



INCIDENT ACTION PLAN

In cooperation with



EVENT MEDICS

This document is to provide a comprehensive safety operations plan for all Spartan Race events. It should be reviewed by Safety Director and updated as necessary to reflect additions and changes to the safety operations of the event.

Spartan Race

INCIDENT ACTION PLAN – Eden, UT 27-29 July 2018

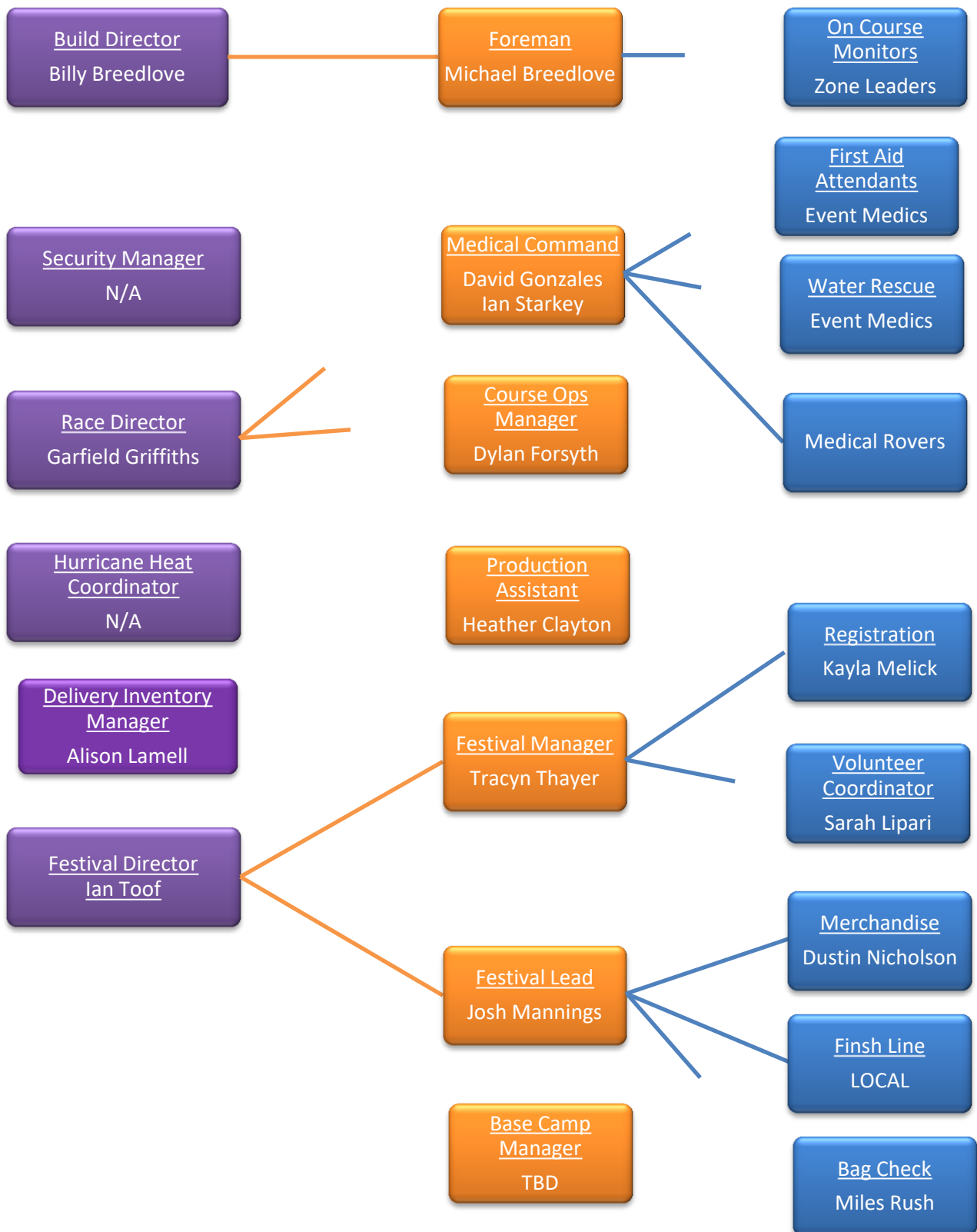
INCLUDED IN THIS DOCUMENT

- Brief Event Description
- Organizational Chart
- Key Contacts
- Incident Briefing, ICS Form 201
- Incident Objectives, ICS Form 202
- Assignment List, ICS Form 204
- Incident Radio Communication Plan, ICS Form 205
- Medical Plan, ICS Form 206
- Incident Action Plan Safety Analysis, ICS Form 215A
- Event Medics Response Overview
- Event Medical Reports
- Course Map with Obstacles
- Weather
- Directions to Nearest Hospital

BRIEF EVENT DESCRIPTION

- A. Spartan Race is a running/obstacle course endurance event that will take place during the following dates:
 - i. Super, approximately 5-8 miles long on Saturday (7/28/18)
 - ii. Sprint, approximately 3-5 miles long on Saturday (7/29/18)
 - iii. SGX Class from 0900-1500hrs on Friday (7/27/18)
 - iv. Open House from 1600-1800hrs on Friday (7/28/18)
 - v. 12hr Hurricane Heat from 2000hrs Friday until 0800hrs on Saturday (7/27-28/18)
- B. The event uses a well-marked route, with a designated start and finish. There are approximately:
 - i. 24-29 obstacles for the Super
 - ii. 20-23 obstacles for the Sprint
- C. Individuals and teams will start on a staggered basis throughout the day (waves of 250, every 15 minutes, beginning at 730AM on Saturday.
- D. This event is an endurance event and the risks and safety issues may include:
 - i. Medical issues associated with endurance events such as dehydration, illness, hypothermia, disorientation, or insufficient nutrition.
 - ii. Overuse injuries such as blisters, muscle cramps, shin splints, stress fractures.
 - iii. Traumatic and/or orthopedic injuries resulting from a fall or collision.
 - iv. Medical conditions which may be triggered by physical stress or exertion in a high altitude mountain environment and/or extreme variations in temperatures.

