

Eastchester (NY) Little League

Established 1954

Baseball & Softball Safety Manual for Managers and Coaches

Play Hard - Play Safe

League

Number

#2322005

2021

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EASTCHESTER LITTLE LEAGUE SAFETY PLAN

INTRODUCTION

ASAP - What is it? In 1995, ASAP (A Safety Awareness Program) was introduced with the goal of re-emphasizing the position of Safety Officer "to create awareness, through education and information, of the opportunities to provide a safer environment for kids and all participants of Little League Baseball". This manual is offered as a tool to place some important information at manager's and coach's finger tips.

MISSION STATEMENT

Eastchester Little League is a

Non-Profit Organization

Run By Volunteers

Whose Mission

Is to Provide an Opportunity

For Our Community's Children

To Learn Baseball and Softball

In A Safe and Friendly Environment

Eastchester Little League - Key Phone Numbers

Eastchester Recreation Department.	(914) 771-3313
District Safety Officer -.....	(917) 123-4567
Police - Emergency	9 - 1 - 1
Police - Eastchester Division ..	(914) 961-3464
Fire Safety - Emergency	9 - 1 - 1
Fire Safety- Emergency.....	<u>(914) 793-6402</u>

Board of Directors:

Kevin Cosgrove - President - eastchesterll@gmail.com - (914)

589.4460 Bruce Stem - Secretary/ALB - bstem27@aol.com - (914)

720-1858 Charlie Badurski -Treasurer- elltreasury@gmail.com- (914)

260.1225

Jeff Sosis – TBall – jeff.sosis@gmail.com - (914) 426.5051

Eddie Reardon – NLG - ereardon3@optonline.net - (917) 570.5969

Robert O'Hare - VP, NLB and TEB FastPitch - Robert.Ohare@verizon.net -(917) 327-

0917 Sol Dunn - Finance Committee /Scheduling - solomondunn@gmail - (914) 755-

0761 Adam Stem - VP, ALG - astern33@hotmail.com -(914) 843.4737

Peter Piergiovanni - VP, Umpire in Chief - bronxlaw@optonline.net - (718) 877-0138

Vincent Scocozza – VP, Player Agent/IO- vincent.scocozza@gmail - (914) 573.6970

Mike Vecchione -Procurement/ Events coachmv10@aol.com (914) 441.0528

Tommy McDonough - VP, Rookies Baseball - Tjmcdonough07@me.com (917)
596.9670

Martin Geagan - VP, Minors Softball - MGeagan@winston.com - (917) 282.1809

Ian Fairclough- VP, Minors Baseball, Challenger Division/Coaching Coordinator -
ijfairclough@gmail.com - (914) 497.1996

Joseph Ungaro - VP, Procurement Emeritus/Fields- joseph.ungaro@gsa.gov - (347) 865-
7370

Mario Dell'Aera- VP, Senior League- iona83@aol.com- (914) 329-4130

Anthony Annunziata A96nunz@gmail.com (914) 574.9214

RESPONSIBILITY

The President:

The President of ELL is responsible for ensuring that the policies and regulations of the ELL Safety Officer are carried out by the entire membership to the best of his abilities.

Safety Officer:

The main responsibility of the ELL Safety Officer is to develop and implement the League's safety program.

The ELL Safety Officer is the link between the Board of Directors of Eastchester Little League and its managers, coaches, umpires, team safety officer, players, spectators, and any other third parties on the complex in regard to safety matters, rules and regulations.

Managers and Coaches:

The Manager is a person appointed by the president of ELL to be responsible for the team's actions on the field, and to represent the team in communications with the umpire and the opposing team.

a) **The Manager** shall always be responsible for the team's conduct, observance of the official rules and deference to the umpires.

b) **The Manager** is also responsible for the safety of his players. Take possession of this Safety Manual and be knowledgeable and trained in CPR, use of AEDs; and contents of First-Aid Kits supplied by ELL. Only Players listed on an ELL official team roster shall practice with a team or play in games . no exceptions.

c) If a **Manager** leaves the field, that **Manager** shall designate a **Coach** as a substitute and such **Substitute Manager** shall have the duties, rights and responsibilities of the **Manager**.

