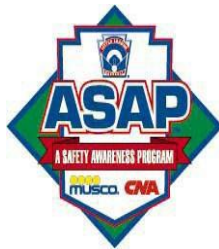




TWO RIVER
LITTLE LEAGUE

EST. 2013

2023 Safety Manual



Two River Little League
P.O. Box 474
Little Silver N.J. 07739
www.tworiverlittleleague.com

Safety Manual

I. Objective

Two River Little League (TRL) is committed to providing the safest possible experience for all of its participants. With over 1,000 children enrolled in baseball and softball divisions, TRL relies upon League Officials, volunteers and spectators to help carry out this mission. Through *Education*, *Compliance*, and timely *Reporting* of any safety concerns or issues, TRL strives to cast a “Safety Net” over its programs, activities, and facilities.

Mission: This Safety Manual is meant to focus awareness on the critical aspects of safety involved in operating our Little League Program. By raising awareness concerning the most dangerous safety situations and citing the proper procedures and rules instituted to avoid them, it is our hope that the League will complete an accident-free season.

II. Organization

1. The Two River Little League (TRL) consists of an Executive Board of 10 individual members. It is made up of 2 individuals from each of the 5 towns involved in the program. There are 2 other ex-officio members of the Board. These 5 towns are Shrewsbury, Little Silver, Rumson, Fair Haven and Red Bank.
2. The League Safety Officer is Joseph Haelig. He is also a member of the League's Board of Directors. All corrections or recommendations to improve this League Safety Program document should be forwarded to the Safety Officer.
3. All Board Members, managers, coaches, and any other persons who will be interacting with children enrolled in the TRL must complete a 2023 Little League Volunteer Application. The application must include a copy of a government issued photo identification card.
4. The TRL confirms each of its sending towns conducts background checks on all volunteer coaches, umpires, and participants as required by the policies and regulations of Little League Baseball.

Two River Little League Contact List

EMERGENCY

Police/Fire/EMT: 9-1-1

Non-Emergency Contact Numbers

Fair Haven Police.....	732-747-0991
Little Silver Police	732-747-5900
Shrewsbury Police.....	732-741-2500
Rumson Police	732-842-0500
Red Bank Police.....	732-530-2700

Board of Directors Contact Phone Numbers

Adam Loucks (Shrewsbury) — President	908-309-6796
Bill Hoy (Rumson) — Vice President & Coaching Coordinator	215-518-3939
Damon Zappacosta (Little Silver) — Secretary	484-431-8042
Brad Weisgerber (Fair Haven) — Treasurer	917-280-6507
Greg Shields (Little Silver) — Player Agent	732-673-4791
Mike Lepore (Shrewsbury) — League Information Officer & Uniform Coordinator	917-972-2234
Joseph Haelig (Red Bank) — Safety Officer	732-996-4600
Adam Cohen (Red Bank) — All Star Experience	917-797-2340
Matt Romanczuk (Rumson) — Game Reporter & Umpire Coordinator	646-954-0564
Carlye Laido (Little Silver) — Little Silver Recreation Director	732-842-2400
Oscar Salinas (Red Bank) — Red Bank Recreation Director	732-530-2770 ext. 221
Charlie Hoffmann (Rumson) — Rumson Recreation Director	609-439-6745
Mike Bonnano (Fair Haven) — League Advancement & Events	201-741-5231

Safety Manual

III. Training

1. Anyone who assists during practices or games as a coach or manager in the TRLL must have attended the Rutgers S.A.F.E.T.Y. Clinic. The Rutgers S.A.F.E.T.Y. Clinic satisfies the ASAP requirement for “first aid training” and meets the stipulations of the New Jersey State “Little League Law” (2A:62A-6) which provides partial civil immunity protection to volunteer coaches who have attended a “safety orientation and training skills program.”
2. Anyone who has previously attended the Rutgers S.A.F.E.T.Y. Clinic and lost their card may contact the Youth Sports Research Council for a replacement by calling (732) 932-7178, or by following the directions on their website youthsports.rutgers.edu. The YSRC website also has a list of upcoming Clinics throughout New Jersey, which any volunteer coach can attend.
3. The TRLL ASAP plan will be emailed to all Board Members, volunteer managers, coaches and volunteers who request a copy and provide a valid e-mail address. It will be posted on the league website, www.tworiverlittleleague.com. Further, it will be submitted to LLI in accordance with posted expectations along with a “qualified safety plan registration form.”
4. The 2023 annual managers & coaches' meeting is tentatively scheduled for **7:30pm on Tuesday, March 22, 2023. The 2023 coaches meeting will be held at the Fair Haven Columbus Club, 200 Fair Haven Rd., Fair Haven, NJ 07704.**
 - All managers and coaches are required to attend the meeting and receive training in League operations, procedures and requirements as well as baseball “fundamentals” (e.g., hitting, sliding, fielding, and pitching) and First Aid.
 - Special safety issues will also be discussed, including COVID-19 protocols.
 - Managers & coaches will be asked to fill in a (returning) LLI volunteer application at the meeting (both versions appear later in this manual)
5. Prior to the start of the season, the TRLL will host a training and safety orientation program for umpires that covers:
 - Legal and ethical responsibilities of the official.
 - Safety issues under the control of the official.
 - Mechanics of officiating.
 - Plans and procedures for medical emergencies.

