

Violence in Amateur Hockey



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“Sport, and particularly hockey, need not be a symptom of a sick society. Hockey can be a positive educational force – a model – to instill values such as co-operation, personal discipline, tolerance and understanding – a catalyst to promote fellowship and mutual respect among individuals and peoples – a celebration of speed, courage and finesse. Rather than a divisive force, fueled by calculated animosities, it can and should be a bond between participants, with a shared commitment to excellence, and the common love of a game, hockey, which perhaps more than any other can give one a sense of physical exhilaration and sheer joy of participation.”

William McMurtry, Q.C.
Government of Ontario Report;
Investigation and Inquiry into Violence in
Amateur Hockey, 1974

Table of Contents

Introduction.....	1
Organization of Ontario Amateur Hockey.....	2
Penalties for Violence	3
Consequences	4
Model Programs	5
Conclusion.....	8
References.....	9
Appendix A – The Organization of Ontario Amateur Hockey	10
Appendix B – Alliance Hockey	11
Appendix C – Ontario Hockey Association	12
Appendix D – Ontario Women’s Hockey Association	13
Appendix E – Minimum Penalties	14
Appendix F – Canadian Academy of Sport Medicine Position Paper	15
Appendix G – Organizations – Violence Prevention Programs	16
Appendix H – GoodSport Program – Hockey Development Centre for Ontario	17
Appendix H – GoodSport Program - Team Commitment Form	18
Appendix I – Nanaimo Minor Hockey Association	19

Introduction

Violence continues to be an epidemic in Canadian society. This is particularly true for women and children. The Canadian Panel on Violence Against Women (1993) reported that 27% of women have experienced a physical assault in an intimate relationship.

The situation is similar in the United States. Using U.S. Department of Justice statistics (1999), Bilukha et al found one in four women during their lifetime will experience partner violence, while 22.1% will be victims of other physical assaults.

A review of domestic violence by Eisenstat and Bancroft (1994) reported in the New England of Journal of Medicine found:

- 1 in 4 women seen in primary care settings has been abused at some point in her life
- 1 in 4 women seeking care in an emergency room for any reason is a victim of violence
- 1 in 6 pregnant women is abused during pregnancy.

The acute and long term health affects of woman abuse were described in the Middlesex-London Health Unit Report of the Task Force on the Health Effects of Woman Abuse (2000). The Law Commission of Canada Report: The Economic Costs and Consequences of Child Abuse in Canada (March 2003) highlights the serious consequences of child abuse both for the abused children and for the Country as a whole.

It is recognized that men are also victims of violence. However, the incidence of violence against women and children is much higher and is primarily inflicted by men (Statistics Canada, 2000). In fact, violence against men is also primarily inflicted by men.

Addressing violence in Canadian society necessitates the involvement of boys and men. It is recognized that a multi strategy approach is required. One option is utilizing sports as a means of educating boys and men of all ages in the principles of behaviour management such as co-operation, tolerance, mutual respect and conflict resolution. Learning how to control emotions in times of stressful situations to achieve a positive outcome is an ability applicable to all aspects of life.

No sport has more resonance for Canadians than hockey. Over four million Canadians of all ages play hockey. Millions more watch it.

Men and women of all ages use rented ice surfaces, non-regulated community rinks, ponds, backyard surfaces and even roads to play the game! At least 400,000 children in Ontario play in an organized league. In addition to the boys and girls enrolled in the sport, adult amateurs comprise 85% of non-competitive, recreational hockey players.

Hockey is by far considered Canada's pre-eminent sport and pastime. It is a competitive sport that involves close physical contact. What is surprising, and in many ways separates hockey from other forms of competitive athletics, is the level of acceptance of violence. This is highlighted by the prominence of fighting, a practice essentially banned in most other forms of organized sport.

In hockey, some forms of violence are sanctioned, others more indirectly endorsed and some are simply not tolerated. In many ways, violence in hockey is perceived to be part of the game. Hockey is perhaps the most highly profiled sport where violence is prolific.

The integral part hockey plays in Canadian society; the role model impact of older players, especially those at the rank of professional, on those younger; and the degree of sanctioned violence in the game; make hockey both part of the problem and a potentially important part of the solution to address woman and child abuse.

This report provides an overview of the organization of amateur hockey in Ontario and the approaches which have been taken to address violence.

Organization of Ontario Amateur Hockey

There are two levels of hockey in Canada: Recreational or “House League” and Competitive or “Rep”. Competitive hockey also goes by other names such as “All Star” and “Select”.

Hockey Canada (formerly the Canadian Hockey Association) is the self-governing body of all amateur competitive hockey in Canada. There are 13 branches of which three are in Ontario: Hockey Northwestern Ontario; Ottawa District Hockey Association and Ottawa District Minor Association; and Ontario Hockey Federation.

The Ontario Hockey Federation (OHF) is comprised of the following organizations:

- Alliance Hockey
- Greater Toronto Hockey Association
- Ontario Minor Hockey Association
- Northern Ontario Hockey Association
- Ontario Hockey Association
- Ontario Women's Hockey Association
- Ontario Hockey League

With the exception of the Greater Toronto Hockey League, and the Northern Ontario Hockey Association, all of the above organizations operate within the Middlesex-London area. Appendix A summarizes the organization of amateur hockey in Ontario.

Alliance Hockey is the largest organization in the OHF being comprised of 21 member associations. It includes over 30,000 participants. Locally teams operate in Elgin, Middlesex, Huron, Perth, Greater London and St. Thomas. Included in Alliance Hockey is the London Junior Knights team. Appendix B provides an organizational diagram for Alliance Hockey in this area.

The Ontario Hockey Association (OHA) governs Junior and Senior hockey throughout Ontario. It is comprised of 136 teams in 12 leagues. The Junior teams are referred to as Tier II Junior Hockey. There are 4 Tier II groupings: Junior A, Junior B, Junior C and Junior Development or D.

There are 2 tiers of Senior Hockey; Senior AAA and base registered Senior AA and A leagues. Twenty-eight (28) teams operate within this region. Appendix C depicts the local organization for the OHA Junior teams.

The Ontario Hockey League (OHL) is perhaps the best known of the OHF's member organizations owing to the past success and media coverage of the London Knights. It is responsible for overseeing Tier I Junior hockey having split from the OHA in 1980. Tier I Junior Hockey is referred to as Major Junior A or simply “Major Junior”. The OHL is comprised of 20 Major Junior A Clubs. The OHL is also affiliated with Hockey Canada through the Canadian Hockey League (CHL). Major Junior hockey operates under different rules and policies than Tier II Junior hockey.