ORGANIZATION CHART



KEY CONTACTS

Name	Role	Number	Email
Garfield Griffiths	Race Director	954.649.8665	garfieldg@spartan.com
Billy Breedlove	Build Director	850.797.0235	billyb@spartan.com
Michael Breedlove	Foreman	850.797.0235	billyb@spartan.com
Ian Toof	Festival Director	802.363.1991	iant@spartan.com
Tracyn Thayer	Festival Manager	207.357.1442	tracynt@spartan.com
Josh Mannings	Festival Lead	802.279.1556	joshuam@spartan.com
Dylan Forsyth	Course Ops Manager	317.213.3620	dylanf@spartan.com
TBD	Basecamp Manager		
Alison Lamell	Delivery Inventory Manager	617.356.9299	alisonl@spartan.com
Heather Clayton	Production Assistant	704.213.6330	heatherc@spartan.com
NOT NEEDED	Security Manager	N/A	N/A
TBD	Hurricane Heat Manager	N/A	N/A
Kayla Melick	Registration ZL	319.538.7483	kaylam@spartan.com
LOCAL	Finish Line ZL	N/A	N/A
Miles Rush	Bag Check ZL	773.620.8407	rushm@nptioh.com
Dustin Nicholson	Merchandise ZL	315.523.3009	dustinn@spartan.com
Sarah Lipari	Volunteer Coordinator	408.863.2058	Slipari90@gmail.com

David Gonzales	PM- Event Medics	210.846.1472	david@eventmedics.com
Ian Starkey	PM- 12HR Hurricane Heat	760.214.6189	joey@eventmedics.com
Paul Sullivan	Weber Fire District	801.430.0554	psullivan@weberfd.com

All safety personnel will be under the supervision of Event Medics, reporting directly to David Gonzales.

INCIDENT BRIEFING (ICS 201)

1. INCIDENT NAME: Spartan Super/ Sprint UT	2. INCIDENT NUMBER: SPARTAN UT 18.07.28	3. DATE/TIME INITIATED: DATE: 4/25/18 TIME: 1100
4. MAP/ SKETCH (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment): <p>INCIDENT BRIEFING ICS201 hereby provided as pertains to Medical Operations.</p> <p>Map #1 displaying event course, festival area, parking area, Med Evac landing zone, Medical Facility and other pertinent areas are attached to this Incident Briefing.</p> <p>Friday July 27, 2018 - Medical Facility to be erected, organized and all supplies accounted for. Course review/Operational Meeting conducted by Event Staff and Medical Command. On course review will be conducted by Medical Command and Roving Medical unit operators and will survey all obstacles, trails and event boundaries.</p> <p>Friday July 27, 2018 - Prepare for and staff SGX class from 0900hrs-1500hrs, the Open House from 1600hrs-1800hrs and the overnight 12 hr Hurricane Heat from 2000hrs Friday night until 0800hrs Saturday morning.</p> <p>Saturday July 28, 2018 and Sunday July 29, 2018- Medical Briefing of all medical (and water rescue staff if any) will commence at 0630hrs. ALS (if scheduled to be on site during event) to attend this briefing. All medical/water rescue staff to be at their assigned posts 15 minutes prior to event start time.</p> <p>Saturday July 28, 2018 and Sunday July 29, 2018- Medical operational period begins at 0700hrs.</p> <p>Saturday July 28, 2018 and Sunday July 29, 2018- Medical personnel will survey all obstacles and the designated trails leading to all obstacles when the event concludes to assure that there are no unidentified participants injured within this area. Medical operational period concludes at 2100hrs.</p> <p>Saturday July 28, 2018 and Sunday July 29, 2018- ALS units (if on site) will be released from their assignment after Medical personnel have completed course survey at conclusion of event.</p> <p>Saturday July 28, 2018 and Sunday July 29, 2018- At conclusion of operational period, all medical personnel will be debriefed, medical incident reports safeguarded and recorded</p>		
5. SITUATION SUMMARY AND HEALTH AND SAFETY BRIEFING (for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards. <p>Medical personnel on site to provide First Aid to all persons within the event boundaries. Persons requiring more advanced care will be transferred to local ALS unit having jurisdiction via 911 system (or on site standing by)</p> <p>MCI or other patient load concerns to be relayed immediately to local 911 system.</p> <p>Active shooter, terrorism, suspicious activities etc. to be reported immediately to Event Command and local 911. If safe to do so, all medical personnel on site will report to Medical Command location and await orders. If not safe to do so, medical personnel will report to main entrance and await instructions. Medical personnel will not interfere with criminal activities.</p> <p>Any unsafe situation will be reported to Event Command. Unaccompanied injured minors will be treated and released to Event Security or PD.</p>		
8. PREPARED BY: NAME: <u>DAVID A GONZALES</u> POSITION/ TITLE: <u>PROJECT MANAGER</u> SIGNATURE: _____		
ICS 201, PAGE 1	DATE/TIME: _____	

