

Version 8.3



SPECIAL EVENT SERVICES

Stadium Tours.

You will be providing EMT level assessments and care to the SoFi employees and guests attending the tours.

The Basics:

Do not be late!

You must be in class "A" uniform

No hats are to be worn while on duty at the stadium.

Absolutely no sleeping and no picture or video taking at any time!

Bring your own food. There is a microwave and refrigerator in the level one first aid room.

Time goes by faster if you bring a laptop, books or study materials etc.

Clocking IN:

These procedures must be followed exactly!

It is important information to ensure that you are paid for the shift & that we accurately bill the stadium for the work. When you arrive at the buildings employee entrance

1. Clock in with the Kronos app.
2. Call dispatch and tell them you have started your shift.
3. Text 818-823-0523 with "YOUR NAME starting SoFi load-in at TIME".

Access:

Enter the stadium at Arbor Vitae. Park in parking lot "N" (West side of stadium)

Enter the building at gate 7 (See map). This is the employee entrance. Any bags you bring must be x-rayed or examined here.

Check in at the security screeners to receive a wristband.

Tell security that you are on the SoFi tour first aid team and need to report to the Command Center on level

1. If your name isn't on their list, call the Command Center at (424) 541-9971 and request access.

Take the elevator to floor #1. Exit the elevator and proceed to the Command Center (See map).

Knock on the Command Center door and request a house radio. Ask what channel they want you to monitor/ use. Ask for the level one first aid room to be unlocked.

Staging Room: (First-Aid room on level one)

Check your equipment (AED, #10 red backpack jump bag, wheel chair etc).

If you are a single, you will not need a gurney.

Do not use the gurney if you are a single crew. At no time should a single EMT operate a gurney. At no time are you permitted to lay down or sleep while assigned to post. Do not wonder around or explore.

Bring your food and drinks. Ordering delivery from inside the stadium is problematic with the various security systems in place. If you are wondering around attempting to pick up your delivery food, then you are not working and this may cause an unnecessary delay in patient care.

Once inside the first-aid room, you will have access to a refrigerator and microwave. Do not take anything in the refrigerator that is not yours. Please remove anything that you place in the refrigerator at the end of your shift.

The first-aid room contains over-the-counter medications. Under no circumstance are you to directly dispense or suggest any medications. You may allow a patient to acquire a single dose or packet on their own, but you must document it on the declaration of evaluation form (See example) located inside each First-Aid station.

You should camp in the level one first aid room. (Unless specifically requested at a different location) The stadium does not want you to wander around.

Please leave the first-aid room clean when your shift is done. Please empty trash cans and refrigerator.

COMMUNICATIONS :

One door north of the field tunnel is the command center.(See map)
Ask security for a radio to use and ask which channel you should be on.
You must be available and reachable on the radio at all times!

PATIENT CARE REPORTS :

You will be utilizing paper patient care reports for all patient contacts.
Please familiarize yourself with the PCR. (See attached example).

PCR's will be done for ALL patient contacts.

Requests for medical supplies (Band-Aid, ice pack, etc) require a PCR if the injury occurred on SoFi property. Be sure to document in the narrative why the supplies were requested. Was it an injury on SoFi property? Exactly when and where did it occur?

The PCR is in triplicate so press down firmly when writing in BLACK or BLUE ink ONLY!

We do not give patients any copy of the PCR. The AMA is on the back of the last page or IS the last page.

Immediately notify building security for ALL still alarms & walk-in patients!

At the end of the shift, leave all paperwork in the top drawer near the sink in the first-aid room.

Requesting Help:

If you have a patient that you believe needs ALS or needs to be transported to the hospital, call 911 & request it. Make sure that you notify security that you have activated 911 and where you would like the Fire Department to respond to so that security can assist in directing the fire department.

If you are unsure if you need ALS or if you can legally AMA a particular patient, contact Mike Henderson by voice or text (818-822-0960) or David Granados at (310)251-8594.

End of Watch:

At the end of the shift, make sure to check with production/security to see if you are clear to leave. Scan the CLOCK OUT QR code posted near the door. This must be done in addition to Kronos.

DO NOT JUST LEAVE WITHOUT BEING CLEARED!

There is a mailbox on the table behind data entry to collect PCRs at the end of shift.
"Do not forget to add completed PCRs in the mailbox behind Data Entry."

Clocking OUT:

These procedures must be followed exactly!

It is important information to ensure that you are paid for the shift & that we accurately bill the stadium for the work.

When you have been cleared of the stand-by,

1. Call dispatch and tell them you have been cleared at the stand-by.
2. Scan the **CLOCK OUT** QR code posted near the door. This must be done in addition to Kronos.
3. Text 818-823-0523 with "*YOUR NAME* ending SoFi load-in at *TIME*".
4. Clock out with the Kronos app.

Phone Service:

- Verizon: 4G and 5G
- AT&T: Wi-Fi calling
- T-Mobile/Sprint: Wi-Fi calling
- Others: Wi-Fi calling

WiFi Calling Setup

Go to Settings on your iOS device. Within Settings, navigate to Cellular.

In Cellular, navigate to Wi-Fi Calling, then Enable Wi-Fi Calling on this iPhone if its not enabled

Android Configuration

To enable Wi-Fi Calling, you can select the Wi-Fi Calling icon in the fast menu (Pulling down the notification shade). Additionally, you can go to Settings.

Within Settings, navigate to Network & Internet > Connections.

Within Network & Internet Connections, search for "Wi-Fi Calling".

If you do not find Wi-Fi Calling, you may need to navigate to "Wi-Fi Preferences" or "Call" which will need to be Enabled.

NOTE: Android Settings are different from phone to phone, if Wi-Fi Calling is not in the Connections menu, you can type in "Wi fi calling" in the search bar:

- a. Note that a restart may be required following enabling Wi-Fi Calling.

