

Medical Reserve Corps  
Event Name  
Medical Aid Stations Plans



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## LETTER FROM THE MRC COORDINATOR

**Commented [SG1]:** Update with event specific information. Maybe add some cultural awareness information, history and why this is event is important to people.

Dear MRC Volunteers,

First and foremost, we would like to thank you from the bottom of our hearts for volunteering for the ENTER EVENT YEAR & NAME!

Your service to the community, the Salt Lake City Marathon and to Salt Lake County MRC will help the thousands of runners that descend upon Salt Lake City hoping to get a personal best, qualify for another marathon - or just finish.

Every person you come in contact with will recognize your caring and desire to help make this event the best in can possibly be. Whether handing out a bandage or blanket or having to treat someone for hypothermia, that athlete will be grateful for what you do.

Realize that you are taking part in one of the great running events in Salt Lake City. There are expected to be over 6,000 runners competing in the marathon.

We hope the sun will be shining and it will be a perfectly balmy 60 degrees - but we all know this may not be the case. Despite the weather, we hope that your day will be sunny and balmy! Try to keep a smile on your face and a warm heart inside, and you'll make the best volunteers ever!

Please use this handout as a guide for the event and please provide us feedback for future events.

Bryan Lewis

MRC Coordinator

## TIPS FOR EVENT DAY

### Weather

The average temperatures (°F) for this date are: Low: \_\_ High: \_\_. The record temperatures (°F) for this date are: Low: \_\_ High: \_\_

Rain is always possible. Please dress accordingly in layers with a rain resistant outer layer. Waterproof footwear is also recommended.

### Traffic and Parking Recommendations

Stay West or East of the race route and park outside of race perimeter so your car will not be land locked in case you need to leave.

We do NOT have reserved parking, so we recommend either street parking (free on Saturday) or using one of the numerous paid Salt Lake City lots or garages.

We recommend arriving early, 30 minutes prior. Majority of track will close at 6:00AM when the bike group starts. You will have to notify on site track after 6:00AM that you are with the Medical Reserve Corps to enter through.

Most parking will be located around the clinic itself, a mix of street parking and business parking is located at each clinic, if you park next to the site you may be locked in for some time so take note of that.

### What to bring

- MRC name badge and lanyard.
- Medical license or certification.
- Rain resistant clothing in the event of rain, warm layers to adjust to weather conditions
- Dress WARM AND DRY THIS WILL BE CRITICAL – LITTLE SHELTER IS PROVIDED AT OUR SATELLITE CLINICS
- Cellphone is recommended, but not essential, since primary mode of communication will be radio.
- MRC Paperwork if you are new
- Medical vest and in on-course medical bags for on-course team members.

### For On Course Assignments

- Food and drink for yourself
- A hard copy of the medical volunteer handbook will be available at medical aid stations, but volunteers are encouraged to review the handbook in advance
- This handbook will be provided via email and will be available on site in the green medical bags, please locate and review
- First Aid forms will be located in bags
- Some food and drink will be provided on site

### Equipment Located on Site (Further information in appendix)

Enter list of supplies and quantity for:

Main Stations

All other Satellite and Bike Clinics (if applicable)

Leadership team

### MAJOR EVENTS

Enter event times & event description

Example:

5:00 a.m.: Arrive on location (assigned aid station) (**MAIN STATIONS**)

### Timings and Locations (Based on map)

The following is a schedule of medical call times for on-course medical volunteers and aid station locations.

Legend:

Summarized Schedule

(Add more rows if necessary)

Date	Station/Address	Shift #	Parking	# of staff per Shifts	In	Out
Weekday mm/dd/yy	Station: Address:					

## MEDICAL IDENTIFICATION PROTOCOL

### Identification

#### On-Course

- All on-course medical and non-medical personnel (Medical Reserve Corps) will be identified by a vest with "MRC" printed on the back
- All MRC members will have their MRC badge, medical licensure and lanyard at all times

### Medical Communications Protocol

All medical personnel in need of a radio will be issued a MRC radio to handle any communications needs. All course medical personnel in need of communications capabilities will be partnered with a HAM radio operator to handle any communications needs. All medical leadership team will be issued radios.

#### Important notices for any personnel directly operating a radio

- Be careful not to hit your emergency button
- Stay off of any channels not assigned to the race
- Regularly check to make sure your radio is on the appropriate channel! If you haven't heard any calls for a while, or if you aren't getting replies to your calls, check your channel!
- **CHANNEL USE Z1 EHEALTH**
- **BACK UP IS Z2 EHEALTH**
- **RADIO CHECK WILL OCCUR AT ENTER TIME for those on site.**

#### Guidelines for radio communication for any personnel directly operating a radio

- No "radio speak" ("breaker, breaker," nicknames/handles, etc.)
- Start your communication who you're calling for and then your name and title
- Respond to calls for you by saying "Go for [your name]"
  - Example:
    - Aid Station 3 (Bravo Team): "Bryan Lewis from Bravo Team"
    - Bryan Lewis: "Go for Bravo Team"
- When calling in a medical scenario on the radio, do not use names:
  - Give bib number
  - Clothing description
  - Gender
  - Approximate age
  - And chief nature of the request
- If you need to have a longer conversation, tell your partner to go to a designated "Open" channel

- Example:
  - Aid Station 3: "Bryan Lewis from Aid Station 3"
  - Bryan Lewis: "Go for Bryan"
  - Aid Station 3: "Bryan, let's switch over to Open 1"
  - Bryan Lewis: "Copy that, switching over."

