAC INTERNATIONAL

MED-TAC International is a Service-Disabled Veteran-Owned Small Business founded, owned, and operated by medical, public safety, and military professionals. Founder Marco R. Torres, MD, NRP, is a physician and medical educator with experience as a tactical medic and flight medic; he is a U.S. Navy veteran and also founded ALKEONHealth.com. We curate evidence-based trauma equipment aligned with C-TECC guidance and the MARCH framework. Questions or corrections about this assessment: info@tactical-medicine.com.

B2B QUOTE REQUEST	tactical-medicine.com/pages/medical-logistics-rfq-services
GOVERNMENT SALES	tactical-medicine.com/pages/government-procurement-solutions

SOURCES

REFERENCES AND EVIDENCE TRAIL

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3. OSHA. 29 CFR 1910.1030, Bloodborne Pathogens, and Standard Interpretation on first aid as a collateral duty (reporting before end of shift; hepatitis B vaccination within 24 hours of an exposure incident).

4. ANSI/ISEA Z308.1-2021, Minimum Requirements for Workplace First Aid Kits and Supplies (Class A and B; container Types I–IV; Class B includes splint and tourniquet). ANSI/ISEA Z358.1, Emergency Eyewash and Shower Equipment (10-second reach; 15-minute flush; weekly activation).

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14. Product contents and prices: live product pages at tactical-medicine.com, accessed 23 September 2026. Configurations and prices change; the product page is the source of truth.

DISCLAIMER

This assessment provides general educational information for employers and does not constitute medical or legal advice, an OSHA compliance determination, certification, or a substitute for hands-on training, medical direction, or professional care. Regulatory summaries are general; confirm your obligations, including state-plan OSHA requirements, with qualified counsel. Always call 911 for serious injury or illness and follow dispatcher instructions and each manufacturer's device instructions. Product mentions are for identification. © 2026 MED-TAC International. Free to share unmodified; not for resale.

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