INCIDENT BRIEFING (ICS 201)

1. INCIDENT NAME: Spartan Super/ Sprint UT	2. INCIDENT NUMBER: SPARTAN UT 18.07.28	3. DATE/TIME INITIATED: DATE: 4/25/18 TIME: 1100
7. CURRENT AND PLANNED OBJECTIVES: 1. Provide land based EMS support to the existing Weber Fire District personnel staffed at the Main Medical Tent during the race event on July 27-29, 2018. 2. Provide primary EMS service to anyone being transported to the triage area at Main Medical Tent. 3. Provide additional EMS service to anyone requiring assistance on the race course.		
8. CURRENT AND PLANNED ACTIONS, STRATEGIES AND TACTICS:		
TIME:	ACTIONS:	
0545hrs	ARRIVAL OF MEDICAL TEAM STAFF TO MAIN MEDICAL TENT	
0630hrs	COMMENCEMENT OF BRIEFING TO ALL MEDICAL AND WATER RESCUE PERSONNEL	
0700hrs	ARRIVAL OF EMS UNITS	
0715hrs	ALL MEDICAL ROVERS TO BE ON RACE COURSE	
0715hrs	ALL FESTIVAL MEDICS TO BE IN FESTIVAL AREA	
0715hrs	RADIO COMMUNICATIONS CHECK FOR ALL STAFF AND CHANNELS	
0730hrs	RACE EVENT BEGINS	
7/27 0900hrs	SGX CLASS BEGINS	
7/27 1500hrs	SGX CLASS ENDS	
7/27 1600hrs	OPEN HOUSE BEGINS	
7/27 1800hrs	OPEN HOUSE ENDS	
7/27 2000hrs	12 HR HURRICANE HEAT BEGINS	
7/28 0800hrs	12 HR HURRICANE HEAT ENDS	
8. PREPARED BY: NAME: <u>DAVID A GONZALES</u> POSITION/ TITLE: <u>PROJECT MANAGER</u> SIGNATURE: _____		
ICS 201, PAGE 2	DATE/TIME: _____	

INCIDENT OBJECTIVE (ICS 202)

1. INCIDENT NAME: Spartan Super/ Sprint UT	2. OPERATIONAL PERIOD: Date From: 07/27/2018 Date To: 07/29/2018 Time From: 0900 Time To: 2100									
3. OBJECTIVE(S): 1) CONDUCT AN OBSTACLE COURSE ENDURANCE EVENT AT NORDIC VALLEY SKI RESORT, LENGTH OF APPROX 5-8 MILES (SUPER) AND APPROX 3-5 MILES (SPRINT) 2) CONDUCT EVENT ACCORDING TO PRE ESTABLISHED TIMELINES 3) ADHERE TO RECOGNIZED SAFETY GUIDELINES 4) PROVIDE FIRST AID ASSISTANCE TO ALL PERSONS WITHIN THE EVENT BOUNDARIES										
4. OPERATIONAL PERIOD COMMAND EMPHASIS: 0900 hours, Friday July 27, 2018— 2100 hours, Sunday July 29, 2018.										
GENERAL SITUATIONAL AWARENESS ALL STAFF, VOLUNTEERS AND EVENT MANAGEMENT ARE TO REPORT ALL INJURIES TO THE EVENT MEDICAL COMMAND IMMEDIATELY. ALL PARTIES ARE TO BE NOTIFIED OF ANY DANGEROUS BEHAVIOR OR CONDITIONS PRESENT DURING THE EVENT.										
5. SITE SAFETY PLAN REQUIRED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> APPROVED SITE SAFETY PLAN(S) LOCATED AT:										
6. INCIDENT ACTION PLAN (the items checked below are included in this Incident Action Plan <input checked="" type="checkbox"/> if attached) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input checked="" type="checkbox"/> ICS 202</td> <td style="width: 33%;"><input checked="" type="checkbox"/> ICS 206</td> <td style="width: 33%;"><input checked="" type="checkbox"/> CONTACT LIST</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 204</td> <td><input checked="" type="checkbox"/> MAP/ CHART</td> <td><input checked="" type="checkbox"/> ORGANIZATIONAL CHART</td> </tr> <tr> <td><input checked="" type="checkbox"/> ICS 205</td> <td><input checked="" type="checkbox"/> WEATHER FORECAST/ TIDES/ CURRENTS</td> <td><input type="checkbox"/> _____</td> </tr> </table>		<input checked="" type="checkbox"/> ICS 202	<input checked="" type="checkbox"/> ICS 206	<input checked="" type="checkbox"/> CONTACT LIST	<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> MAP/ CHART	<input checked="" type="checkbox"/> ORGANIZATIONAL CHART	<input checked="" type="checkbox"/> ICS 205	<input checked="" type="checkbox"/> WEATHER FORECAST/ TIDES/ CURRENTS	<input type="checkbox"/> _____
<input checked="" type="checkbox"/> ICS 202	<input checked="" type="checkbox"/> ICS 206	<input checked="" type="checkbox"/> CONTACT LIST								
<input checked="" type="checkbox"/> ICS 204	<input checked="" type="checkbox"/> MAP/ CHART	<input checked="" type="checkbox"/> ORGANIZATIONAL CHART								
<input checked="" type="checkbox"/> ICS 205	<input checked="" type="checkbox"/> WEATHER FORECAST/ TIDES/ CURRENTS	<input type="checkbox"/> _____								
7. PREPARED BY: NAME: <u>DAVID A GONZALES</u> POSITION/ TITLE: <u>PROJECT MANAGER</u> SIGNATURE: _____										
8. APPROVED BY INCIDENT COMMANDER: NAME: <u>WILLIAM LEMKE</u> SIGNATURE: _____										
ICS 202	IAP PAGE <u>8</u>	DATE/TIME: _____								