CONTACT LIST :

McCormick Ambulance Event Supervisor Evan Munos 562-676-2454

McCormick Ambulance Dispatch main number (888) 349-8944

McCormick Ambulance Dispatch Supervisor (310) 387-8058

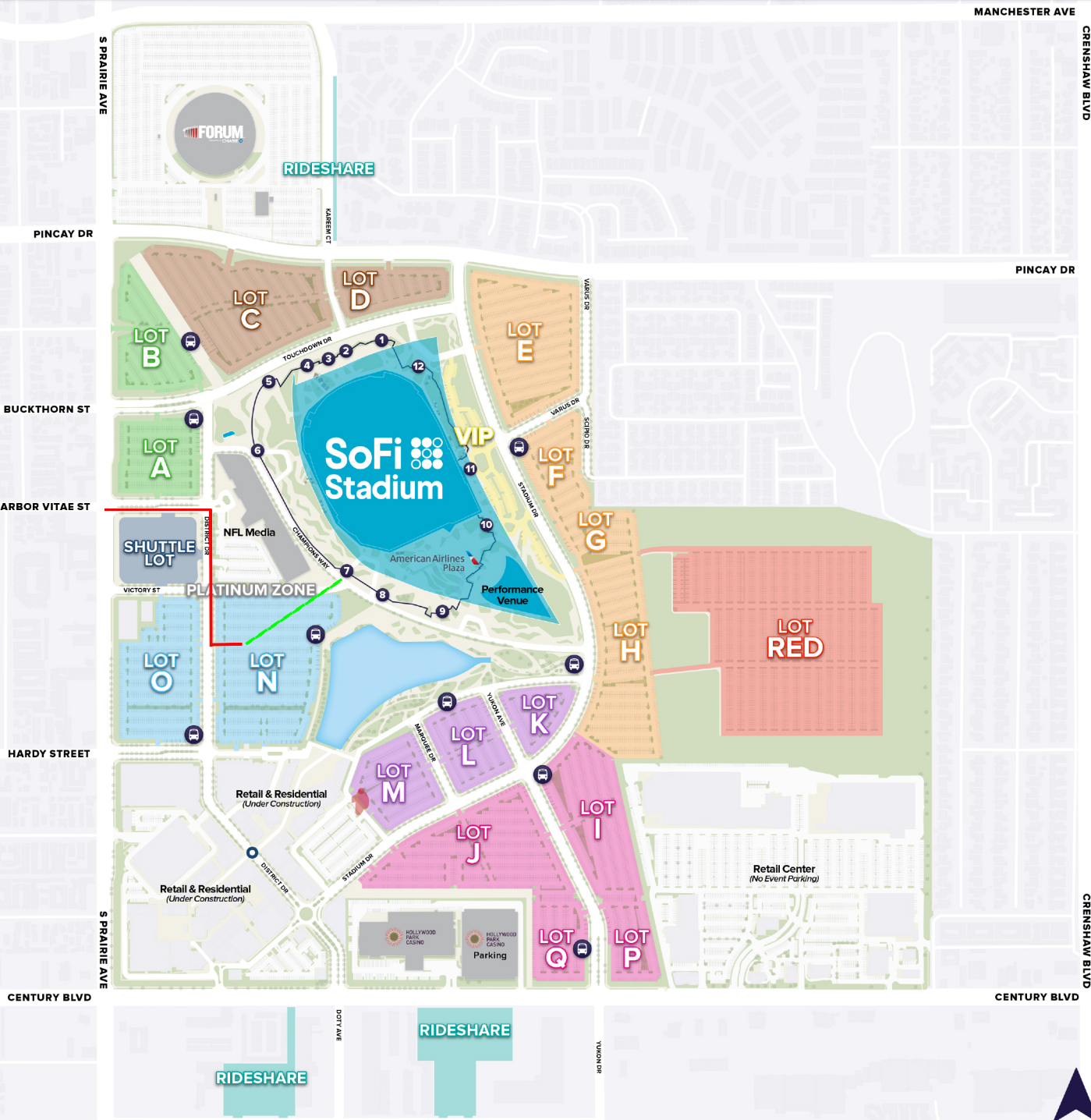
SoFi Command Center (ECC) at (424) 541-9971

IT Department's phone number if your Kronos account is not yet working (866) 267-9111

SoFi Stadium PARKING ZONES

- Green Zone (Lots A, B)
- Brown Zone (Lots C, D)
- Orange Zone (Lots E, F, G, H)
- Pink Zone (Lots I, J, P, Q)
- Purple Zone (Lots K, L, M)
- Platinum Zone (Valet)
- Blue Zone (Lots O, N)
- Yellow Zone (VIP Parking)
- Red Zone
- Rideshare (Drop off / Pick Up)
- ADA Route (Drop off / Pick Up)
- #

Entries





ADDITIONAL INFORMATION

- **Seating Section Breakdown - Level 2: 100 seating section, Level 3: 200 seating section except 227-236), Level 4: 227-236 seating sections, Level 6: 300 seating section, and Level 8: 400 and 500 seating sections**
- **Levels that go all the way around are levels for guests to use are levels 2 and 6. Level 3 has no south side, level 4 has no north side, and level 5 does not have a north or south.**
- The clear bag policy will be in effect for non-credentialed staff. All noncompliant bags will be screened via X-Ray and tagged upon inspection.
- To access wifi use #sofistadium. Reminder: non-Verizon users need to access wifi calling in the building
- All elevators will be available for use. One (1) elevator at Entry 7 will be for Rams use from Level 1 to Level 5.
- All escalators except Entry 7 escalator from Level 2 to Level 6 (ESC 03/04, ESC 11/12, ESC 19/20, and ESC 29/30) will be in use.
- Guest Services Centers are located at Level 2 Southwest Level 3 North, Level 4 South, Level 6 Southeast, and Level 8 North Kiosk, and Level 8 Southwest Kiosk. Lost and Found items can be turned in at any center. Guests may contact guestservices@hollywoodparkca.com for inquiries.
- Sensory toolkits and assistive listening devices, will be available at VIP Entry 11 Guest Service Center.
- Mamava Pod at Northeast on Level 6 and Southeast on Level 4 Northeast are available to use.
- Four (4) bag valets are located outside for a \$20 fee at the following locations: Northeast on Touchdown Dr., Northwest on District St./Touchdown Dr., Southwest on Champions Way, and South/Southeast on Champions.
- Wheelchair escorting services will be available from the entries to seats and back.
- The following merchandise locations are available: The Equipment Room, Level 2: Northwest Section 106, Level 6: North Blooming Onion Portable Section 305, and Level 8: Northeast Section 506.
- The following concession stands will be available: Level 2: Northwest, Northeast, and South, Level 3: East and West Patio Club, Northwest, North, and Northeast, Level 4: Southwest and South, Level 6: East and West Terrace Club, Northwest, Northeast, Southeast, South, and Southwest, and Level 8: North, East, Southeast, Southwest, and West.
- Alcohol cutoff will be at 6:00pm for general admission and 6:30pm for VIP guests.

