



MEDICAL OPERATIONS PLAN

FIRE NAME
INCIDENT NO.

PERSONNEL	INCIDENT COMMANDER	CAMP MANAGER
	FIRST AID ATTENDANTS (FIRE CAMP)	FIRST AID ATTENDANTS (ON THE FIRELINE)
	Class _____ Name _____	Class _____ Name _____
	_____ _____ _____	_____ _____ _____

TO HOSPITAL	LOCATION OF NEAREST HOSPITAL				
	TRAVEL TIME TO HOSPITAL BY AIR	mins/hours km	TRAVEL TIME TO HOSPITAL BY ROAD	mins/hours km	HELICOPTER APPROVED TO LAND AT HOSPITAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
	IF NO, WHERE (MINUTES FROM APPROVED LANDING SITE, ETC.)				

MEDI-IVAC	HELICOPTER EQUIPPED FOR MEDI-VAC? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE	CALL SIGN	ALL FIRST AID ATTENDANTS FAMILIAR WITH USE? <input type="checkbox"/> YES <input type="checkbox"/> NO	RADIO CHANNEL USE FOR EVACUATION	FREQUENCY
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PROCEDURES	<ul style="list-style-type: none"> FIRST AID ATTENDANT TO BE DISPATCHED TO SCENE. FIRST AID ATTENDANT TO ASSESS INJURIES AND DETERMINE METHOD OF TRANSFER (E.T.V. OR AIR) AND ADVISE THE INCIDENT COMMANDER. IF AIR MEDI-VAC IS REQUIRED, CONTACT FIRE CENTRE AND HOSPITAL. ADVISE NATURE OF INJURIES AND E.T.A. OF WORKER. 			ADDITIONAL COMMENTS	_____

NOTICE	RECEIVED BY ALL PERSONNEL	DATE Y M D	POSTED ON BULLETIN BOARD	DATE Y M D	INITIALS
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