The Ontario Women's Hockey Association (OWHA) is the governing body for female hockey in Ontario. Contact information is provided in Appendix D.

To address the safety, education and development needs of amateur hockey, the Hockey Development Centre for Ontario (HDCO) was established in 1984. HDCO has membership from all Amateur Hockey Bodies operating within the Province of Ontario.

Penalties for Violence

Attached as Appendix E are the Ontario Hockey Federation Minimum Suspension Lists for Minor Hockey, Junior and Senior Competitive Hockey. Focusing on fighting as one of the most extreme forms of hockey violence, it can be seen, the minimum suspension for fighting is 1 game for Minor, Junior and Senior hockey.

In Major Junior, at the discretion of the referee, players can be assessed a Fighting Major penalty (usually 5 minutes) with or without a game misconduct. In all instances, none of the penalties imposed is considered sufficient to eliminate fighting from the game as evidenced by its frequency.

Checking to the head is another example where the penalty (Major penalty plus Game Misconduct plus 2 additional games) appears inappropriate in magnitude to the potential consequences of the infraction. The same is true for spearing.

In short, it can be argued, the minimum penalties imposed in amateur hockey are not a significant impediment to prevent violence from occurring.

This situation is compounded by the practice of fighting within the National Hockey League (NHL). Those players at the amateur level who aspire to a NHL career are encouraged by the example of the professionals to emulate their behaviour. This situation is very much in evidence at the Major Junior level where fighting is a prominent part of the game. As in the NHL, most Major Junior teams have players on their roster who are considered “Tough guys” or the team fighters. At both levels, these players are respected by their team mates and serve as role models.

It is within this environment of inadequate penalties and the negative influence of role models, that what is referred to as the hockey “code of conduct” emerges. Under this code, players assume responsibility for administering a system of justice to address infractions perceived to be inadequately penalized by the rules. This often takes the form of the team’s “tough guy” forcing a fight with a player on the opposing team who is considered to have inflicted an inappropriate physical infraction upon one of the “tough guy’s” team mates. This form of vigilante justice is accepted even by the referees who only intercede after one player has clearly beaten the other or both players fall to the ice.

... this “violence is a part of the game” social conditioning is somewhat unique to hockey. For the most part, particularly in the sport of hockey, aggression and violence is learned behaviour – cultivated and nurtured by a number of influences, not the least of which are the very role models that young players are exposed to – parents, coaches, other players and professional athletes. It is a self-fulfilling prophecy.”

Bernie Pascall,
Government of British Columbia Report,
Eliminating Violence in Hockey, 2000,
p. 18.

Consequences

Injuries are a major concern in Minor hockey. The Canadian Institute for Health Information reported that in 2001 – 2003 there were greater than 3550 visits to emergency departments in Ontario for hockey related injuries for children between 10 and 15 years of age. Data from the same source indicates that there were 8,000 people treated for hockey related injuries in Ontario hospital emergency rooms in 2002-2003. Of those injured, 92 were admitted to hospital and 15 of those to critical care units.

In a study reported in the Canadian Journal of Neurological Sciences (2004), between 1943 and 1999, 271 hockey related major spinal injuries were reported, of which 49% occurred in players 16-20 years of age. This study found:

- Ontario reports more spinal injuries to minor hockey players than any other province.
- Of all spinal cord injuries, 65.8% resulted from colliding with the boards and 36.6% were caused by players being pushed or checked from behind.

Body checking is a common cause of youth related hockey injuries. The Canadian Academy of Sport Medicine Position Statement on Violence and Injuries In Ice Hockey (1988) states, "There is a progressive increase in both the rate of injury and severity of injury with increasing age and competitive level above the age of 11." (Appendix F)

The age to allow body checking has long been a controversial subject in Minor hockey. The Canadian Academy of Sport Medicine advocates that there be no intentional body contact below the age of 13 and that teaching body checking techniques should not begin until age 14. The Academy recommends that this be done in a graduated fashion (i.e. hip check and blocking only, no contact near boards), with full body checking not beginning until age 16. The American Academy of Pediatrics recommends no body checking below 15 years of age.

This approach is supported by the study undertaken by McPherson, Rothman and Howard reported in the Journal of Pediatrics (2006). In comparing hockey injuries in Ontario with those in Quebec, the study concluded that boys aged 10-13 were almost twice as likely to have a checking-related injury from a violent act during the game than the players in Quebec, where checking is not allowed. Among older players, when checking was allowed in both provinces, Ontario experienced a higher injury rate than Quebec "suggesting that there is no protective effect from learning to check earlier".

Hockey Canada recommends body checking begin at age 11, and four of the thirteen branches allow it for boys as young as 9 years old.

Concerning head injuries and concussions, the Canadian Hockey Association in the late 1970's, ruled that all minor league players must wear helmets with ear guards, chin straps and face masks that have been certified by the Canadian Standards Association (CSA). In 1981, the Canadian Hockey League applied the same ruling to their registrants.

However, few minor hockey leagues have endorsed the use of intra-oral mouth guards as an initiative to reduce the number of concussions in players and to protect teeth. The Greater Toronto Hockey League made a decision not to allow players who have suffered a concussion to return to practice or play without a letter of permission signed by a physician. This was novel in 2005, but other leagues have been slow to adopt this policy.

Hockey Canada acknowledges that deliberate checks to the head remain a major problem in the game. Concussions deprive players of playing time, end player's careers and can have long term effects.

Fighting is recognized to cause injuries which range from fractures of the hands and face and lacerations and eye injuries. (Canadian Academy of Sport Medicine).

The situation with eye injuries is an excellent example of what can be accomplished when action is taken by governing bodies to implement safety measures. Sports-related eye injuries have been tracked since 1972 (Canada Safety Council). Hockey accounts for over 40% of all eye injuries over those years. In the 1974-75 minor hockey season, prior to mandatory face protection being implemented by Hockey Canada, there were 258 eye injuries including 43 blinded eyes. The average of a player suffering an eye injury was 14. In the 2001-02 season, only 4 eye injuries were reported including 2 blinded eyes.

Unrelated to direct physical injury, but of major importance, is the potential impact of hockey violence on children's development (particularly boys) as it relates to conflict resolution. Research has confirmed children's attitudes and behaviour are influenced by adults whom they admire. Hockey violence has the potential effect of normalizing violence as a means of resolving interrelationship conflicts. A child who watches and/or plays hockey could be left with the perception that acts of violence are acceptable. This sends the wrong message to all children at this impressionable age.