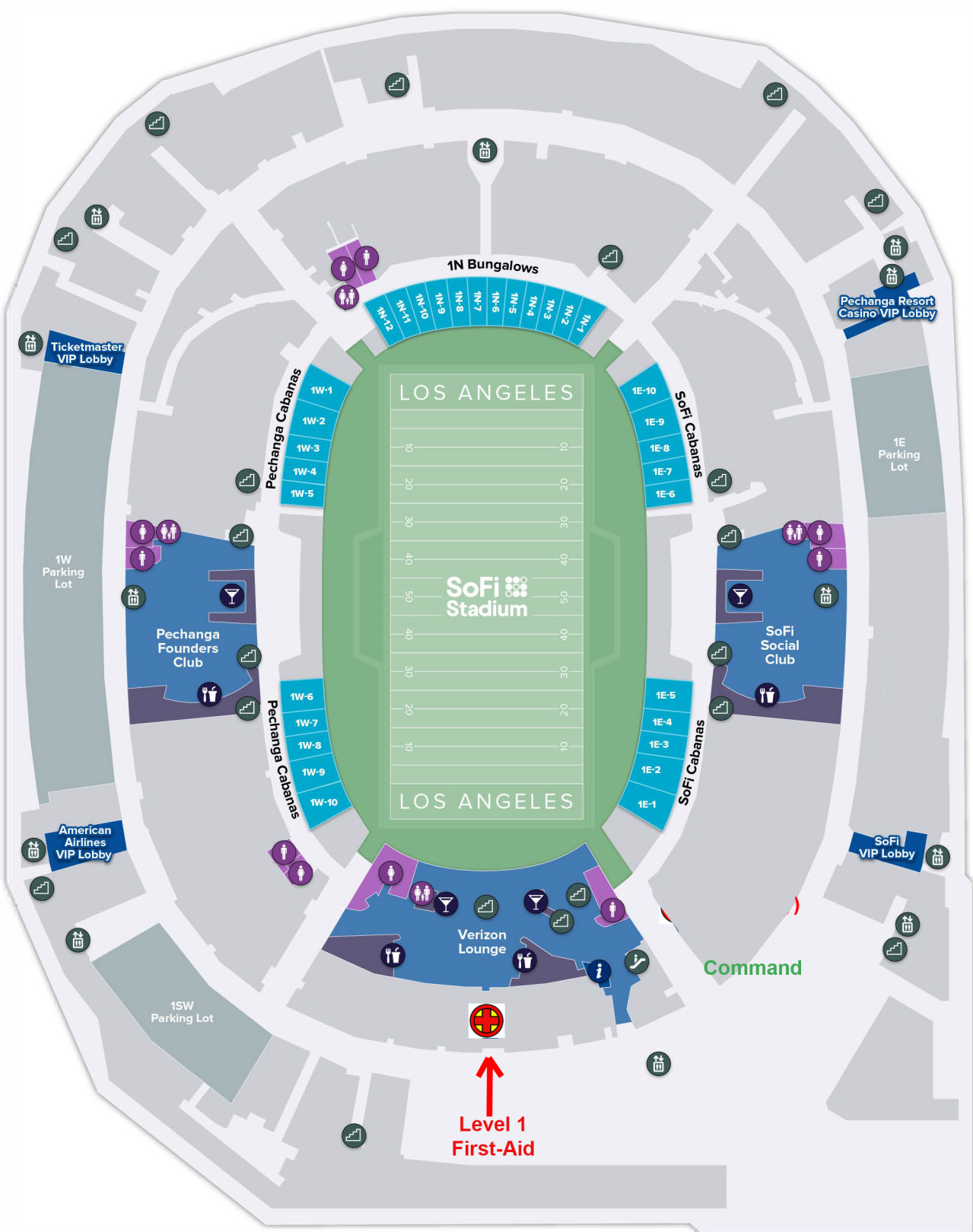
BREAKSPACES AND MEALS

- Designated break location for all Media is on Southwest Level 7 inside Press Box.
- Please check with your Supervisor for specific designated break location information. All breakspaces and the Broadcast Compound will be in use for breaks.
- Complimentary meals are available to all Team Members from 4:30pm-6:30pm. If working on Levels 1-5 meals are to be picked up from only the Level 1 South Broadcast Compound. If working at the Entries or Levels 6-8 meals are to be picked up from one of the three (3) Level 6 breakrooms. Please do not remove meals from any break areas.
- Breakrooms are located at the following areas: Level 1: South Broadcast Compound, Level 2: Northeast 02.37G.01, Level 3: Southeast 03.05H.01 and Northwest 03.27G.01, Level 4: East 04.04H.01 and Southwest 04.17G.04, Level 5: Southwest 05.16G.05, Northeast 05.37G.01, Level 6: Southwest 06.16H.01, Northwest 06.28J.01, and Northeast 06.40H.01, and Level 8: 08.17H.01.