#### Course-specific medical communications instructions

- Medical personnel will not operate this equipment; it will be operated by HAM radio operators
- A HAM radio operator will be partnered with the Medical Lead at each Aid Station and Relay Exchange
- If giving a location on-course, give it by mile mark and cross streets whenever possible
- Aid information such as aid station number or location relative to a permanent landmark can also be helpful
- Example: "I'm calling from near Mile 13, at Aid Station 4"
- If, for some reason, you can't use or are separated from your HAM radio operator, call 911 to report any incident beyond your scope of care
- To address any logistical needs (being short-staffed, or running out of equipment), have your HAM radio operator contact your Section Coordinator on the Medical Logistics channel

#### Media

When approached by the media, if there is no incident, race management, staff and volunteers are authorized to identify their affiliation with the race and to make a general statement about the successful race underway. For example: "I'm out here with the MRC, and we're happy to be supporting this great event and helping all the runners get to the finish line safely."

If there is an incident underway, refrain from comment and refer the media member to the race's Public Relations Officer \_\_\_\_\_ or Event Manager \_\_\_\_\_.

Remember that HIPAA is in effect. Do not provide information about a runner receiving medical treatment to the media.



## MEDICAL TEAM ASSIGNMENT RESPONSIBILITIES

### Medical Team Assignment Location / Duties

The following is a list of medical roles and corresponding duties, in addition to timings and locations.

Position	Responsibility
<b>Station Captain: On- Course</b>	<ul style="list-style-type: none"> <li>- Upon arrival, check supply bag to assure all materials present</li> <li>- Check roster to make sure all other Station members are present</li> <li>- Notify Medical Director Bryan Lewis if Station members are absent</li> <li>- Identify members of team and determine resources available</li> <li>- MRC members to identify if AEDs/ HAM radios present</li> <li>- Provide care as required on course</li> <li>- Keep records/encounter form for anyone requiring significant medical attention or being removed from the event for medical reasons</li> <li>- Collect any documentation at end of shift</li> <li>- Direct clean-up of station after shift</li> <li>- Contact Medical Director Bryan Lewis at end of shift and breakdown</li> </ul>
<b>Assistant Captain: On- Course</b>	<ul style="list-style-type: none"> <li>- Assist Captain in duties of station</li> <li>- Familiarize self with contents of station materials</li> </ul>
<b>Branch Director</b>	<ul style="list-style-type: none"> <li>- Is in charge of a branch of medical tents and station captains</li> <li>- Works with Bryan Lewis for cross-coverage/management of event participants as needed</li> <li>- Coordinates transfer to appropriate care provider as needed (i.e transportation to other care location, ambulance, etc)</li> <li>- Know when to move volunteers over to another location</li> </ul>
<b>Medical Response Coordinator</b>	<ul style="list-style-type: none"> <li>- Responsible of all the volunteers and branch sections.</li> <li>- Makes sure volunteers arrive on time and are in correct locations</li> <li>- Provides limited medical oversight</li> <li>- Provides medical recommendations to medical command</li> <li>- Provides communication between different partners</li> <li>- Ensures takedown and makes sure supplies is properly packed.</li> </ul>
<b>Non- Medical Team Lead</b>	<ul style="list-style-type: none"> <li>- Assists Station Captain at the medical station to make sure station is ready to go.</li> <li>- Coordinates with the medical teams to assist in non-medical roles when providing aid. Responsibilities can include:               <ul style="list-style-type: none"> <li>- Check in patients</li> <li>- Complete form sections as needed</li> <li>- Keep record of treatments provided and timing of treatment</li> <li>- Collect final records</li> </ul> </li> </ul>
<b>Non- Medical Team Member</b>	<ul style="list-style-type: none"> <li>- May serve in a variety of roles as needed in support</li> <li>- Assist medical teams in non-medical roles when providing aid. Responsibilities can include:               <ul style="list-style-type: none"> <li>- Check in patients</li> <li>- Complete form sections as needed</li> <li>- Keep record of treatments provided and timing of treatment</li> <li>- Collect final records</li> </ul> </li> </ul>

## Emergency Management

In the case of a mass-casualty incident or other emergency where medical assistance may be required, medical personnel are to remain in their assigned positions unless instructed otherwise by event command. Event command has a comprehensive view of all event assets, and in the case of an emergency will make sure that medical coverage is appropriately distributed between all event operational areas.