Similarly hockey sanctioned violence reinforces violence as a means to address or settle conflicts for men of all ages.

Model Programs

There are a number of injury prevention programs that have been implemented across the nation, contributing significantly to the anti violence campaigns in minor hockey. Appendix G provides addresses and websites for the involved organizations. The following examples are impressive in their depth and focus.

Greater awareness of the occurrence and mechanisms of injury, through educational programs and organized hockey rule changes, have reduced the annual incidence of violence and injuries in Canadian minor ice hockey.

(1) McDonalds STOP Program

Originally delivered by the Ontario Minor Hockey Association, this program has grown significantly since 1999. Players nation-wide (although not in every league) wear the STOP patch on the back of their jerseys or as a decal on the back of their helmets to help raise awareness of the dangers of violence on the ice.

(2) Smart Hockey – More Safe, More Fun

This video is available from Think First Canada, and some leagues use it as part of their training packages.

(3) “Stick It to Violence”

This is a prevention and intervention program for children whose lives are damaged or affected by various acts of violence. It is a ‘cutting edge’ program that combines ice hockey and therapy for those considered to be ‘at risk’. Elements of this Vancouver-based program could be easily adapted into youth hockey programs across Canada. Some have already included these dimensions to local leagues to prevent on-ice violence:

- On and off ice counselling.
- Provision of CSA approved equipment.
- Certified coaches.
- Professionals recruited to mentor the players.
- Individual goal setting with weekly reviews.
- Requirement for youth to volunteer for local non-profit organizations.

(4) Speak Out! Program

Designed for coaches, assistant coaches, trainers, managers and parent reps, this program is recognized for instilling healthy communication and promoting a better understanding of the roles and responsibilities in the prevention of abuse and harassment. The program gives participants effective tools to recognize and deal with topics such as:

- Definitions of abuse and harassment.
- Responding to disclosures.
- Prevention guidelines for coaches.
- Showers and locker rooms.
- Dressing for sports.
- Transporting of participants.
- Injured and ill children.
- Road trips.
- Integrated teams.
- Prevention guidelines for playing.
- Prevention of harassment and abuse during competition.
- Fair Play Codes.

A certification number is issued upon completion, which is valid for the duration of their volunteerism in that organization.

(5) GoodSport

To encourage good sportsmanship, this program was created by the Hockey Development Centre for Ontario member organizations. The program consists of in-service training, culminating with Codes of Conduct for all participants to endorse. This is the program in place by the Ontario Hockey Federation leagues operating in Middlesex-London. (Appendix H)

(6) The Franc Jeu Formula

Developed in Quebec, this system makes good conduct “bankable” by awarding points that can be used toward the outcome of the game. It has been implemented throughout Quebec minor hockey (not provincial leagues, however) affecting about 35,000 players. The concept is that “if it is rewarding to break the rules in the traditional game, then why not make it possible to respect the rules, as well as the opponent?” Thus, the objectives are to promote ethics, reduce unacceptable behaviour, heighten awareness, create positive and secure environments, enhance hockey’s image and credibility and attract and retain young players.

(7) Fair Play

Implemented in Dartmouth, Nova Scotia, this program is based on five principles:

- Respect the opponents.
- Respect the officials and their decisions.
- Respect the rules.
- Have everyone participate.
- Maintain your self control at all times.

The program was comprised of a series of interventions including:

- Displaying banners and signs in arenas to advertise and educate participants about the program.
- A new process for selecting coaches.
- The signing of team contracts emphasizing the rights, responsibilities, obligations and privileges of players, coaches and parents.
- A pre-season meeting for coaches and managers, and pre-season meetings for all teams.
- A public announcement before each game introducing the officials and promoting Fair Play.
- A Team Assessment Form completed by a different parent for each game; this form deals with behaviour of players, coaches and officials during the game and feedback on Fair Play issues.

- A Referee Assessment Form completed by officials at each local game.
- A monthly award for the team that displays exemplary behaviour.
- A monthly newsletter on Fair Play distributed to all participants.
- A Fair Play support team made up of volunteers who are not executive members of the Dartmouth Whalers Minor Hockey Association (DWMHA) to investigate issues of Fair Play.

(8) Shared Respect Initiative

The Hockey Canada Board of Directors has mandated that all participants are to adhere to new standards of play for the 2006-2007 season. Focus is on the building blocks of the game: skating, puck possession and proper body positioning. It is hoped that skill development, respect for fellow players and positive minor hockey experiences will be achieved through rule emphasis and enforcement and that spontaneous acts of violence can be eliminated.

(9) SportSafe

British Columbia leads the country in their attempt to create safe environments for sport and recreation. By adopting SportSafe resources, their minor hockey associations have implemented Anti-Violence Policies for Recreation Facilities, giving the facility staff the right to eject and, if necessary, ban unruly spectators and facility users (no matter their age or the circumstances). Players in minor hockey are also required to sign “No Tolerance for Violence Codes”, which states that violence is not an acceptable part of the game and draws a distinction between acceptable and unacceptable conduct. The Code is prominently displayed in spectator areas and within dressing rooms at all arenas. Players must agree to adhere to the Code, prior to receiving their jerseys. (Appendix I)

(10) High Five

This initiative is a quality standard of Parks and Recreation in Ontario. It establishes a benchmark for quality, organized play for 6 – 12 year olds. It is an accreditation process designed to help organizations deliver the best recreation and support programs to children. Burlington Lions Optimist Minor Hockey Association (BLOMHA) incorporates this mandatory program into their training for all coaches.

(11) Conflict Meditation

BLOMHA includes this in-depth program for board members, coaches, players and parents. As well, that Association conducts attendance-required seminars on these topics:

- Anger Management.
- Eliminating Bullying and Harassment.
- Self Esteem and Stress.
- Safeguarding our Participants.
- Anti-discrimination and Diversity Awareness.

(12) Youth Against Violence Line

A 1-800 number based in Vancouver has been installed to allow any child or youth to report any concerns regarding incidents of violence in sport and/or in other aspects of their lives. Funded by Information Services Vancouver, the Ministry of Public Safety and the Solicitor General with the RCMP, the phone-in line is available 24 hours per day in 130 languages!

Typically many, if not all, minor hockey associations have anti-bullying, harassment or abuse policies, often called “Zero Tolerance Policy”. However, none of the local associations or leagues have clear restrictions or policies on violence during the hockey game.

