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Mandating Full Facial Protection In Municipal Arenas

An ongoing campaign

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Even a casual observer of the games played by Canada's men's and women's 2002 Olympic hockey teams could easily have noticed that a major difference between the two was the women all wore full facial protection while few men, if any, did.

In the Canada-Finland game, I watched Canada's Chris Pronger being checked into the boards and saw his unprotected face hit a seam in the glass. This resulted in a major facial cut close to his eye, requiring numerous stitches. In my opinion, there is no question the injury would have been prevented by full facial protection. More seasoned hockey observers will recall National Hockey League defenceman Bryan Berard's eye being smashed like a grape while playing for the Toronto Maple Leafs. The listing of facial injuries can go on and on.

For a number of years, I have been concerned about the hockey-related facial injuries I've seen broadcast on television or reported on in the print media. It appeared to me that many of these were preventable or at least could have been substantially reduced by wearing full facial protection. As a public health dentist employed by the Middlesex-London Health Unit, I am aware that the "Injury Prevention" program is mandated by Ontario's *Health Protection and Promotion Act*, although the act does not refer specifically to facial protection.

For some time, I had made an internal resolve to take on a project to investigate mandating facial protection in contact sports. However, I lacked firm commitment until October 8, 2000, when the *London Free Press* reported that in the final seconds of a Junior A exhibition hockey game between the London Knights and Sarnia Sting, a London Knights player attacked a Sarnia player. The article reported "eight hours of reconstructive surgery" was required to repair a broken nose. I questioned again why a young player would wear only a half visor and not full facial protection. I also questioned why my tax dollars should pay and why valuable operating time was being used to treat a preventable injury. At that moment, I decided to start to clip articles and pictures from the local paper that reported facial injuries and showed unprotected faces of hockey players.

On October 13, 2000, I wrote to David Branch, the Ontario Hockey League (OHL) commissioner and asked the league to demonstrate responsibility and mandate full facial protection on properly fitted helmets for its players. I also indicated in the letter

that the October 12 *London Free Press* reported "that the London Knights will be without defenceman Bobby Turner since he was caught with an open ice check... and had his jaw broken in two places."

Mr. Branch replied that "the current Facial Protection Policy in the Ontario Hockey League provides for the player to have an option on what type of facial protection he would like to wear, with the minimum being a half visor." He also indicated that my recommendation would be considered by the league's (Junior A) Competition Committee. However, at this time, no further communication has been received. Junior B and lower leagues require full facial protection.

I continued to collect photos from the newspaper, and now have numerous examples of how the half visor, particularly the way it is worn by many players, provides little protection. In fact, some people have reported to me that it may *increase* the likelihood of injury, since a stick blade may get caught under the half visor, and cause the opposing player to pull harder to remove it. Ouch!

As I continued to investigate, I became aware that full facial protection is required by leagues for all youth, high school hockey, women's hockey, Junior B and lower leagues, and university hockey. Apparently the Western Canada and Maritime University leagues do not. The key word here is "league." It is the *league* that mandates it.

I felt "doing battle" with the OHL may be non-productive. However, I discovered that most adult recreational leagues do not require any facial protection at all. This involves far more players than Junior A.

In the City of London's recently opened four-pad arena, it is possible to see young children or a high school hockey team playing hockey with all players wearing full facial protection, while on another pad, adults — possibly parents of players on the other pads — are also playing hockey, but with no facial protection. Why is this? Quite simply, the adult has a choice, the others do not. Why is there a choice?

Freelance broadcaster Richard Martyn reported on this in a February 25, 2001 television story on CBC Newsworld's *Sport Journal*. Speaking with safety crusader Dr. Tom Pashby, who assisted with Canadian Hockey Association equipment standards, he found that, "Facial protection became mandatory for youth hockey players in the mid-1970s. That means anyone in their mid-30s or younger probably spent 10 years or more playing in a full face mask and helmet without ever giving it a second thought. When those players sign up for adult hockey, it's a different story. Almost half of the men who grew up wearing cages or visors apparently never liked them in the first place."

I decided that it would be more productive to deal with recreation hockey. It also seemed impossible to deal with the many assorted recreational and "pick-up" hockey leagues. Rather than approach all of them, I felt it would be more productive to approach the municipalities who fund or operate the arenas. It also seemed that, to be effective, it should be an effort made throughout Ontario. While I was aware that youth leagues require a certified neck guard and internal mouth guard in addition to full facial protection, I felt that attempting to get these mandated in addition to full facial protection

would substantially decrease the chances of acceptance of mandatory full facial protection.

The strategy I adopted was to get my local Board of Health to approve a motion supporting full facial protection and then request the municipality to mandate it. Local municipalities have representatives on Boards of Health. The approved motion would then go to the Association of Local Public Health Agencies and Association of Municipalities of Ontario (AMO) for provincial support. In that way, each local Board of Health could go to its respective municipality.