**NEVER** put yourself or another in a violent or dangerous situation.

Standard Medical Response

Talk to ham radio operator

Fill out PCR

Request further resources if needed

## MCI

During a Mass Casualty Situation, 4 or more patients you should activate the MRC MCI Plan by:

- Ensure scene safety
- Communicate over the radio, what happened, number of patients, MOI, location. (Call sign for MCI shall be Emergency, Emergency, Emergency Multiple Patients) this will notify us to clear communication for command.
- Call 911
- Set up Primary triage location for patients at the nearest safest spot with easiest access for transport units
- Secondary Triage centers will be if needed: Library Square, and back up is P- 24 or F-9 Medical Tent
- Begin treatment and triage of patients with provided MCI kits
- Perform LSI's
- Set up area for easy transportation of patients
- Communicate and hand off patients to transport units
- Fill out all necessary information (triage cards etc)

Communicate to HAM Radio Operator

- Scene safety
- Triage
- Additional resources
- If scene unsafe, go to your assigned safe location
- Suspicious package, report it "see something, say something"
- Request medical response coordinator to switch to a different channel and discretely explain situation

## MEDICAL PROTOCOLS

### Strategy of Care

#### On-course aid stations

- First aid, CPR. Rehydration
- Determine if runner in need of higher level of care.

#### Main medical tent

- First aid, CPR.
- Initial on-site care.
- Determine if runner in need of higher level of care.

Any runner requiring more than first aid care at the aid stations or initial care at the finish line tents should be transferred to a hospital via EMS. Contact your Medical Team Captain for any severe medical condition.

If a runner is down and cannot communicate, check the back of their bib. Runners are encouraged to write in their medical history on the back of their bibs in case of such emergencies.

Be sure that thermometers are kept at room temperature at all times.

Three basic guidelines for medical volunteers:

- First do no harm.
- Stay within your scope of training.
- Do not communicate with media.

Always use your clinical judgment. Check with your Medical Team Captain if you have any questions.

## FIRST AID STATION SCOPE OF PRACTICE AND TREATMENT GUIDELINES

### SCOPE:

This policy and related protocols are intended for use in public gatherings of groups of persons, including but not limited to races, concerts and rallies.

This policy is designed to give clear guidelines to Medical Reserve Corps of Salt Lake County (MRC) volunteers for treating patients with minor injuries and/or medical complaints.

This policy will apply to MRC volunteers who are asked to assist potential patients who meet the patient profile (below).

MRC Volunteers are expected to use good clinical judgment and complete all required documentation.

Any patient that exceeds the capabilities of the volunteer will be referred to local Emergency Medical Services (EMS).

### CRITERIA:

#### A) Inclusion Criteria:

Potential Patients to be assisted with basic first aid needs must:

1. Be alert and oriented to person, place, time and events.
2. Have no suggestion of drug, alcohol or other substance usage/abuse.
3. Have no suggestion of psychological/psychiatric problems.
4. Have no head injury (including loss of consciousness or altered mental status).
5. Have no acute pain other than the result of an injury, i.e., chest, abdominal or back pain.
6. Be able to communicate adequately and to understand what is being communicated to him/her.
7. Have injuries sustained where mechanism of injury is very low risk for significant injury.
8. Have no spinal injury.

#### B) Exclusion Criteria:

Patients Excluded from basic first aid treatment include:

1. Any patient that has uncontrolled bleeding.
2. Any patient that has a headache with vision or level of consciousness changes.
3. Any patient who does not meet all requirements in the Inclusion section.
4. Any patient who requests transportation to a medical facility.
5. Any patient that feels they are having a diabetic emergency.
6. Any patient that feels they are going to have a seizure.

Volunteer will call 911 upon a patient presenting with any of the following symptoms:

1. Uncontrolled bleeding
2. Head injury

3. Spinal injury
4. Chest or abdominal pain
5. Unconsciousness
6. Severe allergic reaction
7. Altered vision or mental status
8. Seizure
9. Diabetic emergency
10. Any other apparently significant injury

MRC volunteers staffing a first aid station are expected to use good clinical judgment and complete all required documentation. The volunteer will call 911 for any patient with injuries that exceeds their capabilities. Patient participation in first aid is voluntary, and the volunteer has no authority to make demands on the patient. Volunteers are expected to treat patients with courtesy and compassion.

If the person refuses medical help, the volunteer will note this on the assessment form and notify the Program Coordinator and onsite person in charge or security.

The volunteer will call 911 for any patient asking to be transported to a medical facility.

#### **VOLUNTEER REQUIREMENTS:**

Accepted MRC volunteers may staff basic first aid stations at approved local events. Volunteers providing this support must hold a current Utah medical/nursing/EMS provider license or certification in good standing and be proficient in the administration of basic first aid.

In addition, First Aid Volunteers must have a current American Red Cross or American Heart Association Cardiopulmonary Resuscitation (CPR) card. Volunteers are encouraged to have an American Red Cross or American Heart Association First Aid card.

Prior to each event the staff will review the First Aid Station Scope of Practice and Treatment Guidelines, sign in, and set up the station, including getting supplies ready and checking the AED.

##### **A. Staffing:**

1. Staffing is based on the event and number of participants, with a minimum of one volunteer who meets the First Aid Volunteer Requirements outlined in this policy per shift and per location.
2. Volunteers are required to display their personal MRC identification badge, carry another form of photo ID, and wear the provided uniform.
3. The treating volunteer will record the client's medical history, treatment, and follow-up instructions on the Assessment Form located in every first aid kit. The volunteer will retain the form, give the carbon copy to the client, and give the original to the program coordinator at the end of the shift. If a patient refuses to sign or acknowledge the assessment form, the volunteer will note that on the form.