The Canadian Centres for Teaching Peace recently published an article entitled: “Sports: When Winning is the Only Thing, Can Violence be Far Away?”. In it, their recommendations include:

- (1) There is a problem of accountability of youth sports organizations. It is time for sports organizations, which involve large numbers of

school-age children and affect their physical and mental health, to be licensed as well.

- (2) All coaches (and parents) should have training in child development and physiology, and sports philosophy and how to deal with violence in sports. All coaches should have background checks (similar to Block Parents).
- (3) All players, parents and coaches should sign a “contract” agreeing to a code of conduct, what is expected of coaches, players and parents.
- (4) All attempts at injuring other players in order to “take them out” of the game and all borderline violence should be forbidden. Any attempt by a coach to encourage youth to behave in this way should be met with a severe penalty and eventual removal if repeated. There should be no difference between game morality and the morality of everyday life.
- (5) Players who are problematic (i.e. offenders) should not be allowed to play on a team (for suitable time periods). For example, a ‘3 strikes and you are out’ rule.
- (6) All violent, insulting language on the part of the coach and the players, including slurs against women and homosexuals, should be forbidden.
- (7) Friendly, civil relations between teams should be encouraged. All games should start and end with handshakes.
- (8) League injury rates should be provided to players and parents.
- (9) Professional sports organizations must curtail violence.

“Hockey should act as a platform for youth development as well as instill a sense of sportsmanship and fair play among all participants.”

Dr. Julie Aleyne, President
Canadian Academy of Sport Medicine

Conclusion

In his Ontario Government commissioned report (1974) on the Violence in Amateur Hockey, William McMurtry highlighted the potential for hockey to “be a positive educational force – a model – to instill values such as co-operation, personal discipline, tolerance and understanding – a catalyst to promote fellowship and mutual respect among individuals and people – a celebration of speed, courage and finesse”. Though written over 30 year ago, these words are even more prescient given the level of understanding developed regarding the incidence, causes and consequences of violence in society, especially for women and children.

It is time for Hockey Canada to eliminate violence in amateur hockey.

Competitive amateur hockey in Canada is structured in a complex manner with multiple branches and member organizations. A central feature is commitment to the rules and regulations of the governing body, Hockey Canada. Hockey Canada sets the minimum penalties for game infractions. Consequently, it is Hockey Canada which has the authority to take whatever action is necessary to address violence at the amateur level.

Players are being hurt, with careers unnecessarily ended in some instances. The game suffers from a serious public relations problem owing to the level of violence. This, in turn, restricts the ability to attract new fans. Hockey violence negatively impacts the game at all levels.

For these reasons alone, it should be expected that Hockey Canada would take whatever actions are necessary to minimize violence. However, when coupled with hockey’s role as a model for boys and men for dealing with emotionally, highly charged situations, the need for change is that much more apparent.

Yet Hockey Canada appears reticent to do so. This despite the evidence that amateur contests in which violence is not tolerated such as the World Juniors are highly successful both from an attendance and television viewer perspective. Codes of Conduct including Hockey Canada’s GoodSport Program are a step in the right direction. But until the penalties issued for violent behaviour exceed the perceived benefits by players, coaches and parents for inflicting violence, it is highly unlikely that the current situation will be changed.

References

1. American Academy of Pediatrics, Committee on Sports Medicine and Fitness (2000). *Safety in youth ice hockey: the effects of body checking*. Pediatrics, 105, 657-658.
2. Bilukha, O., Hahn, R.A., Crosby, A., Fullelove, M.T., Luberman, A., and Moscicki, E., et al (2005). *The effectiveness of early childhood home visitation in preventing violence: a systematic review*. American Journal of Preventive Medicine, 28(S1), 11-39.
3. Bowles, A., McKenna, K., Day, T. and Wright, D. (2003, March). *The economic costs and consequences of child abuse in Canada*. (Law Commission of Canada Report.) Toronto, ON.
4. Canadian Academy of Sport Medicine (1988). *Position statement: violence and injuries in ice hockey*.
5. Canadian Centre for Justice Statistics (2000). *Family Violence in Canada: a statistical profile*. (Statistics Canada, Cat. NO. 85-224-XPE, 23). Ottawa, ON: author.
6. Canadian Institute for Health Information. *News and events: hockey injuries*. Retrieved April 10, 2007 from the Canadian Institute for Health Information Website: <http://www.cihi.ca>
7. Canadian Panel on Violence Against Women (1993). *Changing the landscape: ending violence – achieving equality*. Final Report of the Canadian Panel on Violence Against Women, (Cat. No. SW45-1/1993E), Ottawa, ON. Canadian Ministry of Supply and Services.
8. Canada Safety Council (May, 2006). *Smart players protect their eyes*. Retrieved April 2, 2007 from Canada Safety Council Website: <http://www.safety-council.org/info/sport/hockeysafety.html>
9. Eisenstat, S. and Bancroft, L. (1999, September 16). *Domestic violence*. The New England Journal of Medicine, 341 (12), 886-892.
10. Hockey Canada. Background on checking. Retrieved April 10, 2007 from the Hockey Canadian Website : <http://www.hockeycanada.ca/e/develop/checking/index.html>
11. MacPherson, A., Rothman, L., and Howard, A. (2006). *Body checking rules and childhood injuries in ice hockey*. Pediatrics, 117, 143-147.
12. McMurtry, William R., Q.C. (Commissioner) (1974). *Investigation and inquiry into violence in amateur hockey*. Minister of Community and Social Services. Government of Ontario.
13. Pascall, B. (2000, May). *Eliminating violence in hockey*. Canadian Cataloguing in Publication Data GV848.4.C3P37) Vancouver, BC; Government of British Columbia.
14. Task Force on the Health Effects of Women Abuse, Middlesex-London Health Unit (2000). *Task Force on the health effects of women abuse – final report*. London, Ontario: Author.
15. Tator, C.H., Provvidenza, C.F., Lapczak, L., Carson, J., and Raymond, D. (2004). *Spinal injuries in Canadian ice hockey: documentation of injuries sustained from 1943 – 1999*. The Canadian Journal of Neurological Sciences, 31, 460-466.

Appendix A

The Organization of Ontario Amateur Hockey

Hockey Canada

Hockey Canada is the governing body overseeing all aspects of ice hockey in Canada.

