

AS IS

versus

SHOULD BE

First Aid “AS IS”



1. Major accident occurs
2. Victim is found unconscious and bleeding heavily
3. 9-1-1 plan is put in place and someone calls 9-1-1
4. Radio page goes out to all first aid responders
5. Nurse is notified, if any on site
6. First aiders respond to call and go to victim
7. Someone runs to grab supplies from closet (or kit) including PPE and basic medical supplies
8. First aiders and others assess scene and victim
9. First aiders put on gloves & PPE, if available
10. Someone grabs AED & fast response kit
11. Person that grabs AED radios that it is on way
12. Person with AED runs to scene
13. Someone remains on phone with 9-1-1
14. AED arrives on scene
15. CPR is initiated once proper PPE arrives
16. AED is turned on and applied to victim, if necessary
17. First aiders dig for PPE/supplies from first aid Kit or nearby closet (must run back and forth)
18. Confident first aiders (if any) give orders and continue to provide aid, based on 9-1-1 dispatch guidance
19. First aiders run for more supplies if needed
20. 9-1-1 arrives on scene and takes over
21. 9-1-1 does reassessment of victim
22. 9-1-1 interviews victim (if conscious) and others
23. Victim taken to hospital via ambulance
24. BBP cleanup supplies are obtained
25. Personnel go back to clean up the scene & record events
26. Scene is cleaned and event recorded
27. First aid supplies are restocked & inventoried or service called
28. First aid supplies are reordered or service called
29. AED Fast Response kit is inventoried & reordered
30. AED Fast Response kit is restocked by service or personnel
31. AED accessories are restocked and reordered
32. AED post event review is performed
33. AED & Fast Response bag put back in cabinet
34. BBP cleanup supplies are put away
35. Safety or nurse interviews all involved
36. Interviewer compiles notes into report
37. Report is shared with OSHA, etc.

38. Report is shared with trainer and MD, if any
39. Trainer or Medical Director determines if refresher training is needed if there are “lessons learned”
40. Medical Director reviews response plan and medical supplies if major trauma occurred
41. MD advises on better trauma supplies to purchase
42. Purchasing procures updated trauma supplies
42. Trauma supplies are put in place by safety lead
43. First aiders need to be trained on new supplies
44. Trainer prepares plan for “lessons learned” & new supplies
45. Trainer schedules training session
46. Trainer trains responders / first aiders
47. Trainer trains any who missed meeting at later dates or sends out email lesson to try to track

What are the odds that...

- ...the first aid or responder kits contain proper instructions for all traumas related to this incident?
- ...9-1-1 dispatch has most recent guidelines and proper coaching tools?
- ...first aiders and responders will retain all the skills they need for this incident?
- ...the responders won't have to dig & fumble for proper supplies in their kits or have less than 1 trip from/to the first aid closet?
- ...proper PPE & trauma supplies are in first aid closet or kit and are grabbed on initial run?
- ...an AED is on premises and has been checked for proper performance lately?
- ...all the proper restocking of PPE & medical supplies is done within the next 24 hours?
- ...good notes were taken, assessment forms were available & completed (to share w/EMS & Safety)?
- ...the trainer will get a refresher training prepared and scheduled within 48 hours of the event?
- ...most experienced responders are all gone to a meeting, sick or on vacation?

Can you eliminate these risks?

AS IS

versus

SHOULD BE

**First Voice™
“SHOULD BE”**



1. Major accident occurs
2. Victim is found unconscious
3. 9-1-1 plan is put in place & 9-1-1 called
4. Radio page goes out
5. Nurse is notified, if onsite
6. Closest responder or first aid-er to the alarmed cabinet and grabs First Voice/AED & all others respond to scene & victim
7. Cabinet alarm is activated when responder grabs First Voice system (and AED, if available); notifying employees in the area of emergency in process
8. Responder with bag runs to scene to treat victim
9. Those administering aid open First Voice system, pull color-coded prepackaged trauma pack with ALL appropriate PPE & supplies for event
10. First Voice Responder Handbook is opened and First Voice EID is turned on, if available, as a real-time skills reminder and confidence builder
11. All responders put on gloves & PPE from pack
12. CPR is initiated with CPR barrier from pack
13. AED is turned on and applied to victim
14. Nurse or responders give orders and perform assessment, while engaging 9-1-1 dispatch
15. Nurse & EMT's (if any) grab individual items from extra pockets of First Voice system as needed
16. Responder uses Emergency Intake form from First Voice system to take notes of event/interview
17. 9-1-1 arrives on scene and takes over
18. Responder shares notes of event & incident with EMS to allow for quicker transition
19. Victim taken to hospital via ambulance
20. BBP cleanup supplies are grabbed from First Voice
21. Personnel clean up the accident scene & record events
22. Used First Voice supply packs are reordered & nurse's & EMT's supplies are reordered
23. BBP cleanup supplies are restocked
24. AED accessories are restocked
25. AED post event review is performed
26. AED & First Voice system inventory inspection tag completed (after restocked) & put back in cabinet
27. Safety Director or nurse interviews all involved
28. Interviewer compiles notes & uses notes from event recorded by responder – increasing accuracy
29. Report is shared with OSHA, Medical Director, etc.
30. Report is shared with Trainer or Safety Director
31. Trainer or Safety Director determines if refresher training is needed if there are “lessons learned”
32. Trainer schedules 15 minute training session and can use First Voice EID & training packet for lesson plan
33. Trainer sends out an email to those absent; using EID & scenarios they can get update done during a 15 minute break. Short quiz handed in to prove refresher completion.

Be 100% certain that.....

- ...responders have proper instructions for all medical emergencies & injuries at your facility.
- ...first aiders and responders will retain skills and have confidence that they need for this incident.
- ...the nurse or responders won't have to fumble for proper PPE & medical supplies in their kits.
- ...proper PPE and trauma supplies are available immediately to those first on the scene.
- ...location specific notification is in place for emergency situations with the help of an alarmed cabinet.
- ...all the proper restocking of PPE & medical supplies is done quickly and effectively.
- ...good notes were taken and assessment forms were available & completed (for EMS handoff and Safety).
- ...the training resource at your organization will have immediate access to refresher training and be able to quickly pull together a skills recap for any “lessons learned”.
- ...even the most inexperienced responder or first aid-er in your volunteer responder group can respond with confidence and accuracy.

Contact us to find out more:



1-888-473-1777 * www.1st-voice.com