Safety Manual

IV. Baseball Operations & Activities

1. All Little League Baseball & Safety rules, as well as special local rules implemented to facilitate game play, safety and learning, are in effect for all TRLL activities (games and practices). Managers and coaches must adhere to these rules in all situations.
2. Managers are encouraged to host a preseason orientation meeting with their team and parents.
3. Managers should have immediate access to a cellular telephone and must have ice packs and a first-aid kit during all practices and games in case of emergency.
4. Player Equipment Requirements. All Players must:
 - Wear the uniform correctly - hat forward and shirt tucked.
 - Shoes with cleats (metal cleats for Senior Division Baseball only).
 - Wear a batting helmet when at-bat; face guards on helmets are encouraged.
 - Mouthpieces, especially for infielders, are encouraged.
 - Heart Guards are encouraged for all players.
5. Pre-game warm-ups:
 - Ensure that warm-up throws do not endanger spectators.
 - Do not conduct soft toss drills against playing field or batting cage fences.
6. On-deck hitters and bat retrieval:
 - On-deck hitters are only permitted in the Senior Divisions.
 - Batting donuts are not permitted.
 - Managers should teach their players not to swing bats, unless they are up at bat, and discuss the proper procedure for retrieving an errant bat.

For example: Youngsters should wait until “time-is-out” is called before attempting to retrieve the previous batters bat. Thereafter, they should hand the bat to the next batter, who will return it to the bat rack in the dugout. Players should be reminded not to throw bats, either, when batting, or between at-bats, simply to “move the game along”.

7. Catching Requirements:
 - All catchers must wear a catcher’s helmet, use a catcher’s mitt (catchers are not allowed to use a fielding glove while catching), throat guard, long model chest protector (short models are acceptable for the Senior division only), shin guards and protective cup (males) at all times during practices and games, including while warming up a pitcher on the field or in the bullpen.

Note: Throat guards must be worn with every type of catcher’s mask or hockey style helmet.

8. When operating outside Two River Little League pitch count restrictions (specifically the TRLL three inning cap), managers are responsible for communicating after every half inning to verify the number of pitches thrown by each pitcher.
 - During the game, the umpire should monitor the pitch count and submit the affidavit, along with the final score, to the umpire-in-chief for proper recording.

Safety Manual

- Managers are also responsible for conducting a pre-game pitcher eligibility meeting and completing the post-game Pitch Count Log for all pitchers used during the game.
9. Spectator Guidelines:
- Spectators are expected to exhibit positive good sportsmanship characteristics as a model for the players at all times.
 - Spectators and siblings are not permitted in dugouts or seated in areas where they may be struck by a wild throw, such as next to the bullpen.
 - Spectators are not permitted to engage in any on-field play, *including warming up a player between innings*.
 - During games, children should not be permitted to play “wall ball” (i.e., throw tennis balls, etc. against dugouts). Errant throws may end up on the field causing a player to become distracted and potentially injured.
10. In accordance with N.J.S.A. 5:18-1, “any child who wears corrective eyeglasses while participating [in baseball], shall be required to wear protective eyewear that meets the frames standards of the American Society for Testing and Materials (ASTM) F803 and lens standards of the American National Standards Institute (ANSI) Z87.1.

Safety Manual

V. Facilities

1. Weather Rules:
 - No games or practices should be held when weather conditions are oppressive, or field conditions are inadequate.
 - Two River Little League will do its best to notify its community of any weather-based cancellations but cannot guarantee that it will be able to do so before families arrive at the field of play.
 - Please respect the posted signs noting when fields are closed.
 - In the case of lightning, or thunder, games will be halted, and all players removed from the playing field until 30 minutes after the last thunder was heard.
 - **Two quick & easy ways to tell if a field is unplayable: 1) 5% or more is covered by standing water or 2) shoes leave an impression on the field with every step.**
2. Prior to the start of games:
 - The field should be walked by the managers and umpires to ensure that there are no hazards in the playing area.
 - Proper foul ball return procedures should be discussed at each field. Spectators should not throw foul balls into the playing area, but, rather, hand them to a base coach or manager when play has been halted by the umpire.
3. All vehicles should be parked in marked stalls and drivers should follow all posted speed limits.
4. Children should be escorted from the parking lot facilities to the fields.
5. The Safety Officer will complete the annual LLI Facility Survey in accordance with expected timelines.

VI. Equipment

1. Managers should inspect equipment prior to its use and secure any defective items. Thereafter, they should plan with their respective Recreation Department/Commission/Committee to make any repairs or to exchange the equipment.
2. Managers must have ice packs and a first aid kit at all games and practices.
3. Any bats manufactured prior to 2017 are not allowed. Only bats following the revised 2019 Little League bat standard, and including an embedded “USA Baseball” decal, are allowed to be used. BBCOR -3 bats are allowed in the Junior Division. One-piece wooden bats are allowed at all levels. USSSA bats are not allowed at any Little League level.

VII. Suspicious Activity

1. Anyone noticing a suspicious person or vehicle at any park or playing facility should contact the local police or call 9-1-1.

Safety Manual

VIII. Procedure for Reporting Accidents

1. When an accident happens:
 - Administer prompt and proper first aid
 - Call local first aid squad (if necessary)
 - Telephone parents of player, if not present
 - Notify the League Safety Officer
 - Speak with coaches, umpires, and other witnesses as to how the injury occurred
2. What to report:
 - Any incident that causes a player, manager, coach, umpire or volunteer to receive medical treatment and/or first aid.
3. How to file the report:
 - **Email safety@tworiverlittleleague.com** and provide the following:
 - Name and phone number of individual involved
 - Time, date, and location of accident
 - Detailed description of accident and contributing factors
 - Description of the extent of the injuries, to the best of your ability
 - Name and phone number of individual reporting the incident
4. Who Reports:
 - Reporting Chains:
 - Manager/Coaches at the scene to the League Safety Officer
 - League Safety Officer to the League President
 - A complete incident report must be provided to the League Safety Officer
5. To Whom:
 - Within 24-48 hours, notify the TRLL Safety Staff:
Safety Officer: Joseph Haelig 732-996-4600 safety@tworiverlittleleague.com
The Safety Officer is on file with Little League International
6. The League Safety Officer will:
 - Contact the injured party or their parents (in the case of a minor) and verify the information on the Incident Report.
 - Obtain any other needed information.
 - Check on the health status of the injured individual.
 - Advise the parent of the League's insurance coverage and the procedure for submitting a claim.
 - Instruct the parent to obtain written medical clearance from a qualified physician, in order for the child to resume participating in any practice or game.
 - Notify the President of the TRLL about the incident.
 - Notify the Recreation Department in the town where the incident occurred.
 - Provide LLI insurance documents as necessary (they appear later in this manual).