#### **FIRST AID STATION SET-UP:**

1. All first aid stations are to be set up in an area that is safe for the volunteer, and anyone being treated. If at any time the area becomes unsafe, the volunteer is to gather first aid equipment, move to a safe area, and notify the MRC Program Coordinator immediately.
2. Supplies and equipment will be delivered to first aid stations by the MRC Program Coordinator or designee.
3. All volunteers will sign in and sign out.
4. Qualified volunteers use the approved, provided basic first aid supplies exclusively, including an AED. Volunteers may not bring other supplies.
5. Only approved MRC volunteers may use the first aid equipment.

#### MEDICAL TREATMENT GUIDELINES

##### A. Altered Mental Status

1. Call 911 or request ALS
2. Check Blood Glucose, SpO<sub>2</sub> and temperature
3. Apply supplemental oxygen as need to maintain SpO<sub>2</sub> of 90-94%.

##### A. Allergic Reaction/Anaphylaxis

1. If itching and swelling are confined to the site of an insect bite or after a known exposure to an allergen, observe patient closely for the development of generalized symptoms.
  - a. Remove source of exposure. May require moving the patient to another location.
  - b. Maintain airway
  - c. Apply cold compress to bite or sting as necessary.
  - d. Monitor closely for hypotension
  - e. If the patient presents asking for Benadryl for possible allergic reaction, ask if exhibiting any symptoms presently (i.e., itching, hives). Okay to offer to patient to self-administer Benadryl 25mg with person's signature on waiver.
2. If symptoms are generalized (2 or more body systems involved, i.e. skin & respiratory symptoms) call 911 and administer epinephrine:
  - a. Treat anaphylaxis with epinephrine in a 1.0 mg/mL aqueous solution (1:1000 dilution). For an adult administer a 0.3 mg (0.15 mg for a pediatric patient) dose IM using a premeasured syringe or an auto injector in the mid-outer thigh. Dose may be repeated 2 additional times every 5–15 minutes (or sooner as needed) while waiting for EMS to arrive.
  - b. Optional treatment: Consider giving diphenhydramine (e.g., Benadryl) or other H1 antihistamine for relief of itching and hives if the patient has their own supply. This DOES NOT relieve upper or lower airway obstruction, hypotension, or shock.
1. Monitor the patient closely until EMS arrives. Perform CPR, if necessary, and maintain airway. Keep patient in supine position unless he or she is having breathing difficulty. If breathing is difficult, patient's head may be elevated, provided blood pressure is adequate to prevent loss of consciousness. If blood pressure is low, elevate legs. Monitor blood pressure and pulse every 5 minutes.
2. Record the patient's reaction (e.g., hives, anaphylaxis), all vital signs, medications administered to the patient, including the time, dosage, response, and the name of the medical personnel who administered the medication, and other relevant clinical information. Hand off to ALS when they arrive.

##### B. Bloody Nose (Epistaxis)

1. Put on Personal Protective Equipment (PPE), i.e., gloves.
2. Lean person forward (not back) so the blood won't get swallowed or potentially in the windpipe.
3. Pinch the patient's nostrils just below the bony part of the nose.
4. Hold for 5 minutes, then recheck; if there is any active bleeding, restart process for 10 minutes.
5. If after second attempt, there is active bleeding, pack with gauze and refer person to the Emergency room or Urgent Care (only if they have someone to drive them, if not call for transport).

**C. Burns**

1. First Degree: through the first layer of skin (the epidermis), i.e., a sunburn is usually a first degree.
  - a. Apply cold compress
2. Second Degree: through the second layer of skin (the dermis) with blistering and often times sloughing off of skin.
  - a. Immerse the area in cool water until the pain is subsiding.
  - b. If the area is open, clean with saline.
  - c. Refer the patient to follow up with their primary care provider to watch for signs of infection and possible update on Tetanus Immunization.
3. Third Degree: Full thickness burn (usually either white or black in appearance) and person may not have pain.
  - a. Call 911 or request ALS
  - b. Apply Saline moistened burn dressings until EMS arrive.
  - c. Watch for signs of shock, i.e., rapid pulse, shallow breathing, nausea or loss of consciousness.

**D. Cardiac Arrest**

1. Assess for presence of a pulse, respirations, and consciousness. If absent:
2. Call 911 or request ALS
3. Begin chest compressions for 2 min
4. Apply AED and shock if advised.
5. AEMT/PM: Apply cardiac monitor/defibrillator and shock if Vtach/Vfib

**E. Chest Pain**

1. Call 911 or request ALS

**F. Diarrhea**

1. Common condition for runners
2. Assist to a Port-a-potty, if needed
3. Oral rehydration
4. Consider ALS for IV fluids if clinically dehydrated

**G. Exercise Associated Hyponatremia**

1. Presentation:
  - a. Depending on severity can present with malaise and fatigue but could also be confused, disoriented or obtunded. May complain of feeling bloated or swollen and have headache, dizziness, nausea/vomiting.
  - b. Check mental status, if altered refer to ALS

- c. If mental status is not altered but hyponatremia is suspected refer to ALS.

