



Edwin M. Lee
Mayor

Emergency Medical Services Agency

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



March 8, 2017

Attached please find the final approved Medical Plan for the upcoming event titled "San Francisco Deltas" scheduled for 3:30PM on Saturday March 18, 2017 until 10:30PM on Saturday October 28, 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

Approved	Event Type	Alcohol at Event
03/08/17 8:58 am	Athletic or Sporting Event	yes

Event Plan Creator	Collaborators	Permitting Agency
Contact information is missing!	siram@protransport-1.com dana.ketcham@sfgov.org diane.rea@sfgov.org goldham@rockmed.org michael@sfdeltas.com fzhang@rockmed.org	SF Department of Rec & Park

Operation Period 1 Overview

Time Period	Crowd	Event Footprint
Start	Peak Crowd Size	Kezar Stadium and Triangle
03/18/2017 at 17:00	72000	
End	Total Crowd Estimate	
03/18/2017 at 22:00	4000	

First Aid Stations

Level	Provider	MD	RN	EMT	AED
BLS	RockMed			2	1

Planning Contact					
Name: RockMed		Phone: 14156465474		Email: goldham@healthright36	

Mobile Teams

301

Level	Type	Provider	AED
BLS	Foot	RockMed	0

Planning Contact

Name: RockMed

Phone: 14156465474

Email: goldham@healthright36

302

Level	Type	Provider	AED
BLS	Foot	RockMed	0

Planning Contact

Name: RockMed

Phone: 14156465474

Email: goldham@healthright36

Transport

Pro ALS 1

Provider

ProTransport-1

Planning Contact

Name:

Phone:

Email:

Pro ALS 2

Provider

ProTransport-1

Planning Contact

Name:

Phone:

Email:

Operation Period 2 Overview

Time Period	Crowd	Event Footprint
Start 03/25/2017 at 17:00	Peak Crowd Size 72000	Kezar Stadium and Triangle
End 03/25/2017 at 22:00	Total Crowd Estimate 4000	

First Aid Stations

Level	Provider	MD	RN	EMT	AED
BLS	RockMed			2	1
Planning Contact Name: RockMed		Phone: 14156465474		Email: goldham@healthright36	

Mobile Teams

301

Level	Type	Provider	AED
BLS	Foot	RockMed	1
Planning Contact Name: RockMed		Phone: 14156465474	Email: goldham@healthright36

302

Level	Type	Provider	AED
BLS	Foot	RockMed	1
Planning Contact Name: RockMed		Phone: 14156465474	Email: goldham@healthright36

Transport

Pro ALS 1

Provider
ProTransport-1

Planning Contact
Name:

Phone:

Email:

Pro ALS 2

Provider
ProTransport-1

Planning Contact
Name:

Phone:

Email:

Operation Period 3 Overview

Time Period	Crowd	Event Footprint
Start 04/08/2017 at 17:00	Peak Crowd Size 72000	Kezar Stadium and Triangle
End 04/08/2017 at 22:00	Total Crowd Estimate 4000	

First Aid Stations

Level	Provider	MD	RN	EMT	AED
BLS	RockMed			2	1
Planning Contact Name: RockMed		Phone: 14156465474		Email: goldham@healthright36	

Mobile Teams

301

Level	Type	Provider	AED
BLS	Foot	RockMed	1
Planning Contact Name: RockMed		Phone: 14156465474	Email: goldham@healthright36

302

Level	Type	Provider	AED
BLS	Foot	RockMed	1
Planning Contact Name: RockMed		Phone: 14156465474	Email: goldham@healthright36

Transport

Pro ALS 1

Provider
ProTransport-1

Planning Contact
Name:

Phone:

Email:

Pro ALS 2

Provider
ProTransport-1

Planning Contact
Name:

Phone:

Email:

Operation Period 4 Overview

Time Period	Crowd	Event Footprint
Start 04/29/2017 at 17:00	Peak Crowd Size 72000	Kezar Stadium and Triangle
End 04/29/2017 at 22:00	Total Crowd Estimate 4000	

First Aid Stations

Level	Provider	MD	RN	EMT	AED
BLS	RockMed			2	1
Planning Contact Name: RockMed		Phone: 14156465474		Email: goldham@healthright36	

Mobile Teams

301

Level	Type	Provider	AED
BLS	Foot	RockMed	1
Planning Contact Name: RockMed		Phone: 14156465474	Email: goldham@healthright36

302

Level	Type	Provider	AED
BLS	Foot	RockMed	1
Planning Contact Name: RockMed		Phone: 14156465474	Email: goldham@healthright36

Transport

Pro ALS 1

Provider
ProTransport-1

Planning Contact
Name:

Phone:

Email:

Pro ALS 2

Provider
ProTransport-1

Planning Contact
Name:

Phone:

Email:

Operation Period 5 Overview

Time Period	Crowd	Event Footprint
Start 05/19/2017 at 17:30	Peak Crowd Size 72000	Kezar Stadium and Triangle
End 05/19/2017 at 22:30	Total Crowd Estimate 4000	

First Aid Stations

Level	Provider	MD	RN	EMT	AED
BLS	RockMed			2	1
Planning Contact Name: RockMed		Phone: 14156465474		Email: goldham@healthright36	

Mobile Teams

301

Level	Type	Provider	AED
BLS	Foot	RockMed	1
Planning Contact Name: RockMed		Phone: 14156465474	Email: goldham@healthright36

302

Level	Type	Provider	AED
BLS	Foot	RockMed	1
Planning Contact Name: RockMed		Phone: 14156465474	Email: goldham@healthright36

Transport

Pro ALS 1

Provider
ProTransport-1

Planning Contact
Name:

Phone:

Email:

Pro ALS 2

Provider
ProTransport-1

Planning Contact
Name:

Phone:

Email:

Operation Period 6 Overview

Time Period	Crowd	Event Footprint
Start 06/03/2017 at 17:00	Peak Crowd Size 72000	Kezar Stadium and Triangle
End 06/03/2017 at 22:00	Total Crowd Estimate 4000	

First Aid Stations

Level	Provider	MD	RN	EMT	AED
BLS	RockMed			2	1
Planning Contact Name: RockMed		Phone: 14156465474		Email: goldham@healthright36	

Mobile Teams

301

Level	Type	Provider	AED
BLS	Foot	RockMed	1
Planning Contact Name: RockMed		Phone: 14156465474	Email: goldham@healthright36

302

Level	Type	Provider	AED
BLS	Foot	RockMed	1
Planning Contact Name: RockMed		Phone: 14156465474	Email: goldham@healthright36

Transport

Pro ALS 1

Provider
ProTransport-1

Planning Contact
Name:

Phone:

Email:

Pro ALS 2

Provider
ProTransport-1

Planning Contact
Name:

Phone:

Email:

Operation Period 7 Overview

Time Period	Crowd	Event Footprint
Start 06/17/2017 at 17:00	Peak Crowd Size 72000	Kezar Stadium and Triangle
End 06/17/2017 at 22:00	Total Crowd Estimate 4000	

First Aid Stations

Level	Provider	MD	RN	EMT	AED
BLS	RockMed			2	1
Planning Contact Name: RockMed		Phone: 14156465474		Email: goldham@healthright36	

Mobile Teams

301

Level	Type	Provider	AED
BLS	Foot	RockMed	1
Planning Contact Name: RockMed		Phone: 14156465474	Email: goldham@healthright36

302

Level	Type	Provider	AED
BLS	Foot	RockMed	1
Planning Contact Name: RockMed		Phone: 14156465474	Email: goldham@healthright36

Transport

Pro ALS 1

Provider
ProTransport-1

Planning Contact
Name:

Phone:

Email:

Pro ALS 2

Provider
ProTransport-1

Planning Contact
Name:

Phone:

Email:

Operation Period 8 Overview

Time Period	Crowd	Event Footprint
Start 07/02/2017 at 15:30	Peak Crowd Size 72000	Kezar Stadium and Triangle
End 07/02/2017 at 20:30	Total Crowd Estimate 4000	

First Aid Stations

Level	Provider	MD	RN	EMT	AED
BLS	RockMed			2	1
Planning Contact Name: RockMed		Phone: 14156465474		Email: goldham@healthright36	

Mobile Teams

301

Level	Type	Provider	AED
BLS	Foot	RockMed	1
Planning Contact Name: RockMed		Phone: 14156465474	Email: goldham@healthright36

302

Level	Type	Provider	AED
BLS	Foot	RockMed	1
Planning Contact Name: RockMed		Phone: 14156465474	Email: goldham@healthright36

Transport

Pro ALS 1

Provider
ProTransport-1

Planning Contact
Name:

Phone:

Email:

Pro ALS 2

Provider
ProTransport-1

Planning Contact
Name:

Phone:

Email:

Operation Period 9 Overview

Time Period	Crowd	Event Footprint
Start 07/15/2017 at 17:00	Peak Crowd Size 72000	Kezar Stadium and Triangle
End 07/15/2017 at 22:00	Total Crowd Estimate 4000	

First Aid Stations

Level	Provider	MD	RN	EMT	AED
BLS	RockMed			2	1
Planning Contact Name: RockMed		Phone: 14156465474		Email: goldham@healthright36	

Mobile Teams

301

Level	Type	Provider	AED
BLS	Foot	RockMed	1
Planning Contact Name: RockMed		Phone: 14156465474	Email: goldham@healthright36

302

Level	Type	Provider	AED
BLS	Foot	RockMed	1
Planning Contact Name: RockMed		Phone: 14156465474	Email: goldham@healthright36