THE RUTGERS S.A.F.E.T.Y. CLINIC

Sports Awareness For Educating Today's Youth™

The Rutgers S.A.F.E.T.Y. Clinic satisfies the ASAP requirement for “first aid training” and meets the stipulations of the New Jersey State “Little League Law” (2A:62A-6) which provides partial civil immunity protection to volunteer coaches who have attended a “safety orientation and training skills program.” Anyone who assists during practices or games as a coach or manager in TRLL must have attended the Rutgers S.A.F.E.T.Y. Clinic.

The Rutgers S.A.F.E.T.Y. Clinic is based upon the *Minimum Standards for Volunteer Coaches Safety Orientation and Training Skills Programs* (N.J.A.C. 5:52) and has been tested in court as having met the standards.

Volunteer coaches who attend this program receive:

- 1) Way to Go, Coach! Textbook
- 2) *The Coaches Reference Manual* (3rd edition)
- 3) Certification card acknowledging attendance
- 4) Permanent registration with the Rutgers YSRC

IX. Concession Stand Safety

Because of the way it is configured, Two River Little League does not own or operate any concession stands of its own, nor does it engage in any routine discussion about the operation of its sending towns' recreation facilities beyond the use and safety of the playing fields. However, Little League ASAP program requirement #9 indicates TRLL's expectation that our sending towns use the following concession stand safety rules:

No person under the age of 16 will be allowed behind the counter during regular operating hours.

- All concession volunteers are required to complete a Little League Volunteer Application and can only work after an acceptable LexisNexis background check has been performed.
- Persons working in the concession stand will be trained by the Concession Stand Manager(s) on the following:
 - Safe use of equipment.
 - Food handling & temperature regulations (see attachments).
 - Proper hand washing techniques (see attachments).
 - Proper cleaning of machinery, including but not limited to, hot dog rollers, coffee pots, popcorn machine, pizza oven, and barbeque grill.
- Equipment will be inspected periodically and repaired or replaced as needed.
- Hot dog roller machine, coffee pot burners, popcorn machine, pizza oven and barbeque grill will be turned off at the end of each night.
- Cleaning materials and chemicals will be stored properly away from food products.
- Ice packs and first aid kits will be maintained within the concession stand for use in the case of medical emergencies.
- Concession stand main door entrance will not be locked or blocked while people are inside.
- A certified Fire Extinguisher must be placed in plain sight at all times. All concession stand workers are to be instructed on the use of fire extinguishers.
- Menu – the menu shall be posted and approved by the safety officer and concession director.

In addition to the general Concession Stand safety rules, the following food and health safety rules shall be enforced:

- All foods shall be cooked and tested to verify that they are cooked.
 - All refrigerators shall be maintained at 41° F or below.
 - Warm foods shall be heated to at least 165° F & kept at a temperature greater than 135° F pursuant to the New Jersey State Sanitary Code.
- All workers shall frequently wash their hands thoroughly. Disposable gloves shall be used when handling ready to eat food.
- Only healthy workers shall prepare and serve food. Anyone with symptoms of illness will not work in the concession stand. Workers shall wear clean outer garments.

Safety Manual

- All utensils that must be cleaned shall be washed in hot soapy water, rinsed in clean water, sanitized (1 gallon of water with 1/2 teaspoon of chlorine bleach) and air-dried. All wiping clothes shall be stored in sanitizing water (1 gallon of water with 1/2 teaspoon of chlorine bleach).
- Garbage and wastes shall be stored in proper containers.
- All foods shall be stored off the floor.
- The concession stand shall be cleaned after every use.

See further information in Little League's "Concession Stand Tips" below

X. Coach & Player Registration

League Player Registration Data or Player Roster Data, which also includes Coach and Manager Data, must be submitted separately through the Little League Baseball® Data Center on or before April 1, 2023 to meet requirement 15 of ASAP. This ASAP requirement is an effort to provide coaches with important Little League information and initiatives prior to and during the current playing season.

Regulation IV(g): Player, manager and coach data must be supplied to Little League International annually. Leagues may submit information from registration by April 1, 2023. It is highly recommended that data be supplied electronically in approved formats to Little League International via the Little League Data Center. Lookfor related information online at LittleLeague.org/Data Center.

Two River Little League is provided all necessary data by its sending towns and assures it is in an approved, uniform format. This information is submitted to Little League International via the Little League Data Center by a TRLL League Director on or before April 1st of each year.

*Safety
Manual*

2023 COVID-19

Safety Officer Joseph Haelig
Safety@TwoRiverLittleLeague.Com
732-996-4600



Public Health Recommendations for Youth Sports

September 20, 2021

Overview

Playing sports has a range of physical, emotional, and interpersonal benefits. Due to increased exhalation that occurs during physical activity, however, some sports can put players, coaches, trainers, and others at increased risk for getting and spreading COVID-19. Close contact sports and indoor sports are particularly risky. Sports activities often require people to be together for extended periods of time while participating in games or practices, socializing before and after games, and when traveling to and from events. Several outbreaks of COVID-19 associated with youth sports were reported in 2020-2021. This document provides public health recommendations for minimizing COVID-19 transmission in youth sports settings.

