

# Hastings Community Little League Safety Manual



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## 1. Key Officials

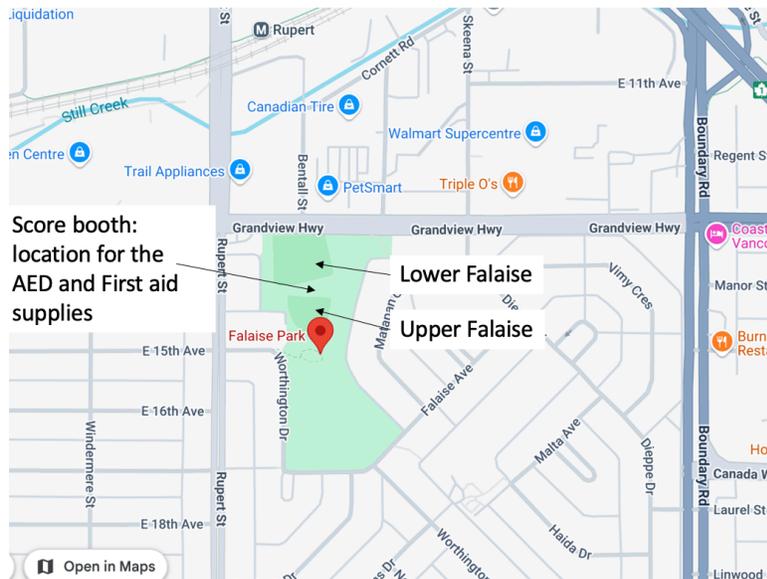
HCLL President	president@hcll.ca
Vice President	vicepresident@hcll.ca
Umpire in Chief	umpire@hcll.ca
Safety Officer	safety@hcll.ca
Player Agent	playeragent@hcll.ca
T-ball Coordinator	tball@hcll.ca
Rookie Coordinator	rookie@hcll.ca
Minor Coordinator	minor@hcll.ca
Major Coordinator	major@hcll.ca

## 2. Emergency Phone List

In case of emergency call: You will be connected with Police, Fire, Ambulance	9-1-1
Non-Emergency: Nurse or Pharmacist through Healthlink BC	8-1-1
Non-Emergency - Police	604-717-3321
Non-Emergency - Fire	604-665-6000
City of Vancouver (garbage, washroom and facility issues)	3-1-1

