



SAFETY PLAN

VIEW ROYAL FASTBALL



PURPOSE

The purpose of the View Royal Fastball safety plan is to establish clear guidelines and procedures to ensure the safety and well-being of all participants, coaches, officials, and spectators during fastball events. This plan aims to minimize risks, effectively respond to emergencies, and provide a coordinated approach to managing potential incidents. Through proactive measures, training, and preparedness, we aim to create a safe environment that promotes the enjoyment and integrity of the sport while protecting all involved from harm.

ROLES AND RESPONSIBILITIES

Club President

The Club President is the role model and champion of safety in the park. They will assign the documents review annually to ensure up-to-date and accurate information at the start of each season.

Coach(es)

Coaches will read the safety plan and implement it's contents on all teams. Coaches are to bring forward any questions with the safety plan at the beginning of the season. Throughout the season they are to act with player safety in mind at all times and report any incidents immediately.

Team Manager (s)

Managers play a large role in the execution of the safety plan. They are to be the documents keeper of medical forms, coaches certifications, criminal record checks, and incident reports (if any). They are also to create and maintain the first aid kit in partnership with the coaches.


Player(s)

Players learn safe behaviours through their association policies (such as the safety plan) as well as through their direct mentors such as coaches, managers, and parent group. Their role is to follow the safety plan and adhere to safe play behaviors at all times. They are to report any unsafe behavior or injuries immediately to their coach.

HOME PARK INFORMATION

Helmcken Centennial Park 150 Helmcken Road



 **Emergency Meeting Point:** In front of the washroom entrances

 **Severe Weather Meeting Point:** In the Clubhouse

First Aid Kit: Main kit is located in the concession on top of the fridge. Additional supplies are located in the clubhouse.

All areas that contain supplies will be marked with signage

Closest Medical Venues

Victoria General Hospital 1 Hospital Way, Victoria B.C, V8Z 6R5 estimated drive: 3 minutes

Eagle Creek Clinic 120-27 Helmcken Road, Victoria, B.C, V8Z 5G5 estimated drive: 3 minutes

Emergency Numbers

Dial **911** if immediate medical, police, or fire is needed

Victoria General Hospital – 250-727-4212

Eagle Creek Medical Clinic - 778-265-1377

View Royal Fire Department – 250-479-7322

View Royal Community Police – 250-744-5777

Westshore RCMP Non-Emergency - 250-474-2264

INDIVIDUAL TEAM SAFETY



Each team has a responsibility to the physical and mental safety of the players and coaches. We request each team have the following:

Administrative:

- Collect and carry a completed medical form for each player and coach. Forms should include full legal name, personal health number, emergency contact, and any current allergies or medical conditions
- Carry association insurance form and understand the process of filing a claim
- Assign a safety officer for the team. Preferably someone with valid first aid training. This role will assume responsibility for the injured party when play resumes
- Administer and comply with additional training that may be required such as *Buddy Check for Jesse* etc.
- Report any and all incidents of compromised physical and mental safety to the association President
- It is recommended that coach(es) hold a basic first aid certificate. If they do not, it is advisable to be included in the teams budget and planning

Supplies:

- Each team should assemble and carry a first aid kit that includes the items recommended by Softball Canada. Items are as follows
 - Surgical gloves
 - Peroxide
 - Soft antiseptic hand sanitizer
 - Antiseptic wipes
 - Band-aids of various size
 - Butterfly bandages
 - Sterile gauze pads
 - Tensor bandage and/or Self-adherent wrap
 - Second Skin * *Second Skin is a brand name for a product that is directly applied over a blister (very useful to have when participants are breaking in new footwear)*
 - Triangular bandage
 - Tape – white adhesive tape & KT tape (strips)
 - Safety pins
 - Juice box
 - Scissors and tweezers
 - Participants medical and contact information

Suggested Items

Duct tape ** *While duct tape is not to be used for bandaging injuries, when others go looking in the first aid kit for tape to repair equipment in a hurry, they will take the duct tape instead of using your expensive first aid tape*

Feminine hygiene products

Plastic bags (for ice or packaging items such as soiled jerseys)

Extra uniform items such as spare belt, jersey, pants

Sunscreen

View Royal Fastball



Name: _____

Date of birth: Day _____ Month _____ Year _____

Address: _____

Postal Code: _____

Telephone: (____) _____

Provincial Health Number: _____

Parent/Guardian #1: Name _____

Phone Number: _____

Parent/Guardian #2 : _____

Phone Number: _____

Alternate emergency contact (if parents are not available)

Name: _____

Relationship to Player:

Telephone: (____) _____

Doctor's Name: _____

Phone Number:(____) _____

Dentist's Name: _____

Phone Number: _____

CHECK BOXES THAT ARE APPLICABLE TO PLAYER	NOTES
<input type="checkbox"/> Medication <i>*further details on next page</i>	
<input type="checkbox"/> Allergies	
<input type="checkbox"/> Previous history of concussions	
<input type="checkbox"/> Fainting during or after physical activity	
<input type="checkbox"/> Seizures and/or epilepsy	
<input type="checkbox"/> Wears glasses	
<input type="checkbox"/> Wears contact lenses	
<input type="checkbox"/> Asthma or other respiratory issues	
<input type="checkbox"/> Heart Condition	
<input type="checkbox"/> Seizures (Current or previous history)	
<input type="checkbox"/> Recurring headaches or migraines	
<input type="checkbox"/> Diabetes Type 1: _____ Type 2: _____	
<input type="checkbox"/> Recent Injuries	

Please give details of any current medications that may be carried or require to be administered during games or practices:

Please give details of any recent injuries and/or injury treatment plans:

Any additional physical or mental health concerns to be aware of:

I understand that it is my responsibility to keep the coaches and manager advised of any change in the above information as soon as possible. In the event of a medical emergency, if no one can be contacted, the coaches and/or team manager will arrange to take my child to receive medical care if deemed necessary – this may include emergency services. I hereby authorize the physician and nursing staff to undertake examination, investigation, and necessary treatment of the child listed in this form. I also authorize the release of information to appropriate people (coach, physician) as deemed necessary.

Date: _____

Signature of Player: _____

Date: _____

Signature of Parent: _____