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To whom it may concern:

As the medical director for the Ogden Marathon and in conjunction with Intermountain health care which will be providing medical support for the Ogden Marathon. We have created a comprehensive medical team with various medical professionals including local EMS, law enforcement, and medical experts to handle situations that may arise during the race. We have a comprehensive medical plan to address potential medical needs and emergencies of all participants and have partnered with the local emergency rooms to rapidly obtain emergency care if needed.

Questions regarding anything related to the medical coverage of this event can be directed to our team and myself. The plan date for the marathon this year upcoming year is May 21, 2022.

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

Clark Madsen MD, MS, CAQSM

Medical Director, Ogden Marathon  
McKay Dee Sports Medicine  
McKay Dee Family Medicine Residency

## MEDICAL PLAN (ICS 206)

<b>1. Incident Name:</b> Ogden Marathon	<b>2. Operational Period:</b> Date From: 5/21/2022 Time From: 0500	Date To: 5/21/2022 Time To: 1400
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3. Medical Aid Stations:			
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
16 aid stations Labeled A-P	Race Course Approx. every 1-2 miles	Zone 3, Channel 3, Ops 3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medial Tent at Finish Line	Municipal Park at 25th and Grant	Zone 3, Channel 3, Ops 3	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medical Tent at Mouth of Ca	Mouth of the Ogden Canyon	Zone 3, Channel 3, Ops 3	<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
			<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	Zone 3, Channel 3, Ops 3	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS
OFD AEMT Ambulance	MTC Park	Zone 3, Channel 3, Ops 3	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS
OFD Paramedic Can-Am	Finish Line 25th and Grant Ave.	Zone 3, Channel 3, Ops 3	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS
OFD AEMT Ambulance	Finish Line 25th and Grant Ave.	Zone 3, Channel 3, Ops 3	<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 Minute	<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 Minute	<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:**

EMS units will respond to serious medical or traumatic 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 services in the Ogden Canyon if needed. In the event of an MCI or similar event, personnel will please refer to the attached MCI plan and follow the procedures outlined. All ambulances and Can-Am

Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

**7. Prepared by (Medical Unit Leader):** Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**8. Approved by (Safety Officer):** Name: \_\_\_\_\_ Signature: \_\_\_\_\_

ICS 206	IAP Page _____	Date/Time: _____
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## 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	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>	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	<b>Medical Aid Stations</b>	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	<b>Transportation</b> (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	<b>Hospitals</b>	Enter the following information for hospital(s) that could serve this incident:
	<ul style="list-style-type: none"> <li>Hospital Name</li> </ul>	Enter hospital name and identify any predesignated medivac aircraft by name a frequency.
	<ul style="list-style-type: none"> <li>Address, Latitude &amp; Longitude if Helipad</li> </ul>	Enter the physical address of the hospital and the latitude and longitude if the hospital has a helipad.
	<ul style="list-style-type: none"> <li>Contact Number(s)/ Frequency</li> </ul>	Enter the contact number(s) and/or communications frequency(s) for the hospital.
	<ul style="list-style-type: none"> <li>Travel Time <ul style="list-style-type: none"> <li>Air</li> <li>Ground</li> </ul> </li> </ul>	Enter the travel time by air and ground from the incident to the hospital.
	<ul style="list-style-type: none"> <li>Trauma Center <input type="checkbox"/> Yes Level: _____</li> </ul>	Indicate yes and the trauma level if the hospital has a trauma center.
	<ul style="list-style-type: none"> <li>Burn Center <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>	Indicate (yes or no) if the hospital has a burn center.
	<ul style="list-style-type: none"> <li>Helipad <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>	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	<b>Special Medical Emergency Procedures</b>	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	<b>Prepared by (Medical Unit Leader)</b> <ul style="list-style-type: none"> <li>Name</li> <li>Signature</li> </ul>	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	<b>Approved by (Safety Officer)</b> <ul style="list-style-type: none"> <li>Name</li> <li>Signature</li> <li>Date/Time</li> </ul>	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).



## 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	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b> <ul style="list-style-type: none"> <li>• Date and Time From</li> <li>• Date and Time To</li> </ul>	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	<b>Branch</b> <b>Division</b> <b>Group</b> <b>Staging Area</b>	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	<b>Operations Personnel</b> <ul style="list-style-type: none"> <li>• Name, Contact Number(s) <ul style="list-style-type: none"> <li>– Operations Section Chief</li> <li>– Branch Director</li> <li>– Division/Group Supervisor</li> </ul> </li> </ul>	Enter the name and contact numbers of the Operations Section Chief, applicable Branch Director(s), and Division/Group Supervisor(s).
5	<b>Resources Assigned</b>	Enter the following information about the resources assigned to the Division or Group for this period:
	<ul style="list-style-type: none"> <li>• Resource Identifier</li> </ul>	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).
	<ul style="list-style-type: none"> <li>• Leader</li> </ul>	Enter resource leader's name.
	<ul style="list-style-type: none"> <li>• # of Persons</li> </ul>	Enter total number of persons for the resource assigned, including the leader.
	<ul style="list-style-type: none"> <li>• Contact (e.g., phone, pager, radio frequency, etc.)</li> </ul>	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)	<ul style="list-style-type: none"> <li>• Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information</li> </ul>	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	<b>Work Assignments</b>	Provide a statement of the tactical objectives to be achieved within the operational period by personnel assigned to this Division or Group.
7	<b>Special Instructions</b>	Enter a statement noting any safety problems; specific precautions to be exercised, dropoff or pickup points, or other important information.
8	<b>Communications</b> (radio and/or phone contact numbers needed for this assignment) <ul style="list-style-type: none"> <li>• Name/Function</li> <li>• Primary Contact: indicate cell, pager, or radio (frequency/system/channel)</li> </ul>	Enter specific communications information (including emergency numbers) for this Branch/Division/Group.  If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205).  Phone and pager numbers should include the area code and any satellite phone specifics.  In light of potential IAP distribution, use sensitivity when including cell phone number.  Add a secondary contact (phone number or radio) if needed.
9	<b>Prepared by</b> <ul style="list-style-type: none"> <li>• Name</li> <li>• Position/Title</li> <li>• Signature</li> <li>• Date/Time</li> </ul>	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).