#### **H. Eye Injury**

1. For a foreign body in eye:
  - a. Wash eye with sterile eyewash
  - b. If unable to get foreign body out with irrigation, refer to Emergency Room, Urgent Care or Primary Care Provider, making sure the patient has someone to drive them.
2. For a blow to the eye:
  - a. Apply ice pack immediately.
  - b. Cover the eye with an eye-patch.
  - c. Refer to Emergency Room, Urgent Care or Primary Care Provider, making sure person has someone to drive them.

#### **I. Extremity hemorrhage control**

1. Apply direct pressure to the bleeding site, followed by a pressure dressing
2. If direct pressure/pressure dressing is ineffective or impractical:
  - a. If the bleeding site is amenable to tourniquet placement, apply a tourniquet to the extremity
    - i. Tourniquet should be placed 2-3 cm proximal to the wound, not over a joint, and tightened until the bleeding stops and the distal pulse is eliminated. If bleeding or distal pulse still present, place a second tourniquet proximal to the first.
    - ii. For thigh wounds, consider placement of two tourniquets, side by side, and tighten sequentially.
    - iii. When a tourniquet is initially placed to stop obvious severe hemorrhage, an attempt may be made to replace it with a pressure dressing after patient is stabilized and bleeding is controlled. The tourniquet should NOT be removed/replaced if:
      - Amputation or near-amputation
      - Unstable or complex multiple-trauma patients
      - Unstable clinical or tactical situation
3. If the bleeding site is NOT amenable to tourniquet placement (for example groin or axillary wounds): tightly pack the wound with gauze followed by 3 minutes of direct pressure, then apply a tight pressure bandage.

#### **J. Fractures/dislocations**

1. Stabilize suspected fractures/dislocations
  - a. If extremity is deformed and distal vascular status is compromised (poor distal pulse or capillary refill), gently attempt to restore normal anatomic position with gentle traction. Pain medication should be considered prior to any manipulation.
  - b. If extremity is deformed but vascular function is normal, splint in current position, to limit movement of suspected fracture.
  - c. If open fracture with exposed bone, place moist gauze over exposed bone
2. Elevate extremity above heart level, when possible, to minimize swelling.

#### **K. Glucose Emergencies**

Check Blood Glucose



Hypoglycemia is defined as blood glucose level <50 mg/dl for adults, <60 mg/dl for children, and <40 mg/dl for the term neonate (<30days of age) with any degree of altered mentation.

If conscious, give patient Dextrose Oral glucose 15 grams if patient is able to protect airway. Repeat in 15 minutes as needed

Give juice, crackers and complex carbohydrates (i.e. sandwich)

If unconscious, see Altered Mental Status

Criteria for scene release of hypoglycemic patient:

Patient does not want to be transported.

Return to apparent normal mental capacity following treatment.

Insulin only. The patient does not have access to oral hypoglycemic medications for diabetes.

No suicidal ideations or recent suicide attempt.

There is at least one responsible party that can assist them in their recovery and is comfortable in their care.

#### **L. Lacerations**

Control bleeding by applying direct pressure.

Clean wound with saline.

Dress wound and refer to Emergency Room or Urgent Care for follow-up.

#### **M. Nausea/Vomiting**

Check Blood Glucose, SpO2 and temperature

Nothing by mouth (NPO)

Place the patient in an upright or lateral recumbent position

Consider ALS for:

Greater than 40 years old

Associated with chest or abdominal pain

#### **N. Respiratory Distress**

Determine the cause of distress, if it is an allergic reaction, see Allergic Reaction/Anaphylaxis

Check Blood Glucose, SpO2 and temperature

Maintain airway, administer 10-15 lpm of oxygen via NRB

Administer prescribed metered dose inhaler or nebulizer medication per dosing instructions.

#### **O. Seizures**

Do not restrain, but do provide protection from injury during the tonic-clonic phase

Check Blood Glucose, SpO2 and temperature

Maintain open airway with patient in the recovery position

Assist patient's family or caretaker with any home medication treatments

If this is patient's first seizure or in status epilepticus (2+ seizures or duration 5+ minutes), refer to ALS for further treatment and follow-up care.

#### **P. Sprains/Strains**

RICE: Rest/Ice/Compress/Elevate.

Icing an injury:

Apply to ice bag or pack to injury. If using a bag, do not apply directly to skin, wrap in a towel.

Time the icing. Do not ice for more than 15 mins to avoid frostbite

Do not allow patient to leave care with a bag of ice.

For Extremities: wrap affected area with ace wrap and apply sling as needed.

Refer person to follow up at Urgent Care, Emergency Room or their Primary Care Provider.

#### **Q. Stroke**

If stroke is suspected, call 911 or request ALS.

#### **R. Temperature-related Emergencies**

Hypothermia (overexposure to cold) symptoms may include shivering, blue lips, and altered consciousness:

Remove any wet clothing.

Get person warm by applying blankets and, if available, heat source.

If the patient has any discoloration of extremities after warm, refer to Emergency Room or Urgent Care.

Call 911 or request ALS for any altered Level of Consciousness.

Hyperthermia (over exposure to heat) symptoms may include sweating, lack of sweating, rapid pulse, hot red skin, change in level of consciousness.

Without altered mental status (Heat Exhaustion)

Get person to cooler area.

Slow cooling with ice packs, wet towels, and/or fans to areas in the vicinity of carotid, femoral, brachial arteries.