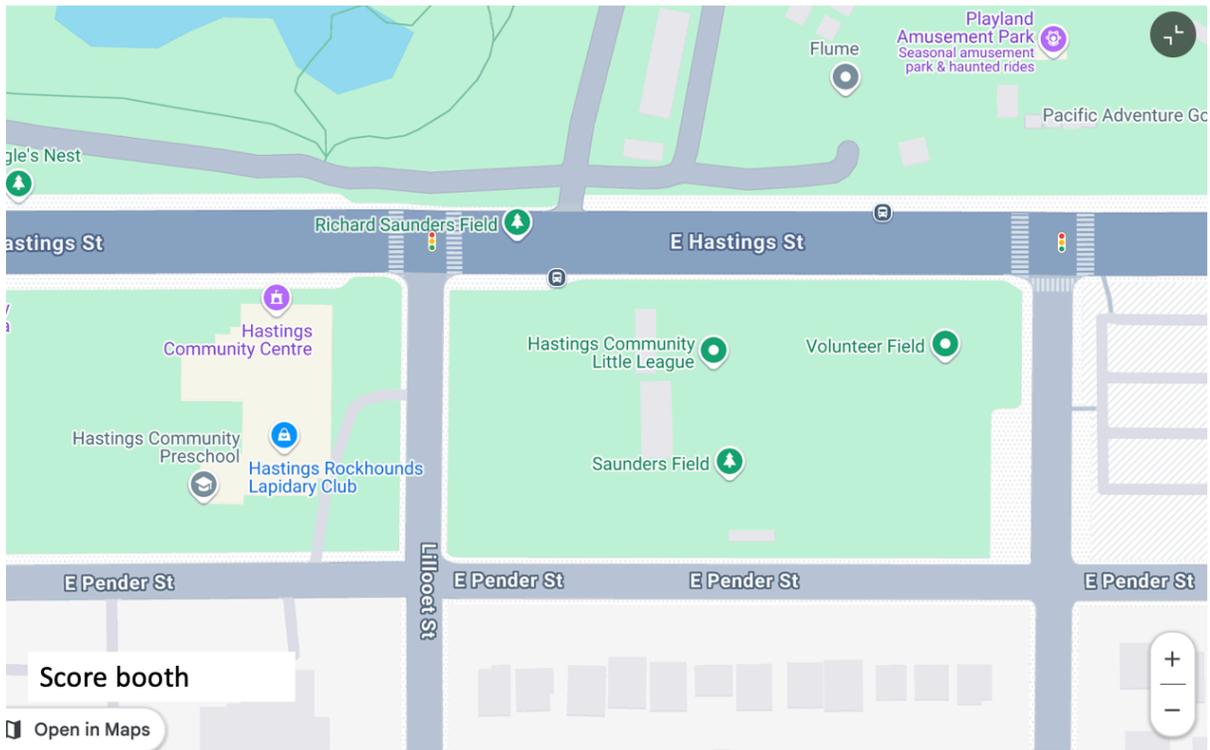
## 3. Site Maps

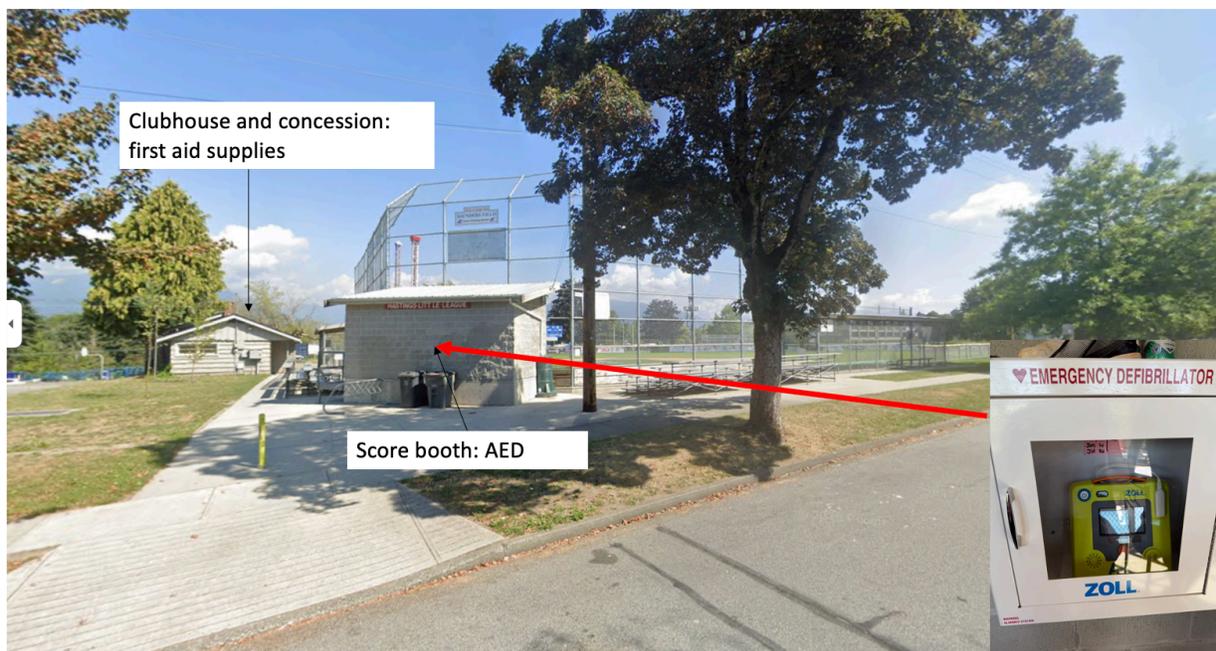
Falaise Park:





Saunders Field:





Closest Hospital:  
Burnaby Hospital  
3935 Kincaid St, Burnaby, BC V5G 1S2  
From Falaise Park:

#### 4. Roles and Responsibilities

##### Coaches

Coaches have the bulk of responsibility for the safety of the players. Coaches must teach proper techniques and safe practices. They will expect safe behavior from their players and take steps to coach players if behavior is unsatisfactory.

