

# GE Health Guidelines

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## **Definitions:**

**Health Staff:** could include, but not limited to: nurse, EMT, athletic trainer

**Administrative Staff:** corps director, tour manager

**Instructional Staff:** caption heads, technical staff

## **ROLES AND RESPONSIBILITIES:**

### **All Staff:**

- Safety should be at the forefront of everything we do.
- All Staff are required to read and understand the Golden Empire Drum & Bugle Corps Health Procedures annually.

### **Instructional Staff:**

- Should guide or assist students to Health Staff when an actual or suspected medical/psychological issue or injury is identified.
- Shall be encouraged to attend training in first aid and basic CPR with AED training.
- Shall be encouraged to complete [concussion training online](#).
- Will collaborate with health staff regarding the students': assessments, warm-up and conditioning, visual and choreography elements.

### **Health Staff:**

- Shall be certified in first aid and basic CPR with AED training.
- Primary objective is the health and safety of the students and staff.
- Shall participate in annual concussion training.
- Will collaborate with visual instructional staff regarding the students' assessments, warm-up and conditioning, visual and choreography elements.
- Certified health staff will have the final decision-making authority regarding students' participation in activities.
- Will not attempt procedures that are out of their scope of practice.

### **Administration Staff:**

- Shall be certified in first aid, basic CPR and AED.
- Shall participate in annual concussion training.
- In the absence of certified health staff, will have the final decision-making authority regarding students' participation in activities.

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# Concussion Management

Signs and Symptoms of a Concussion:

<b>Cognitive Symptoms</b>	<b>Physical Symptoms</b>	<b>Emotional Symptoms</b>
Poor attention/Concentration	Headaches	Nervousness/Anxiety
Problems remembering	Vacant stare	Sad
Difficulty following conversation	Appears dazed or stunned	Irritability
Answers questions slowly	Dizziness	Personality changes
Asks same question repeatedly	Clumsiness/Balance problems	Plays less
Mentally foggy	Fuzzy/Blurry vision	
	Sleeps more or less than usual	
	Appears fatigued, tired or sleepy	
	Vomiting/Nausea	

1. Staff will immediately inform the health staff of any student that sustains an injury during rehearsal that involves trauma to the head.
2. The health staff will: obtain injury details, and assess the student. If symptoms are noted by the health staff, then the student will be excluded from all participation, until such time as the student is medically cleared to return to participation. If the student is under 18, the health staff will contact the parents directly within 24 hours.
3. The health staff will notify the director, appropriate staff and include the status of concussed students in the daily injury report. <sup>[L]</sup><sub>[SEP]</sub>
4. If the student is taken to an urgent care or emergency room the student will be accompanied by health staff. The student will then need to follow-up with the health staff as well as a licensed provider for retesting and medical re-evaluation before returning to physical activity/sports, unless clear guidelines are given by the licensed provider during the initial visit.
5. The student cannot participate in any performance or events until they have successfully completed the suggested progression and remained symptom free.
6. In order to begin the return to play process, the injured student must have returned to their regular activities, no longer have symptoms, and received written clearance from an appropriate healthcare professional.

Return to play progression will be as follows:

	<b>Horns/Drumline</b>	<b>Color Guard</b>
<b>Step 1: Back to regular activities</b>	2-3 days of rest, followed by light activity (such as short walks) and moderate activity (such as riding a stationary bike) that do not worsen symptoms.	
<b>Step 2: Light aerobic activity</b>	Begin with light aerobic exercise only to increase an athlete's heart rate. This means about 5 to 10 minutes on an exercise bike, walking, or light jogging.	

<b>Step 3: Moderate activity</b>	Marching basics and stand still playing only	Flag/ Weapon basics, no tossing. Dance, no across the floors
<b>Step 4: Heavy activity</b>	Marching basics, drill and stand still playing (no ensemble)	Sectionals, spinning on the move. Dance with across the floors (no ensemble)
<b>Step 5: Practice &amp; full rehearsal participation</b>	Full rehearsal participation	
<b>Step 6: Competition</b>	Student may return to competition.	