Transport

Pro ALS 1

Provider
ProTransport-1

Planning Contact
Name:

Phone:

Email:

Pro ALS 2

Provider
ProTransport-1

Planning Contact
Name:

Phone:

Email:

Operation Period 10 Overview

Time Period	Crowd	Event Footprint
Start 08/05/2017 at 17:00	Peak Crowd Size 72000	Kezar Stadium and Triangle
End 08/05/2017 at 22:00	Total Crowd Estimate 4000	

First Aid Stations

Level	Provider	MD	RN	EMT	AED
BLS	RockMed			2	1
Planning Contact Name: RockMed		Phone: 14156465474		Email: goldham@healthright36	

Mobile Teams

301

Level	Type	Provider	AED
BLS	Foot	RockMed	1
Planning Contact Name: RockMed		Phone: 14156465474	Email: goldham@healthright36

302

Level	Type	Provider	AED
BLS	Foot	RockMed	1
Planning Contact Name: RockMed		Phone: 14156465474	Email: goldham@healthright36

Transport

Pro ALS 1

Provider
ProTransport-1

Planning Contact
Name:

Phone:

Email:

Pro ALS 2

Provider
ProTransport-1

Planning Contact
Name:

Phone:

Email:

Operation Period 11 Overview

Time Period	Crowd	Event Footprint
Start 08/19/2017 at 17:00	Peak Crowd Size 72000	Kezar Stadium and Triangle
End 08/19/2017 at 22:00	Total Crowd Estimate 4000	

First Aid Stations

Level	Provider	MD	RN	EMT	AED
BLS	RockMed			2	1
Planning Contact Name: RockMed		Phone: 14156465474		Email: goldham@healthright36	

Mobile Teams

301

Level	Type	Provider	AED
BLS	Foot	RockMed	1
Planning Contact Name: RockMed		Phone: 14156465474	Email: goldham@healthright36

302

Level	Type	Provider	AED
BLS	Foot	RockMed	1
Planning Contact Name: RockMed		Phone: 14156465474	Email: goldham@healthright36

Transport

Pro ALS 1

Provider
ProTransport-1

Planning Contact
Name:

Phone:

Email:

Pro ALS 2

Provider
ProTransport-1

Planning Contact
Name:

Phone:

Email:

Operation Period 12 Overview

Time Period	Crowd	Event Footprint
Start 08/26/2017 at 17:00	Peak Crowd Size 72000	Kezar Stadium and Triangle
End 08/26/2017 at 22:00	Total Crowd Estimate 4000	

First Aid Stations

Level	Provider	MD	RN	EMT	AED
BLS	RockMed			2	1
Planning Contact Name: RockMed		Phone: 14156465474		Email: goldham@healthright36	

Mobile Teams

301

Level	Type	Provider	AED
BLS	Foot	RockMed	1
Planning Contact Name: RockMed		Phone: 14156465474	Email: goldham@healthright36

302

Level	Type	Provider	AED
BLS	Foot	RockMed	1
Planning Contact Name: RockMed		Phone: 14156465474	Email: goldham@healthright36

Transport

Pro ALS 1

Provider
ProTransport-1

Planning Contact
Name:

Phone:

Email:

Pro ALS 2

Provider
ProTransport-1

Planning Contact
Name:

Phone:

Email:

Operation Period 13 Overview

Time Period	Crowd	Event Footprint
Start 09/09/2017 at 17:00	Peak Crowd Size 72000	Kezar Stadium and Triangle
End 09/09/2017 at 22:00	Total Crowd Estimate 4000	

First Aid Stations

Level	Provider	MD	RN	EMT	AED
BLS	RockMed			2	1
Planning Contact Name: RockMed		Phone: 14156465474		Email: goldham@healthright36	

Mobile Teams

301

Level	Type	Provider	AED
BLS	Foot	RockMed	1
Planning Contact Name: RockMed		Phone: 14156465474	Email: goldham@healthright36

302

Level	Type	Provider	AED
BLS	Foot	RockMed	1
Planning Contact Name: RockMed		Phone: 14156465474	Email: goldham@healthright36

Transport

Pro ALS 1

Provider
ProTransport-1

Planning Contact
Name:

Phone:

Email:

Pro ALS 2

Provider
ProTransport-1

Planning Contact
Name:

Phone:

Email:

Operation Period 14 Overview

Time Period	Crowd	Event Footprint
Start 09/23/2017 at 17:00	Peak Crowd Size 72000	Kezar Stadium and Triangle
End 09/23/2017 at 22:00	Total Crowd Estimate 4000	

First Aid Stations

Level	Provider	MD	RN	EMT	AED
BLS	RockMed			2	1
Planning Contact Name: RockMed		Phone: 14156465474		Email: goldham@healthright36	