##### Parents

It is the responsibility of parents and spectators to be positive role models for the children and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game or practice. Parents must accept responsibility for instilling safe behavior in their children.

##### Players

Players will exhibit good sportsmanship and safe behavior. They will follow the instructions from their coaches. They should think about the consequences of their actions before they act. They will show respect and courtesy to all participants. Never will a player intentionally try to injure another player.

## 5. HCLL General Safety Rules

- 1) Hastings Community Little League has a ZERO TOLERANCE policy towards violence. Any form of violence may result in immediate suspension from the league
- 2) Use of profanity or offensive gestures by anyone at Little League venues will not be tolerated.
- 3) During games, treat umpires with respect. Only team managers and coaches are allowed to coach players during games.
- 4) Only players, managers, coaches, and umpires are permitted on the playing field or in the dugout during games
- 5) Players and spectators should be on alert at all times for foul balls and errant throws.
- 6) No smoking is permitted on the premises.
- 7) "Horse play" is not permitted on the fields and in dugouts.
- 8) Act to correct any safety hazards immediately and report it to a board member.
- 9) No throwing baseballs at any time within the walkways and spectator areas
- 10) No pets are permitted on the fields.
- 11) Players and other children must not throw rocks, climb fences, or put fingers in the fences.

## 6. Criminal Background Checks

All coaches and volunteers participating within HCLL are required to have their criminal record check on file. This must be updated every year. This is a requirement for all adults working with youth in a volunteer capacity in BC. The easiest way to apply for a CRC is online and it is linked through your BC Services Card (this is quick to get if you do not yet have it and very helpful for other reasons). The website to apply is linked below:

<https://justice.gov.bc.ca/eCRC/>

The access code for Hastings Community Little League is NRQZ68BJSC. If you do not use your BC Services card you will need to verify your identification directly with the security program. If you prefer to apply for your CRC in person instructions are on the HCLL website (link below).

[https://www.hcll.ca/leagues/custom\\_page.cfm?clientid=5250&leagueid=0&pageid=19334](https://www.hcll.ca/leagues/custom_page.cfm?clientid=5250&leagueid=0&pageid=19334)

## 7. Equipment

All coaches must ensure their team's provided equipment is in good working order. Coaches, or their designate, must inspect equipment before each game. Any equipment found to be defective must be pulled from use. Please contact a board member who can help you replace this equipment.

Each player must be adherent to the following safety equipment guidelines. If they are found to be in violation they will be immediately ejected from play. All batters and base runners must wear an approved baseball helmet. Each batter must have their own helmet. They are not to be shared. HCLL has helmets that can be provided if required.

- Both male and female players must wear athletic cups.
- Bats with dents, or that are cracked in any way, must be discarded.
- Catchers must wear:
  - a plastic hard type cup
  - long chest protector must have tail portion that covers the area of the protective cup
  - approved face mask
  - shin protectors
  - catcher's mitt
- Parents of players who wear glasses should provide "safety glasses" rated for use in sports

## 8. Field Checks

The home team's head coach, or designate, shall be responsible for walking the field and checking for hazards. Examples of the types of things to be on the lookout for are: damage to the diamond, holes, rocks, sticks, glass, sharp objects, metal, feces, and other foreign objects. Correct or report any potential hazards identified to a board member.

## 9. Safety reporting

If any safety incidents occurring during practices or games, please fill in the on-line incident reporting form at this link <https://forms.gle/uJW2szBuBsifciUTA> or email [safety@hcll.ca](mailto:safety@hcll.ca) within 24 hours of the incident. If there is an active safety concern please report it immediately to a board member as deemed appropriate.

In Little League, safety means creating an environment where every player, coach, volunteer, and spectator can enjoy the game with minimal risk of injury or harm. It involves more than just wearing helmets and catching gear — it's about fostering a culture of awareness, responsibility, and proactive prevention. Safety is a shared priority and we follow the little league rules careful.