Sports activities conducted during school hours and/or in the indoor premises of school premises, including those conducted as part of physical education classes, must continue to follow the masking requirements outlined in Executive Order No. 251. Those requirements are not impacted by these recommendations. Additionally, schools should continue to follow guidance in [The Road Forward: Health and Safety Guidance for the 2021-2022 School Year](#) for instructional activities, including physical education classes. Additional guidance is available in the [NJDOH Public Health Recommendations for Local Health Departments and K-12 Schools](#).

Prevention Plan

Youth sports organizers/coaches should create an updated written plan that outlines the COVID-19 prevention steps, policies, and procedures that will be followed. Organizers/coaches should educate all staff, athletes, and parents on the plan. Plans should, at minimum, address the following: protocols for when a player/coach/other team member presents with symptoms of COVID-19, protocols for when prevention measures are challenged by players or parents/guardians/visitors, quarantine periods, and coordination with public health authorities on investigation and contact tracing. Youth sports organizers may want to post signage with COVID-19 recommendations at sporting events as a reminder for athletes, staff, and parents.

COVID-19 Prevention Measures

Vaccination

COVID-19 vaccines are safe and highly effective at preventing COVID-19 illness, including severe complications and hospitalization. They are one of the most important tools to ending the COVID-19 pandemic and are free for persons who live, work, or study in New Jersey. Being fully vaccinated¹ provides the highest level of protection against the virus that causes COVID-19 and can minimize disruptions in the sports season resulting from illness and quarantine.

Youth sports organizers should be aware of staff and athlete's vaccination status to assist public health authorities with contact tracing and to minimize unnecessary exclusions if someone on the team tests positive for COVID-19. If all athletes and staff are not fully vaccinated, layering additional preventive measures, such as masking and physical distancing, is even more important to protect those who are not fully vaccinated.

Physical Distancing

Youth sports organizers/coaches should encourage physical distancing of players when not actively engaged in practices and games, particularly when individuals are in an indoor setting where not everyone is fully vaccinated. When possible, cohort coaches, players, volunteers and others to avoid mixing between groups and consider staggering practice schedules to limit contact between players and/or groups. Consider physical distancing around entrances, exits, and other high-traffic areas and limiting shared carpools or van pools for unvaccinated athletes. Coaches should encourage unvaccinated individuals to continue to maintain physical distance (and mask) before and after practices/games as well.

Masking

Wearing masks is an important prevention strategy to help slow the spread of COVID-19 and is particularly important when not everyone is fully vaccinated, when indoors, and when physical distancing cannot be maintained.

¹ People are considered fully vaccinated 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or 2 weeks after a single-dose vaccine, such as Johnson & Johnson's Janssen vaccine

Unvaccinated Individuals

- Indoors: Unvaccinated individuals are recommended to wear a mask in indoor settings when not actively engaged in a practice or game. This includes sitting on the bench, standing on the sideline/in a huddle, gathering/setting up sporting equipment, or spectating.
- Outdoors: Masks are generally not necessary but are encouraged when there is high level of [COVID-19 transmission](#) and when close contact with other unvaccinated individuals cannot be avoided.

Fully Vaccinated Individuals

- Indoors: It is recommended that fully vaccinated individuals wear a mask in public indoor settings in areas of high [COVID-19 transmission](#) or where there is increased risk. This includes crowded settings, close contact with others who may not be vaccinated or whose vaccine status is unknown, and if the individual or household member is immunocompromised or at increased risk for severe disease.
- Outdoors: Masking is not generally recommended for fully vaccinated individuals. Fully vaccinated people might choose to wear a mask in crowded outdoor settings if they or someone in their household is immunocompromised, at increased risk of severe disease, or not fully vaccinated.

Symptom screening

Athletes, coaches, staff, and others should be encouraged to stay home if ill with COVID-19 symptoms (or if they are unvaccinated and live with someone who has COVID-19). Screening for fever and symptoms via temperature check and/or questionnaire should be done at the beginning of each session. Anyone with a fever or any symptoms of COVID-19 should not participate in activities and should separate from others and either go home or seek medical care if needed. If any individual develops symptoms of COVID-19 during an activity, they should promptly inform organizers and must leave the facility/field. A plan for safely transporting ill persons home or for medical care should be in place. Common [symptoms of COVID-19](#) include fever, cough, and tiredness. Other symptoms include loss of taste or smell, aches and pains, headache, sore throat, nasal congestion, red eyes, nausea, vomiting, or diarrhea.

Contact tracing

Coaches should know how to contact their [local health department](#) to notify them of persons who test positive and to assist with identifying others who may have been exposed to the ill team member. A team representative should be designated who will be responsible for contacting and coordinating with the local health departments should a COVID-19-positive individual be identified or in the event contact tracing is needed. This representative should be prepared to share the team roster containing contact information of parents/guardians to aid in public health investigation.

Hand Hygiene/Personal Hygiene

Youth sport organizers/coaches should encourage regular handwashing (soap and water or hand sanitizer with at least 60% alcohol), upon arrival and departure from the sports event, at minimum. Restrict spitting, handshakes, high-fives, team huddles, and other close-contact activities. Advise athletes to bring their own water and drinks and limit the use of team water coolers.

Cleaning and Disinfection

Encourage players to use their own equipment to the extent possible. Sanitize shared/team equipment (balls, bats, etc.) and ensure sufficient disinfecting wipes or similar products are available. Ensure routine and frequent cleaning and disinfecting with an [EPA-registered disinfectant](#), particularly of high-touch surfaces in accordance with CDC recommendations.

Indoor Air Flow

Youth sports organizers should work with facility management staff to keep doors and windows open where possible and utilize fans to improve ventilation. Facility managers should refer to [NJDOH guidance on improving ventilation and indoor air quality](#).

