

MEDICAL PLAN (ICS 206)

1. Incident Name: Ogden Marathon		2. Operational Period: Date From: 5/20/2023 Date To: 5/20/2023 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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Medial Tent at Finish Line	Municipal Park at 25th and Grant	Event Channel	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Medical Tent at Mouth of G	Mouth of the Ogden Canyon (IHC) Satellite	Event Channel	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Medical Tent at Eden Park	Eden Park Bowery (IHC)	Event Channel	<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	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS				
OFD AEMT Can-Am	MTC Park	Event Channel	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS				
OFD Paramedic Can-Am	Finish Line 25th and Grant Ave.	Event Channel	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS				
OFD AEMT Ambulance	Finish Line 25th and Grant Ave.	Event Channel	<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	40 Minutes	<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	40 Minutes	<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
					<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 Oaden Canyon 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	Enter the following information on the incident medical aid station(s):
	• Name	Enter name of the medical aid station.
	• Location	Enter the location of the medical aid station (e.g., Staging Area, Camp Ground).
	• Contact Number(s)/Frequency	Enter the contact number(s) and frequency for the medical aid station(s).
	• Paramedics on Site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate (yes or no) if paramedics are at the site indicated.
4	Transportation (indicate air or ground)	Enter the following information for ambulance services available to the incident:
	• Ambulance Service	Enter name of ambulance service.
	• Location	Enter the location of the ambulance service.
	• Contact Number(s)/Frequency	Enter the contact number(s) and frequency for the ambulance service.
	• Level of Service <input type="checkbox"/> ALS <input type="checkbox"/> BLS	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:
	• Hospital Name	Enter hospital name and identify any predesignated medivac aircraft by name a frequency.
	• Address, Latitude & Longitude if Helipad	Enter the physical address of the hospital and the latitude and longitude if the hospital has a helipad.
	• Contact Number(s)/ Frequency	Enter the contact number(s) and/or communications frequency(s) for the hospital.
	• Travel Time <ul style="list-style-type: none"> • Air • Ground 	Enter the travel time by air and ground from the incident to the hospital.
	• Trauma Center <input type="checkbox"/> Yes Level: _____	Indicate yes and the trauma level if the hospital has a trauma center.
	• Burn Center <input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate (yes or no) if the hospital has a burn center.
	• 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).