COMMUNICATION & EMERGENCY INFORMATION

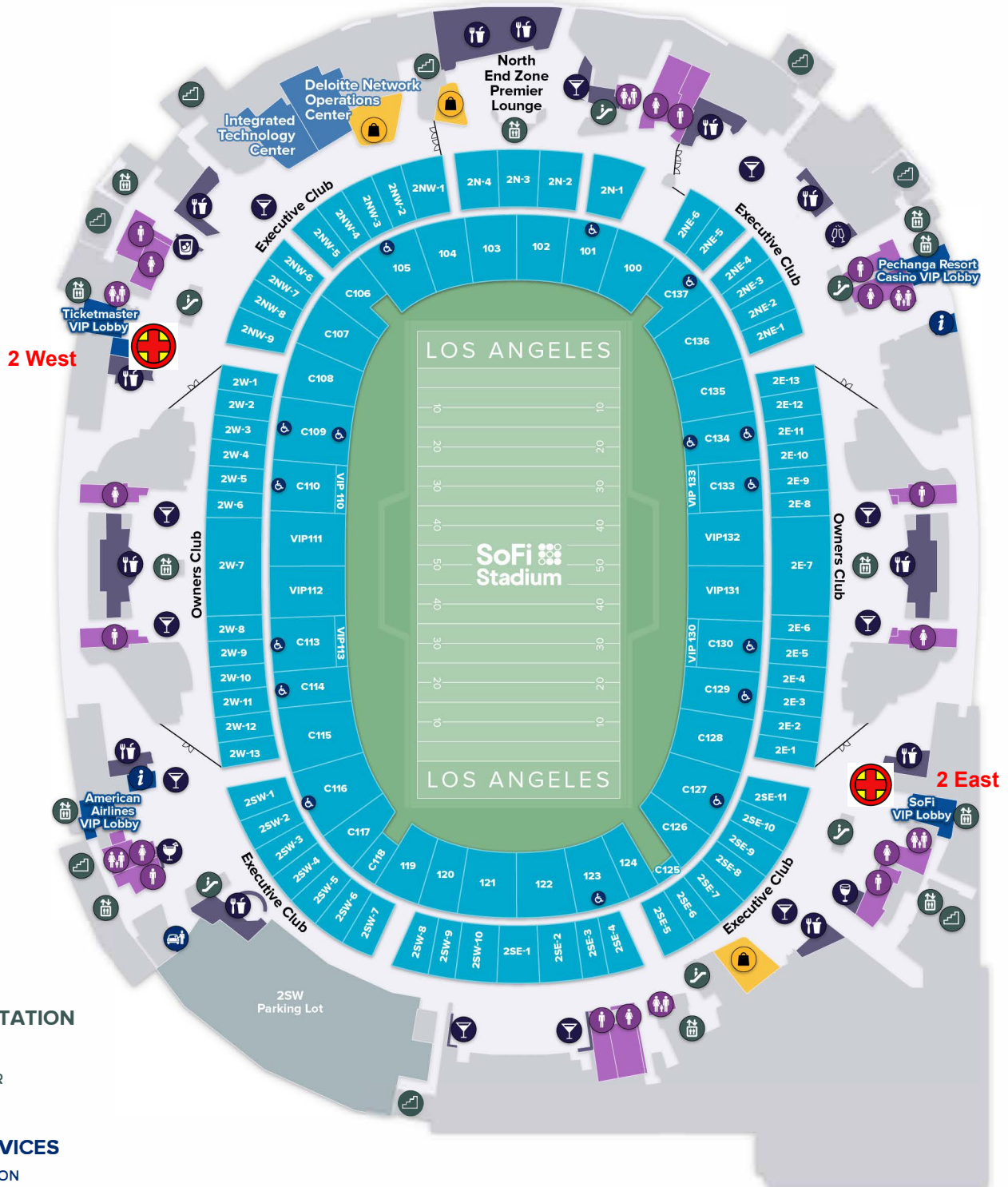
Please use your dedicated channel to reach Event Command Center

To reach Event Command Center (ECC) via phone: (424) 541-7222



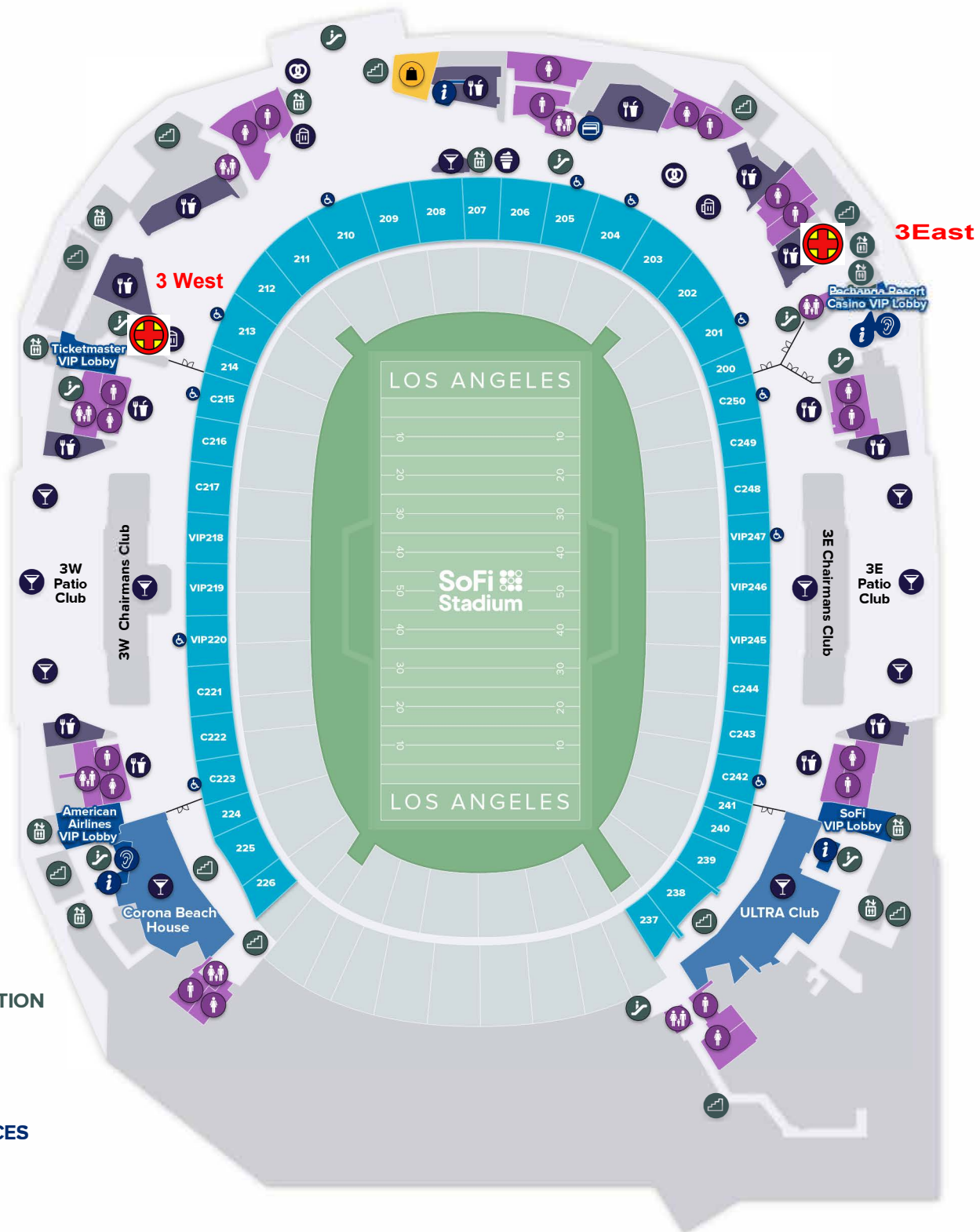
SoFi Stadium

LEVEL 2 (Executive Club, Executive Suites, Owners Club, Owners Suites, Premier Seats 100)