Accident Reporting Procedures

What to Report - An incident that causes any player, manager, coach, umpire, or volunteer to receive medical treatment and/or first aid must be reported to the Director of Safety. This includes even passive treatments such as the evaluation and diagnosis of the extent of the injury or periods of rest.

When to Report - All such incidents described above must be reported to the Safety Officer within 24 hours of the incident along with completed forms signed and delivered to Safety Officer. The Safety Officer for 20/9 is Eddie Retmfon anti can he reached at the /i>ll owin(f:

Day Phone: (917) 123.4567

Evenings: E-

Mail:

How to make the report - reporting incidents can come in a variety of forms. Most typically, they are telephone conversations. At a minimum, the following information must be provided:

- The name and phone number of the individual involved. The date, time, and location of the incident.
- As detailed a description of the incident as possible.
- The preliminary estimation of the extent of any injuries.
- The name and phone number of the person reporting the incident.

Safety Officer's Responsibilities - Within 48 hours of receiving the incident report, the Safety Officer will contact the injured party or the party's parents and (1) verify the information received; (2) obtain any other information deemed necessary; (3) check on the status of the injured party; and (4) in the event that the injured party required other medical treatment (i.e., Emergency Room visit, doctor's visit, etc.) will advise the parent or guardian of Eastchester Little League's insurance coverage and the provisions for submitting any claims.

If the extent of the injuries are more than minor in nature, the Safety Officer shall periodically call the injured party to (1) check on the status of any injuries, and (2) to check if any other assistance is necessary in areas such as submission of insurance forms, etc. until such time as the incident is considered "close" (i.e. no further claims are expected and/or the individual is participating in the league again).

Are your “expectations reasonable and consistent?”

What do I Expect from My Players?

- To be on time for all practices and games
- To always do their best whether in the field or on the bench.
- To be cooperative at all times and share team duties.
- To respect not only others, but themselves as well.
- To be positive with teammates at all times.
- To try not to become upset at their own mistakes or those of others... we will all make our share this year and we must support one another.
- To understand that winning is only important if you can accept losing, as both are important parts of any sport.

What Can You And Your Child Expect From Me?

- To be on time for all practices and games.
- To be as fair as possible in giving playing time to all players.
- To do my best to teach the fundamentals of the game.
- To be positive and respect each child as an individual.
- To set reasonable expectations for each child and for the season.
- To teach the players the value of winning or losing.
- To be open to ideas, suggestions or help.
- To never holler at any member of my team, the opposing team or umpires. Any confrontation will be handled in a respectful, quiet and individual manner.

What Do I Expect From You as Parents and Family?

- To come out and enjoy the game. Cheer to make all players feel important.
- To allow me to coach and run the team.
- To try not to question my leadership. All players will make mistakes and so will I.
- Do not holler at me, the players or the umpires. We are all responsible for setting examples for our children. We must be the role models in society today. If we eliminate negative comments, the children will have an opportunity to play without any unnecessary pressures and will learn the value of sportsmanship.
- If you wish to question my strategies or leadership, please do not do so in front of the players or fans. My phone number will be available for you to call at any time if you have a concern.

Finally, don't expect the majority of children playing Little League baseball to have strong skills. We hear all our lives that we learn from our mistakes. Let's allow them to make their mistakes, but always be there with positive support to lift their spirits!

EQUIPMENT

The Equipment Manager is an elected ELL Board Member and is responsible for purchasing and distributing equipment to the individual teams. This equipment is checked and tested when it is issued but it is the Manager's responsibility to maintain it. Managers should inspect equipment before each game and each practice.

The ELL Equipment Manager will promptly replace damaged and ill-fitting equipment.