The Ontario Hockey Federation (OHF)

The OHF is the largest of provincial branches of Hockey Canada operating in Ontario. It has seven member partners:

- (1) The Greater Toronto Hockey League (GTHL)
- (2) Northern Ontario Hockey Association (NOHA)
- (3) Minor Hockey Alliance of Ontario (Alliance)
- (4) Ontario Hockey Association (OHA)
- (5) Ontario Hockey League (OHL)
- (6) Ontario Minor Hockey Association (OMHA)
- (7) Ontario Women's Hockey Association (OWHA)

For children, age divisions are typically divided into the following classifications:

1. Pre-Novice
2. Novice
3. Atom
4. Pee Wee
5. Bantam
6. Midget

There are age sub-divisions within divisions:

- a. Minor Novice
- b. Minor Atom
- c. Minor Pee Wee
- d. Minor Bantam
- e. Minor Midget

Adolescent divisions include:

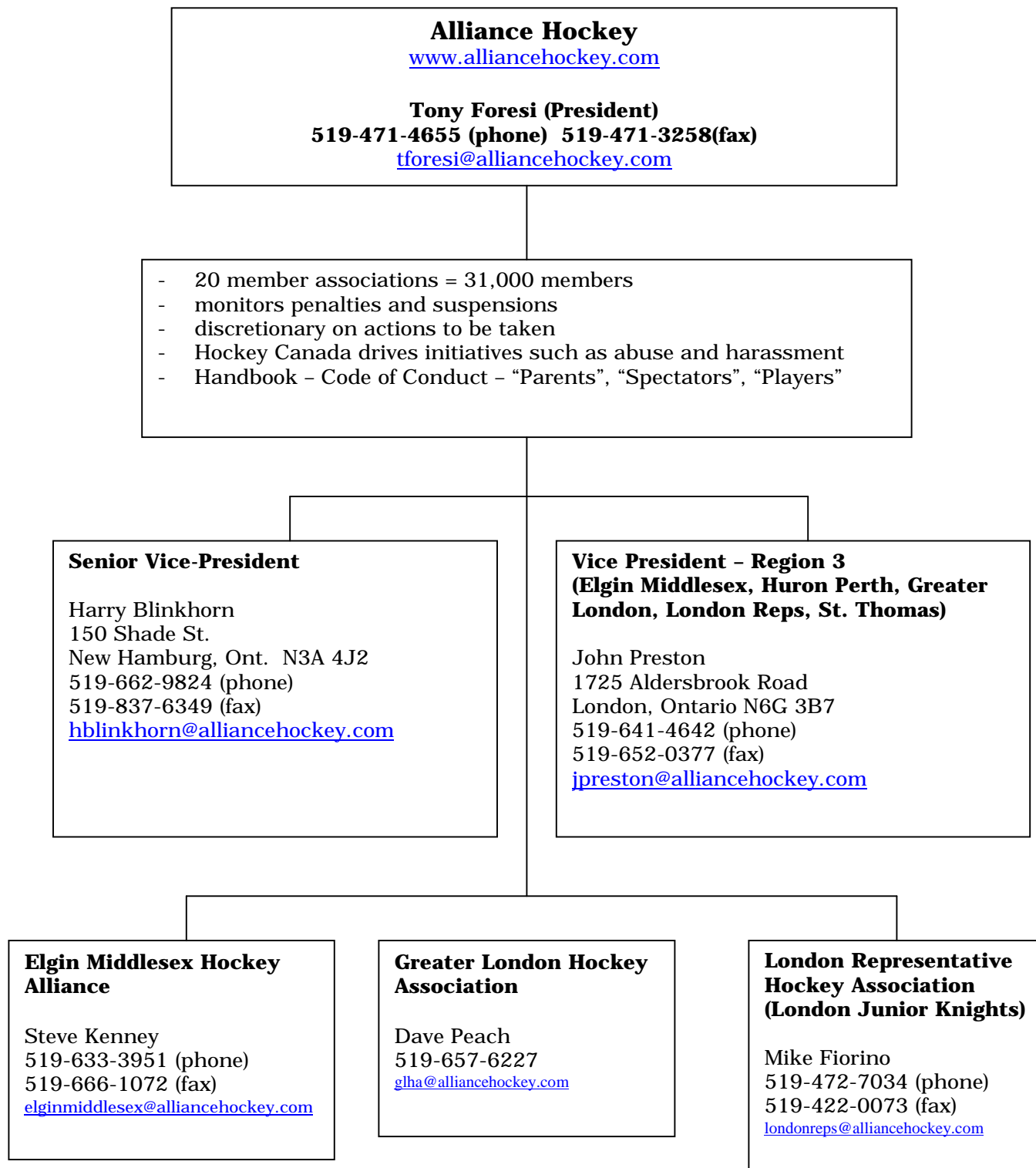
1. Major Junior
2. Junior A
3. Junior B
4. Junior C
5. Junior D

Adult leagues include:

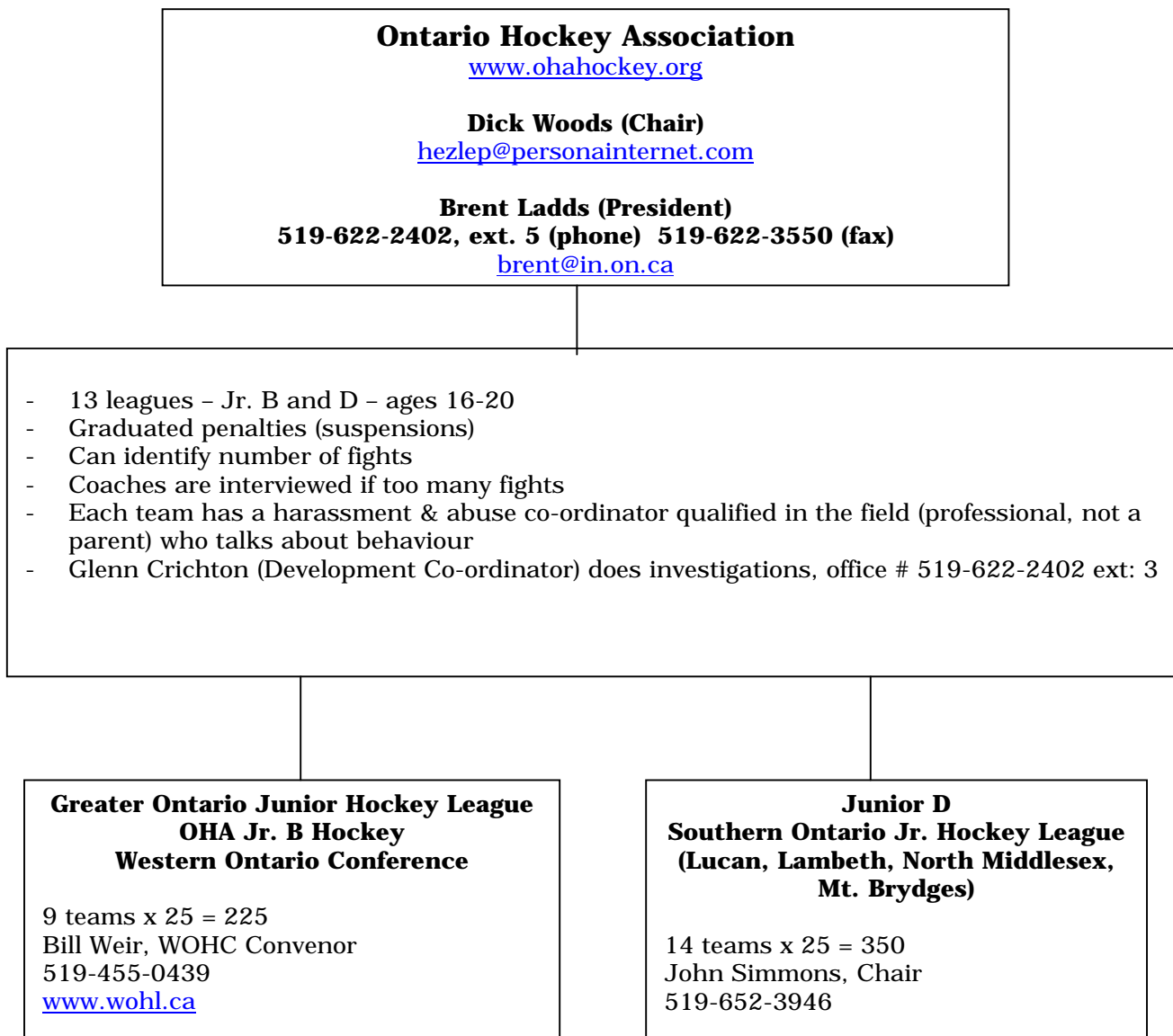
1. Senior

Categories of Competition, (e.g. AAA, AA, A, B, C, etc.) are determined by the member partners regulations, policies and guidelines.

Appendix B



Appendix C



Other Notes:

Speak Out program – all coaches
police check

Respect Policy – stop – was required

Decal on back of helmet – stop sign

CHIPS – child behaviour program

Appendix D

Ontario Women's Hockey Association

www.owha.on.ca

Fran Ryder (President)

416-573-5447 (phone)

fran@owha.on.ca

Bryan Chappell (Chair)

519-331-2957 (phone) 519-337-3621 (fax)

bchappell@owha.on.ca

Office numbers:

905-282-9980 (phone)

905-282-9982 (fax)

- 37,266 members
- 7% of injuries in hockey are women and girls, yet female hockey is exclusively non-contact!

Appendix E Minimum Penalties

2008-2009 OHF Minimum Suspension List – Minor Hockey

The following are minimum suspensions that shall be imposed for infractions, which occur in all OHF exhibition, league, and play-off games, during the current playing season for Minor Hockey. Note that these suspensions are over and above any imposed by Hockey Canada rules.

Misconducts & Game Misconducts	H.C. Rule #	Minimum Suspension
M10 Throwing Stick Over Boards	82 (d)	0 Games
M11 Refusing to Surrender Stick for Measurement	21 (e)	0 Games
M12 Player Interference/Distracton During Penalty Shot	35 (f)	0 Games
M13 Goalkeeper Violation/Infraction During Penalty Shot	35 (f)	0 Games
M14 Equipment/Facemask Worn Incorrectly	24 (d & f)	0 Games
M20 Disputing Call of Official	47 (a)	0 Games
M21 Harassment of Official/Unsportsmanlike Conduct	47 (b)	0 Games
M22 Inciting	47 (e)	0 Games
M23 Entering Officials Crease	47 (g)	0 Games
M34 Failure to go to the Player's Bench or Neutral Area	59 (a (vi))	0 Games
M35 Failure to go directly to Penalty Bench	47 (d)	0 Games
M71 Checking to the Head (Minor + 10 Minutes)	86 (a)	0 Games
GM20 Disputing Call of Official	47 (a)	1 Game
GM21 Disputing Call with Official: Verbal Abuse of a Game Official	47 (b)	3 Games
GM26 Second Misconduct – Same Game	31	1 Game
GM28 Interference from the Bench	66	2 Games
GM30 Fighting	59	1 Game
GM31 2 nd Fight, Same stoppage of play (3 rd , 4 th , etc...)	59	3 Games
GM32 Player(s) 3 rd , 4 th , 5 th Man into Fight	59	3 Games
GM33 [*] Leaving the Players bench or Penalty Box	70	2 Games
GM33 [*] Coach identified as having the 1 st Player leave the players bench or penalty bench	70	3 Games
INS36 Instigator	59	1 Game
AGG37 Aggressor	59	1 Game
GM39 Hairpulling, Grab Face Mask/Helmet/Chin Strap (Major + Game)	49 (d)	2 Games
GM50 Checking from Behind (Minor + Game)	53 a	1 Game
GM51 Checking from Behind (Major + Game)	53 a	3 Games
GM53 High Sticking (Major + Game)	62	2 Games
GM54 Cross Checking (Major + Game)	54	2 Games
GM55 Slashing (Major + Game)	79	2 Games
GE56 Game Ejections	32	0 Games
GM57 Boarding/Body Checking (Major + Game)	50	2 Games
GM58 Elbowing/Kneeing (Major + Game)	56	2 Games
GM59 Charging (Major + Game)	52	2 Games
GM63 Discriminatory Slur	47 (f)	3 Games
GM64 Trash Talking	47 (a)	2 Games
GM68 Kick Shot (with injury Major + Game)	68	2 Games
GM71 Checking to the Head (Major + Game)	86 (b)	3 Games
GM73 Tripping (Major + Game)	85 a/b	2 Games
GM74 Interference (Major + Game)	86 a/b/c	2 Games
GM75 Holding (Major + Game)	63 a/b	2 Games
GM76 Hooking (Major + Game)	64 a/b	2 Games
GM77 Roughing (Major + Game)	59 (f & g)	2 Games
GM78 Goaltender Drop Kick Puck (with injury – Major + Game)	37 (f)	2 Games
GM79 Refusing to Start Play (Coach – Major + Game)	78 (a)	Indefinite
GM80 Team Official Interference/Distracton during Penalty Shot	35 (f)	1 Game
GM81 Leaving the Bench without Clearance from the Referee	81 (e)	2 Games
(Assessed to coach if altercation results in penalties at end of game)		
Gross Misconducts		
GRM60 Travesty of the Game	33	3 Games
GRM61 Obscene Gesture	33	3 Games
GRM62 Removing Helmet	24	3 Games
GRM63 Discriminatory Slur	47 (f)	3 Games
GRM66 Head Butt – Team Official (Double Minor + Gross)	49 (b)	3 Games
GRM67 Butt End – Team Official (Double Minor + Gross)	49 (f)	3 Games
GRM68 Spearing – Team Official (Double Minor + Gross)	49 (g)	3 Games
GRM69 Goaltender Refusing to remove mask for Identification	23 (d)	3 Games
Match Penalties		
MP24 Threatening an Official	71	6 Games
MP25 Physical Abuse of an Official	71	7 Games
MP29 Spitting	90	4 Games
MP38 Fighting – Ring or Tape on Hand(s)	59	3 Games
MP40 Attempt to Injure	49	4 Games
MP41 Deliberate Injury	49	4 Games
MP42 Butt Ending	49	4 Games
MP43 Grabbing Face Mask / Helmet / Chin Strap	49	4 Games
MP44 Hair Pulling	49	4 Games
MP45 Kicking	49	4 Games
MP46 Spearing	49	4 Games
MP47 Head Butting	49	4 Games
MP52 Checking from Behind	53	4 Games
MP72 Checking to the Head	86 (b & c)	4 Games