SoFi Stadium

LEVEL 3 (Club Seats 200, Premier & Reserved Seats 200)



VERTICAL TRANSPORTATION

- ELEVATOR
- ESCALATOR
- STAIRS

GUEST SERVICES

- INFORMATION
- FIRST AID
- ADA SEATING
- SENSORY ROOM
- CASH-TO-CARD KIOSK

RESTROOMS

- MEN'S RESTROOM
- WOMEN'S RESTROOM
- FAMILY RESTROOM

FOOD & DRINK

- BAR
- BEER
- SNACKS
- POPCORN
- FROZEN SNACKS
- CHICKEN, BURRITO, PIZZA, BURGERS

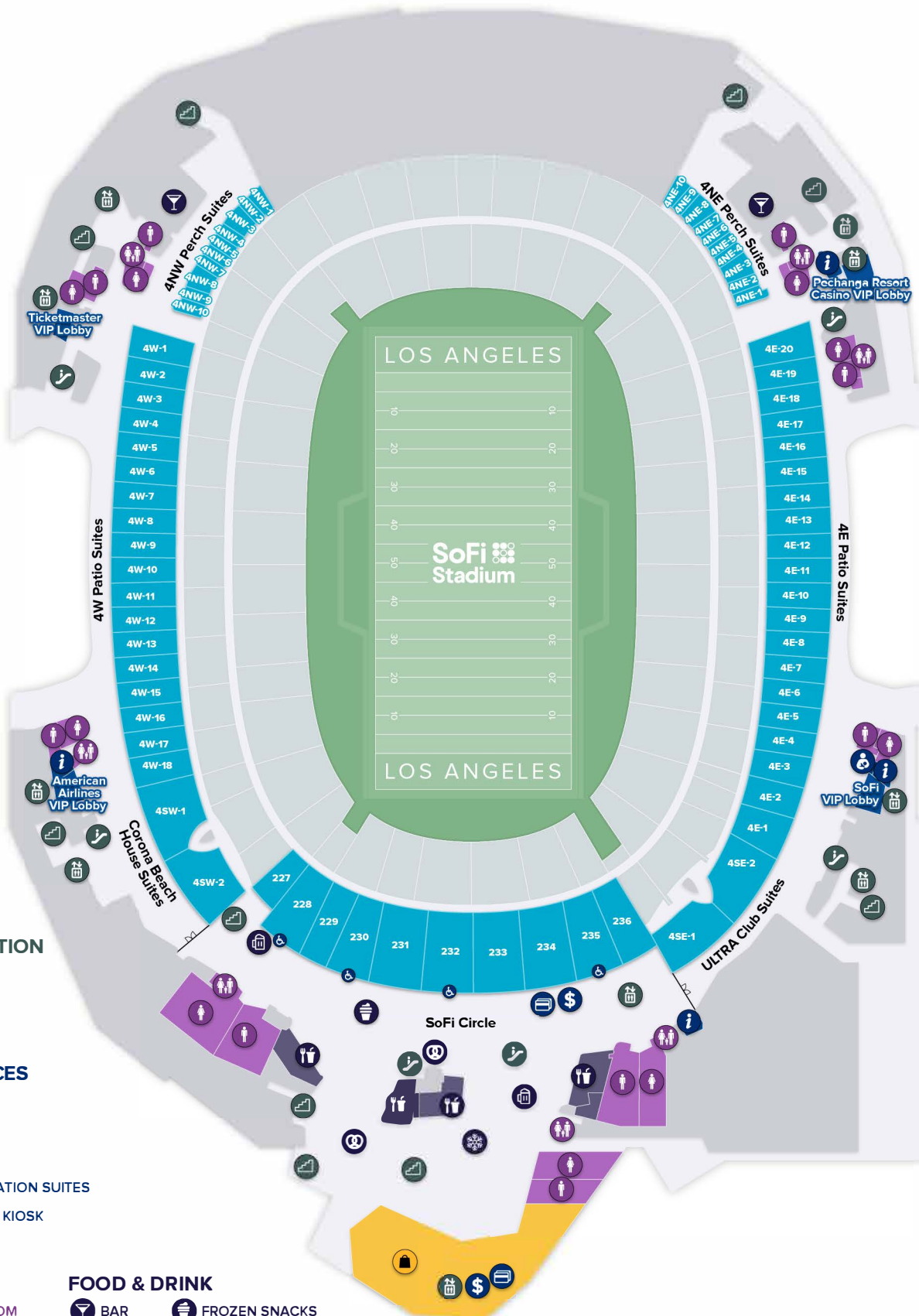
RETAIL

- TEAM STORE



SoFi Stadium

LEVEL 4 (Corona Beach House Suites, Patio Suites, Perch Suites, Reserved Seats 200, ULTRA Club Suites)



SoFi Stadium

LEVEL 5 (Corona Beach House Suites, Patio Suites, Perch Suites, ULTRA Club Suites)