Mobile Teams

301

Level	Type	Provider	AED
BLS	Foot	RockMed	1
Planning Contact Name: RockMed		Phone: 14156465474	Email: goldham@healthright36

302

Level	Type	Provider	AED
BLS	Foot	RockMed	1
Planning Contact Name: RockMed		Phone: 14156465474	Email: goldham@healthright36

Transport

Pro ALS 1

Provider
ProTransport-1

Planning Contact
Name:

Phone:

Email:

Pro ALS 2

Provider
ProTransport-1

Planning Contact
Name:

Phone:

Email:

Operation Period 15 Overview

Time Period	Crowd	Event Footprint
Start 10/11/2017 at 17:30	Peak Crowd Size 72000	Kezar Stadium and Triangle
End 10/11/2017 at 22:30	Total Crowd Estimate 4000	

First Aid Stations

Level	Provider	MD	RN	EMT	AED
BLS	RockMed			2	1
Planning Contact Name: RockMed		Phone: 14156465474		Email: goldham@healthright36	

Mobile Teams

301

Level	Type	Provider	AED
BLS	Foot	RockMed	1
Planning Contact Name: RockMed		Phone: 14156465474	Email: goldham@healthright36

302

Level	Type	Provider	AED
BLS	Foot	RockMed	1
Planning Contact Name: RockMed		Phone: 14156465474	Email: goldham@healthright36

Transport

Pro ALS 1

Provider
ProTransport-1

Planning Contact
Name:

Phone:

Email:

Pro ALS 2

Provider
ProTransport-1

Planning Contact
Name:

Phone:

Email:

Operation Period 16 Overview

Time Period	Crowd	Event Footprint
Start 10/14/2017 at 17:00	Peak Crowd Size 72000	Kezar Stadium and Triangle
End 10/14/2017 at 22:00	Total Crowd Estimate 4000	

First Aid Stations

Level	Provider	MD	RN	EMT	AED
BLS	RockMed			2	1
Planning Contact Name: RockMed		Phone: 14156465474		Email: goldham@healthright36	

Mobile Teams

301

Level	Type	Provider	AED
BLS	Foot	RockMed	1
Planning Contact Name: RockMed		Phone: 14156465474	Email: goldham@healthright36

302

Level	Type	Provider	AED
BLS	Foot	RockMed	1
Planning Contact Name: RockMed		Phone: 14156465474	Email: goldham@healthright36

Transport

Pro ALS 1

Provider
ProTransport-1

Planning Contact
Name:

Phone:

Email:

Pro ALS 2

Provider
ProTransport-1

Planning Contact
Name:

Phone:

Email:

Operation Period 17 Overview

Time Period	Crowd	Event Footprint
Start 03/18/2017 at 17:00	Peak Crowd Size 72000	Kezar Stadium and Triangle
End 03/18/2017 at 22:00	Total Crowd Estimate 4000	

First Aid Stations

Level	Provider	MD	RN	EMT	AED
BLS	RockMed			2	1
Planning Contact Name: RockMed		Phone: 14156465474		Email: goldham@healthright36	

Mobile Teams

301

Level	Type	Provider	AED
BLS	Foot	RockMed	1
Planning Contact Name: RockMed		Phone: 14156465474	Email: goldham@healthright36

302

Level	Type	Provider	AED
BLS	Foot	RockMed	1
Planning Contact Name: RockMed		Phone: 14156465474	Email: goldham@healthright36

Transport

Pro ALS 1

Provider
ProTransport-1

Planning Contact
Name:

Phone:

Email:

Pro ALS 2

Provider
ProTransport-1

Planning Contact
Name:

Phone:

Email:

Operation Period 18 Overview

Time Period	Crowd	Event Footprint
Start 10/28/2017 at 17:00	Peak Crowd Size 72000	Kezar Stadium and Triangle
End 10/28/2017 at 22:00	Total Crowd Estimate 4000	

First Aid Stations

Level	Provider	MD	RN	EMT	AED
BLS	RockMed			2	1
Planning Contact Name: RockMed		Phone: 14156465474		Email: goldham@healthright36	

Mobile Teams

301

Level	Type	Provider	AED
BLS	Foot	RockMed	1
Planning Contact Name: RockMed		Phone: 14156465474	Email: goldham@healthright36

302

Level	Type	Provider	AED
BLS	Foot	RockMed	1
Planning Contact Name: RockMed		Phone: 14156465474	Email: goldham@healthright36

Transport

Pro ALS 1

Provider
ProTransport-1

Planning Contact
Name:

Phone:

Email:

Pro ALS 2

Provider
ProTransport-1

Planning Contact
Name:

Phone:

Email:

Supplemental Documents

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

[Assembly Point Map](#)

[Medical Posting Locations](#)

EVENT FOOTPRINT RESPONSIBILITY

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

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

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

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

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.