



Porter Family Medicine
4403 Harrison Blvd., Suite A-700
Ogden, Utah 84403
801.387.5300

January 3rd, 2025

To whom it may concern:

As the official medical providers of the 2025 Ogden Marathon, my team and I have assembled a varied team of medical professionals including local EMS, law enforcement, and medical professionals to handle situations that may arise on the course for the Ogden Marathon. We have developed a comprehensive medical plan to address the potential medical needs of all participants and have partnered with local emergency rooms to rapidly obtain emergency care if needed.

Questions regarding anything related to the medical coverage can be directed to our team, through the medical lead.

The planned date for the marathon this year is May 17, 2025.

Thank you,

A handwritten signature in blue ink, appearing to read "Clark Madsen".

Clark Madsen MD MS CAQSM
McKay Dee Sports Medicine
GOAL, Medical Director



MEDICAL PLAN (ICS 206)

1. Incident Name: Ogden Marathon		2. Operational Period: Date From: 5/18/2024 Date To: 5/18/2024 Time From: 0500 Time To: 1400					
3. Medical Aid Stations:							
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?				
15 aid stations Labeled A-O	Race Course Approx. every 1-2 miles	Event Channel 15	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Medial Tent at Finish Line	2513 Grant Ave Parking Lot of The Merc	Event Channel 15	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Medical Tent at Mouth of G	Mouth of the Ogden Canyon (IHC) Satellite	Event Channel 15	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Medical Tent at Eden Park	Eden Park Bowery (IHC)	Event Channel 15	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
			<input type="checkbox"/> Yes <input type="checkbox"/> No				
4. Transportation (indicate air or ground):							
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service				
OFD AEMT Ambulance	Mouth of Ogden Canyon	Event Channel 15	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS				
OFD AEMT Can-Am	MTC Park	Event Channel 15	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS				
OFD Paramedic Can-Am	2513 Grant Ave Parking lot of the Merc	Event Channel 15	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS				
OFD AEMT Ambulance	2513 Grant Ave Parking Lot of The Merc	Event Channel 15	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS				
5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/Frequency	Travel Time		Trauma Center	Burn Center	Helipad
			Air	Ground			
Ogden Regional	5475 Adams Ave.	801-479-9670	5 Minutes	5-20 Min	<input checked="" type="checkbox"/> Yes Level: 2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mckay Dee	4401 Harrison Blvd	801-621-0202	5 Minutes	5-20 Min	<input checked="" type="checkbox"/> Yes Level: 2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pleasant View ER	2690 N 600 W	801-786-7911	5 Minutes	5-20 Min	<input checked="" type="checkbox"/> Yes Level: 2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes Level: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Special Medical Emergency Procedures:							
<p>EMS units will respond to serious medical or tramatic problems, while Medical Vans will respond to minor problems during the race. EMS units will be dispatched by Medical Command in the EOC, who will act as dispatch. Units will not act as a transport unit while participating in the event unless the condition is immediately life threatening. An on duty ambulance will be requested through Medical Command to meet with the unit that has requested transport. If additional assistance is needed that units cannot effectively provide, Medical Command will be contacted and on duty units will be dispatched to assist. WFD will provide a paramedic ambulance in the Upper Valley and will work with units in the Lower Valley to provide medical sercies in the Oodgen Canvon if needed. In the event of an MCI or similar event, personnel will</p> <p><input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.</p>							
7. Prepared by (Medical Unit Leader): Name: _____ Signature: _____							
8. Approved by (Safety Officer): Name: _____ Signature: _____							
ICS 206		IAP Page _____		Date/Time: _____			

ICS 206

Medical Plan

Purpose. The Medical Plan (ICS 206) provides information on incident medical aid stations, transportation services, hospitals, and medical emergency procedures.

Preparation. The ICS 206 is prepared by the Medical Unit Leader and reviewed by the Safety Officer to ensure ICS coordination. If aviation assets are utilized for rescue, coordinate with Air Operations.

Distribution. The ICS 206 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). Information from the plan pertaining to incident medical aid stations and medical emergency procedures may be noted on the Assignment List (ICS 204). All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS 206 serves as part of the IAP.
- This form can include multiple pages.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Medical Aid Stations <ul style="list-style-type: none"> • Name • Location • Contact Number(s)/Frequency • Paramedics on Site? <input type="checkbox"/> Yes <input type="checkbox"/> No 	Enter the following information on the incident medical aid station(s): Enter name of the medical aid station. Enter the location of the medical aid station (e.g., Staging Area, Camp Ground). Enter the contact number(s) and frequency for the medical aid station(s). Indicate (yes or no) if paramedics are at the site indicated.
4	Transportation (indicate air or ground) <ul style="list-style-type: none"> • Ambulance Service • Location • Contact Number(s)/Frequency • Level of Service <input type="checkbox"/> ALS <input type="checkbox"/> BLS 	Enter the following information for ambulance services available to the incident: Enter name of ambulance service. Enter the location of the ambulance service. Enter the contact number(s) and frequency for the ambulance service. Indicate the level of service available for each ambulance, either ALS (Advanced Life Support) or BLS (Basic Life Support).