There should be at least 24 hours (or longer) for each step of progression. If any symptoms appear or worsen during the process, the student must stop that activity. After a day of rest in which the student does not experience symptoms, the student should progress to the next step. If any symptoms worsen, the student should go back to the previous step.

**Return to play (i.e., full competition) must be no sooner than 7 days after the concussion diagnosis has been made by a physician.**

Staff cannot override the decision of the health staff to exclude a marcher from participation.

## Heat- Related Illnesses

High temperatures can present a dangerous situation for students and staff, but with reasonable precautions those situations can be mitigated. The health staff must be consulted for the official temperature and the proper course of action for each day. Whenever possible, the acting director and health staff should consult with each other as early as possible during an individual day in order for all concerned parties to be notified of possible changes to practice schedules/activities appropriately. The acting director will communicate any changes to the schedule or activities.

The following policies are the minimum standard for all outdoor activities within the program. The use of more stringent policies is up to the director. Health staff and acting director should collaborate prior to each rehearsal to discuss specific conditions and planned activities for rehearsal. The acting director will communicate any change.

Staff should be aware of the signs and symptoms of dehydration:\*

Dry mouth <sup>[SEP]</sup>	Thirst	Irritability <sup>[SEP]</sup>	General Discomfort
Headache <sup>[SEP]</sup>	Apathy	Weakness	Dizziness
Cramps <sup>[SEP]</sup>	Chills	Vomiting	Nausea
Head or neck heat sensations		Excessive fatigue and/or decreased performance	

\*If any of these signs or symptoms are observed notify the health staff immediately. Early detection of dehydration decreases the occurrence and severity of heat illness.

Utilize the Wet Bulb Globe Test (WBGT) Index, if using a device to measure WBGT (preferred).

Wet Bulb Globe Temperature <sup>[L]</sup> <sub>[SEP]</sub> *This is not the same as air temperature		EASY - standstill		MODERATE - basics, dance, + instruments		HARD - music + drill, run-throughs	
		Water quarts/hr	Rest* min/hr	Water quarts/hr	Rest* min/hr	Water quarts/hr	Rest* min/hr
< 82°F	CLEAR	1/2	6	3/4	6	3/4	9
82-84.9°F	GREEN	1/2	6	3/4	9	1	12
85-87.9°F	YELLOW	3/4	9	3/4	12	1	16
88-89.9°F	RED	3/4	12	3/4	16	1	20
90-92+°F	BLACK Limit outside activity	1	16	1	20	1+	24

\*rest includes, but not limited to: opportunity to hydrate, out of direct sunlight, sit down, allow chance for heart rate and body temperature to return to baseline

## Heat Exhaustion

Inability to keep up with exercise due to intensity of effort and environmental heat factors.

- **Symptoms:**
  - High pulse rate and low blood pressure <sup>[L]</sup><sub>[SEP]</sub>
  - Extreme weakness <sup>[L]</sup><sub>[SEP]</sub>
  - Dehydration and electrolyte losses <sup>[L]</sup><sub>[SEP]</sub>
  - Coordination problems, fainting, lightheadedness <sup>[L]</sup><sub>[SEP]</sub>
  - Profuse sweating, paleness, “prickly heat” sensations <sup>[L]</sup><sub>[SEP]</sub>
  - Headache <sup>[L]</sup><sub>[SEP]</sub>
  - Abdominal cramps, nausea, vomiting, diarrhea <sup>[L]</sup><sub>[SEP]</sub>
  - Persistent muscle cramps <sup>[L]</sup><sub>[SEP]</sub>
  - Mild confusion which can quickly resolve with rest and cooling
- **Treatment:**
  - Move student to shaded or air-conditioned area to rest <sup>[L]</sup><sub>[SEP]</sub>
  - Remove extra clothing or gear <sup>[L]</sup><sub>[SEP]</sub>
  - Cool with cold water, fans, or cool towels (replaced every 2-3 minutes) <sup>[L]</sup><sub>[SEP]</sub>
  - Lay with legs raised above level of heart <sup>[L]</sup><sub>[SEP]</sub>
  - Give student cool/cold fluids to drink if not vomiting <sup>[L]</sup><sub>[SEP]</sub>
  - If symptoms do not improve within 30 minutes, call 911 or send student to hospital <sup>[L]</sup><sub>[SEP]</sub>

