

Game Day Procedures (Updated August 8, 2010)

Departure

All responders will meet at the corner of Meigs Ave. and Milledge Ave. and depart the assembly point 3 hours before the published kick-off time unless another time is announced. Communicators arriving late should contact the NCS when they arrive at Gate 10 near the West First Aid Room (Room 138). A runner will be sent down to provide an entry pass.

Equipment Checklist

- A. Handheld transceiver (Required)
- B. Headset (Required)
- C. Extra batteries (Required)
- D. Flashlight or headlamp (Important for night games)
- E. Sunscreen (Optional)
- F. Hat (Optional)
- G. Nitrile Gloves (In case you are asked to assist with a patient)
- H. ID badge (Red Cross, or ARES, or Call sign badges will do)
- I. Sunglasses (Optional)
- J. Orange vest (Optional)

Each amateur operator is expected to provide their own equipment. Extra batteries for your radio are of primary importance. Headsets are required due to the noise level in the stadium. Proper operating skills are essential. Do not shout into the microphone when the crowd noise is high. Keep the microphone close to your mouth and speak in a normal conversational tone. In case of an electrical failure during a night game all Communicators should carry small flashlights or head lamps.

Net Control and Operating Frequency

All Sanford Stadium amateur radio communications will be conducted on 146.550 MHz simplex unless otherwise directed by Net Control¹. The Net Control Station (NCS) will announce the beginning and the end of the net, and will call roll by Station number before the game and during or shortly after halftime, if time and conditions permit. The NCS should begin the net when the Red Cross volunteers arrive at their stations or earlier, if possible, to resolve any pre-game issues. Tactical calls will be used (station numbers) and communications will be conducted as a directed net. All communications will go through net control during the game. If a communicator needs to contact another station during the game, they must request permission from net control.

When possible the Net Control Station should be staffed by 2 amateur radio operators so that reports can be passed to other emergency response units in the Emergency Operations Center (EOC), and operators can take turns operating to provide breaks for each other. If another amateur radio operator is not available, a Red Cross volunteer should be requested to help with passing messages to the other EOC responders.

Station Inspection

Arrive early to your assigned Red Cross station and exam your response area. Communicators need to know the location and best way to get to the following:

- A. Exits (Gate Numbers)
- B. Restrooms

- C. First Aid Rooms (West, South, North, East)
- D. Elevators
- E. Stairs
- F. Ramps
- G. Nearby Red Cross First Aid Stations
- H. Water Fountains
- I. Vendor Ice Supplies

During the game you may be asked move to another station. It is important that you know the best way to get there quickly especially if it is an emergency situation that requires more communicators. If there is a large incident which triggers panic in the crowd, get to a Red Cross station or restroom as quick as possible. If you are unable to contact Net Control and need to get a message out, try the KD4QHB repeater (146.745, downshift, Tone 123.0).

Communicator Responsibilities

Amateur radio operators are at the game to provide communications support to the Red Cross volunteers we are assigned to. We are not there to provide treatment. You may be directed by the Red Cross volunteer to provide assistance outside communications. You may provide that assistance if you feel comfortable and competent. An inexpensive pair of nitrile gloves in your game pack is a good idea. Communications for Red Cross will be concerned with:

- A) Requests for supplies and equipment,
- B) Requests for EMS assistance (report location and injury)
- C) Calls from the Net Control Station to respond to an incident,
- D) Report First Aid Team responses to incidents and the nature of the injuries
- E) Calls to dispatch wheelchairs,
- F) Requests for Law Enforcement.
- G) Report any incident of significance as determined by the Red Cross team.
- H) Report when you leave your station, either accompanying your Red Cross volunteer or for other reasons. Notify net control when you report back to your station.
- I) Report when your station is overwhelmed with clients requiring care beyond the Stations capability.
- J) Request for Housekeeping (spills, blood, vomit).

Do not report treatment of simple non-threatening injuries such as blisters, cuts requiring band-aids, bee stings (unless an allergic reaction is involved). Examples of valid reportable cases are head injuries, sprains, fractures, lacerations, heat related illness/injuries, heart problems, diabetic issues, and alcohol abuse (should be reported as “E-T-O-H”, which is shorthand for ethanol) when related to a serious health issue. If you have any questions about reporting an incident ask your Red Cross Team members before contacting the NCS.