Notice re: Clarifications

These are minimum suspensions. Additional suspensions will be imposed whenever conditions and circumstance warrant.

It is the responsibility of each team manager and / or coach to ensure their players sit out their appropriate suspensions. When in doubt as to the relevant suspension, contact the association office.

If unable to contact the league office, sit player(s) in question out until clarification can be obtained.

These suspensions are in addition to game incurred.

Match Penalty reports will be forwarded to the appropriate Member Partner for further review.

M = Misconduct.

GM = Game Misconduct

MP = Match Penalty

GRM = Gross Misconduct

* GM33 – Coaches' penalty will be noted on the front and back of the game sheet of the Officials' copy only. Penalty to coach is automatic as a result of player receiving GM33, coach not to be ejected as a result of this penalty being assessed.

Appendix E (continued)

2008 – 2009 OHF Minimum Suspensions List JUNIOR & SENIOR COMPETITIVE HOCKEY

The following are minimum suspensions that shall be imposed for infractions, which occur in all OHF exhibition, league, and playoff games during the current playing season for Junior and Senior competitive hockey.
Note that these suspensions are over and above any imposed by Hockey Canada rules.

Notice re: clarifications:

- These are minimum suspensions. Additional suspensions will be imposed wherever conditions and circumstances warrant.
- It is the responsibility of each team manager and/or coach to ensure their players sit out their appropriate suspensions. When in doubt as to the relevant suspension, contact the association office.
- If unable to contact the league office, sit player(s) in question out until clarification can be obtained.
- These suspensions are in addition to game incurred.

Code	Infraction	HC Rule	Minimum Suspension
Coaches			
*GM 33	Coach identified as having the first player leaving the players' or penalty bench during fight or for the purpose of starting a fight	9.5	Two (2) additional games Plus \$500.00 team fine
	Coaches identified as having player(s) leaving players' bench or penalty bench at the same time during a fight or for the purpose of starting a fight (Rule 70)	9.5	Two (2) additional games Plus \$500.00 team fine
	Coach		Two (2) additional games
	Trainers		\$50.00 fine
	Team official making public derogatory remarks with respect to the Federation, any Director, Team Official or game official of the OHF or its Divisions		\$100.00 fine minimum *Plus appropriate suspension
GM 79	Refusing to Start Play (Major + Game)	10.14 (a)	Indefinite
Players & Team Officials			
A Minor Penalty			
INS36/AGG37	Instigator / Aggressor	6.7 (a)(1)	
	First Offence		One (1) additional game
	Second Offence		Two (2) additional games
	Third Offence		Four (4) additional games
Game Misconducts			
GM 21	Abusive and/or Profane Language and/or Disputing Call with an Official	9.2	
	Coach, Manager, Bench Personnel	9.2	1st offence = \$250.00 fine
			2nd offence = \$500.00 fine plus two (2) games
			3rd offence = \$750.00 fine plus a review of coaching status
	Players	9.2	1st offence = \$100.00 fine OR two (2) games 2nd offence = \$200.00 fine OR four (4) games 3rd offence = \$300.00 fine OR six (6) games (interview required)
GM 31	Player(s) identified as being involved in the 2nd, 3rd, or subsequent fight during the same stoppage of play	6.7 (c)	Two (2) additional games
GM 32	Player(s) 3rd, 4th, 5th, etc. man into a fight	6.7 (c)	Two (2) additional games
GM 33	First player leaving player's bench or penalty bench during fight or for the purpose of starting a fight	9.5	Two (2) additional games
GM 39	Hair pulling, Grab Face Mask/Helmet/Chin Strap	6.1 (d)	One (1) additional game
GM 51	Checking from behind (Major)	6.4	Two (2) additional games
GM 63	Discriminatory Slur	9.2 (f)	Three (3) additional games
GM 71	Checking to the Head (major + game)	6.5 (b)	Two (2) additional games
GM 78	Goaltender Drop Kick Puck (with injury – Major + Game)	4.11 (f)	One (1) additional game
GM 80	Team Official Interference/Distracton During Penalty Shot	4.9 (f)	One (1) additional game
GM 81	Leaving the Bench without Clearance from the Referee (assessed to Coach if altercation results in penalties at end of game)	10.15 (e)	Two (2) additional games
Gross Misconducts			
GRM 60	Making a Travesty of the Game	4.7 (b)	Two (2) additional games
GRM 61	Making Obscene Gestures	4.7	Two additional games
GRM 62	Removing Helmet	3.6 (c)	One Additional Game or \$50.00 fine (unlimited)
GRM 63	Discriminatory Slurs	9.2 (f)	Seven Additional Games (must appear before a disciplinary committee)
GRM 66	Head Butt – Team Official (Double Minor + Gross)	6.1 (b)	Three (3) additional games
GRM 67	Butt End – Team Official (Double Minor + Gross)	6.1 (f)	Three (3) additional games
GRM 68	Spearing – Team Official (Double Minor + Gross)	6.1 (g)	Three (3) additional games