Testing & Exclusion

Testing is an important tool to identify persons with COVID-19, even if they have no symptoms, which can prevent further transmission and outbreaks. Where feasible, prevention plans should include options for testing². Persons who test positive for COVID-19 should not participate in youth sports activities until they meet the criteria for discontinuing isolation or quarantine.

Persons who are ill: Anyone experiencing fever or other symptoms of COVID-19 should be tested for COVID-19 and be referred to medical care if needed. Persons who test positive (or who don't get tested) should not return to sports until at least 10 days have passed since symptom onset and at least 24 hours have passed since resolution of fever without the use of fever-reducing medications and other symptoms have improved.

Persons who had close contact with someone who has COVID-19: Persons who had close contact (within 6 feet for >15 minutes in a 24-hour period) should be tested for COVID-19.

- Unvaccinated individuals should be tested as soon as possible and if negative, again 5-7 days after the last exposure. When [COVID-19 activity](#) is "High," persons who test negative (or if they weren't tested) should stay home and quarantine for 14 days. If COVID-19 activity is not "High," they should quarantine for 10 days if they aren't tested or 7 days if they test negative between 5-7 days after exposure³. If they test positive for COVID-19, they should follow timeframes for "persons who are ill."
- Fully vaccinated individuals should be tested 3-5 days after exposure, but as long as they remain asymptomatic, can continue participation in youth sports.

Routine screening testing: Consider regular screening testing for unvaccinated team members where feasible to identify unknown cases so that measures can be taken to prevent further transmission. Fully vaccinated individuals don't need to participate in routine screening programs. Refer to [NJDOH Recommendations for Screening Testing in Schools](#) for additional information and screening testing strategies. Youth sports organizers should consult with their local health department if developing a screening testing program. If screening testing is implemented, all test results must be reported to public health authorities and the confidentiality of testing results must be ensured. When developing a screening testing program, the [COVID-19 activity](#) level and the risk level of the sporting activity should be considered.

² Persons who recently recovered from COVID-19 (in the past 3 months) aren't recommended to be re-tested because they may continue to test positive but no longer be contagious.

³ Refer to [NJDOH Minimum Quarantine Timeframes](#) for additional information.

Risk Level of Sport Activity	Examples
High risk - Sports that involve close, sustained contact between participants.	Rugby, boxing, judo, karate, taekwondo, wrestling, pair figure skating, football, group dance, group cheer.
Medium Risk - Sports that involve some close, sustained contact, but with protective equipment in place between participants OR intermittent close contact OR group sports OR sports that use equipment that cannot be cleaned between participants.	Lacrosse, hockey, multi-person rowing, multi-person kayaking, multi-person canoeing, water polo, swimming relays, fencing, cycling in a group, running in a close group, group sailing, volleyball, soccer, basketball, baseball/softball, short track.
Low Risk - Sports that can be done individually, do not involve person-to-person contact, and do not routinely entail individuals interacting within six feet of one another.	Archery, badminton, shooting/clay target, individual running events, individual cycling events, individual swimming, individual rowing, individual diving, equestrian jumping or dressage, golf, individual sailing, weightlifting, skiing, snowboarding, tennis, individual dance, pole vault, high jump, long jump, marathon, triathlon, cross country, track and field.

Travel

Sports teams should follow [travel recommendations](#) set by the Centers for Disease Control and Prevention (CDC), including those related to testing, quarantine, vaccination, and masking.

Resources

- COVID-19 Activity Level Reports: <https://www.state.nj.us/health/cd/statistics/covid/>
- NJDOH Recommendations for Screening Testing in Schools: https://www.nj.gov/health/cd/documents/topics/NCOV/K-12_screening_testing_guidelines.pdf
- NJDOH Minimum Quarantine Timeframes: https://www.state.nj.us/health/cd/documents/topics/NCOV/COVID_updated_quarantine_timeframes.pdf
- NJDOH guidance on improving ventilation and indoor air quality: <https://www.state.nj.us/health/ceohs/>
- COVID-19 Testing sites: <https://covid19.nj.gov/pages/testing>
- COVID-19 Vaccination sites: <https://covid19.nj.gov/pages/vaccine>
- NJDOH COVID-19 Education Materials (General): https://www.state.nj.us/health/cd/topics/covid2019_community.shtml
- NJDOH COVID-19 Vaccine Education Materials: https://www.state.nj.us/health/cd/topics/covid2019_vaccination.shtml



2023 COVID-19 CHECKLIST

Athlete's Name :

Coach's Name:_____

Team:_____

Date:_____

Does the athlete, or coach, show any signs of the following:

- | | | |
|---|------------------------------|-----------------------------|
| ● Have you received a positive test result from a Covid-19 test within the past 14 days? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ● In the past 14 days, have you been in close contact with anyone that has or had symptoms of Covid-19 that required you to quarantine? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ● Are you or any member of your family currently in quarantine from school or work? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ● Have you experienced either a fever, cough, shortness of breath, difficulty breathing, a new loss of smell, new loss of taste or some combination of chills, shivers, muscle aches, headache, sore throat, nausea/vomiting, diarrhea, fatigue, congestion and/or runny nose in the past 24 hours? | | |
| ● Have you traveled anywhere beyond New York, Connecticut, Pennsylvania, and Delaware for more than 24 hours in the past week? | | |



PLAYER CONSENT FORM

Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious. As a result, federal, state, local governments and federal and state health agencies recommend social distancing and have in many locations limited the congregation of groups of people.

Two River Little League has put in place preventative measures to reduce the spread of COVID-19; however, we cannot guarantee that you or your child(ren) will not be exposed to COVID-19. Further, attending Two River Little League practices, games, activities, or events could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, the undersigned acknowledges the contagious nature of COVID-19 and voluntarily assumes the risk that my child(ren) and I may be exposed to COVID-19 by attending practices, games, activities, or events. I understand that the risk of becoming exposed to COVID-19 at Two River Little League games, or events, may result from the actions, omissions, or negligence of myself and others, including, but not limited to, players, coaches, parents, and other attendees.