All participants—players, coaches, managers, umpires, and league officials—must behave respectfully on and off the field. Any form of verbal/physical altercation or unsportsmanlike behavior (including via social media) can be disciplined by the league or district board (as per Regulation XIV of the Little League Rule Book).

## 10. Pitch counts

Each game will have an official score keeper and a pitch counter scheduled by your team.

- The pitch counter is the official count of record. If there is a discrepancy the pitch counter will confirm with the score keeper to reconcile the count.
- Warm Up pitches are **not** included in the official pitch count.

**Little league has strict pitch counts to prevent injury listed below. HCLL insists on strict adherence to this rule and any violation may result in suspension of coaching staff.**

**Maximum Pitches per day** are as follows:

- Age 7-8: 50 pitches
- Age 9-10: 75 pitches
- Age 11-12: 85 pitches
- Age 13-16: 95 pitches

**Pitchers under the age of 14 must adhere to the following rest requirements based on the pitches thrown in a day:**

- 1 to 20 pitches: None
- 21 to 35 pitches: 1 calendar day of rest
- 36 to 50 pitches: 2 calendar days of rest
- 51 to 65 pitches: 3 calendar days of rest
- 66 or more pitches: 4 calendar days of rest

## 11. Warming up Pitchers & Batters

During game:

- Pitchers are to warm up in foul territory on their respective sides of the field (1st or 3rd base side) with a Catcher, Pitcher and Spotter.
- Bats are not allowed to be swung in the dugout
- There are to be no players outside of the fence line throwing or swinging bats during a game
- The batter is responsible for his bat at all times. The batter must drop or hand-off the bat after a hit or walk. Throwing of the bat is not allowed and may result in a penalty from the umpire.

## 12. Concussion Prevention

A concussion is a brain injury that can occur even without loss of consciousness and can cause long term health issues. Please adhere to the following guidelines to minimize risk to our young athletes.

- Batters, base runners, and on-deck batters must wear properly fitted, NOCSAE-approved helmets. Catchers must wear an approved catcher's helmets with full mask (hockey style); this applies between innings and in bullpen practice.
- Check helmets and catcher's gear before each game and practice for cracks or damage. Replace damaged or unsafe equipment immediately.

- Athletes are encouraged to communicate loudly when chasing fly balls to avoid player collisions.
- Players with the ball protecting home plate should strive to tag the runner out without hard contact. Intentional head first slides are prohibited.
- Any malicious contact during game play will be subject to immediate disciplinary action including ejection from the game and/or suspension. Malicious contact is defined as any non-accidental, intentional, deliberate act that results in injury.

Any player with a suspected concussion must be removed from play immediately.

### 13. Weather conditions

Rain: Please suspend any practices and games if play becomes unsafe due to rain. During a game **the umpire has the final say on the decision to suspend play or play on.**

Thunderstorms and Lightning: In the event of thunderstorms or lightening, all practices and games must be suspended immediately. All coaches, players and parents are to stay away from anything metal including bleachers and fences. No player is to hold a metal bat. Avoid huddling under trees.

Sun exposure: Prolonged UV exposure increases a person's risk for developing skin cancers. Even on cloudy days, skin can get damaged or burned. We strongly recommend every child has SPF 50 or higher sunscreen applied before each practice and game.

Hot weather: Precautions must be taken in order to make sure the players do not over heat in hot weather. Suggest players take drinks of water between innings. (Drinking fountains or personal water bottles). If a player looks distressed while standing in the hot sun, substitute that player and get him/her into the shade of the dugout and try to cool them ASAP. If a player should collapse as a result of heat exhaustion, call 9-1-1 immediately, and start cooling the player. If the player is fully conscious get the player to drink cool water and use the instant cold packs in the first aid kit or ice packs available at the concession stand to cool him/her down until the ambulance arrives.