Report Procedures

The following information should be reported to the NCS as an incident unfolds: Injury, location, male or female subject, wheelchair request, and transport information. Location is extremely important and communicators should know their *EXACT* location before calling in an incident. The report should give the section number or if between sections, the section numbers. If responding into the seating area communicators should report section number, row number and if possible seat number. Gate numbers, restrooms, elevators or any other landmark should be given to the NCS to assure a proper response.

All incidents are generally treated as top priority and as quick as possible. However, when several requests are made at the same time, the NCS must make triage decisions based on

the information received from the reporting stations. The communicator for each Station is responsible for making sure that the NCS has enough information to make proper triage decisions during busy response times. Please remember that the most “serious” injuries require “immediate” attention and that triage is dynamic. If a Station needs to report an incident that is a matter of life and death or loss of limb, then the communicator should state, “**Priority One**” and give their Station number. Once a “Priority One” is reported, the NCS should state “All stations standby. Priority One in progress.” and then handle that call. All other stations should standby² unless their station also has a “Priority One” incident to report. Every effort will be made by the NCS to make sure that the “Priority One” is handled quickly and then the net returned to normal operations.

Communicators should depend on the advice of the Red Cross First Aid Team members for the information needed for these decisions, and the proper information to be communicated to the NCS.³

When answering a Yes/No question use the terms “Affirmative” or “Negative”.

Lost Child Reports

If you are asked to assist with finding or reporting a lost child:

- 1) Ask the parent to not leave the Red Cross Station
- 2) Look for a Law Enforcement Officer in your area, and assist the parent in making contact with an Officer
- 3) If no Officer is sighted in your area, then request Net Control for Law Enforcement assistance at your station
- 4) If there are no significant Red Cross incidents occurring then a description of the lost child may be reported to the Red Cross communicators to aid in the search

Lost and Found

If questioned about where to submit items to Lost and Found, there are three options:

- 1) Give the item to the UGA Police
- 2) Give the item to one of the ushers or gatekeepers wearing a CSC shirt (Contemporary Services Corporation).
- 3) Take the item to Room 232

To reclaim items lost, the person should:

- 1) Go to Room 232 or
- 2) Call the UGA Event Management Office (706) 542-7944.

Water Fountain Locations:

Section 322 in the Gate 6 area

Section 123 in the Gate 7 area

Section 610

Section 134

End of Game Procedures

Communicators should stay at their assigned station at least 30 minutes after the end of the game or when permission to stand down is given by the Red Cross.

Addendum

1. In most situations a Communicator will be requested to go with a Red Cross volunteer to escort a person to the first aid room or respond to an incident. This is important since in both cases there may be the need to request aid quickly or a need for Law Enforcement. In

some cases when the Red Cross volunteers are responding to several incidents at once and there are patients at the Station, the Communicator may be asked to man the Station. Patients can take a turn for the worst or someone may report another incident that needs to be called in.

Addendum

1. All communicators should check their radio on a regular basis to make sure that they are not accidentally transmitting. If during an event there is interference on the main net frequency (146.550 MHz), the NCS will attempt to have all stations change to another frequency. However, this can prove to be difficult and it is the responsibility of each station to switch if the main frequency is “unusable” after 1 minute. The first frequency to switch to is 147.555 MHz. If further interference occurs during the net then all communicators should try the KD4QHB repeater (146.745, downshift, Tone 123.0).

2. When Stations are asked to “Standby”, there should be no other traffic passed until the NCS has completed their task and makes the requests for more calls. Trying to communicate with the NCS during a “Priority One” when a “Standby” has been given can cause the loss of a human life. The “Standby” command means for all Stations to not communicate any further unless they are contacted by the NCS or operations are returned to normal.

3. During heavy response times it is important that communicators report to the Net Control Station “Priority One” or “Immediate” cases since these are at the highest risk. The following triage categories will not be used during regular UGA Game Procedures, but are explained below in case of a real emergency. We must be prepared for any situation. Patients who are in need of definitive medical care, but should not decompensate rapidly if the care is delayed initially, are “Priority Two” or “Delayed” patients. Examples of a “Priority Two” would include: deep lacerations with bleeding controlled and a good distal circulation, open fractures, or amputated fingers. “Minimal” or “Priority Three” patients are ambulatory patients with abrasions, contusions, minor lacerations, that have stable vital signs. These are injuries that can be treated by non-physician medical personnel.