## Exertional Heat Stroke

High core body temperature along with organ dysfunction. The longer the body is at an elevated temperature, the more dangerous. Temperature is usually 104 degrees or above.

- **Symptoms:**
  - disorientation, headache, irrational behavior, irritability, emotional instability, confusion, altered consciousness, coma, or seizure
  - hyperventilation, dizziness, nausea, vomiting, diarrhea, weakness, profuse sweating, dehydration, dry mouth, thirst, muscle cramps, loss of muscle function, and ataxia
- **Treatment:**
  - **Call 911. This is a MEDICAL EMERGENCY!**
  - In meantime, initiate cooling measures “cool first, transport second”
  - Move student to shaded or air-conditioned area to rest
  - Remove extra clothing or gear
  - If available, put in tub with cold/ice water; place in cold shower; douse with water from hose
  - Cool with cold water and fans, or cool towels (replaced every 2-3 minutes) Lay with legs raised above level of heart
  - Give student cool/cold fluids to drink if not vomiting
  - Cool until student begins to shiver OR for 15-20 minutes of active cooling OR medical help arrives.

Sources: Binkley, H. M., Beckett, J., Casa, D. J., Kleiner, D. M., & Plummer, P. E. (2002). National Athletic Trainers' Association Position Statement: Exertional Heat Illnesses. *Journal of Athletic Training*, 37(3), 329–343.

## ***Modifications of Activities***

### Chain of Command

The decision to cancel, postpone or suspend an activity due to the heat will be made by the health staff along with an administrator, the caption staff, (and DCI officials when at a DCI tour event).

Health staff personnel will continually update the following individuals with regards to the WGBT Index and surface temp as well as recommendations for outside activity:

- Corps Director
- Caption Heads
- DCI officials

The WGBT Index and measured surface temperatures will be used to determine the safe playing conditions for competition and/or practices.

## **Lightning Protocol**

It is imperative that all personnel are aware of lightning hazards and the specific safety shelter for their venue. In the event of lightning during a rehearsal or event, precautions must be taken to ensure the safety of both students and spectators. In any event, the health staff, in conjunction with the acting director and/or public safety officials (i.e. police) if necessary will be responsible for monitoring inclement weather.

## ***Lightning Detection***

Lightning awareness should be heightened at the first flash of lightning, clap of thunder, and/ or other criteria such as increasing winds or darkening skies, no matter how far away. The health staff is responsible for monitoring the progress of inclement weather by primarily using a weather app. Another option is to count the amount of seconds between the flash of lightning seen and the thunder that follows, divided by 5. That number represents the amount of miles the lightning is from the site. [L] [SEP]

The indicator for clearing the field of rehearsal with the weather app is **8 miles or less**. In the event that students need to be removed from rehearsal site, the health staff must notify the corps director who will then notify the staff. Once the staff has been notified, they must immediately comply, end rehearsal and move to a safe shelter. If the health staff is not present the caption staff will be responsible for postponing practice and contacting the admin and health staff immediately if thunder is heard or lightning is seen.

## ***Safe Shelter***

Instructional staff should all be aware of the closest safe shelter to the rehearsal site and how long it takes to reach that shelter. A safe structure or location is defined as- “any sturdy, fully enclosed, substantial, and frequently inhabited building that has plumbing and/or electrical wiring that acts to electrically ground the structure”.