ASSIGNMENT LIST (ICS 204)

1. INCIDENT NAME: Spartan Super/ Sprint UT		2. OPERATIONAL PERIOD: Date From: 07/27/2018 Date To: 07/29/2018 Time From: 0900 Time To: 2100		3. BRANCH: DIVISION: GROUP: STAGING AREA:	
4. OPERATIONS PERSONNEL: RACE DIRECTOR: <u>GARFIELD GRIFFITHS</u> MEDICAL COMMAND: <u>DAVID GONZALES</u> BUILD DIRECTOR: <u>BILLY BREEDLOVE</u>					
8. RESOURCES ASSIGNED:		# OF PERSONS	CONTACT (e.g., phone, pager, radio, frequency, etc.)	Reporting Locations, Special Equipment and Supplies, Remarks, Notes, Information	
RESOURCE IDENTIFIER	LEADER				
RACE DIRECTOR	GARFIELD GRIFFITHS	1	954.649.8665 / REPEATER 1	FESTIVAL/ COURSE	
COURSE MANAGER	DYLAN FORSYTH	7	317.213.3620/ REPEATER 1	COURSE	
MEDICAL COMMAND	DAVID GONZALES	18	210.846.1472/ REPEATER 3	FESTIVAL/ COURSE	
FESTIVAL DIRECTOR	TRACYN THAYER	7	207.357.1442/ OPEN 5	FESTIVAL	
SPARTAN PA	HEATHER CLAYTON	1	704.213.6330/ REPEATER 1	BASE CAMP	
SPARTAN BCM	TBD	1	/ REPEATER 1	BASE CAMP	
6. WORK ASSIGNMENTS: - ALL event staff will fall under RACE DIRECTOR (Fire, medical, water rescue, police)					
7. SPECIAL INSTRUCTIONS: NONE					
8. COMMUNICATIONS: Spartan Radio Channels <ul style="list-style-type: none"> Festival- OPEN 5 Course- REPEATER 1 Medical- REPEATER 3 Open- OPEN 6-8 Medical Back up- REPEATER 2/ OPEN 6 EMS Communications Spartan Radio with Identified Medical Channel					
8. PREPARED BY: NAME: <u>DAVID A GONZALES</u> POSITION/ TITLE: <u>PROJECT MANAGER</u> SIGNATURE: _____					
ICS 204	IAP PAGE <u> 9 </u>	DATE/TIME: _____			

INCIDENT RADIO COMMUNICATIONS PLAN (ICS 205)

1. INCIDENT NAME: Spartan Super/ Sprint UT		2. DATE/TIME PREPARED: Date 4/25/2018 Time: 1100		3. OPERATIONAL PERIOD: Date From: 07/27/2018 Date To: 07/29/2018 Time From: 0900 Time To: 2100	
4. BASIC RADIO CHANNEL USE:					
CHANNEL #	FUNCTION	CHANNEL NAME	ASSIGNMENT	MODE	REMARKS
REPEATER 1	COURSE	RPT 1	COURSE STAFF	DIGITAL	SPARTAN RADIO
REPEATER 2	MEDICAL BACKUP	RPT 2	MEDICAL STAFF	DIGITAL	SPARTAN RADIO
REPEATER 3	PRIMARY MEDICAL	RPT 3	MEDICAL STAFF	DIGITAL	SPARTAN RADIO
OPEN 5	FESTIVAL	OPEN 5	FESTIVAL STAFF	ANALOG	SPARTAN RADIO
OPEN 6	OPEN/ MEDICAL BACKUP	OPEN 6	ALL	ANALOG	SPARTAN RADIO
OPEN 7	OPEN	OPEN 7	ALL	ANALOG	SPARTAN RADIO
OPEN 8	OPEN	OPEN 8	ALL	ANALOG	SPARTAN RADIO
5. SPECIAL INSTRUCTIONS: NONE					
6. PREPARED BY (COMMUNICATIONS LEADER): NAME: <u>DAVID A GONZALES</u> SIGNATURE: _____					
ICS 204	IAP PAGE <u>10</u>	DATE/TIME: _____			

MEDICAL PLAN (ICS 206)