Furthermore, kids like to bring their own gear. This equipment can only be used if it meets the requirements as outlined in this Safety Manual and the Official Little League Rule Books Baseball/Softball.

At the end of the season, all equipment must be returned to the ELL Equipment Manager.

- Each team, at all times in the dugout, shall have protective helmets with approved face masks and chin straps which must meet NOCSAE specifications and standards. Players must wear helmets at bat, on the bases and if in the coach's box. These helmets will be provided by ELL at the beginning of the season. If players decide to use their own helmets, they must meet NOCSAE specifications and standards and must have an approved face guard with chin strap.

- Each helmet shall have an exterior warning label. **Note:** The warning label cannot be embossed inside the helmet, but must be placed on the exterior portion of the helmet and be visible and easy to read.

- The helmet shall be not be altered or "painted", (including marker or nail polish) contain decals or tape unless authorized in writing by the helmet manufacture.

- Use of a helmet with approved face guard by the batter and base runners is mandatory.

- Use of a helmet with approved face guard by a player/base coach is mandatory.

- All male players should wear athletic supporters.
- Male catchers must wear the metal, fiber or plastic type cup and a long-model chest protector.
- Under Armor-like chest protectors are encouraged and communicated to parents and players.
- Female catchers must wear long or short model chest protectors.
- All catchers must wear chest protectors, throat guard, shin guards and catcher's helmet all of which that meet Little League specifications and standards.
- All catchers must wear a mask, "dangling" type throat protector and catcher's helmet during infield/outfield practice, pitcher warm-up, and games.
Note: Skullcaps are not permitted.
- If the gripping tape on a bat becomes unraveled, the bat must not be used until it is repaired.
- Bats with dents, or that are fractured in any way, must be discarded.
- Only bats and balls that meet the requirements outlined by Little League International shall be used during practices and games.
- Mouth guards (furnished by players) should be encouraged to be worn by players at all times especially by the pitcher and infielders.
- Make sure that the equipment issued to you is appropriate for the age and size of the kids on your team. If it is not, get replacements from the Equipment Manager.

- Make sure helmets fit properly, not too tight or loose.
- Do not use questionable equipment. Have it replaced immediately by notifying the Equipment Manager.
- Make sure that players respect the equipment that is issued.
- The pitcher's glove shall comply with the Little League Rule Books for Baseball/Softball.

PITCHERS

Managers and Coaches shall be familiar with *The Little League Pitch Count Regulation Guide* for 2020 in order to protect pitchers from serious injury.

FIELD AND GAME SAFETY CHECKLIST

All umpires, managers and coaches are responsible for checking field safety conditions before each game.

Field Condition

Backstop/Fence repair
Home plate repair
Bases secure
Pitcher's Mound
Batter box level
Batter's box marked
Grass Surface
Gopher holes
Infield fence repair
Bases repair
Outfield fence repair
Foul lines marked
Sprinkler condition
Warning track
Coaches box level
Coaches box marked
Fencing needs repair

Catchers Equipment

Shin guards
Helmets
Face masks
Throat Protector
Catchers cup (boys)
Chest protector
Catcher's mitt (boys)

Safety Equipment

First-aid Kit each team
Medical Release forms
Ice for injuries
Safety Manual
Injury report forms

Players Equipment

Batting helmets with face guards
All Jewelry removed
Bats inspected
Bat racks
Shoes checked
Helmet racks
Uniforms checked (shirts tucked in)
Athletic cups (boys)
Mouth guards (optional)
Drinking water available

Spectator Areas

Bleachers need repair
Parents available for medication
No Smoking
Parking area safe
Protective screens OK
Bleachers clean

Safety First

Be Alert

Check Playing Field for Hazards

Players Must Wear Proper Equipment

Ensure Equipment is in Good Shape

Maintain Control of the Situation

Maintain Discipline

Be Organized

Know Players' Limits and Don't Exceed Them

MAKE IT FUN!