Children do not have as efficient of a cooling mechanism as adults and thirst is not a reliable indicator of dehydration in a child. **Children must be encouraged to drink fluids even when they are not thirsty throughout each game.**

## 14. Emergency Safety Procedures

### In Case of Medical Emergency

#### DO:

- **Call 911** and provide first aid as appropriate.
- **Notify parents immediately** if they are not present.
- **Carry completed Little League Medical Release Forms** for each player at every practice and game. These forms are essential to authorize medical treatment if a parent or legal guardian is not present.
- **Ensure another coach or Team Administrator** (not attending to the injured player) calmly separates and reassures teammates, keeping them away from the scene.
- **Notify the League Safety Officer** within **24 hours** (preferably sooner). If email is not available, notify them by phone.
- **Complete the Little League Accident Notification Form** (Forms 1 & 2) and submit it to the Safety Officer **within 48 hours** of the incident.

#### DO NOT:

- **✗** Administer any medication.
- **✗** Allow the player to move if a **neck or back injury** is suspected—**wait for professional responders**.
- **✗** Provide food or beverages, **except water**.
- **✗** Hesitate to give aid when needed.
- **✗** Be afraid to **ask for help** if you are unsure of procedures.
- **✗** Transport injured individuals, **except in extreme emergencies**.
- **✗** Leave **any child unattended** at a practice or game.
- **✗** Hesitate to report **any existing or potential safety hazard** to the League Safety Officer.

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### Communicable Disease Procedures & Precautions

To ensure the safety of all players, coaches, volunteers, and spectators, the following precautions must be followed when there is potential exposure to blood or other bodily fluids:

#### Player & Equipment Protocols

- **Bleeding must be stopped immediately.** The wound must be properly cleaned and covered before a player can return to play.
- **Uniforms with blood must be changed** before the player continues participation.

#### Protective Measures

- **Wear vinyl or latex gloves** when there is any possibility of contact with blood or bodily fluids.

- **Wash hands and any affected skin** thoroughly with soap and water after any exposure.
  - If soap and water are not available, **use an alcohol-based hand sanitizer.**
- **Disinfect all contaminated surfaces and equipment** using a disinfectant or bleach solution.

### **Volunteer Safety**

- **Managers, coaches, and volunteers with open wounds** must refrain from direct contact with players or equipment until the wound is properly treated and covered.

### **Disposal of Contaminated Materials**

- Follow accepted health and safety guidelines when disposing of **bloody dressings, mouthguards, or other articles containing bodily fluids.** These items must be placed in a sealed plastic bag and disposed of properly to minimize risk of infection.

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### **Concussion protocols**

A concussion is a brain injury caused by a blow to the head, face, neck, or body that makes the brain move inside the skull. It can have both short- and long-term effects. Loss of consciousness is **not** required to have a concussion.

### **Concussion Symptoms**

Symptoms may be subtle and don't always appear immediately. They can last for days, weeks, or longer.

#### **Common physical symptoms:**

- Headache
- Ringing in the ears
- Nausea or vomiting
- Fatigue or drowsiness
- Blurry vision

#### **Other symptoms:**

- Confusion or "feeling in a fog"
- Memory loss (especially of the event causing the injury)
- Dizziness or "seeing stars"

#### **Signs that others might notice:**

- Temporary loss of consciousness (not always present)
- Slurred speech
- Slow or delayed responses
- Dazed appearance
- Repeatedly asking the same questions

### **Delayed symptoms (may appear hours or days later):**

- Concentration or memory problems
- Irritability or personality changes
- Sensitivity to light or noise
- Sleep disturbances
- Mood changes or depression
- Changes in taste or smell

### **Concussion Action Plan**

#### **If you suspect a concussion:**

1. Remove the athlete from play immediately.
  2. Ensure the athlete is evaluated by a healthcare professional experienced in concussion assessment. Do **not** try to diagnose the severity yourself.
  3. Inform the athlete's parents or guardians and provide concussion information.
  4. Keep the athlete out of play for the rest of the day. Return to play only after medical clearance from a qualified healthcare professional.
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### **When to See a Doctor**

- For any head injury, see a doctor within 1–2 days, even if emergency care isn't needed.
  - Emergency care should be sought **immediately** if the athlete shows any of the following:
    - Repeated vomiting or nausea
    - Loss of consciousness longer than 30 seconds
    - Worsening headache
    - Fluid or blood draining from the nose or ears
    - Vision problems or uneven pupils
    - Persistent ringing in ears
    - Weakness in limbs
    - Pale appearance lasting over an hour
    - Confusion or difficulty recognizing people/places
    - Slurred speech or coordination problems
    - Seizures or convulsions
    - Symptoms worsening over time
- 

### **Managing Nose Bleeds**

Nose bleeds are common in youth sports, including baseball, due to contact with the ball, bats, or incidental collisions. Prompt and proper management is important to ensure player safety, comfort, and a quick return to play when appropriate.