VERTICAL TRANSPORTATION

- ELEVATOR
- ESCALATOR
- STAIRS

GUEST SERVICES

- INFORMATION
- BOX OFFICE

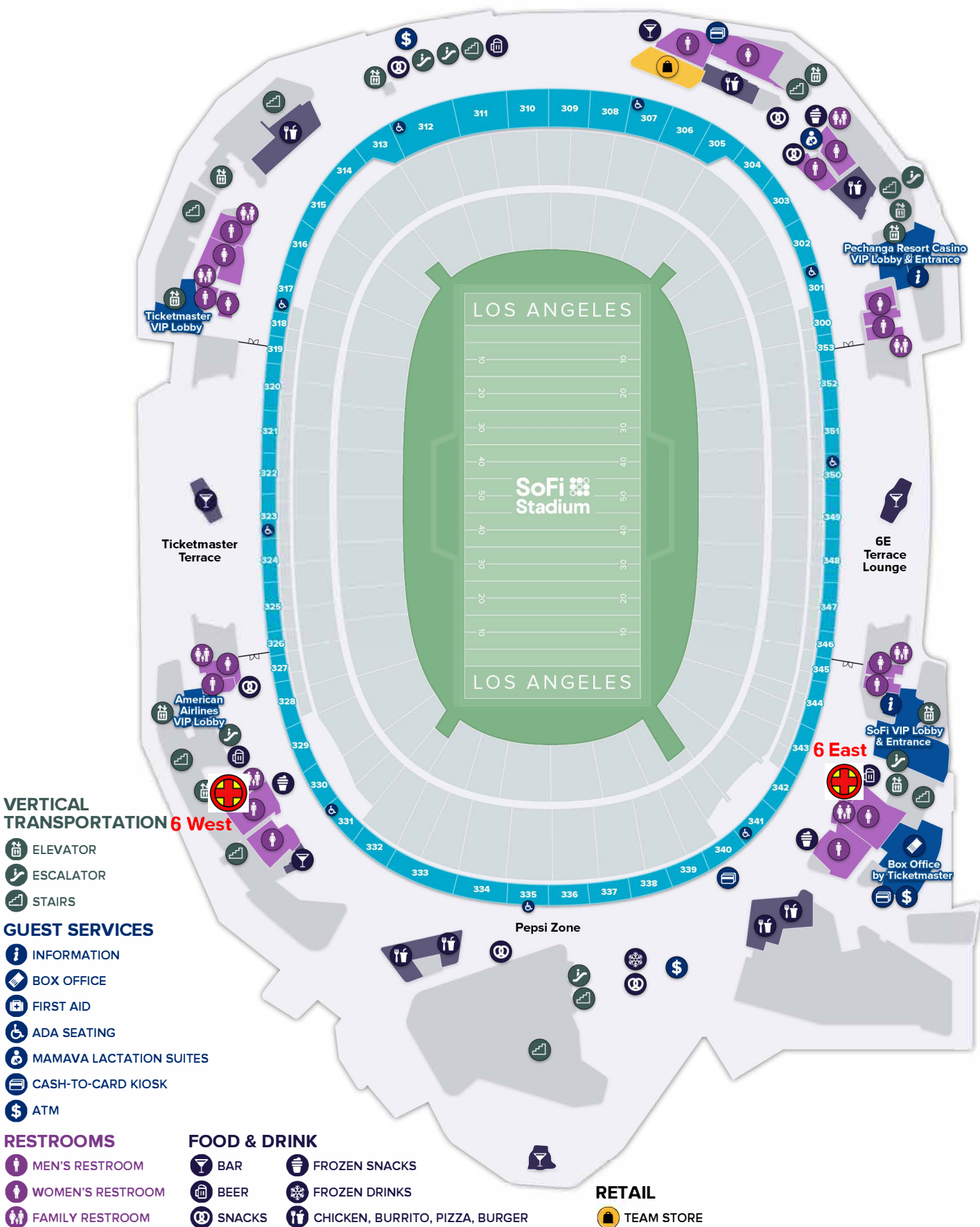
RESTROOMS

- MEN'S RESTROOM
- WOMEN'S RESTROOM
- FAMILY RESTROOM



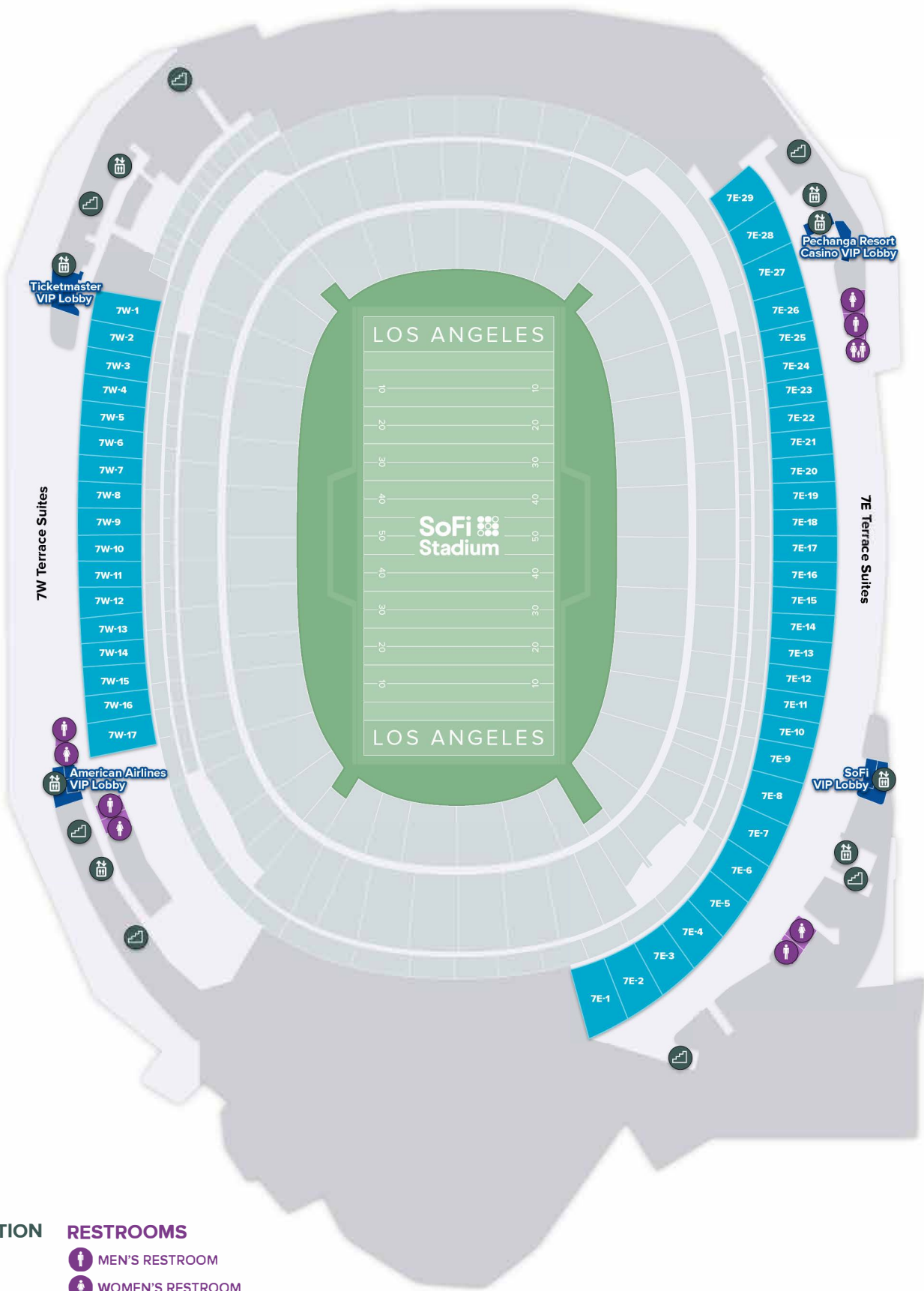
SoFi Stadium

LEVEL 6 (Premier & Reserved Seats 300)



