



Wright State University
Department of Emergency Medicine
Division of Tactical Emergency Medicine
 Emergency Medical Technician – Tactical
MEDICAL THREAT ASSESSMENT



OPERATION LOCATION _____ **OPERATION TYPE** _____

MEDICAL RESOURCES

Local Medical Facility - Name _____ Phone _____
area code number

Address _____

Point of Contact (POC) _____ Title _____ Phone _____

Travel Time Land _____ Air _____

Helipad	Yes	No	if yes, Elevated	Ground	N/A	Site
24 Hour ED	Yes	No				
Emergency Medicine Physicians	Yes	No				
Dedicated MEDEVAC	Yes	No				

Comments:

Trauma Center - Name _____ Phone _____
area code number

Address _____

Point of Contact (POC) _____ Title _____ Phone _____

Travel Time Land _____ Air _____

Helipad	Yes	No	if yes, Elevated	Ground	N/A	Site
24 Hour ED	Yes	No				
Emergency Medicine Physicians	Yes	No				
Dedicated MEDEVAC	Yes	No				

Comments:

Burn Center - Name _____ Phone _____
area code number

Address _____

Point of Contact (POC) _____ Title _____ Phone _____

Travel Time Land _____ Air _____

Helipad	Yes	No	if yes, Elevated	Ground	N/A	Site
24 Hour ED	Yes	No				
Emergency Medicine Physicians	Yes	No				
Dedicated MEDEVAC	Yes	No				

Comments:

EMS SERVICE Name _____ Phone _____
area code number

Address _____

POC _____ Title _____ POC Phone _____

Travel Time Land _____ Air _____

No. ALS Units _____ No. BLS Units _____ No. Aircraft _____
Full Time Staffing Call or Volunteer Combined Staffing

Comments _____

HELICOPTER PLAN Name _____ Phone _____
area code number

Address _____

POC _____ Title _____ POC 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 of Haz-Mat Exposure	Yes	No	_____
Transport of Prisoners	Yes	No	_____

Handcuffed Yes No

Radio Frequencies	Tone Coded Squelch	Call Signs
Aircraft Type	Number of Casualties	Staffing

LZ Safety	Overhead Obstructions	Yes	No
	Loose Ground Debris	Yes	No
	Flares	Yes	No
	Smoke	Yes	No

Comments _____

ENVIRONMENTAL THREATS

Weather Threats WBGT _____ Flag Conditions _____ Temperature _____

Winds _____ Humidity _____ Precipitation _____
speed direction

Comments (include probability of adverse weather phenomena such as snowstorms, thunderstorms and tornados)

Heat Casualties likely Yes No
 Rehydration Logistics Yes No
 Uniform Adjustments Yes No
 Work Cycles Yes No
 Recommended water consumption per person, per hour _____ quarts

Cold Casualties Likely Yes No
 Rehydration Logistics Yes No
 Uniform Adjustments Yes No
 Work Cycles Yes No
 Shelter Yes No
 Aeromedical evacuation likely to be curtailed due to weather conditions ? Yes No

HAZARDOUS MATERIALS THREATS

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

CHEMTREC 1-800-424-9300
in DC 202-483-7616

Chemical	ID Number	Health Hazard	Fire or Explosive Hazard

Protective clothing required Yes No
 Self – contained breathing apparatus required Yes No
 Decontamination logistics Yes No
 Fire / Rescue HazMat team on standby Yes No
 Comments

ANIMAL THREATS

Exposure to indigenous animals likely Yes No
 If yes, specify a control strategy (consider ticks in wooded or grassy areas) _____

Exposure to domestic animals / pets likely Yes No
 If yes, specify a control strategy _____

Are guard dogs / watch dogs likely to be encountered Yes No
 Will police horses be utilized Yes No
 Will police dogs be utilized Yes No
See Veterinary Care Information below

BIOLOGICAL THREATS

Any threats associated with biomedical research Yes No
 Exposure to human body fluids likely Yes No
 Universal precautions implemented Yes No
 Contamination of water likely Yes No
 Specify exposure control strategy _____
 Comments _____

PLANT THREATS

Exposure to poisonous plants (poison ivy, sumac) likely Yes No
 Uniform Adjustments Yes No
 Decontamination Logistics Yes No

OTHER SUPPORT SERVICES

VETERINARY CARE Name _____ Phone _____
area code number

Address _____

POC _____ Title _____ POC Phone _____

Travel time to facility Land _____ Air _____

Landing site or helipad at facility Yes No if Yes, Elevated Ground

Canine Services Yes No

Equine Services Yes No

Comments _____

PUBLIC WORKS

Street closings and routes of land travel verified Yes ~~No~~

Comments

SOCIAL SERVICES

Are children at risk Yes No
Is a pediatric medical facility needed Yes No

Comments

Are social services needed Yes No
Are there schools in the area Yes No

POC _____ Phone _____

1. Name of School _____ Principal _____

Address _____ Arrival Time _____ Dismissal Time _____

2. Name of School _____ Principal _____

Address _____ Arrival Time _____ Dismissal Time _____

Comments

ADDITIONAL COMMENTS

HAZARDOUS MATERIALS DATA SHEET

HAZARDOUS MATERIAL

Shipping Name _____ DOT Hazard Class _____

Chemical Name _____ ID No. _____ STCC No. _____

PHYSICAL DESCRIPTION

Normal Physical Form Solid _____ Liquid _____ Gas _____

Color _____ Odor _____ Other _____

CHEMICAL PROPERTIES

Specific Gravity _____ Vapor Density _____

Boiling Point _____ Melting Point _____

Vapor Pressure _____ psi or mmHg Expansion Ratio _____

Solubility in water Yes No Degree of solubility _____

Other _____

HEALTH HAZARDS

Yes Inhalation Hazard Yes No T_L/TWA _____ ppm (mg/m3) LC50 _____ ppm/hr.

Yes Ingestion Hazard Yes No LD50 _____ g/kg

Absorption Hazard Yes No Route N/A

IDLH Value _____ ppm/air (mg/m3) STEL Value _____ ppm/air(mg/m3)

Chronic Hazards Carcinogen Yes No Mutagen Yes No Teratogen Yes No

Hazardous to Aquatic Life Yes No

Other _____

Decontamination Procedures _____

First Aid Procedures _____

FIRE HAZARDS

Yes Flash Point _____ Ignition (Autoignition) Temperature _____

No Flammable (Explosive) Range LFL (LEL) _____ % UFL (UEL) _____ %

Toxic Hazard of Combustion _____

Other _____ Possible Extinguishing Agents _____

REACTIVITY HAZARDS

Yes No Reactive with what _____ Other _____

CORROSIVITY HAZARDS

Yes No ph _____ Corrosive to what Skin N/A Steel N/A Other _____

RADIOACTIVITY HAZARDS

Yes No Type Radiation Emitted None

Other _____

RECOMMENDED PROTECTION

For Public (Evacuation distance) _____

For Response Personnel (Level of Protection Required) _____

For Environment _____