## What to Do if a Player Has a Nose Bleed

- Stay calm and reassure the player.
  - Have them sit down and lean slightly forward (not backward).
  - This prevents blood from flowing down the throat, reducing coughing or vomiting.
- Pinch the soft part of the nose.
  - Using a tissue, gauze or cloth, pinch just below the nasal bridge, applying firm, steady pressure.
  - Maintain pressure **for at least 10 minutes without checking**
- Apply a cool compress.
  - Place a cold pack or ice wrapped in a towel on the bridge of the nose or the back of the neck. This may help constrict blood vessels.
- Keep the player quiet and seated. Encourage slow breathing through the mouth. Avoid strenuous activity, bending over, or blowing the nose for several hours after the bleeding stops.

### Call for professional medical help or advise parents to seek care if:

- The bleeding does not stop after 20 minutes of continuous pressure.
  - The nose appears broken or deformed.
  - There is heavy bleeding (blood is pouring out).
  - The player feels faint, weak, or unusually pale.
  - Nose bleeds are frequent or unexplained (this may require evaluation for underlying conditions).
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## Heat Illness Prevention and Response

### Hydration Guidelines

To reduce the risk of heat illness during practices or games:

- **Before activity:** Drink 8 ounces of fluids.
- **During activity:** Drink at least 4 ounces every 20 minutes.
- **After activity:** Drink 16 ounces for every pound of body weight lost.

### Signs of Dehydration

#### Early signs:

- Fatigue
- Loss of appetite
- Flushed skin
- Light-headedness
- Dark, strong-smelling urine

#### Severe signs:

- Muscle spasms

- Clumsiness
- Sunken eyes or dim vision
- Delirium

**Prevention**

- Encourage players to drink adequate fluids; plain water is best, but salt-containing sports drinks are acceptable.
- Recommend players maintain a diet with sufficient salt.
- Monitor weather conditions carefully: heat illness risk increases when temperature exceeds **32.2°C (90°F)** or humidity is above **95%**.
- Provide frequent rest breaks in a cool, shaded area.
- Limit catchers to no more than three innings under extreme heat conditions.

**Types of Heat Illness**

Type	Symptoms	Findings
<b>Heat Cramps</b>	Muscle tightening/spasm with intense pain (usually lower leg, abdomen, or ribs)	Muscle spasms not relieved by massage
<b>Heat Exhaustion</b>	Severe fatigue, weakness, light-headedness; may have flu-like symptoms (headache, muscle aches, nausea, vomiting, diarrhea)	Elevated temperature (98.6°F to 103°F), elevated pulse, rare loss of consciousness
<b>Heat Stroke</b>	Confusion, disorientation, agitation, delirium, or coma in severe cases	Temperature ≥ 105°F, hot, flushed, dry skin

**Treatment:**

**For Heat Cramps:**

- Rest and cool down
- Gentle stretching
- Drink diluted salt solution (1 teaspoon salt per quart of water)

**For Heat Exhaustion:**

- Move player to cool, shaded area
- Have player lie down, elevate feet, and massage legs toward heart
- Give diluted salt solution if player is awake
- Call 911 for emergency assistance
- Notify parents
- Monitor closely for worsening symptoms

**For Heat Stroke (Life-Threatening Emergency):**

- Call 911 immediately
  - Move player to shade or create shade
  - Cool body rapidly by removing clothing, applying ice packs, and fanning
  - Do NOT give coffee, tea, soda, or other beverages
  - Notify parents and League President or Safety Officer immediately
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Keeping players safe in the heat is a shared responsibility—thank you for your attention and care!