Safety First!

be ALERT

CHECK PLAYING FIELD FOR HAZARDS

**PLAYERS MUST WEAR PROPER
EQUIPMENT**

ENSURE EQUIPMENT IS IN GOOD SHAPE

MAINTAIN CONTROL OF THE SITUATION

MAINTAIN DISCIPLINE

BE ORGANIZED

**KNOW PLAYERS' LIMITS AND DON'T
EXCEED THEM**

MAKE IT FUN!

**Make sure someone at your practice or
game has a cellular phone to use
especially on those fields where no public
phone access is available!**

When treating an injury, remember:

P-r-o-t-e-c-t-i-o-n

R-e-s-t

I-c-e

C-o-m-p-r-e-s-s-i-o-n

E-l-e-v-a-t-i-o-n

S-u-p-p-o-r-t

*****Coronavirus*****

We encourage all those that are actively participating in their Little League seasons – including players, volunteers, families, and fans – to follow the best practices as outlined by the CDC, which include washing hands often with soap and water for at least 20 seconds (if soap and water are not available, use alcohol-based hand sanitizer); avoid touching your eyes, nose, and mouth with unwashed hands; and avoid close contact with people who are sick. We would also encourage you all to limit close, physical contact with others (including shaking hands)

If A Victim is Choking.....

Partial Obstruction with Good Air Exchange:

Symptoms may include forceful cough with wheezing sounds between coughs.

Treatment:

Encourage victim to cough as long as good air exchange continues. **DO NOT** interfere with attempts to expel object.

Partial or Complete Airway Obstruction in Conscious Victim

Symptoms may include: Weak cough; high-pitched crowing noises during inhalation; inability to breathe, cough or speak; gesture of clutching neck between thumb and index finger; exaggerated breathing efforts; dusky or bluish skin color.

Treatment - The Heimlich Maneuver

- Stand behind the victim.
- Reach around victim with both arms

under the victim's arms.

- Place thumb side of fist against middle of abdomen just above the navel.

Grasp fist with other hand.

- Give quick, upward thrusts.
- Repeat until object is coughed up.

Concussion Training

A concussion is a minor traumatic brain injury that may occur when the head hits an object, or a moving object strikes the head. It can affect how the brain works for a while. A concussion can lead to a bad headache, changes in alertness, or loss of consciousness.

Despite the increase in awareness, concussions are still difficult to diagnose and determine full recovery. The most common error by coaches, parents and athletes is to return to practice and competition too soon. Eastchester Little League is very much aware of the concerns surrounding concussions and highly recommends that the parent(s) and coaches of all Eastchester Little League children take the time to view the concussion awareness video at:

<http://www.cdc.gov/concussion/headsup/training/index.html>

Bleeding in General

Before initiating any First Aid to control bleeding, be sure to wear the latex gloves included in our First-Aid Kits in order to avoid contact of the victim's blood with your skin.

If a victim is bleeding,

- Act quickly. Have the victim lie down. Elevate the injured limb higher than the victim's heart unless you suspect a broken bone.
- Control Bleeding by applying direct pressure on the wound with a sterile pad or clean cloth.
- If bleeding is controlled by direct pressure, bandage firmly to protect wound. Check pulse to be sure bandage is not too tight.
- If bleeding is not controlled by use of direct pressure, apply a pressure dressing over the wound and call for emergency assistance immediately. Once a pressure bandage has been applied, do not remove the bandage to check bleeding.

Nose Bleed

To control a nosebleed, have the victim lean forward and pinch the nostrils together until bleeding stops.

Bleeding on the Inside and Outside of the Mouth

To control bleeding inside the cheek, place folded dressings inside the mouth against the wound. To control bleeding on the outside, use dressings to apply pressure directly to the wound and bandage so as not to restrict.

Heat Exhaustion

Symptoms may include: fatigue; irritability; headache; faintness; weak; rapid pulse; shallow breathing; cold; clammy skin; profuse perspiration.