Block Number	Block Title	Instructions
5	Hospitals	Enter the following information for hospital(s) that could serve this incident:
	<ul style="list-style-type: none"> Hospital Name 	Enter hospital name and identify any predesignated medivac aircraft by name a frequency.
	<ul style="list-style-type: none"> Address, Latitude & Longitude if Helipad 	Enter the physical address of the hospital and the latitude and longitude if the hospital has a helipad.
	<ul style="list-style-type: none"> Contact Number(s)/ Frequency 	Enter the contact number(s) and/or communications frequency(s) for the hospital.
	<ul style="list-style-type: none"> Travel Time <ul style="list-style-type: none"> Air Ground 	Enter the travel time by air and ground from the incident to the hospital.
	<ul style="list-style-type: none"> Trauma Center <input type="checkbox"/> Yes Level: _____ 	Indicate yes and the trauma level if the hospital has a trauma center.
	<ul style="list-style-type: none"> Burn Center <input type="checkbox"/> Yes <input type="checkbox"/> No 	Indicate (yes or no) if the hospital has a burn center.
	<ul style="list-style-type: none"> Helipad <input type="checkbox"/> Yes <input type="checkbox"/> No 	Indicate (yes or no) if the hospital has a helipad. Latitude and Longitude data format need to compliment Medical Evacuation Helicopters and Medical Air Resources
6	Special Medical Emergency Procedures	Note any special emergency instructions for use by incident personnel, including (1) who should be contacted, (2) how should they be contacted; and (3) who manages an incident within an incident due to a rescue, accident, etc. Include procedures for how to report medical emergencies.
	<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.	Self explanatory. Incident assigned aviation assets should be included in ICS 220.
7	Prepared by (Medical Unit Leader) <ul style="list-style-type: none"> Name Signature 	Enter the name and signature of the person preparing the form, typically the Medical Unit Leader. Enter date (month/day/year) and time prepared (24-hour clock).
8	Approved by (Safety Officer) <ul style="list-style-type: none"> Name Signature Date/Time 	Enter the name of the person who approved the plan, typically the Safety Officer. Enter date (month/day/year) and time reviewed (24-hour clock).

ASSIGNMENT LIST (ICS 204)

1. Incident Name: Ogden Marathon - Marathon Command		2. Operational Period: Date From: 05/18/2024 Date To: 05/18/2024 Time From: 0500 Time To: 1400		3. Medical Branch: Division: Group: Staging Area:																
4. Operations Personnel: Name _____ Contact Number(s) _____ Operations Section Chief: <u>Unified Operations (OFD name and Weber name)</u> Branch Director: <u>Unified Command had retained Fire/EMS</u> Division/Group Supervisor: <u>(Ogden name for Lower Valley, Weber for Upper)</u>																				
5. Resources Assigned:			# of Persons	Contact (e.g., phone, pager, radio frequency, etc.)	Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information															
Resource Identifier	Leader																			
WFD-AEMT A262	TBD	2	Event Channel 15	Staged at Eden Park																
OFD-AEMT AMB 13	TBD	2	Event Channel 15	Staged at Mouth of Canyon																
OFD- Heavy Engine 2	TBD	1	Event Channel 15	Staged at MTC Park																
OFD-AEMT Can-Am 1	TBD	2	Event Channel 15	Staged at MTC Park																
OFD-AEMT AMB 17	TBD	2	Event Channel 15	Staged at Finish line																
OFD-AEMT Can-Am 2	TBD	2	Event Channel 15	Staged at Finish Line																
IHC-Med Van 1	TBD	2	Event Channel 15	Start to Spillway																
IHC-Med Van 2	TBD	2	Event Channel 15	Ogden Canyon																
IHC-Med Van 3	TBD	2	Event Channel 15	Mouth of Canyon to Finish																
6. Work Assignments: All units will be responsible for providing excellent care for all runners and bystanders. All medical incidents will be treated as important, but to maintain resources ready to respond at all levels, triage will be performed per county policy. Incidents that are less severe will be handled by the Med Vans and Aid Stations. If the incident is deemed more severe, ambulances and paramedic units will be sent to treat and transport patients that require evaluation and treatment at a hospital. All medical units working together as a team will ensure that the event runs smoothly.																				
7. Special Instructions: Police escorts are needed for travel up and down the canyon. Be aware that runners and spectators will be on the road and can be unpredictable.																				
8. Communications (radio and/or phone contact numbers needed for this assignment): <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Name/Function</td> <td colspan="2">Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</td> </tr> <tr> <td>Command and LE / Ops</td> <td colspan="2">Event Channel 14</td> </tr> <tr> <td>Race Management /PW radios</td> <td>Public Works 1</td> <td>Command Ham 448.60/145.550</td> </tr> <tr> <td>Medical LZ /</td> <td>LZ1</td> <td>Backup Ham 146.90/147.580</td> </tr> <tr> <td>Mutual Aid LE /</td> <td colspan="2">Event Channel 14</td> </tr> </table>						Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)		Command and LE / Ops	Event Channel 14		Race Management /PW radios	Public Works 1	Command Ham 448.60/145.550	Medical LZ /	LZ1	Backup Ham 146.90/147.580	Mutual Aid LE /	Event Channel 14	
Name/Function	Primary Contact: indicate cell, pager, or radio (frequency/system/channel)																			
Command and LE / Ops	Event Channel 14																			
Race Management /PW radios	Public Works 1	Command Ham 448.60/145.550																		
Medical LZ /	LZ1	Backup Ham 146.90/147.580																		
Mutual Aid LE /	Event Channel 14																			
9. Prepared by: Name: <u>Kenny Miller</u> Position/Title: <u>Emergency Manager</u> Signature: _____																				
ICS 204	IAP Page _____	Date/Time: _____																		