The undersigned hereby unconditionally and irrevocably releases, waives, and discharges the Two River Little League and its officers, directors, officials, volunteers, lessors, sponsors, and representatives from and for any liability, loss or damage resulting from a COVID-19 related illness or injury that may have resulted from participation in a Two River Little League practice, game, activity, or event, whether the result of negligence of a release or otherwise, to the fullest extent permitted by law.

The undersigned has read this COVID-19 Assumption of Risk and Waiver not to sue, fully understands its terms, understands that substantial rights are being given up by acknowledging it, and is doing so freely and voluntarily without any inducement. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Two River Little League, its players, coaches, parents, and other attendees, whether a COVID-19 infection occurs before, during, or after participation in any practice, game, activity, or event.

Signature of Parent/Guardian _____

Print Name of Player _____

Print Name of Parent/Guardian _____ Date _____

Phone _____ Email _____



Little League® Baseball and Softball M E D I C A L R E L E A S E



NOTE: To be carried by any Regular Season or Tournament
Team Manager together with team roster or International Tournament affidavit.

Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent (s)/Guardian Name: _____ Relationship: _____

Parent (s)/Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION:

Email: _____

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified
Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

If parent(s)/legal guardian cannot be reached in case of emergency, contact:

Name	Phone	Relationship to Player
------	-------	------------------------

Name	Phone	Relationship to Player
------	-------	------------------------

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter
treatment.

Mr./Mrs./Ms. _____

Authorized Parent/Guardian Signature

Date: _____

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.
Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.



LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

Send Completed Form To:

Little League® International
539 US Route 15 Hwy, PO Box 3485
Williamsport PA 17701-0485

Accident Claim Contact Numbers:
Phone: 570-327-1674

Accident & Health (U.S.)

1. This form must be completed by parents (if claimant is under 19 years of age) and a league official and forwarded to Little League Headquarters within 20 days after the accident. A photocopy of this form should be made and kept by the claimant/parent. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to claim for benefits are to be provided within 90 days after the accident date. In no event shall such proof be furnished later than 12 months from the date the medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. **Limited** deferred medical/dental benefits may be available for necessary treatment incurred after 52 weeks. Refer to insurance brochure provided to the league president, or contact Little League Headquarters within the year of injury.
6. Accident Claim Form must be fully completed - including Social Security Number (SSN) - for processing.

League Name

League I.D.

Name of Injured Person/Claimant		SSN	Date of Birth (MM/DD/YY)		Age	Sex
						<input type="checkbox"/> Female <input type="checkbox"/> Male
Name of Parent/Guardian, if Claimant is a Minor			Home Phone (Inc. Area Code)		Bus. Phone (Inc. Area Code)	
			() ()		() ()	
Address of Claimant			Address of Parent/Guardian, if different			

The Little League Master Accident Policy provides benefits in **excess** of benefits from other insurance programs subject to a \$50 deductible per injury. "Other insurance programs" include family's personal insurance, student insurance through a school or insurance through an employer for employees and family members. Please CHECK the appropriate boxes below. If YES, follow instruction 3 above.

Does the insured Person/Parent/Guardian have any insurance through:

Employer Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dental Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Accident

Time of Accident

Type of Injury

☐ AM ☐ PM

Describe exactly how accident happened, including playing position at the time of accident:

Check all applicable responses in **each** column:

- | | | | | |
|---|---|---|---|--|
| <input type="checkbox"/> BASEBALL | <input type="checkbox"/> CHALLENGER (4-18) | <input type="checkbox"/> PLAYER | <input type="checkbox"/> TRYOUTS | <input type="checkbox"/> SPECIAL EVENT |
| <input type="checkbox"/> SOFTBALL | <input type="checkbox"/> T-BALL (4-7) | <input type="checkbox"/> MANAGER, COACH | <input type="checkbox"/> PRACTICE | (NOT GAMES) |
| <input type="checkbox"/> CHALLENGER | <input type="checkbox"/> MINOR (6-12) | <input type="checkbox"/> VOLUNTEER UMPIRE | <input type="checkbox"/> SCHEDULED GAME | <input type="checkbox"/> SPECIAL GAME(S) |
| <input type="checkbox"/> TAD (2ND SEASON) | <input type="checkbox"/> LITTLE LEAGUE (9-12) | <input type="checkbox"/> PLAYER AGENT | <input type="checkbox"/> TRAVEL TO | (Submit a copy of your approval from Little League Incorporated) |
| | <input type="checkbox"/> INTERMEDIATE (50/70) (11-13) | <input type="checkbox"/> OFFICIAL SCOREKEEPER | <input type="checkbox"/> TRAVEL FROM | |
| | <input type="checkbox"/> JUNIOR (12-14) | <input type="checkbox"/> SAFETY OFFICER | <input type="checkbox"/> TOURNAMENT | |
| | <input type="checkbox"/> SENIOR (13-16) | <input type="checkbox"/> VOLUNTEER WORKER | <input type="checkbox"/> OTHER (Describe) | |

I hereby certify that I have read the answers to all parts of this form and to the best of my knowledge and belief the information contained is complete and correct as herein given.

I understand that it is a crime for any person to intentionally attempt to defraud or knowingly facilitate a fraud against an insurer by submitting an application or filing a claim containing a false or deceptive statement(s). See Remarks section on reverse side of form.

I hereby authorize any physician, hospital or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, or our health, to disclose, whenever requested to do so by Little League and/or National Union Fire Insurance Company of Pittsburgh, Pa. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Date

Claimant/Parent/Guardian Signature

(In a two parent household, both parents must sign this form.)