Treatment:

- Instruct victim to lie down in a cool shaded area or an air-conditioned room. Elevate feet.
- Massage legs toward heart.
- Only if victim is conscious, give cool water or electrolyte solution every 15 minutes.
- Use caution when letting victim first sit up, even after feeling recovered.

Special Medication or Attention

Parents shall notify managers and coaches in writing at the first practice or team meeting that their child may require special medication (e.g. Asthma, inhaler, EpiPen,

insulin/sugar, etc.) or attention. If any such medication is required, the parent of the child shall be present to administer such. The managers or coaches shall not administer any medications. It may be required to have the parent present during all practices and games just in case medication needs to be administered.

Automated External Defibrillator (AED)

The Garth Road Concession Stand, Cooper Field shed and Leewood Field shed have an AED device available for emergencies. Chester Heights field should use the fire departments adjacent to the field. Only qualified and trained people should utilize this equipment and who are also certified in Cardiopulmonary Resuscitation (CPR).

Safety Code

Dedicated to Injury Prevention

- Responsibility for Safety procedures should be that of an adult member of Eastchester Little League.
- Arrangements should be made in advance of all games and practices for emergency medical services.
- Managers, coaches and umpires should have training in first-aid. First-aid kits are issued to each team manager and are located at the concession stand.
- No games or practices should be held when weather or field conditions are not good, particularly when lighting is inadequate.
- Play area should be inspected frequently for holes, damage, stones, glass and other foreign objects.
- All team equipment should be stored within the team dugout, or behind screens, and not within the area defined by the umpires as "in play".
- Only players, managers, coaches, and umpires are permitted on the playing field or in the dugout during games and practice sessions.
- Responsibility for keeping bats and loose equipment off the field of play should be that of a player assigned for this purpose or the team's manager and coaches.
- Procedures should be established for retrieving foul balls batted out of playing area.
- During practice and games, all players should be alert and watching the batter on each pitch.
- During warm-up drills players should be spaced so that no one is endangered by wild throws or missed catches.
- All pre-game warm-ups should be performed within the confines of the playing field and not within areas that are frequented by, and thus endanger spectators (i.e. playing catch, pepper, swinging bats, etc.)
- Equipment should be inspected regularly for the condition of the equipment as well as for the proper fit.
- Batters, base runners and player base coaches must wear Little League approved protective helmets with face masks during batting practice and games.

- Catcher must wear catcher's helmet, mask, throat guard, long model chest protector, shin guards and protective cup with athletic supporter at all times (males) for all practices and games. **NO EXCEPTIONS.** Managers should encourage all male players to wear protective cups and supporters for practices and games.
- Except when runner is returning to a base, head first slides are not permitted.
- During sliding practice, bases should not be strapped down or anchored.
- At no time should "horse play" be permitted on the playing field.
- Parents of players who wear glasses should be encouraged to provide "safety glasses".
- Player must not wear any jewelry such as; watches, rings, ear rings, pins or metallic items during games or practices.
- The Catcher must wear catcher's helmet and mask with a throat guard in warming up pitchers. This applies between innings and in the bull-pen during a game and also during practice.
- Managers and Coaches may not warm up pitchers before or during a game.
- On-deck batters are not permitted (except in Juniors Division).
- No batting weights or doughnuts of any kind are allowed at any practice and/or game.

DO...