SoFi Stadium

LEVEL 7 (Terrace Suites)



VERTICAL TRANSPORTATION

- ELEVATOR
- ESCALATOR
- STAIRS

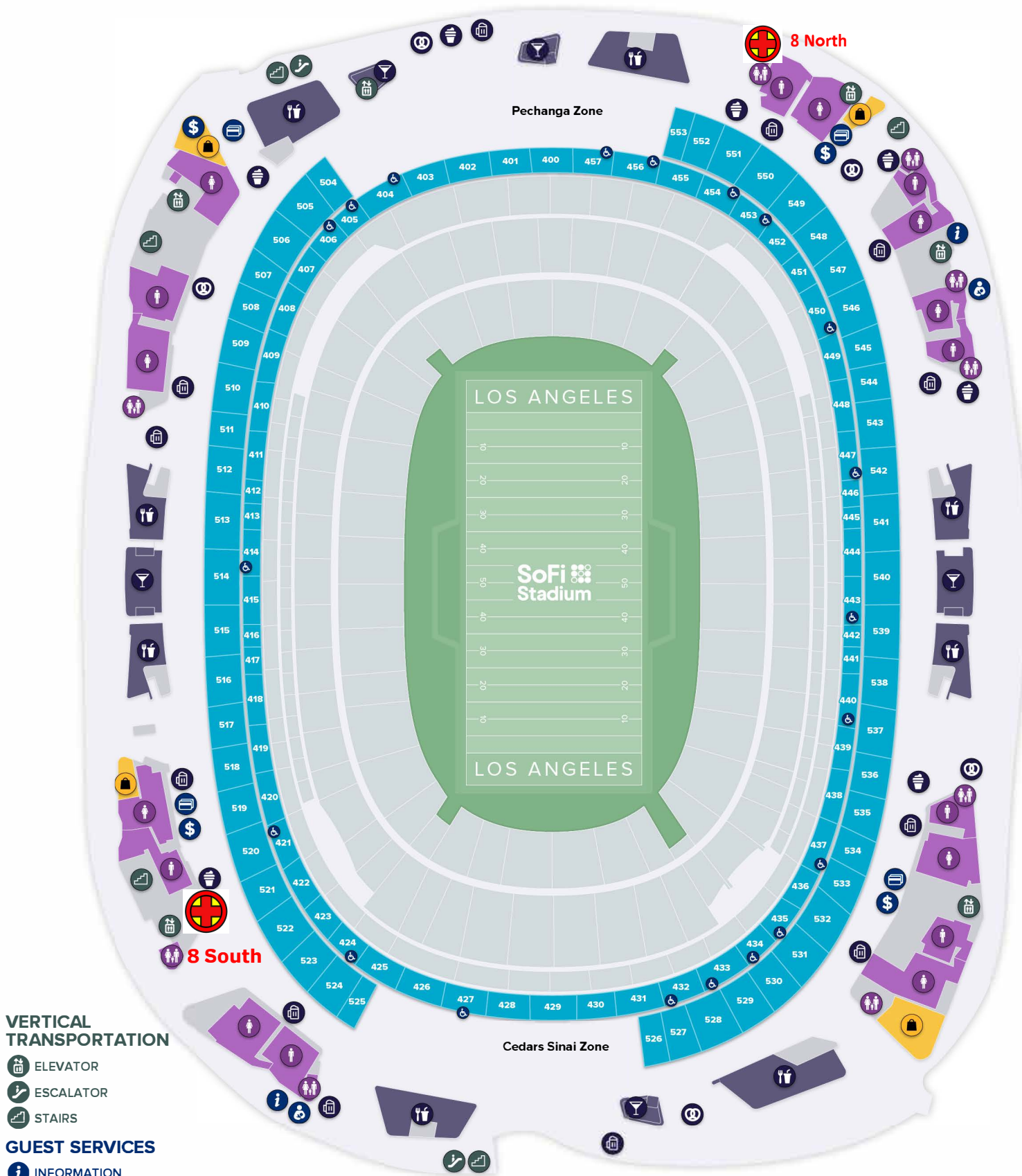
RESTROOMS

- MEN'S RESTROOM
- WOMEN'S RESTROOM
- FAMILY RESTROOM



SoFi Stadium

LEVEL 8 (Reserved Seats 400 & 500)





EVENT PATIENT CARE REPORT

DATE 10/19/21 EVENT RAMS VS RAIDERS VENUE SoFi Stadium 5758

NAME LAST BOWIE FIRST DAVID MI R TELEPHONE NUMBER 8188220960 SECTION 101 ROW 001 SEAT 057

AGE 080 GENDER ☒ M ☐ F DOB 01/08/47 DRIVERS LICENSE OR ID # C2155150 STATE CA PT CONTACT TIME: 1935

SEVERITY ☐ NONE ☒ MILD ☒ MODERATE ☐ SEVERE ☐ Security On Scene: ☒ YES ☐ NO

(R) EYE INJURY -> BLURRED VISION

ARRIVED ON SCENE TO FIND A 80yo M SITTING IN THE LEVEL 4 VERIZON PLAZA IN MILD DISTRESS COVERING HIS (R) EYE. PT STATES THAT ANOTHER GUEST POKED HIM IN THE EYE WITH A STRAW. UPON EXAM, (R) EYE IS RED BUT NOT BLEEDING. PUPIL IS DILATED AND UNRESPONSIVE. PT STATES VISION IS BLURRED IN (R) EYE ONLY. PT DENIES ANY OTHER MEDICAL COMPLAINTS. NKA. NO HX NO MEDS. PT WALKED TO

REASSESSMENT GUANEY AND T-PORTED TO FIRST AID W/O CHANGE.

PUPILS ☐ PERL ☐ Pinpoint ☐ Fixed&Dilated ☒ Unequal LOC ☒ ALERT ☐ Oriented x ☐ 1 ☐ 2 ☒ 3 ☐ Not Alert ☐ Combative ☐ Normal for Patient RESPIRATIONS ☐ Wheezes ☐ Rales ☐ Rhonchi ☐ Stridor ☒ CLEAR ☐ Unequal ☐ JVD ☐ APNEA ☐ Other: ☐ NORMAL rate/effort ☐ Labored ☐ Accessory Muscle Use TIDAL VOLUME ☐ Normal ☐ ↓ ☐ ↑ SKIN SIGNS ☐ NORMAL ☐ Hot ☐ Cyanotic ☒ Pale ☐ Flushed ☐ Cool/Cold ☐ Jaundiced ☐ Diaphoretic ☐ Cap.Ref.