The following locations will be designated as safe in the event of a lightning hazard at Bakersfield College:

- Activities at Memorial Stadium/Football Practice Field
  - Gym
  - Car or Bus with the windows closed
- Activities at Practice Soccer Field
  - Gym
  - Car or Bus with the windows closed
- Activities near the Performing Arts Center
  - Interior of the PAC
  - Car or Bus with windows closed
- All other Activities off Campus
  - Nearest building. Should be fully enclosed normally occupied by people, and have plumbing and/or electrical wiring that acts to ground the structure.
  - Car or Bus with the window closed

Examples of locations that routinely **DO NOT** meet the criteria include:


- Baseball / softball dugouts; [L] [SEP]
- Baseball / softball “covered” batting cages; [L] [SEP]
- Soccer covered benches; [L] [SEP]
- Under metal bleachers; [L] [SEP]
- Outside storage sheds; and/or [L] [SEP]
- Canopy / awning / tent

In the absence of a sturdy, fully enclosed, substantial, and frequently inhabited location as described above, a secondary structure such as a fully enclosed vehicle or tour bus with a hard metal roof, rubber tires, and completely closed windows can provide a measure of safety. Persons should not touch the sides of the vehicle!

Persons should avoid taking showers and using plumbing facilities (including indoor and outdoor pools, whirlpools, Jacuzzis, and hot tubs) and land-line telephones during a thunderstorm.

If no safe structure or location is within a reasonable distance, personnel should find a thick grove of small trees surrounded by taller trees or a dry ditch. Everyone should assume the “lightning-safe” position- a crouched position on the ground with the feet together, weight on the balls of the feet, head lowered, and ears covered. **DO NOT LIE FLAT!** Minimize the body’s surface area and minimize contact with the ground.

If unable to reach safe shelter, persons should stay away from the tallest trees or objects (i.e. light poles, flag poles, etc.), metal objects (i.e. fences, bleachers, etc.), individual trees, standing pools of water, and open fields. Persons should avoid being the highest object in an open field.

Students should not rehearse outside until 30 minutes has passed since last lightning/thunder is seen or heard. 

#### Pre-Hospital Care Guidelines for Triaging and Treating Lightning-Strike Victims

- People who have been struck by lightning do not carry an electrical charge.
- Activate the emergency management system.
- Survey the scene for safety. (Rescuers and emergency personnel must ensure their own personal safety before venturing into the venue to provide aid)
- If necessary, move the victim with care to a safer location.
- Evaluate airway, breathing, and circulation. Begin CPR if necessary. An AED should be used if available. Do not delay care if an AED is not readily available.
- Evaluate and treat the possibility of spinal injury.
- Evaluate and treat for hypothermia, shock, fractures and/or burns.

## Air Pollution

During athletic participation, different types and levels of air pollution can cause or contribute to everything from watery eyes and fatigue to respiratory disease and lung damage. To monitor the air pollution for safety, the health staff will consult AirNow and its website ([www.airnow.gov](http://www.airnow.gov)) to determine precautions and recommendations for events including rehearsals and performances.

During participation, different types and levels of air pollution can cause or contribute to everything from watery eyes and fatigue to respiratory disease and lung damage. To monitor the amount of pollutants in the air, the Air Quality Index (AQI) will be utilized.

The Air Quality Index (AQI) is an index used for reporting daily air quality. It tells you how clean or polluted your air is and what associated health effects might be a concern. The values run from 0-500 with the higher the AQI value, the greater level of air pollution and the greater the health concern. An AQI value of 100 generally corresponds to the national air quality standard



for the pollutant, which is the level Environmental Protection Agency (EPA) has set to protect the public health.

AQI values below 100 are generally thought of as satisfactory. When AQI values reach above 100, air quality is considered to be unhealthy for certain sensitive groups of people. The higher the AQI, values climb above 100, increasingly more people may become susceptible to the effects of the unhealthy air.