1. INCIDENT NAME: Spartan Super/ Sprint UT		2. OPERATIONAL PERIOD: Date From: 07/27/2018 Time From: 0900		Date To: 07/29/2018 Time To: 2100			
3. MEDICAL AID STATIONS:							
NAME	LOCATION	CONTACT NUMBER(S)/ FREQUENCY	PARAMEDICS ON SITE?				
BASE FIRST AID (MAIN MEDICAL)	FESTIVAL AREA	REPEATER 3	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
ROVER 1	ZONE 1	REPEATER 3	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
ROVER 2	ZONE 2	REPEATER 3	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
ROVER 3	ZONE 3	REPEATER 3	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
ROVER 4	ZONE 4	REPEATER 3	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
4. TRANSPORTATION (indicate air or ground):							
AMBULANCE SERVICE	LOCATION	CONTACT NUMBER/ FREQUENCY	LEVEL OF SERVICE				
WEBER FIRE DIST	MAIN MEDICAL	Paul Sullivan 801.430.0554	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS				
5. HOSPITALS:							
HOSPITAL NAME	ADDRESS	CONTACT NUMBER	TRAVEL TIME		TRAUMA CENTER	BURN CENTER	HELIPAD
			AIR	GROUND			
McKay-Dee Hospital	4401 Harrison Blvd Ogden, UT 84403	801.387.2800		31 min 17.8 miles	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Brigham City Community Hospital	950 Medical Dr Brigham City, UT 84302	435.734.9471		39 Min 26.5 miles	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Ogden Regional Medical Center	5475 S 500 E Ogden, UT 84405	801.479.2111		35 Min 19.8 miles	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6. SPECIAL MEDICAL EMERGENCY PROCEDURES: <input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.							
7. PREPARED BY (MEDICAL UNIT LEADER): NAME: <u>DAVID A GONZALES</u> SIGNATURE: _____							
8. APPROVED BY (SAFETY OFFICER): NAME: _____ SIGNATURE: _____							
ICS 206	IAP PAGE <u>_11_</u>	DATE/TIME: _____					

INCIDENT ACTION PLAN SAFETY ANALYSIS (ICS 215A)

1. INCIDENT NAME: Spartan Super/ Sprint UT		2. INCIDENT NUMBER: SPARTAN UT 18.07.28	
3. DATE/TIME PREPARED: Date 4/25/2018 Time: 1100		4. OPERATIONAL PERIOD: Date From: 07/27/2018 Date To: 07/29/2018 Time From: 0900 Time To: 2100	
4. INCIDENT AREA	6. HAZARDS/ RISKS	7. MITIGATIONS	
FESTIVAL	Choking, trip & fall, post event illness/ injuries	1 medic to be stationed within proximate area of festival	
OBSTACLES COURSE FIELD	Injuries and illness' consistent with high impact activities	Roving medical unit to patrol areas. Event staff to monitor area and report medical incidents to Medical Command	
PARTICIPANT PARKING LOT	Injuries and illnesses consistent with post event activities. Motor Vehicle/ pedestrian accidents.	Event staff to monitor area and report medical incidents to Medical Command	
WATER OBSTACLES	Injuries and illness' consistent with high impact activities and water related injuries	Roving medical unit to patrol areas. Event staff to monitor area and report medical incidents to Medical Command. Lifeguards to be positioned at each water obstacle	
COMMON AREA WITHIN EVENT BOUNDARIES	Injuries and illness' consistent with high impact activities and or non-related injuries/ illness'	Event staff to monitor area and report medical incidents to Medical Command	
8. PREPARED BY (SAFETY OFFICER): NAME: <u>DAVID A GONZALES</u> SIGNATURE: _____			
8. PREPARED BY (OPERATIONS SECTION CHIEF): NAME: <u>DAVID A GONZALES</u> SIGNATURE: _____			
ICS 215A		DATE/TIME: _____	

EVENT MEDICS RESPONSE OVERVIEW

Medical and water response will be administered by Event Medics.

1. Event Medics' Response Team Structure

- The Event Medics team will consist of the following members.
 - 2 project managers
 - 1 Data entry staff
 - 4 Course Rover Medics
 - 14 first aid attendants + 4 ALS Medics
- Project Manager will be responsible for team assignments, team leader oversight, data management and general leadership.
- Water Rescue Manager will be responsible for water assignments, water rescue oversight, general leadership and water rescue rotations.
- Rovers will patrol their assigned zones continuously on UTV's or ATV's to identify any injuries and provide transport to Base First Aid as needed. They will also ensure proper record keeping and supply levels.
- Base Medical Tent will have a minimum of 6 first aid attendants
- Festival Area will have 2 first aid attendants on foot.
- On course vehicle response includes four (4) 4x4 UTVs with 2 Event Medic staff

2. Cold Weather Contingency Plan

Event Medics and Spartan recognize the potential danger of operating in cold weather temperatures. We have implemented proactive and reactive plans to mitigate this risk.

Proactive:

- 7 (SUPER) and 4 (SPRINT) water stations have been placed on the course, offering a source of hydration.
- Roving UTVs will patrol the course, manned by EMTs. They will also be monitoring participants closely for signs of cold related illness and injury.
- An announcement will be made to the participants prior to start, explaining the signs and symptoms of cold related illness, giving the participants the ability to recognize hypothermia. Participants will also be asked to immediately change into dry clothes and seek warm shelter.
- We will use the following thresholds as a guideline to be used along with other local factors as to when to disrupt the event:
 1. More than 5 severe hypothermia transports to the hospital.
 2. More than 10 hypothermia incidents within one hour. Event Medics will contact Spartan to discuss re-route options.
 3. More than 20 hypothermia incidents within one hour, re-route option is activated.
 4. Cold weather warning or Freeze warning issued by Local County.
 5. Inadequate medical resources available to provide cold weather medical support.
 6. Recommendation by local authorities, office of emergency management, or other prominent governing body to discontinue event.
- The main medical building will be heated, with the use of changing tents as a secondary warming tent.
- Ponchos will be used for initial hypothermia, Mylar blankets will be used for severe cases of hypothermia.

3. Heat Contingency Plan

Event Medics and Spartan Race recognize the potential danger of operating in temperatures exceeding 90f. We have implemented proactive and reactive plans to mitigate this risk.