GCS EYE OPENING ☒ 4 = Spontaneous ☐ 3 = To Verbal ☐ 2 = To Pain ☐ 1 = No Response BEST MOTOR ☒ 6 = Obedient ☐ 3 = Flexion ☐ 5 = Purposeful ☐ 2 = Extension ☐ 4 = Withdrawal ☐ 1 = No Response 2nd GCS:(if applicable) E ☐ M ☐ V ☐ BEST VERBAL ☒ 5 = Oriented ☐ 4 = Confused ☐ 3 = Inappropriate ☐ 2 = Incomprehensible ☐ 1 = No Response 3rd GCS:(if applicable) E ☐ M ☐ V ☐

VITAL SIGNS TIME 1939 B/P 120/80 PULSE 080 RR 12 SPO2% 098 TM# 2
2000 122/80 082 12 099 2
H H M M / /
H H M M / /
1ST PAIN SCALE 08 TIME 1937 2ND PAIN SCALE 07 TIME 2003

PATIENT TYPE ☐ VENUE EMPLOYEE ☒ PARTICIPANT ☐ STAGE CREW ☐ GUEST ☐ OTHER: PATIENT DISPOSITION ☐ Released Into Care of SELF ☐ Released Into Care of FRIEND/RELATIVE ☐ Released Into Care of SECURITY ☐ Released Into Care of LAW ENFORCEMENT ☒ TRANSPORTED TO ER ☐ ALS ☒ BLS TRANSPORTING UNIT # 111 REFUSED TREATMENT ☐ REFUSED TRANSPORT ☐ AMA OBTAINED ☐ EVAL BY FD-SQ #: OTHER: FIRST AID FACILITY NAME: CNT

TRANSPORT UNIT REQUESTED ☐ NO ☒ YES TIME: 2003 TRANSFER OF CARE TIME: 2015 TRANSPORT UNIT INCIDENT # 17563 TEAM MEMBER INFO NAME HENDERSON, MIKE BADGE# 106 TEAM DESIGNATION / LOCATION ☐ StageL ☐ StageR ☐ Roving ☒ First Aid 102 GRANADOS, DAVID 666 LAST, FIRST BADGE LAST, FIRST BADGE

REPORT COMPLETED BY: TM# 1 SIGNATURE: [Signature] McCormick Copy

RELEASED AT SCENE and REFUSAL AGAINST MEDICAL ADVICE FORM

PATIENT NAME DAVID BOWIE	DOB 01-08-47	DATE 10-19-21	TAG/RUN # 5758
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☐ RELEASED AT SCENE-After thorough assessment by EMS personnel, the individual does not appear to have a medical problem that requires immediate treatment and/or transportation.

☒ REFUSING AGAINST MEDICAL ADVICE

The following apply to myself or the patient on whose behalf I legally sign this document (check all that apply):

- ☐ I AM REFUSING MEDICAL ASSESSMENT.
☐ I AM REFUSING MEDICAL TREATMENT.
☒ I AM REFUSING MEDICAL TRANSPORTATION.
☐ I HAVE RECEIVED MEDICAL ASSESSMENT AND TREATMENT, BUT DECLINE MEDICAL TRANSPORTATION.
☐ I HAVE RECEIVED MEDICAL ASSESSMENT, TREATMENT AND TRANSPORT TO AN EMERGENCY DEPARTMENT, BUT DECLINE ASSESSMENT AND TREATMENT FROM THE HOSPITAL THAT I WAS TRANSPORTED TO. *Complete the documentation boxes below:*

HOSPITAL NAME N/A

NAME OF FACILITY STAFF NOTIFIED N/A

I understand that the EMS personnel are not physicians and are not qualified or authorized to make a diagnosis and that their care is not a substitute for that of a physician. I recognize that I may have a serious injury or illness which could get worse without medical attention even though I (or the patient on whose behalf I legally sign this document) may feel fine at the present time. I understand that the worsening of my injury or illness could result in further harm and possibly death.

I understand that I may change my mind and call 9-1-1 if treatment, transport and/or assistance is needed later. I also understand that treatment is available at an emergency department 24 hours a day or from my physician. I understand that I have been directed to contact my personal physician as to my present condition as soon as possible.

I acknowledge that this advice has been explained to me by EMS personnel and that I have read this form completely and understand its provisions. I agree, on my own behalf (and the behalf of the patient for whom I legally sign this document) to release, indemnify and hold harmless all EMS providers and their officers, members and the employees or other agents from any claims, actions, causes of action, damages, or legal liabilities of any kind arising out of my decision, or from any act of omission of the EMS providers or their personnel or the hospital or their personnel.

SIGNATURE OF: <input checked="" type="checkbox"/> PATIENT <input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN DAVID BOWIE	PRINT NAME OF PARENT OR LEGAL GUARDIAN DAVID BOWIE
SIGNATURE OF WITNESS LUKE SKYWALKER	PRINT NAME OF WITNESS LUKE SKYWALKER

PATIENT / GUARDIAN REFUSES TO SIGN: I attest that the patient / guardian has refused care and/or transportation by the EMS providers. The patient / guardian was informed of the risks of this refusal and refused to sign this form when asked by the EMS providers.

SIGNATURE OF WITNESS	PRINT NAME OF WITNESS
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PATIENT RELEASED IN CARE OR CUSTODY OF: ☒ SELF ☐ RELATIVE/FRIEND ☐ LAW ENFORCEMENT
INTERPRETER USED: ☐ NO ☐ YES-NAME: _____



Declination of Evaluation



Print Name **X** DAVID BOWIE

Date 10-19-2021

Event RAMS VS RAIDERS

Time 14:37

Team 106

Location 6 WEST 1ST AID

At this time, I am making the informed decision to waive my right to be evaluated by a certified medical professional. I understand that I am requesting OTC medication or medical supply at this aid station and do not wish to be considered a patient or receive any medical evaluation at this time. I understand that I can change my mind and return to be medically evaluated at any time. I will not hold any member or organization affiliated with this aid station responsible for any adverse or unwanted reactions to the OTC medication or medical supply I am requesting.

Signature of requesting individual



X David Bowie

☒ Medication(s) or ☒ Supplies requested:

ASPIRIN - 160MG X 1
1 ICE PACK

Form completed by (Print) MIKE HENDERSON

This form is to be turned in to supervision at the end of every shift.