

MEDICAL PLAN (ICS 206)

1. Incident Name: 2023 SFARC Field Day - Georgetown Airport	2. Operational Period: Date From: 07/23/2023 Time From: 0700	Date To: 07/25/2023 Time To: 1800
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3. Medical Aid Stations:			
Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
First Aid Station	Georgetown Airport Campground	146.430 Prim 146.490 Sec	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Georgetown Fire Station 61	6281 Main Street, Georgetown, CA 95634	Emergency 911	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Georgetown Fire Station 64	2065 Sliger Mine Road, Greenwood (UnStaffed)	Emergency 911	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Georgetown Airport Coordinates	38.91938746 -120.8649255		<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
Georgetown Fire Ambulance		Emergency 911	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS
Georgetown Fire Station 61	6281 Main Street, Georgetown, Ca	Emergency 911	<input checked="" type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input type="checkbox"/> ALS <input type="checkbox"/> BLS
			<input 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			
Marshall Hospital	1100 Marshall Way Placerville, CA 95667	(530) 622-1441	---	32 Minutes	<input checked="" type="checkbox"/> Yes Level: III	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Sutter Auburn Faith	11815 Education Street Auburn, CA 95602	(530) 888-4500	----	36 Minutes	<input checked="" type="checkbox"/> Yes Level: III	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Sutter Roseville Hospital	1 Medical Plaza Dr. Roseville, CA 95661 38.7666221, -121.2481	(916) 781-1000	15 Minutes	46 Minutes	<input checked="" type="checkbox"/> Yes Level: II	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Kaiser Roseville Hospital	1600 Eureka Road Roseville, CA 95661	(916) 784-4000	-----	46 Minutes	<input checked="" type="checkbox"/> Yes Level: III	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" 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:
 AED & Basic BLS Kit will be onsite at all times, Also Trained First Aid and CPR staff will be available at all time. First Aid Station is located at the Campgrounds. For any emergency beyond basic first aid 911 will be contact. In the chance of a real world medical trained first aid members will render aid and determine if 911 will be needed. If that is to occur a club member will be asked to drive to the gate to direct emergency services to the site. All club members will assist in providing scene safety for all. No Patient medical information shall be transmitted over the radio due to HIPPA.

Georgetown has already been notified of the upcoming event has reviewed all safety documents and approved of them. We will also provide a parking area for emergency service vehicles.

PLEASE NOTE STATION 64 IS A UNSTAFFED STATION. IF SOMEONE IS DRIVEN TO THE FIRE STATION PLEASE DRIVE TO STATION 61 ON MAIN STREET.

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

7. Prepared by (Medical Unit Leader): Name: Scott Read Signature: _____

8. Approved by (Safety Officer): Name: Scott Read Signature: _____

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