Proactive:

- 7 (SUPER) and 4 (SPRINT) water stations have been placed on the course, offering a source of hydration.
- Water obstacles/ pits will be active on course to help cool participants throughout the course of the day.
- Roving UTVs outfitted with water jugs will patrol the course, manned by EMTs. They will be offering hydration and aid to participants course-wide. They will also be monitoring participants closely for signs of heat related illness.
- An email will be sent out to all participants prior to the event requesting that they wear t-shirts throughout the day. This will serve 2 functions, keeping direct sunlight off the participants' skin and retaining water to provide cooling between water features.
- An announcement will be made to the participants prior to start, explaining the signs and symptoms of heat related illness, giving the participants the ability to recognize heat exhaustion, stress, and stroke.
- We will use the following thresholds as a guideline to be used along with other local factors as to when to disrupt the event:
 1. More than 4 heat related transports to the hospital.
 2. More than 20 heat related incidents within one hour.
 3. Heat Advisory issued by Local County.
 4. Heat Index over 100F
 5. Inadequate medical resources available to provide heat related medical support.
 6. Recommendation by local authorities, office of emergency management, or other prominent governing body to discontinue event.

Reactive:

- The main medical tent will add an additional shaded area for treatment of heat related illness.
- Large coolers filled with ice water will be used to chill hundreds of small towels that will be used for cold therapy.
- The local ALS ambulance provider may supply higher than normal volumes of IV fluid.

4. Lightning Contingency Plan

- Spartan and Event Medics will monitor local forecasts for the approach of any severe lightning storms.
- When severe lightning is noted, a lightning warning will be issued by Spartan over the Festival/ Course radio channel.
- Once received by dispatch, the lightning warning will be issued through the Medical radio channel.
- Injured race participants or spectators will be transported to the pre-determined structures in an orderly manner by Event Medic staff.
- Uninjured race participants or spectators will be asked to walk down hill, towards the pre-determined structures in an orderly manner by Spartan staff/volunteers.
- Participants or spectators in the festival area will be directed to seek shelter by Spartan employees or the security team.
- If lightning activity is noted within a ten (10) mile radius of the resort.

5. On Site Contacts

- Event Medics Project Manager
David Gonzales
210.846.1472
- Event Medics Project Manager- 12 HR HH
Ian Starkey
704.562.8850

SPARTAN RACE REPORTING

EVENT MEDICS PARTICIPANT DATA REPORTS

It is extremely important to take detailed reports of injuries, so there is an accurate medical record of injuries that occurred during the event. Spartan will not require these reports, only generic summaries of these reports at the end of each event day. ALS reports will be sent to appropriate Spartan Staff no longer than 5 days after the race event.

An accurate medical report should include relevant participant contact information, including bib number, detailed description of injury, and treatment given and/or prescribed. Be sure to include the medical responder's name in this report.

The reports needed after the end of each day are:

1. Breakdown of injury by category and the number of participants that sustained this injury (i.e. sprained ankle, 21, sore knee, 32, abrasion, 11 etc.)
2. Location of injury/trends, for instance if twisted ankles are occurring at a similar place all day or at a certain obstacle.
3. In the event of serious injury or transport, detailed report of injury and how it occurred.

EVENT MEDICS REPORTING POLICY

- A. All contact with participants that requires treatment beyond handing out supplies will be recorded on forms specifically crafted for this event. They will record time, bib number, name, station number, location or obstacle, type and location of injury, treatment given, and disposition of participant.
- B. Any participants requiring ALS attention or transport will require the Transport Incident Report be filled out.

EVENT MEDICS INCIDENT REPORT



Incident #
(if applicable)

Patient First Name	Last Name	Time	Date
Address		City	State Zip
Phone	<input type="checkbox"/> M <input type="checkbox"/> F Age	Patient I.D. # (if applicable)	Job Title (if applicable)
Project/ Event Name	Specific Incident Location	Medic Name	

CARE IN PROGRESS ON ARRIVAL: ☐ None ☐ Bystander ☐ Other First Responder Witness Name: _____
 MECHANISM OF INJURY: ☐ Electrical ☐ Fall from: ____ Ft. ☐ Struck By: _____ ☐ Environmental ☐ Other: _____
 CHIEF COMPLAINT: _____
 ASSESSMENT: _____

PRESENTING PROBLEM				PAST MEDICAL HISTORY
<input type="checkbox"/> Abrasion	<input type="checkbox"/> Cold Related	<input type="checkbox"/> Heat Related	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> None
<input type="checkbox"/> Airway Obstruction	<input type="checkbox"/> Cramps	<input type="checkbox"/> Laceration	<input type="checkbox"/> Sting/Bite	<input type="checkbox"/> Allergy To
<input type="checkbox"/> Allergic Reaction	<input type="checkbox"/> Dehydration	<input type="checkbox"/> Major Trauma	<input type="checkbox"/> Stroke	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Amputation	<input type="checkbox"/> Diabetic Related Potential	<input type="checkbox"/> Nausea	<input type="checkbox"/> Substance Abuse Potential	<input type="checkbox"/> Cardiac
<input type="checkbox"/> Behavioral Disorder	<input type="checkbox"/> Drowning	<input type="checkbox"/> OB/GYN	<input type="checkbox"/> Syncope	<input type="checkbox"/> Stroke
<input type="checkbox"/> Bleeding/Hemorrhage	<input type="checkbox"/> Environmental	<input type="checkbox"/> Obvious Death	<input type="checkbox"/> Unconscious Unresp.	<input type="checkbox"/> Seizures
<input type="checkbox"/> Blister	<input type="checkbox"/> Foreign Body	<input type="checkbox"/> Penetrating Trauma		<input type="checkbox"/> Asthma
<input type="checkbox"/> Blunt Trauma	<input type="checkbox"/> Fracture/Dislocation	<input type="checkbox"/> Poisoning Accidental	<input type="checkbox"/> Pain: _____	<input type="checkbox"/> Other
<input type="checkbox"/> Breathing	<input type="checkbox"/> Gastrointestinal Distress	<input type="checkbox"/> Pre-Existing		
<input type="checkbox"/> Bruised	<input type="checkbox"/> General Illness Malaise	<input type="checkbox"/> Respiratory Arrest		
<input type="checkbox"/> Burn	<input type="checkbox"/> Hazardous Materials	<input type="checkbox"/> Seizure	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Cardiac Arrest	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Shock		
<input type="checkbox"/> Cardiac Related Potential	<input type="checkbox"/> Headache	<input type="checkbox"/> Spinal Injury		

