



MEDICAL THREAT ASSESSMENT

TACTICAL MEDICAL OPERATORS GROUP



Operation Location : _____ Operation Type: _____
 Operation Date: _____ Time of Day: _____ EMT-T: _____

MEDICAL RESOURCES

ER of the Day (Montgomery): _____ Phone: _____
 POC: _____ Title: _____ Phone: _____
 Travel Time: _____

Burn Center (Birmingham): _____ Phone: _____
 Address: _____
 POC: _____ Title: _____ Phone: _____

EMS Service: _____ Phone: _____
 Address: _____
 POC: _____ Title: _____ Phone: _____
 Travel Time: _____ # ALS Units: _____ # BLS Units: _____

Full-Time Staffing Call or Volunteer Staffing Combination Staffing

Helicopter Plan Agency: _____ Phone: _____
 POC: _____ Title: _____ Phone: _____

Flight Restrictions/Landing Zone Requirements

Location: _____ Minimum Size: _____ ft x _____ ft
 Latitude: _____ Longitude: _____ Preferred Size: _____ ft x _____ ft

Agency Policy on the following

Flight Over Tactical Hot Zone: Yes No
 Landing in Tactical Hot Zone: Yes No
 Tactical Team Weapons on Board: Yes No
 Transport HAZMAT Exposure: Yes No
 Transport of Prisoners: Yes No Handcuffed: Yes No

Comments: _____

Radio Frequencies	Tone Coded Squelch	Call Signs

Aircraft Type	No. of Casualties	Staffing

LZ Safety

Overhead Obstructions: Yes No
 Loose ground debris secured: Yes No
 Flares: Yes No
 Smoke: Yes No

Comments: _____

(continued on other side)

ENVIRONMENTAL THREATS

Weather Threats WBGT: _____ Flag Condition: _____ Temperature: _____
 Winds (Speed & Direction): _____ Humidity: _____ Precipitation: _____
 Skies: _____ Sunrise: _____ Sunset: _____
 Comments (including probability of adverse weather phenomena such as thunderstorms and tornados) _____

Heat Casualties Likely? Yes No
 Rehydration Logistics: Adequate Inadequate
 Uniform Adjustment: Authorized Not authorized
 Work Cycles: Authorized Not authorized
 Recommended water consumption per person, per hour: _____ quarts

Cold Casualties Likely? Yes No
 Rehydration Logistics: Adequate Inadequate
 Uniform Adjustment: Authorized Not authorized
 Work Cycles: Authorized Not authorized
 Shelter: Authorized Not authorized
 Aeromedical evacuation likely to be curtailed due to weather conditions? Yes No

Hazardous Materials Threats

Exposure to chemicals likely? Yes No
 Are chemicals stored on the property or nearby? Yes No
 Are there any industrial hazards nearby? Yes No

CHEMTREC: 1-800-424-9300

Chemical	ID Number	Health Hazard	Fire/Explosion Hazard

Protective clothing required? Yes No
 Self contained breathing apparatus (CBAs) required? Yes No
 Decontamination logistics? Yes No
 Fire/Rescue or HazMat team on standby? Yes No
 Comments: _____

Animal Threats

Exposure to animals likely? Yes No Specify species/control strategy: _____
 Will guard dogs be encountered? Yes No Specify species/control strategy: _____
 Will police horses be utilized? Yes No
 Will police dogs be utilized? Yes No Veterinary Service: _____

Biological Threats

Exposure to human body fluids? Yes No
 Universal precautions needed? Yes No
 Contamination of water likely? Yes No
 Exposure control strategy: _____

MISCELLANEOUS

Street closings & route verified? Yes No
 Are children at risk? Yes No
 Pediatric medical facility needed? Yes No
 Social services needed? Yes No