For Residents of California:

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of New York:

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

For Residents of Pennsylvania:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Residents of All Other States:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)

Name of League	Name of Injured Person/Claimant	League I.D. Number
Name of League Official		Position in League
Address of League Official		Telephone Numbers (Inc. Area Codes) Residence: () Business: () Fax: ()

Were you a witness to the accident? ☐ Yes ☐ No
Provide names and addresses of any known witnesses to the reported accident.

Check the boxes for all appropriate items below. At least one item in each column must be selected.

POSITION WHEN INJURED	INJURY	PART OF BODY	CAUSE OF INJURY
<input type="checkbox"/> 01 1ST	<input type="checkbox"/> 01 ABRASION	<input type="checkbox"/> 01 ABDOMEN	<input type="checkbox"/> 01 BATTED BALL
<input type="checkbox"/> 02 2ND	<input type="checkbox"/> 02 BITES	<input type="checkbox"/> 02 ANKLE	<input type="checkbox"/> 02 BATTING
<input type="checkbox"/> 03 3RD	<input type="checkbox"/> 03 CONCUSSION	<input type="checkbox"/> 03 ARM	<input type="checkbox"/> 03 CATCHING
<input type="checkbox"/> 04 BATTER	<input type="checkbox"/> 04 CONTUSION	<input type="checkbox"/> 04 BACK	<input type="checkbox"/> 04 COLLIDING
<input type="checkbox"/> 05 BENCH	<input type="checkbox"/> 05 DENTAL	<input type="checkbox"/> 05 CHEST	<input type="checkbox"/> 05 COLLIDING WITH FENCE
<input type="checkbox"/> 06 BULLPEN	<input type="checkbox"/> 06 DISLOCATION	<input type="checkbox"/> 06 EAR	<input type="checkbox"/> 06 FALLING
<input type="checkbox"/> 07 CATCHER	<input type="checkbox"/> 07 DISMEMBERMENT	<input type="checkbox"/> 07 ELBOW	<input type="checkbox"/> 07 HIT BY BAT
<input type="checkbox"/> 08 COACH	<input type="checkbox"/> 08 EPIPHYSES	<input type="checkbox"/> 08 EYE	<input type="checkbox"/> 08 HORSEPLAY
<input type="checkbox"/> 09 COACHING BOX	<input type="checkbox"/> 09 FATALITY	<input type="checkbox"/> 09 FACE	<input type="checkbox"/> 09 PITCHED BALL
<input type="checkbox"/> 10 DUGOUT	<input type="checkbox"/> 10 FRACTURE	<input type="checkbox"/> 10 FATALITY	<input type="checkbox"/> 10 RUNNING
<input type="checkbox"/> 11 MANAGER	<input type="checkbox"/> 11 HEMATOMA	<input type="checkbox"/> 11 FOOT	<input type="checkbox"/> 11 SHARP OBJECT
<input type="checkbox"/> 12 ON DECK	<input type="checkbox"/> 12 HEMORRHAGE	<input type="checkbox"/> 12 HAND	<input type="checkbox"/> 12 SLIDING
<input type="checkbox"/> 13 OUTFIELD	<input type="checkbox"/> 13 LACERATION	<input type="checkbox"/> 13 HEAD	<input type="checkbox"/> 13 TAGGING
<input type="checkbox"/> 14 PITCHER	<input type="checkbox"/> 14 PUNCTURE	<input type="checkbox"/> 14 HIP	<input type="checkbox"/> 14 THROWING
<input type="checkbox"/> 15 RUNNER	<input type="checkbox"/> 15 RUPTURE	<input type="checkbox"/> 15 KNEE	<input type="checkbox"/> 15 THROWN BALL
<input type="checkbox"/> 16 SCOREKEEPER	<input type="checkbox"/> 16 SPRAIN	<input type="checkbox"/> 16 LEG	<input type="checkbox"/> 16 OTHER
<input type="checkbox"/> 17 SHORTSTOP	<input type="checkbox"/> 17 SUNSTROKE	<input type="checkbox"/> 17 LIPS	<input type="checkbox"/> 17 UNKNOWN
<input type="checkbox"/> 18 TO/FROM GAME	<input type="checkbox"/> 18 OTHER	<input type="checkbox"/> 18 MOUTH	
<input type="checkbox"/> 19 UMPIRE	<input type="checkbox"/> 19 UNKNOWN	<input type="checkbox"/> 19 NECK	
<input type="checkbox"/> 20 OTHER	<input type="checkbox"/> 20 PARALYSIS/ PARAPLEGIC	<input type="checkbox"/> 20 NOSE	
<input type="checkbox"/> 21 UNKNOWN		<input type="checkbox"/> 21 SHOULDER	
<input type="checkbox"/> 22 WARMING UP		<input type="checkbox"/> 22 SIDE	
		<input type="checkbox"/> 23 TEETH	
		<input type="checkbox"/> 24 TESTICLE	
		<input type="checkbox"/> 25 WRIST	
		<input type="checkbox"/> 26 UNKNOWN	
		<input type="checkbox"/> 27 FINGER	

Does your league use batting helmets with attached face guards? ☐ YES ☐ NO
If YES, are they ☐ Mandatory or ☐ Optional At what levels are they used?

I hereby certify that the above named claimant was injured while covered by the Little League Baseball Accident Insurance Policy at the time of the reported accident. I also certify that the information contained in the Claimant's Notification is true and correct as stated, to the best of my knowledge.

Date _____ League Official Signature _____



Little League® Volunteer Application – 2023

Do not use forms from past years. Use extra paper to complete if additional space is required.