ICS 204

Assignment List

Purpose. The Assignment List(s) (ICS 204) informs Division and Group supervisors of incident assignments. Once the Command and General Staffs agree to the assignments, the assignment information is given to the appropriate Divisions and Groups.

Preparation. The ICS 204 is normally prepared by the Resources Unit, using guidance from the Incident Objectives (ICS 202), Operational Planning Worksheet (ICS 215), and the Operations Section Chief. It must be approved by the Incident Commander, but may be reviewed and initialed by the Planning Section Chief and Operations Section Chief as well.

Distribution. The ICS 204 is duplicated and attached to the ICS 202 and given to all recipients as part of the Incident Action Plan (IAP). In some cases, assignments may be communicated via radio/telephone/fax. All completed original forms must be given to the Documentation Unit.

Notes:

- The ICS 204 details assignments at Division and Group levels and is part of the IAP.
- Multiple pages/copies can be used if needed.
- If additional pages are needed, use a blank ICS 204 and repaginate as needed.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period <ul style="list-style-type: none"> • Date and Time From • Date and Time To 	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	Branch Division Group Staging Area	This block is for use in a large IAP for reference only. Write the alphanumeric abbreviation for the Branch, Division, Group, and Staging Area (e.g., "Branch 1," "Division D," "Group 1A") in large letters for easy referencing.
4	Operations Personnel <ul style="list-style-type: none"> • Name, Contact Number(s) <ul style="list-style-type: none"> – Operations Section Chief – Branch Director – Division/Group Supervisor 	Enter the name and contact numbers of the Operations Section Chief, applicable Branch Director(s), and Division/Group Supervisor(s).
5	Resources Assigned	Enter the following information about the resources assigned to the Division or Group for this period:
	• Resource Identifier	The identifier is a unique way to identify a resource (e.g., ENG-13, IA-SCC-413). If the resource has been ordered but no identification has been received, use TBD (to be determined).
	• Leader	Enter resource leader's name.
	• # of Persons	Enter total number of persons for the resource assigned, including the leader.
	• Contact (e.g., phone, pager, radio frequency, etc.)	Enter primary means of contacting the leader or contact person (e.g., radio, phone, pager, etc.). Be sure to include the area code when listing a phone number.
5 (continued)	• Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information	Provide special notes or directions specific to this resource. If required, add notes to indicate: (1) specific location/time where the resource should report or be dropped off/picked up; (2) special equipment and supplies that will be used or needed; (3) whether or not the resource received briefings; (4) transportation needs; or (5) other information.

Block Number	Block Title	Instructions
6	Work Assignments	Provide a statement of the tactical objectives to be achieved within the operational period by personnel assigned to this Division or Group.
7	Special Instructions	Enter a statement noting any safety problems, specific precautions to be exercised, dropoff or pickup points, or other important information.
8	Communications (radio and/or phone contact numbers needed for this assignment) <ul style="list-style-type: none"> • Name/Function • Primary Contact: indicate cell, pager, or radio (frequency/system/channel) 	<p>Enter specific communications information (including emergency numbers) for this Branch/Division/Group.</p> <p>If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205).</p> <p>Phone and pager numbers should include the area code and any satellite phone specifics.</p> <p>In light of potential IAP distribution, use sensitivity when including cell phone number.</p> <p>Add a secondary contact (phone number or radio) if needed.</p>
9	Prepared by <ul style="list-style-type: none"> • Name • Position/Title • Signature • Date/Time 	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).