Some Important Do's and Don'ts

- **Reassure and aid children who are injured, frightened, or lost.**
- **Provide, or assist in obtaining, medical attention for those who require it.**
- **Know your limitations.**
- **Carry your "Safety Manual" to all games and practices and check the first-aid kits to ensure they are properly stocked.**
- **Assist those who require medical attention - and when administering aid remember to...**
- **LOOK for signs of injury (Blood, Black-and-blue deformity of joint etc.)**
- **LISTEN to the injured describe what happened and what hurts if conscious. Before questioning, you may have to calm and soothe an excited child.**
- **FEEL gently and carefully the injured area for signs of swelling, or grating of broken bone.**
- **Have your players' Medical Clearance Forms with you at all games and practices.**
- **Make arrangements to have a cellular phone available when your game or practice is at a facility that does not have any public phones.**
- **Give extra attention and training to players whose physical handicap, lack of coordination or experience that might make them susceptible to injury.**
- **Consider the "heat factor" for everyone during practices and games and require a 5 to 10 minute rest every couple of innings or 30 minutes; emphasize plenty of liquids (e.g. water) to be taken.**

DON'T...

- Administer any medications.
- Provide any food or beverages (other than water).
- Hesitate in giving aid when needed.
- Be afraid to ask for help if you're not sure of the proper procedures (i.e. CPR, etc.)
- Transport injured individuals except in extreme emergencies.
- Leave an unattended child at a practice or game. Let player(s) leave with unknown people.
- Hesitate to report any present or potential safety hazard to the Safety Officer immediately.

Lightning Facts and Safety Procedures

Consider the following facts:

- **The average lightning stroke is 6 - 8 miles long.**
- **The average thunderstorm is 6 - 10 miles wide and travels at a rate of 25 miles per hour.**

Once the leading edge of a thunderstorm approaches to within 10 miles, you are at immediate risk due to the possibility of lightning strokes coming from the storm's overhanging anvil cloud (for example, the lightning that injured 13 people during a concert at RFK one summer occurred while it was sunny and dry).

On the average, thunder can only be heard over a distance of 3 - 4 miles, depending on humidity, terrain, and other factors. This means that by the time you hear the thunder, you are already in the risk area for lightning strikes.

"Flash-Bang" Method

One way of determining how close a recent lightning strike is to you is called the "flash-bang" method. With the "flash-bang" method, a person counts the number of seconds between the sight of a lightning strike and the sound of thunder that follows it.

Halt-play and evacuation should be called for when the count between the lightning flash and the sound of its thunder is 15 seconds or less.

Rule of Thumb

The ultimate truth about lightning is that it is unpredictable and cannot be prevented. Therefore, a manager, coach, or umpire who feels threatened by an approaching storm should stop play and get the kids to safety - regardless of whether or not the lightning detector goes off, or if the "flash-bang" proximity measure applies. When in doubt, the following rule of thumb should be applied:

WHEN YOU HEAR IT - CLEAR IT

WHEN YOU SEE IT - FLEE IT

Where to Go?

No place is absolutely safe from the lightning threat, but some places are safer than others. Large enclosed shelters (substantially constructed buildings) are the safest (like our snack bars and press boxes). For the majority of participants, the best area for them to seek shelter is in a fully enclosed metal vehicle with the windows rolled up. If you are stranded in an open area and cannot get to shelter in a car, put your feet together, crouch down, and put your hands over your ears (to try and prevent eardrum damage).

Where NOT to Go!!

Avoid high places and open fields, isolated trees, unprotected gazebos, rain or picnic shelters, dugouts, flagpoles, light poles, bleachers (metal or wood), metal fences, and water.

First Aid to a Lightning Victim

Typically, the lightning victim exhibits similar symptoms as that of someone suffering from a heart attack. In addition to calling 911, the rescuer should consider the following:

- The first tenet of emergency care is “make no more casualties”. If the victim is in a high risk area (open field, isolated tree, etc.) the rescuer should determine if movement from that area is necessary – lightning can and does strike the same place twice. If the rescuer is at risk, and movement of the victim is a viable option, it should be done.
- If the victim is not breathing, start mouth to mouth resuscitation. If it is decided to move the victim, give a few quick breaths prior to moving them.
- Determine if the victim has a pulse. If no pulse is detected, start cardiac compressions as well.

Note: CPR should only be administered by a person knowledgeable and trained in the technique.