If patient is alert and not nauseated, oral rehydration with water or balanced electrolyte solution.

Severe muscle cramps may be relieved by gentle stretching of the muscles

Refer to ALS for IV rehydration therapy if patient is nauseated and oral rehydration not possible.

With altered mental status (Heat Stroke)

Call 911 or request ALS.

Aggressive cooling to unclothed patient utilizing fine mist water spray and fans in conjunction with ice packs to groin and axilla while maintaining modest

Monitor closely for dysrhythmia, recognize and treat appropriate

**ON COURSE MEDICAL SUPPLY LIST**

- Alcohol Pads
- Ambu Adult & ped resp bags
- Bandage scissors
- Band aids
- Bulb syringe
- C-Collar (adult & ped)
- Clipboard
- Cloth tape
- Cold Pack (instant)
- Cotton tip applicators
- CPR face shield
- Elastic Bandage
- Elastic Strip
- EMT Snips
- Gauze rolls
- Gauze pads
- Gloves (S, M, L, XL)
- Hand sanitizer
- Hot pack (instant)
- Heavy duty gloves
- KT Tape
- Patient Record
- Pens
- Saline - sterile
- Sense! Wrap
- Slings – arm - medium
- Silk tape
- Tongue Depressors

EpiPens and AEDs will be available with the Branch Directors (Bryan, Rafael & Sonia)

**HOSPITAL LIST FOR TRANSFERS**

5. Hospitals:							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)	Travel Time		Trauma Center	Burn Center	Helipad
			Ground	Air			
Salt Lake Regional Medical Center	1050 E So Temple Salt Lake City, Utah 84102	(801) 350-4111	5-15 min	5-10 min	No	No	No
University Of Utah Hospital	50 North Medical Dr. Salt Lake City, Utah 84132	(801) 581-2121	5-15 min	5-10 min	Yes Level:1	Yes	Yes
LDS Hospital	400 C Street East Salt Lake City, Utah 84143	(801) 408-1100	5-15 min	5-10 min	No	No	Yes

St Mark's Hospital	1200 E 3900 So Millcreek, Utah 84124	(801) 268-7111	5-15 min	5-10 min	Yes Level:2	No	Yes
Intermountain Medical Center	5121 Cottonwood St. Murray, Utah 84107	(801) 507-7000	5-15 min	5-10 min	Yes Level:1	No	Yes

### EVENT MAPS

Enter map images

### Appendices

Appendix A.

### **SAFETY MESSAGE/PLAN (ICS 208)**

**Commented [SG2]:** Update for specific event

<b>1. Incident Name:</b> 2022 Salt Lake City Marathon	<b>2. Operational Period:</b> Date: 04/23/2022 Time From: 5:30 AM      Time To: 2:30 PM
--	--

### 3. Safety Message/Expanded Safety Message, Safety Plan, Site Safety Plan:

Following the Boston Marathon attacks, the focus turns to how to prevent something similar from ever happening in Salt Lake City. Our sincere concern and sympathies are with everyone impacted by the senseless acts in Boston. Unfortunately, we live in a new world where we must think differently, plan differently, and take proactive steps to protect against all possibilities to the best of our abilities, in an attempt to ensure that the events are safe for those attending.

While we can't always prevent tragedies that put people in danger, what we can do is take all steps to be prepared in advance and to be able to respond to emergencies, whether they are caused by natural disasters or by the work of people who seek to cause harm. Event organizer messaging to staff and attendees needs to be "Be proactive, be prepared. If you see something, say something." Any suspicious activity observed or perceived should be reported immediately to on site authorities and to 911.

#### **Emergency Management**

In the case of a mass-casualty incident or other emergency where medical assistance may be required, medical personnel are to remain in their assigned positions unless instructed otherwise by event command. Event command has a comprehensive view of all event assets, and in the case of an emergency will make sure that medical coverage is appropriately distributed between all event operational areas.

**NEVER** put yourself or another in a violent or dangerous situation.

#### Standard Medical Response

- Talk to ham radio operator
- Fill out PCR
- Request further resources if needed

#### MCI

During a Mass Casualty Situation, 4 or more patients you should activate the MRC MCI Plan by:

- Ensure scene safety

- Communicate over the radio, what happened, number of patients, MOI, location. (Call sign for MCI shall be **Emergency, Emergency, Emergency Multiple Patients**) this will notify us to clear communication for command.
- Call 911
- Set up Primary triage location for patients at the nearest safest spot with easiest access for transport units
- Secondary Triage centers will be if needed: Library Square, or P- 24 Medical Tent
- Begin treatment and triage of patients with provided MCI kits
- Perform LSI's
- Set up area for easy transportation of patients
- Communicate and hand off patients to transport units
- Fill out all necessary information (triage cards etc)

Communicate to HAM Radio Operator

- Scene safety
- Triage
- Additional resources
- If scene unsafe, go to your assigned safe location
- Suspicious package, report it "see something, say something"
  - o Request medical response coordinator to switch to a different channel and discretely explain situation

**4. Site Safety Plan Required? Yes**

**Approved Site Safety Plan(s) Located At:** Each Medical Station

**5. Prepared by:**

Name: Bryan Lewis		
Position/Title: MRC Coordinator		
Name: Rafael Llamozas		
Position/Title: MRC Assistant Coordinator		
ICS 208	IAP Page	Date/Time:

### MEDICAL PLAN (ICS 206)

<b>1. Incident Name:</b> 2022 Salt Lake City Marathon		<b>2. Operational Period:</b> Date: 04/23/2022 Time From: 5:30 AM      Time To: 2:30 PM	
<b>3. Medical Aid Stations:</b>			
Name	Location	Contact Number(s)/Frequency	MRC medical staff on Site?
Station 1: Bonneville (Medic Alpha)		Lead: <u>E-Health1 (420f-E3)</u>	
Station 2:		Lead: <u>E-Health1 (420f-E3)</u>	
Station 3:		Lead: <u>E-Health1 (420f-E3)</u>	
Station 4:		Lead: <u>E-Health1 (420f-E3)</u>	
Station 5:		Lead: <u>E-Health1 (420f-E3)</u>	
Station 6:		Lead:	



		E-Health1 (420f-E3)					
<b>4. Transportation</b> (indicate air or ground):							
Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS				
<b>5. Hospitals:</b>							
Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)	Travel Time		Trauma Center	Burn Center	Helipad
			Ground	Air			
Salt Lake Regional Medical Center	1050 E So Temple Salt Lake City, Utah 84102	(801) 350-4111	5-15 min	5-10 min	No	No	No
University Of Utah Hospital	50 North Medical Dr. Salt Lake City, Utah 84132	(801) 581-2121	5-15 min	5-10 min	Yes Level:1	Yes	Yes
LDS Hospital	400 C Street East Salt Lake City, Utah 84143	(801) 408-1100	5-15 min	5-10 min	No	No	Yes
St Mark's Hospital	1200 E 3900 So Millcreek, Utah 84124	(801) 268-7111	5-15 min	5-10 min	Yes Level:2	No	Yes
Intermountain Medical Center	5121 Cottonwood St. Murray, Utah 84107	(801) 507-7000	5-15 min	5-10 min	Yes Level:1	No	Yes

<b>6. Special Medical Emergency Procedures:</b>		
<input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.		
<b>7. Prepared by</b> (Medical Unit Leader): Name:Signature:		
<b>8. Approved by</b> (Safety Officer): Name:Signature:		
<b>ICS 206</b>	<b>IAP Page</b>	Date/Time:

## Appendix B.

### **Communication Plan**

During the Salt Lake City Marathon there will be 2 radio communication frequencies being utilized. 1. Internal Communication (Used by the MRC) and 2. External Communication (Used by HAM Radio Operators).

#### Internal Comms:

Medical Reserve Corp will be using Channel 3 of their 800 MHz Radio's. These 800 MHz radios will be utilized to convey medical information and other logistical needs among the MRC Unit members. There will be a total of 8 medical stations, 7 satellite and 1 main medical hub with radios. Each of the 7 Satellite stations will have 2 Radios, 1 Operated by the Team Lead and 1 operated by a Rover. Each team will consist of 2-3 individuals. At the main medical station, there will be extra radios, medical resources, and other equipment with an additional 10 medical individuals that can be deployed elsewhere as needed. The MRC Volunteers will be co-located with the HAM Radio Operators. In the event the frequency is not working, volunteers will utilize Station 4.

- MRC Will utilize 800 MHz Handheld Radios on Station 1
- MRC will only utilize radio frequencies that go to other Medical volunteers – external communication will need to occur through MRC Director or directly to MRC and HAM Operator co-located on site
- No personal identification over the airwaves, only give bid number/color of clothing/location/type of injuries
- Every station will have 2 radios and more radios will be located on Main Hub at Hawthorne elementary
- Teams that leave aid station will carry the backup radio with them and communication to HAM where they are going
- Radios shall be checked back in at the end of the day by Team Leads.
- Radios shall be signed in and out by Team leads.
- Back up station: Is station 2.
  - Call signs:
    - Satellite Clinics: Medic Alpha, Medic Bravo, Medic Delta, Medic Echo, Medic Foxtrot, Medic Golf, Medic Hotel.
    - Main Station: Medical Tent and Medic Charlie
    - Rover: Raptor
    - Leads: Bryan: MRC Command. / Rafael: MRC Deputy / Sonia ; Sonia or Lead 1 / Terry ; Terry or Lead 2 / Steve ; Steve or Lead 3

#### External Comms:

1. The HAM Radio operators will be located at every Aid Station along the track and will be utilizing frequency E-Health1 (420f-E3). The HAM Radio Operators will be stationed next to or close to the MRC volunteers. The HAM Radio operators will be utilizing their radio

frequencies to communicate logistical needs of the race, any injuries of runners and other items as needed. In the event radio frequency is not working they will utilize E-Health2 (420f-E5)

Communication between HAM and MRC Volunteers:

During the event communication between HAM and MRC will be critical. For this to happen these procedures will be followed:

- A HAM Liaison will be shadowing the MRC Director and relaying medical information from HAM Operators. Medical information then will flow down to 800Mghz radios to MRC Volunteers.
- Medical information form 800Mghz Radios will be passed from MRC Director to HAM Liaison which will then relay information to HAM Radio operators.
- MRC Volunteers who have an injury at their location shall report it to the HAM operator on Site AS WELL AS Radio it on over the 800 MHz radio. Information passed should be Bib Number, clothing, location (Aid Number location) extent of injuries and CALL SIGN.
- HAM Radio operators at locations with MRC Volunteers shall report it over HAM as well as tell MRC volunteer on site and report Bib Number, Clothing, Location, Extent of injuries and call sign.
- At locations where MRC Volunteers are not located, the HAM operator will call over same information over the HAM Frequency which will then be passed down by Liaison to the medics on site.
- In the event of a MAJOR INJURY or MCI: HAM Operators/MRC Volunteers will report injuries and extent, number of patients and location and call 911 immediately.