#### Implementation of Policy

To determine the level of safe air quality, the health staff will consult either the website ([www.airnow.gov](http://www.airnow.gov)) or mobile app for AQI information. Based on the recommendation of this organization, ALL events will be modified or canceled as needed. An AQI of 151 to 200 calls for modification of activities and 201 or greater calls for a cessation of all outdoor physical activities until the AQI returns to safe values (<201).

The following table will be used to determine the safety of the participants:

<b>Air Quality Index Levels of Health Concern</b>	<b>Numerical Value</b>	<b>Meaning</b>
<b>Good</b>	<b>0 to 50</b>	<b>Air quality is considered satisfactory, and air pollution poses little or no risk.</b>
<b>Moderate</b>	<b>51 to 100</b>	<b>Air quality is acceptable; however, for some pollutants there may be a moderate health concern for a very small number of people who are unusually sensitive to air pollution.</b>
<b>Unhealthy for Sensitive Groups</b>	<b>101 to 150</b>	<b>Members of sensitive groups may experience health effects. The general public is not likely to be affected.</b>
<b>Unhealthy</b>	<b>151 to 200</b>	<b>Everyone may begin to experience health effects; members of sensitive groups may experience more serious health effects.</b>
<b>Very Unhealthy</b>	<b>201 to 300</b>	<b>Health alert: everyone may experience more serious health effects.</b>
<b>Hazardous</b>	<b>301 to 500</b>	<b>Health warnings of emergency conditions. The entire population is more likely to be affected.</b>

# Asthma

Students diagnosed with asthma should have a rescue inhaler available during all rehearsals and performances. Prior to move-ins students should obtain 2 rescue inhalers, one to keep with themselves in their backpack, and the other as a back-up. At NO time should a student take an inhaler if they are not diagnosed with asthma. NO staff member will advise any student to take an inhaler that is not prescribed to them.

## Notify the health staff immediately if you notice the following:

- Significant increase in wheezing that you can hear [SEP]
- Chest tightness [SEP]
- Fast breathing [SEP]
- Inability to speak in full sentences [SEP]
- Uncontrolled cough [SEP]
- Nasal flaring

## Procedure: [SEP]

- Immediately notify the athletic trainer. [SEP]
- Remove the student from activity [SEP]
- Have student take their rescue inhaler [SEP]
- Assist student with nose breathing technique [SEP]
- Have the student take a deep breath through the nose and out the mouth
- Raising the arms will help the lungs expand
- Try to calm the student, panicking increases the respiration rate.
- Activate EMS if no improvement is observed in 10 minutes.

# Allergies/Anaphylaxis

Students who have been diagnosed with severe allergies should notify the athletic training staff, directors, and food staff of the nature and severity of their allergies. Students requiring epinephrine auto-injector should acquire 2 injectors prior to move-ins, one to keep with themselves in their backpack, and the other as a back-up. The food staff will be given a list of all students with food allergies by either the athletic training staff or administrative staff.

Symptoms: hives, redness, difficulty breathing, wheezing, tongue swelling, feeling like throat is closing

## Treatment:

Health Staff present:

- If student is able to administer their own epinephrine auto-injector the athletic training staff will supervise proper administration. If student is not able to administer their own epinephrine auto-injector health staff will administer it for them, by injecting it in the mid/outside thigh. Health staff will then activate EMS for transportation to the ER for further treatment.
- Health staff will note the time the epinephrine auto-injector was administered, if available a 2nd epinephrine auto-injector will be administered 15 minutes after the first one. If a

2nd epinephrine auto-injector is not available, health staff will provide the student with Benadryl.

- Upon EMS arrival, health staff will provide EMT/Paramedics with the administered epinephrine auto-injectors and times of administration. If student is under the age of 18, the student's parents will be contacted directly. Health staff will accompany student to the hospital.