In the event of lightning, practices or games must be suspended immediately and cannot resume until 30 minutes after the last time lightning was seen. It is the responsibility of the managers and coaches to strictly enforce this policy for team practices and games in which they are participating. All players should be moved to an inside building or a hard topped metal vehicle as fast as you can. Umpires are not responsible for enforcing this policy.

KEEP IT CLEAN: CONCESSION STAND TIPS

12 Steps to Safe and Sanitary Food Service Events'

The following information is intended to help you run a healthful concession stand. Following these simple guidelines will help minimize the risk of food borne illness.

- **Menu.** Keep your menu simple, and keep potentially hazardous foods (meats, eggs, dairy products, protein, salads, cut fruits and vegetables, etc.) to a minimum. Avoid using precooked foods or leftovers. Use only foods from approved sources, avoiding foods that have been prepared at home. *Complete control over food, from source to service, is the key to safe, sanitary food service.*
- **Cooking.** Use a food thermometer to check on cooking and holding temperatures of potentially hazardous foods. All potentially hazardous foods should be kept at 41° F or below (if cold) or 140° F or above (if hot). Ground beef and ground pork products should be cooked to an internal temperature of 155° F, poultry parts should be cooked to 165° F. *Most food borne illnesses from temporary events can be traced back to lapses in temperature control.*
- **Reheating.** Rapidly reheat potentially hazardous foods to 165° F. Do not attempt to heat foods in crock pots, steam tables, over sterno units or other holding devices. *Slow-cooking mechanisms may activate bacteria and never reach killing temperatures.*
- **Cooling and Cold Storage.** Foods that require refrigeration must be cooled to 41° F as quickly as possible and held at that temperature until ready to serve. To cool foods down quickly, use an ice water bath (60% ice to 40% water), stirring the product frequently, or place the food in shallow pans no more than 4 inches in depth and refrigerate. Pans should not be stored one atop the other and lids should be off or ajar until the food is completely cooled. Check the temperature periodically to see if the food is cooling properly. *Allowing hazardous foods to remain unrefrigerated for too long has been the number ONE cause of food borne illness.*
- **Hand Washing.** *Frequent and thorough hand washing remains the first line of defense in preventing food borne disease.* The use of disposal gloves can provide an additional barrier to contamination, but they are no substitute for hand washing!
- **Health and Hygiene.** Only healthy workers should prepare and serve food. Anyone who shows symptoms of disease (cramps, nausea, fever, vomiting, diarrhea, jaundice, etc.) or who has open sores or infected cuts on the hands should not be allowed in the food concession area. Workers should wear clean outer garments and should not smoke in the concession area. The use of hair restraints is recommended to prevent hair ending up in food products.
- **Food Handling.** Avoid hand contact with raw, ready-to-eat foods and food contact surfaces. Use an acceptable dispensing utensil to serve food. *Touching food with bare hands can transfer germs to food.*
- **Dishwashing.** Use disposal utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. *Ideally, dishes and utensils should be washed in a four-step process:*
 - Washing in hot soapy water;

- Rinsing in clean water;
- Chemical or heat sanitizing; and
- Air drying
- **Ice.** Ice used to cool cans/bottles should not be used in cup beverages and should be stored separately. Use a scoop to dispense ice; never use the hands. *Ice can become contaminated with bacteria and viruses and cause food borne illness.*
- **Wiping Cloths.** Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and ½ teaspoon of chlorine bleach). Change the solution every two hours. *Well sanitized work surfaces prevent cross-contamination and discourage flies.*
- **Insect Control and Waste.** Keep foods covered to protect them from insects. Store pesticides away from foods. Place garbage and paper wastes in a refuse container with a tight-fitting lid. Dispose of wastewater in an approved method (do not dump it outside). All water used should be potable water from an approved source.
- **Food Storage and Cleanliness.** Keep foods stored off the floor at least six inches. After your event is finished, clean the concession area and discard unusable food.

(Remember: Training your concession stand volunteers is one of the 12 requirements for a qualified safety plan.)