FAQ:

Frequency:

Main: E-Health1 (420f-E3)

Back-up: E-Health2 (420f-E5)

Directory of numbers:

<b>Name:</b>	<b>Cell:</b>
Bryan Lewis	(931) 334-5304
Sonia Gutierrez	(385) 321-2189
Rafael Llamozas	(801) 845-6595
Steve Beach (??)	(801) 856-3930

## Appendix C.

### **Job Action Sheets (check list)**

#### **Check In process for Stations**

- Grab Green bag – set out Folder with check in process paperwork with marathon plan and first aid sheets that are in the green bag
- Look over equipment in green bag (MCI, Triage and Medical)
- Set out black bag, and grab radio
- Turn on radio
- Radio in your arrival on Channel Z1 EHealth or back up Z2 E Health if you hear no one respond
- Review black bag components (First Aid kit)
- Grab vests out of black bag and WEAR it at all times
- Identify the HAM at your station and work with them and identify yourself to them
- Set out MRC flag (if applicable) and tie to tent
- Set out tables/chairs (if applicable)
- Set out water/snacks for yourself

#### **Throughout event**

- Keep radio on yourself at all times
- Listen to the radio for emergencies – only respond if within your space or your name/station is called
- Keep an eye out on runners on track, be prepared to respond
- Keep an eye out for suspicious packages
- If response is required radio it in over the 800mgz radio and tell the HAM radio operator on all details
- Respond to emergency
- Notify partners if additional resources are required
- Fill out all necessary paperwork
- Close down when last runner goes through

#### **End of event**

- Grab equipment and put back into bags
- Inventory any items used
- Finish paperwork and store in black bag and notify team lead of paperwork
- Store all items under the table
- Radio in you are finished – tell your team lead to grab equipment
- Wait until the team lead comes to grab equipment
- After equipment grabbed, leave

Appendix D.

**General Inventory for Trailers at Main Tents**

	EQUIPMENT	QTY
1	EMT Trauma Bag (W/Supplies) - Green and Orange bags	26 (13 EA)
2	Medical Cot	15 (8, 7 EA)
3	Marathon Backpack (MRC Pack) Consists of Kerlix, Coban, Vaseline, etc.	22 (11 EA)
4	Triage Bags	20 (10 EA)
5	Triage Flags	1
6	AED	2 (1 EA)
7	Stop the Bleed Kits (In two duffle bags, they are Ziploc bags full of equipment)	50 (25 EA)
8	MRC Tent with siding (any 10x10 Tent)	2 (1 EA)
9	Heater (Propane heaters in trailer)	2 (1 EA)
10	Blankets (Mylar Blankets)	20 (EA)
11	Boxes of Hand Warmers	4 (EA)
12	Garbage Cans (black bins, small size preferable)	10 (5 EA)
13	Roll of Biobags (any size)	3
14	MRC Vest (Blue vests with MRC on the back)	60 (30 EA)
15	ICS Vest	(7 Red, 3 black, 1 white)

**Satellite Clinic Inventory**

- 1 Green Bag
- 1 MCI Kit
- 1 Basic First Aid kit
- Bio bags
- PPE
- Blankets
- 1 Garbage Can
- 3 MRC Vests
- 2 Radios
- 1 Table
- 3 Chairs
- 1 Cot
- 1 10x10 Tent
- 1 MRC Flag
- 1 box Handwarmers
- Various Snacks

**Patient Care Report**  
**Salt Lake County Medical Reserve Corps**  
**Assessment Form**

**Event:** \_\_\_\_\_

<b>Date:</b> _____	<b>Time:</b> _____
--------------------	--------------------

<b>Patient's Name:</b> _____ <b>Date of Birth:</b> _____
<b>Address:</b> _____
<b>Phone:</b> _____ <b>Sex:</b> _____ <b>Weight/Height/Age:</b> _____
<b>Emergency Contact:</b> _____
<small>NAME                      PHONE</small>

<b>Chief Complaint:</b>
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<b>History of present illness/ injury:</b>
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<b>Allergies:</b>
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<b>Medications:</b>
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<b>Past Medical History:</b>
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Time	Respirations	Pulse	Blood Pressure	Temp	Skin

<b>Physical Assessment:</b>
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<b>After care instructions:</b>
_____ <b>Signature of patient or guardian</b>

**MRC Volunteer's Signature**

**MRC Volunteer's Printed Name**



Appendix E.

**Scheduling**

When I Work (our scheduling system) training document. [Link](#)

Appendix G

**Incident Command System**