Health Staff is not present:

- If student is able to administer their own epinephrine auto-injector instructional staff will assist if needed. If student is unable staff will administer it for them, by injecting it in the mid/outside thigh. Staff will then activate EMS for transportation to the ER for further treatment.
- Instructional Staff will note the time the epinephrine auto-injector was administered, if available a 2nd epinephrine auto-injector will be administered 15 minutes after the first one. If a 2nd epinephrine auto-injector is not available, instructional staff will provide the student with Benadryl.
- Upon EMS arrival, instructional staff will provide EMT/Paramedics with the administered epinephrine auto-injector and times of administration. If student is under the age of 18, the student's parents will be contacted directly. Staff will accompany student to the hospital.

## Common Injuries

**Sprains:** overstretching or tearing of the ligaments. Treat with ice, rest, wrap

**Strains:** overstretching or tearing of the muscle or tendon. Treat with ice, rest, wrap

**Lower leg pain/shin splints/overuse:** Treat with ice on breaks, medications, assess footwear. Refer for X-rays if needed.

**Fractures- broken bones:** Treat initially with ice, elevation, immobilization if needed. Refer for X-rays.

**Pain/soreness:** treat with ice initially, then move to heat, gentle stretching, medication

**Cramps:** slowly stretch against the cramp, massage, consider electrolytes if heat is a factor

**Skin:**

- Rashes: if itching, try Benadryl 50 mg orally, try hydrocortisone cream, Telemedicine or Urgent Care if concerning <sup>[L]</sup><sub>[SEP]</sub>
- Abrasions: Clean with tap water twice daily, antibiotic ointment, bandage, protect from sun <sup>[L]</sup><sub>[SEP]</sub>
- Blisters: clean with tap water, antibiotic ointment, bandage to help keep clean and moist, change bandage if wet or dirty <sup>[L]</sup><sub>[SEP]</sub>
- Lacerations: clean with tap water twice daily, antibiotic ointment, bandage to help keep clean and moist, protect from sun for up to 6 months to prevent scarring, change bandage <sup>[L]</sup><sub>[SEP]</sub> if wet or dirty <sup>[L]</sup><sub>[SEP]</sub>
- Redness: cellulitis (infection of skin) or infection of wound.

**Infections:** redness, swelling, heat. skin infections need antibiotics, wound infections need antibiotics

**Groin pull:** treat as sprain- ice, rest

**Testicular Pain:** initial treatment, ice, supportive underwear, refer to ER

**Abdominal Pain:** this can be many things. If concerning, refer to ER

**Vomiting/Diarrhea:** decrease food intake, encourage frequent small amounts of fluids and increase as tolerated. If significantly dehydrated, refer to ER

**Suicidal:** someone should stay with the person at all times, refer directly to ED

**Tylenol:** overdose can cause liver damage, limit to 3,000 mg per day (9 regular or 6 extra-strength pills per day)

**Ibuprofen:** overdose can cause kidney damage, can cause ulcers, limit to 3,200 mg per day (16 pills per day)

## **Suggestions to use telemedicine, urgent care, or emergency.**

Telemedicine: Rashes, psychological - depression, anxiety, urinary tract infections

Urgent Care: Strains, sprains, lacerations, fractures, pain/soreness, skin infections, groin/muscle pulls, usually can perform X-rays

Emergency Room: Deformed fractures, complex/deep lacerations, concussions, suicidal, abdominal pain, severe vomiting/diarrhea with dehydration, testicular pain, when CT, MRI, or are needed.

# Infectious Outbreaks

Due to the constant close contact of students, infectious disease outbreaks present a unique challenge to the drum corps. Historically, gastrointestinal illnesses (e.g. norovirus) have presented as the most common infectious outbreak in the drum corps activity. Interventions to mitigate and prevent the spread of disease can be easily implemented.