Region: _____

☐ Left ☐ Right ☐ Other

☐ Abdomen ☐ Buttock ☐ Ear ☐ Face ☐ Foot ☐ Groin ☐ Head ☐ Internal ☐ Lower Leg ☐ Neck ☐ Rib ☐ Stomach ☐ Toe

☐ Ankle ☐ Calf ☐ Elbow ☐ Finger ☐ Forearm ☐ Hand ☐ Hip ☐ Knee ☐ Mouth ☐ Nose ☐ Shoulder ☐ Shin ☐ Teeth ☐ Upper Arm

☐ Back ☐ Chest ☐ Eye ☐ Finger ☐ Forearm ☐ Hand ☐ Hip ☐ Knee ☐ Mouth ☐ Nose ☐ Shoulder ☐ Shin ☐ Teeth ☐ Thigh ☐ Wrist

	TIME	RESP	PULSE	B.P.	LEVEL OF CONSCIOUSNESS	GCS	PUPILS	SKIN
V		Rate	Rate		<input type="checkbox"/> Alert		<input type="checkbox"/> Normal	<input type="checkbox"/> Unremarkable
I		<input type="checkbox"/> Regular	<input type="checkbox"/> Regular		<input type="checkbox"/> Voice		<input type="checkbox"/> Dilated	<input type="checkbox"/> Cool
T		<input type="checkbox"/> Shallow	<input type="checkbox"/> Irregular		<input type="checkbox"/> Pain		<input type="checkbox"/> Constricted	<input type="checkbox"/> Warm
L		<input type="checkbox"/> Labored			<input type="checkbox"/> Unresp.		<input type="checkbox"/> Sluggish	<input type="checkbox"/> Moist
S							<input type="checkbox"/> No Reaction	<input type="checkbox"/> Dry
I		Rate	Rate		<input type="checkbox"/> Alert		<input type="checkbox"/> Normal	<input type="checkbox"/> Unremarkable
G		<input type="checkbox"/> Regular	<input type="checkbox"/> Regular		<input type="checkbox"/> Voice		<input type="checkbox"/> Dilated	<input type="checkbox"/> Cool
N		<input type="checkbox"/> Shallow	<input type="checkbox"/> Irregular		<input type="checkbox"/> Pain		<input type="checkbox"/> Constricted	<input type="checkbox"/> Warm
S		<input type="checkbox"/> Labored			<input type="checkbox"/> Unresp.		<input type="checkbox"/> Sluggish	<input type="checkbox"/> Moist
							<input type="checkbox"/> No Reaction	<input type="checkbox"/> Dry

Treatment

☐ Care Transferred to Ambulance Time: _____ ☐ Pt. Walked/ Transported to HCF

☐ Artificial Ventilation Method: _____

☐ Oxygen Administered: @ _____ L.P.M. Method: _____

☐ C.P.R. In Progress on Arrival by: ☐ Citizen ☐ PD/FD Other First Responder ☐ Other

☐ C.P.R. Start Time: _____ Time of Arrest Until C.P.R.: _____ Minutes

☐ Defibrillation/Cardioversion: No. Times _____

☐ Pt Hydrated: w/ _____ Ounces of _____

☐ Medication Self-Administered: _____

☐ Heat or Cold Applied _____

☐ Airway Cleared ☐ Suction Used

☐ Flushed ☐ Removed Foreign Body

☐ Spinal Immobilization Neck and Back

☐ Bleeding Hemorrhage Controlled

Method Used: _____

☐ Injury Immobilized

Method Used: _____

☐ Other: _____

Disposition: ☐ Ambulance ☐ Urgent Care ☐ Removed from Activity ☐ Returned to Activity ☐ Released Disposition Time: _____

Comments: _____

Refused Medical Attention

I hereby refuse further treatment/transport to a hospital and I acknowledge that such treatment/transportation was advised by the medical crew attending to me. I hereby release such persons from liability for respecting and following my expressed wishes. I have been advised and I am aware the consequences to my health if I refuse further treatment or transport to a hospital.