On May 17, 2001, the Middlesex-London Board of Health passed the following motions:

"That the Board of Health seek approval from their municipalities to have full facial protection on properly secured helmets be made mandatory for hockey, ringette, lacrosse and similar contact sports starting no later than September 1, 2002, in municipally operated/funded arenas;" and,

"That the Board of Health forward a copy of this report to the Ontario Dental Association (ODA), the Ontario Association of Public Health Dentistry (OAPHD), the Association of Local Public Health Agencies (ALPHA) and the Association of Municipalities of Ontario (AMO)."

On August 27, 2001, on behalf of the Middlesex-London Health Unit, I presented these two motions to the City of London's Community and Protective Services Committee,

along with a package of reference material. This committee referred it to City Administration for comment. Administration indicated it would report back to the committee early in January 2002. As of March 18, 2002 — almost seven months later — no report has been sent to the committee. Unfortunately, the unofficial "word" is that the administration will report that they *do not* support mandating full facial protection.

When I initially decided to write this article, I fully expected to know the results of my efforts, at least in London. I believe the following story probably summarizes the opposition to the motion.

Apparently, in the early 1990s, an Ontario municipality adopted a policy that mandated "safety equipment" for players. Some users challenged the policies and legal opinion was sought. The legal advice at the time stated that "anytime a corporation drafts policy that requires the use of any mandatory service, equipment or product, they have a legal requirement to ensure that said service, equipment or product is in place and being 'properly' used at all times."

It also stated that, "Although extreme, legal counsel of the time went as far as to suggest that staff, as the official representative of council, would be responsible to ensure that all players entering onto the ice surface would require inspection to ensure compliance. Should someone escape inspection and ultimately have an accident, the corporation through policy would be frontline for litigation as it failed to ensure compliance." Essentially, the recreation departments may state that they do not have the staff to monitor compliance and are concerned with liabilities.

Another concern may be the direct financial one. Would adult players not wearing full facial protection quit playing hockey on municipal rinks if full facial protection had to be worn? Would the area still be able to attract tournaments? If not all municipalities adopted full facial protection, would leagues and players simply go to arenas in a municipality where there was no mandate? In short, would the municipality lose revenue?

As indicated above, the motions adopted by the Middlesex-London Health Unit had been sent to the Association of Municipalities of Ontario in hopes of receiving the unified support of all Ontario municipalities. The following reply was received:

AMO has a long-standing position of local flexibility, where legislation needs to be permissive and not prescriptive. Municipalities are very diverse and 'one size fits all' solutions do not respect local circumstances and therefore do not work well.

In regard to province-wide mandatory facial protection for sports, it would probably be best to leave this decision with local municipal councils.

Municipal councils need to address the local financial and enforcement impacts and what policies best serve their communities.

Several years ago, a politician, who was a member of AMO, informally addressed a meeting of the Ontario Association of Public Health Dentistry. Essentially, he stated that

any proposal that may cost money would have a difficult time being approved by a municipality in the present economic climate.

I have prepared some responses to the perceived concerns but I may not get to use them. I continue to focus on the fact that our health care system, hospitals and physicians are overburdened, and expenditure of time and money treating preventable injuries is inappropriate. While the costs to treat preventable injuries may not be *direct* ones to the municipality, the costs to the “community” are substantial. They must include not just the emergency care, but also the follow-up and rehabilitation care, the loss of work time for the employee and employer, and the effect on premiums for health care.

I also suggest that it would be inconceivable that the Ontario Ministry of Labour would allow any "workplace" to operate where a hard disc travelled randomly and unpredictably at 150 km/h and sticks were being flailed about by persons with knives on their feet, while the faces of "workers" were without recognized, approved protection.

The Workplace Safety and Insurance Board (WSIB) of Ontario states its vision "is to eliminate all workplace injuries and illnesses in Ontario." As an extension of that, I would ask, "What about eliminating preventable injuries in the “playplace”?"

From the legal liability aspect, I question the extent of a municipality's liability. If the municipality did not mandate full facial protection, after the Health Unit had requested it, and then a player sustained an injury that may have been prevented or lessened if the facial protection had been worn, who would be liable?

In October 2001, I presented the same motions and package that I had in London to the Middlesex County politicians. I was informed that none of the eight Middlesex municipalities adopted the motion.

While gathering data and networking to get support for the motions, I contacted the Dr. Tom Pashby Sports Safety Fund and the Ontario Recreation Facilities Association (ORFA). The latter stated it was “in support of the concept, but sensitive to the realities and potential legal ramifications to such a 'sweeping' policy.” In a December 2001 conversation with an ORFA administrator, I was informed that one of their organization’s current major concerns was injuries to *spectators*. Unfortunately, the March 20, 2002 *London Free Press* reported a death of a 13-year-old female spectator after being struck by a puck at an NHL game.

Ultimately, it seems to me a matter of common sense to wear full facial protection, or mandate full facial protection, especially when that protection has been in place for over 25 years, is commonplace and very modest in cost. Unfortunately, others do not see it that way. Essentially my efforts to date have been unsuccessful. Unsuccessful, but not defeated. I am carrying on.

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