This volunteer application should only be used if a league is manually entering information into JDP or an outside background check provider that meets the standards of Little League Regulations 1(c)9. THIS FORM SHOULD NOT BE COMPLETED IF A LEAGUE IS UTILIZING THE JDP QUICKAPP. Visit LittleLeague.org/localBGcheck for more information.

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

All RED fields are required.

Name _____ Date _____
First Middle Name or Initial Last

Address _____

City _____ State _____ Zip _____

Social Security # (mandatory) _____

Cell Phone _____ Business Phone _____

Home Phone: _____ E-mail Address: _____

Date of Birth _____

Occupation _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.): _____

Previous volunteer experience (including baseball/softball and year): _____

1. Do you have children in the program? ☐ Yes ☐ No

If yes, list full name and what level? _____

2. Special Certification (CPR, Medical, etc.)? If yes, list: _____ ☐ Yes ☐ No

3. Do you have a valid driver's license? ☐ Yes ☐ No

Driver's License#: _____ State _____

4. Have you ever been charged with, convicted of, plead no contest, or guilty to any crime(s) involving or against a minor, or of a sexual nature?

If yes, describe each in full: _____ ☐ Yes ☐ No (If volunteer answered yes to Question 4, the local league must contact the Little League Security Manager.)

5. Have you ever been convicted of or plead no contest or guilty to any crime(s)? ☐ Yes ☐ No

If yes, describe each in full: _____ (Answering yes to Question 5, does not automatically disqualify you as a volunteer.)

7. Have you ever been refused participation in any other youth programs and/or listed on any youth organization ineligible list? ☐ Yes ☐ No

If yes, explain: _____

(If volunteer answered yes to Question 7, the local league must contact the Little League Security Manager.)

In which of the following would you like to participate? (Check one or more.)

☐ League Official ☐ Umpire ☐ Manager ☐ Concession Stand
☐ Coach ☐ Field Maintenance ☐ Scorekeeper ☐ Other _____

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name/Phone

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE: LittleLeague.org/BgStateLaws

AS A CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

Applicant Name (please print or type) _____

NOTE: The local Little League and Little League Baseball, Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

System(s) used for background check (minimum of one must be checked):

Review the Little League Regulation 1(c)9 for all background check requirements

☐ JDP (Includes review of the US. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible List)* _____

OR

☐ National Criminal Database check ☐ U.S. Center of SafeSport's Centralized Disciplinary Database and Little League International Ineligible List
☐ National Sex Offender Registry

6. Do you have any criminal charges pending against you regarding any crime(s)?

☐ Yes ☐ No

yes, describe each in full: _____

(Answering yes to Question 6, does not automatically disqualify you as a volunteer.)

Last Updated: 10/11/2021

Concession Stand Tips

SAFETY FIRST

Requirement 9

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 foodborne illness.

This information was provided by District Administrator George Glick, and is excerpted from "Food Safety Hints" by the Fort Wayne-Allen County, Ind., Department of Health.

1. 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 your food, from source to service, is the key to safe, sanitary food service.

2. 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 foodborne illnesses from temporary events can be traced back to lapses in temperature control.

3. 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.

4. 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 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 foodborne illness.

5. Hand Washing.

Frequent and thorough hand washing remains the first line of defense in preventing foodborne disease. The use of disposable gloves can provide an additional barrier to contamination, but they are no substitute for hand washing!

6. 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.

7. 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.

8. Dishwashing.

Use disposable utensils for food service. Keep your hands away from food contact surfaces, and never reuse disposable dishware. Wash in a four-step process:

1. Washing in hot soapy water;
2. Rinsing in clean water;
3. Chemical or heat sanitizing; and
4. Air drying.

9. 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 foodborne illness.

10. Wiping Cloths.

Rinse and store your wiping cloths in a bucket of sanitizer (example: 1 gallon of water and 1/2 teaspoon of chlorine bleach). Change the solution every two hours. Well sanitized work surfaces prevent cross-contamination and discourage flies.

11. 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.

12. 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.

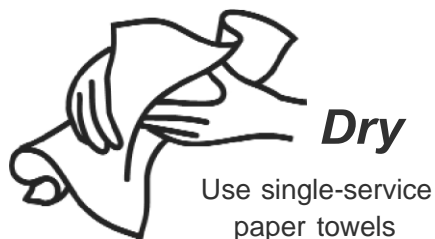
13. Set a Minimum Worker Age.

Leagues should set a minimum age for workers or to be in the stand; in many states this is 16 or 18, due to potential hazards with various equipment.

Safety plans must be postmarked no later than May 1st.

Volunteers Must Wash Hands

HOW



— .v.111, ' —

**Wash your hands before you
prepare food or as often as needed.**

Wash after you:

- ▶ use the toilet
- ▶ touch uncooked meat, poultry, fish or eggs or other potentially hazardous foods
- ▶ interrupt working with food (such as answering the phone, opening a door or drawer)
- ▶ eat, smoke or chew gum
- ▶ touch soiled plates, utensils or equipment
- ▶ take out trash
- ▶ touch your nose, mouth, or any part of your body
- ▶ sneeze or cough

**Do not touch ready-to-eat
foods with your bare hands.**

Use gloves, tongs, deli tissue or other serving utensils.

Remove all jewelry, nail polish or false nails unless you wear gloves.

Wear gloves.

when you have a cut or sore on your hand

when you can't remove your jewelry

If you wear gloves:

- ▶ wash your hands before you put on new gloves

Change them:

- ▶ as often as you wash your hands
- ▶ when they are torn or soiled

Developed by UMass Extension Nutrition Education Program with support from U.S. Food & Drug Administration in cooperation with the MA Partnership for Food Safety Education. United States Department of Agriculture Cooperating. UMass Extension provides equal opportunity in programs and employment.



UM ASS

IKIINSON