Patient Signature _____

Date _____

Witness Signature _____

SPARTAN COURSE MAP
PENDING

WEATHER

Fri July 27

92°

65°

SUNNY

CHANCE OF RAIN:

?%

WIND:

? MPH SSE Gusting to ? MPH

MAX UV INDEX:

10 EXTREME

Sat July 28

91°

65°

SUNNY

CHANCE OF RAIN:

?%

WIND:

? MPH SE Gusting to ? MPH

MAX UV INDEX:

12 EXTREME

Sun July 29

91°

65°

SUNNY

CHANCE OF RAIN:

?%

WIND:

? MPH SE Gusting to ? MPH

MAX UV INDEX:

12 EXTREME

NEAREST HOSPITAL-



3567 Nordic Valley Way, Eden, UT 84310 to McKay-Dee Hospital Drive 17.8 miles, 31 min

3567 Nordic Valley Way

Eden, UT 84310

Take E 3300 N to N Hwy 162

- ↑ 1. Head north on Nordic Valley Way toward E 3100 N 2 min (1.1 mi)
- 2. Turn right onto E 3300 N 0.5 mi
- 3. Turn right onto N Hwy 162 0.6 mi

Drive from UT-158 S, UT-39 W and S 1200 E St/Harrison Blvd to Ogden

- 4. Slight right onto N Hwy 162 27 min (16.2 mi)
- 5. Turn right onto Hwy 162/UT-158 S 1.7 mi
- 6. Turn right onto UT-39 W 4.3 mi
- 7. Turn right onto S 1200 E St/Harrison Blvd (signs for State Route 203) 6.0 mi
- 8. Turn left onto S 1200 E St/Harrison Blvd (signs for State Route 203) 3.9 mi
- 9. Turn right onto 4200 S/42nd St/Country Hills Dr 0.3 mi

Drive to your destination

- 10. Turn left at Eccles Ave 2 min (0.4 mi)
- 11. Turn right 0.3 mi
- 12. Turn left 194 ft
- 13. Destination will be on the right 0.1 mi

McKay-Dee Hospital

4401 Harrison Boulevard, Ogden, UT 84403

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you should plan your route accordingly. You must obey all signs or notices regarding your route.

3567 Nordic Valley Way

Eden, UT 84310

Get on I-15 N/I-84 in Farr West from Nordic Valley Way, N Ogden Canyon Rd, E 3100 N and W 2700 N

		23 min (12.7 mi)
↑	1. Head north on Nordic Valley Way toward E 3100 N	
		1.6 mi
↑	2. Nordic Valley Way turns left and becomes State Rte 162	
		0.3 mi
↑	3. Continue straight onto 4100 N	
		0.5 mi
↑	4. Continue onto N Ogden Canyon Rd	
		4.7 mi
↑	5. Continue onto E 3100 N	
		1.5 mi
↙	6. Turn left onto N 450 E/Lakeview Rd	
		0.3 mi
↑	7. Continue onto N 400 E St	
		0.6 mi
↘	8. Turn right onto E 2600 N	
		0.2 mi
↑	9. Continue onto W 2700 N	
		2.7 mi
⤴	10. Use the right lane to take the I-15 N/Interstate W ramp	
		0.4 mi

Continue on I-15 N/I-84. Drive to 775 W/Medical Dr in Brigham City

		13 min (13.5 mi)
⤴	11. Merge onto I-15 N/I-84	
		12.1 mi
↘	12. Take exit 362 for 1100 S St toward US-91/US-89	
		0.1 mi
↘	13. Keep right at the fork, follow signs for Brigham City/Logan/Perry and merge onto US-91 N/W 1100 S	
		1.3 mi
↙	14. Turn left onto 775 W/Medical Dr	
	ⓘ Continue to follow Medical Dr	
	ⓘ Destination will be on the left	
		2 min (0.3 mi)

Brigham City Community Hospital ER

950 Medical Drive, S Main Entrance East, Brigham City, UT 84302

These directions are for planning purposes only. You may find that construction projects, traffic, weather, or other events may cause conditions to differ from the map results, and you



Nordic Valley Ski Resort, 3567 Nordic Valley Way,
Eden, UT 84310 to Ogden Regional Medical Center

Drive 19.8 miles, 35 min

Nordic Valley Ski Resort

3567 Nordic Valley Way, Eden, UT 84310

Take E 3300 N to N Hwy 162

- | | | |
|---|---|----------------|
| | | 2 min (1.1 mi) |
| ↑ | 1. Head north on N 3500 E toward Nordic Valley Rd | |
| | | 0.5 mi |
| ↘ | 2. Turn right onto E 3300 N | |
| | | 0.6 mi |

Take UT-158 S, UT-39 W and US-89 S/Washington Blvd to S 500 E in Washington Terrace

- | | | |
|---|---|------------------|
| | | 33 min (18.7 mi) |
| ↘ | 3. Slight right onto N Hwy 162 | |
| | | 1.7 mi |
| ↘ | 4. Turn right onto Hwy 162/UT-158 S | |
| | Continue to follow UT-158 S | |
| | | 4.3 mi |
| ↘ | 5. Turn right onto UT-39 W | |
| | | 6.0 mi |
| ↙ | 6. Turn left onto S 1200 E St/Harrison Blvd (signs for State Route 203) | |
| | | 2.3 mi |
| ↘ | 7. Turn right onto 30th St | |
| | | 1.2 mi |
| ↙ | 8. Turn left onto US-89 S/Washington Blvd | |
| | | 2.7 mi |
| ↘ | 9. Slight right toward S 500 E | |
| | | 0.1 mi |
| ↘ | 10. Slight right onto S 500 E | |
| | Destination will be on the right | |
| | | 0.4 mi |

Ogden Regional Medical Center

5475 S 500 E, Ogden, UT 84405

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