## Preventing an outbreak:

- Establish a cleaning/disinfecting regimen (i.e. disinfecting the buses once per week, cleaning drinking containers with bleach once per week - more often during periods of illnesses, cleaning instruments)
- Increase the frequency of the disinfecting regimen during outbreaks (consider daily)

## Recognizing an outbreak:

- Multiple students (at least 3) with the same symptoms.
- Students presenting with similar symptoms over a period of consecutive days.

## Responding to an outbreak:

- Quarantine: isolate ill students with similar symptoms until their symptoms resolve
  - Quarantine area on one bus with at least one empty row between healthy and ill students.
  - Quarantine in sleeping areas with at least an 8-foot buffer between ill and well students. Quarantine to the same bathroom and consider bathing areas.
  - Consider alternative methods to feeding the students.
  - Ill students should not participate in rehearsal or perform in shows.
- Helping ill students and clean up if body fluids:
  - At a minimum, wear gloves.
  - When helping students with active vomiting or diarrhea, wear gloves, gown and protection over the mouth, nose and eyes. Encourage use of containment (vomit/emesis bags)
  - Hands must be washed with soap and water after, alcohol-based cleansers are not enough.
- Disinfecting:
  - Use a cleanser that is shown to kill norovirus.
  - When cleaning, wear gloves, gown and protection over the mouth, nose and eyes.
  - Consider increasing disinfection practices in food prep areas.
  - Wash contaminated clothing or items in the hottest wash available
- Educate the students on the reasons for quarantine, excellent hand hygiene and preventing the spread of disease. Use CDC education
- Staff members with current illness should not prepare food or come in close contact with students.

In the case of a COVID-19 outbreak or other respiratory virus, the corps will follow the guidance of the Bakersfield College Administration, Student Health and Wellness Center, and adhere to any local, state, or federal regulations. A detailed Pandemic Procedures document last updated in 2022 is [on file](#) for reference.

# Food and Meal Plan

The goal of the corps is to provide healthy and nutritional meals to its members throughout the season: whether it be at weekend camps or “on-the-road”. This is to be accomplished by providing a clean and food-safe environment to prepare and serve meals.

All guidelines, practices and procedures shall comply with local laws.

Staff:

1. Food Manager
  - A. Maintain ServSafe for Managers Certificate
2. Volunteers
  - A. Obtain ServSafe Food Handler Certificate

Duties, suggested but not limited to:

1. Food Manager
  - A. Plan meals
    1. Plan a nutritionally sound menu consistent with environment (whether in a school parking lot, show site, weather, etc.)
  - B. Purchase food/supplies
    1. Load in food truck
  - C. Supervise food volunteers
    1. Review food-safe practices
      - a. Personal Hygiene
      - b. Controlling Time and Temperature
      - c. Preventing Cross-Contamination
      - d. Cleaning and Sanitizing
      - e. Other Job-Specific Guidelines (dishwashing etc.)
    2. Make aware of members’ special needs
      - a. Allergies—nut, shell fish, fruit, etc.
      - b. Lactose intolerant
      - c. Gluten
      - d. Vegetarian/Kosher/Other
  - D. Supervise member food-truck loaders/trash/re-cycle etc.
  - E. Maintain equipment as needed
  - F. Maintain list of members’ allergies, special food needs, etc.
2. Volunteers
  - A. Set-up
    1. Tables—sanitize, cover, etc.
    2. Gotta—water, Gatorade, etc.
    3. Unload burners, griddles, etc.
    4. Obtain water hook-up when possible
      - a. Set-up water station for members’ jugs
  - B. Meal preparation
    1. Prep and cook meals
  - C. Serve meals
  - D. Clear and store left-over food
  - E. Wash, rinse, sanitize all utensils, pots, pans, etc.

- F. Clean and sanitize all surfaces
- G. Prepare items to re-load into truck
  - 1. Shut off all propane tanks
  - 2. Disconnect all propane lines—cap valves, etc.
  - 3. Clean and sanitize Gotts