



Edwin M. Lee  
Mayor

## Emergency Medical Services Agency

Population Health Division  
Department of Public Health  
30 Van Ness Ste#3300  
San Francisco, CA 94102



Pedro Ordenes  
phordenes@gmail.com  
+14156175209

August 24, 2017

Greetings Pedro Ordenes,

Attached please find the final approved Medical Plan for the upcoming event titled "Alcatraz with the Centurions 14th Annual" scheduled for 9:00AM on Saturday September 30, 2017 until 11:00AM on Saturday September 30, 2017. I hope your Event is successful and I am available during business hours to answer any questions or address any concerns that you may have. A copy of your Plan will be held on file in my office to reference and compare against any future plan that you may submit. Some elements of your submitted Medical Plan will not be included in the approval package, but will be kept as hard copies in the EMS Agency File.

A member of the EMS Agency may visit your Event in order to confirm that all required and contracted Medical Services are appropriate and present. They will present Identification to the Primary Emergency Contact as listed in your submitted Plan. Please remember that an after action report must be submitted to my office within 14 days of the close of your operational period.

Regards,

A handwritten signature in blue ink, appearing to read "Aram L. Bronston".

Aram L. Bronston  
Prehospital Coordinator  
Emergency Medical Services Agency  
SF Department of Public Health  
30 Van Ness Ave., Ste#3300  
San Francisco, CA 94102  
aram.bronston@sfdph.org  
Office: 415-487-5032

## Plan Overview

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Approved

08/24/17 11:06 am

Event Type

Water-based

Alcohol at Event

no

Event Plan Creator

Pedro Ordenes  
phordenes@gmail.com  
+14156175209

Collaborators

specialmed1@sbcglobal.net  
kerry.k.bolen@uscg.mil  
judy.stark@amr.net  
shannon.nelson@amr.net

Permitting Agency

United States Coast  
Guard Waterways  
Permit Office

## Operation Period 1 Overview

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Time Period

Start

09/30/2017 at 09:00

End

09/30/2017 at 11:00

Crowd

Peak Crowd Size

285

Total Crowd Estimate

285 swimmers and guests at  
Aquatic Park

Event Footprint

ALCATRAZ TO AQUATIC  
PARK SWIM CROSSING

## First Aid Stations

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### BLS CONROL/ DISPATCH

Level	Provider	MD	RN	EMT	AED
BLS	Special Medical Aid			2	1

Planning Contact

Name: Special Medical Services

Phone: +14157228876

Email: specialmed1@sbcgloba

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### MEDICAL / DISPATCH COMBINED

Level	Provider	MD	RN	EMT	AED
ALS	American Medical Response			1	1

Planning Contact  
Name: American Medical Response      Phone: +14157209015      Email: judy.stark@amr.net

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### Mobile Teams

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#### WATER ALS

Level	Type	Provider	AED
ALS	Boat-based	American Medical Response	1

Planning Contact  
Name: American Medical Response      Phone: +14157209015      Email: judy.stark@amr.net

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#### WATER ALS 2

Level	Type	Provider	AED
ALS	Boat-based	American Medical Response	1

Planning Contact  
Name: American Medical Response      Phone: +14157209015      Email: judy.stark@amr.net

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### Transport

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#### ALS TRANS 1

Provider  
American Medical Response

Planning Contact  
Name:      Phone:      Email:

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## ALS TRANS 2

Provider  
American Medical Response

Planning Contact  
Name:

Phone:

Email:

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## Dispatch

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### MED CONTROL

Level

Provider  
Special Medical Aid

Planning Contact  
Name: Special Medical Aid

Phone: +14157228876

Email: specialmed1@sbcglobe.com

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## Communication Plan

Event Coordinator

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Event Supervisor

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Dispatch Supervisor

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Medical Group Supervisor

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Triage Supervisor

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Transport Supervisor

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Non-Transport Supervisor

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## Supplemental Documents

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To download, right-click and select "Save Link As..."

[MEDICAL BOAT](#)

[LAND](#)

[SWIM WATER](#)

[staff](#)

## EVENT FOOTPRINT RESPONSIBILITY

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The medical group supervisor or the event coordinator must contact the dispatch supervisor at DEC (phone: 415-575-0737) to take responsibility for the event footprint at the beginning of each operational period and release responsibility for the footprint at the end of each operational operation\_period.

## CPR & 911

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During the operational period of the event safety personnel will follow the existing communications plan and will contact 911 only if medical needs overwhelm the capabilities of dedicated contracted medical assets. All medical interventions are the responsibility of the dedicated/contracted medical staff.

## COMMUNICATIONS

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All event safety personnel will have a list of contact info and will be communicating as specified in the Medical Assets section

In case of emergency during the event, the event coordinator can be reached at all times at:

## STAFF RESPONSIBILITY

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All contracted medical interventionists will be active, current, and in good-standing at the time of the operational operation\_period. The event producer will ensure that a complete staff list is provided no less than one week prior to the first operational period.

## MCI CAPABILITIES

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A written MCI plan and an approved MCI will be present at the event. All contracted responders will be briefed and trained on their contents and use.