Appendix E (continued)

Code	Infraction	HC Rule	Minimum Suspension
GRM 89	Goaltender Refusing to remove mask for identification	3.5 (d)	Three (3) additional games
Match Penalties			
MP 24	Threatening an Official	9.6 (a)	Seven (7) additional games (must appear before a disciplinary committee)
MP 25	Physical abuse of an Official	9.6	Seven (7) Additional Games (must appear before a disciplinary committee)
MP 29	Spitting	9.7	Three (3) additional games
MP 38	Fighting - Ring or Tape on Hands	6.7 (a)(4)	Four (4) additional game
MP 40	Deliberate attempt to injure not covered above	6.1	Four (4) additional games
MP 42	Butt-ending	6.1 (f)	Four (4) additional games
MP 43	Grabbing Face Mask/Visor	6.1 (d)	Four (4) additional games
MP 44	Hair Pulling	6.1 (d)	Four (4) additional games
MP 45	Kicking	6.1 (e)	Four (4) additional games
MP 46	Spearing	6.1 (g)	Four (4) additional games
MP 47	Head Butting	6.1 (b)	Four (4) additional games
MP 52	Checking from Behind	6.4 (b)	Four (4) additional games
MP 72	Checking to the Head	6.5 (b,c)	Four (4) additional games

* GM 33 Coach's penalty will be noted on the front and back of the game sheet of the Official's copy only. Penalty to Coach is automatic as a result of a player receiving a GM33. Coach not to be ejected from the current game as a result of this penalty being assessed.

Non-Suspendable Offenses:

M10 Throwing Stick Over Boards (Rule 9.8(d))
M11 Refusing to Surrender Stick for Measurement (Rule 3.3(e))
M12 Player Interference/Distract during Penalty Shot (Rule 4.9(f))
M13 Goalkeeper Violation/Infraction during Penalty Shot (Rule 4.9(f))
M14 Equipment/Facemask Worn Incorrectly (Rule 3.6(d,f))
M 21 Disputing call with official
M 22 Inciting an opponent (Rule 9.2(e))
M 23 Entering Officials Crease (Rule 9.2(g))
M 34 Failure to go to bench (Rule 6.7(a)(5))
M 35 Failure to go directly to Penalty Bench (Rule 9.2(d))
M 71 Checking to the Head (Minor and 10 Minute Misconduct)
GM 26 2 misconduct penalties (same game) (Rule 4.5(c))
GM 28 Interference from the bench (Rule 7.3(d))
GM 30 Five minute fighting major (Rule 6.7(a))
GM 50 Minor penalty checking from behind (Rule 6.4(a))
GM 53 High Sticking (Major) (Rule 8.2(b))
GM 54 Cross Checking (Major) (Rule 9.1)
GM 55 Slashing (Major) (Rule 6.3(b))
GE 56 Game Ejection (e.g. 3 minor penalties for stick infractions) (Rule 4.6(a))
GM 57 Boarding/Body Checking (Major)
GM 58 Elbowing/Kneeing (Major)
GM 59 Charging (Major)
GM 64 Trash Talking (Major)
GM 68 Kick Shot (with injury – Major + Game)
GM 73 Tripping (Major)
GM 74 Interference (Major)
GM 75 Holding (Major)
GM 76 Hocking (Major)
GM 77 Roughing (Major) (Rule 6.7(f))



Appendix F Canadian Academy of Sport Medicine Position Statement



CANADIAN ACADEMY OF SPORT MEDICINE
ACADÉMIE CANADIENNE DE MÉDECINE DU
SPORT

"Committed to Excellence • L'excellence dans la pratique"

POSITION STATEMENT

VIOLENCE AND INJURIES IN ICE HOCKEY

James Kissick, MD, CCFP, Dip Sport Med
(updated 2007)

This position statement was prepared by the Canadian Academy of Sport Medicine (CASM). This position statement was approved by the CASM Board of Directors as a CASM position statement in 1988.

RECOMMENDATIONS

This report arises from a need perceived by the Canadian Academy of Sport Medicine for direct medical input into the growing controversy in Canadian society regarding the issue of violence in the game of ice hockey and its impact on player safety. After thorough review of the literature, it is the position of the Canadian Academy of Sport Medicine that:

1. A nationwide system for collection and classification of injury data be established.
2. Body checking be eliminated from levels of minor hockey which are not designed as training for professional and international ranks.
3. Fighting be completely eliminated from the game of hockey.
4. A major educational program be undertaken aimed at coaches, trainers, players and parents to deinstitutionalize the current accepted norms of violence and injury.
5. Increased enforcement of existing rules designed to prohibit unsafe acts is required immediately.
6. Recreational and Oldtimer's hockey be brought under regulation to conform with equipment standards for safety.

BACKGROUND

In recent years a number of official reports such as one "Canadian Hockey Review" by the Honourable Justice Urie to the federal government and the report of the survey obtained by the Ontario Hockey Council in 1979, have identified a clear desire on the part of the Canadian public to reduce what is perceived to be an unacceptably high level of violence and unsportsmanlike play in ice hockey. These reports have already resulted in the formation of the federal government's Fair Play Commission, Québec's "Régis de la sécurité dans les sports" and have been instrumental in bringing about changes in the Canadian Amateur Hockey Association (CAHA) emphasizing skills and sportsmanship in hockey through the National Coaching Certification programs and development of the

Appendix F (continued)

Hockey Talk series of publications. It is the intention of this statement to deal with the relationship between violence and injury in hockey from the medical viewpoint. From analysis of the literature and statistics published to date, rational light may be shed on this emotional topic and appropriate recommendations made.

COLLECTION OF INFORMATION

Hockey is a game combining speed, finesse and strength. Its physical nature at the competitive level will inevitably result in some injuries. However, there is ample evidence that measures for injury prevention can be brought into play at all levels of ice hockey to significantly reduce the injury ration. Many studies have been done looking at injury rates in hockey. Unfortunately these studies suffer from non-uniformity in the definition of what events and findings constitute an injury and also from disparity in reporting the mechanism and etiology of these injuries. As well, many factors, such as level and competitiveness of play, types of equipment and frequency of play are important factors not always controlled in these studies. Nevertheless, despite these limitations, consistent trends can be identified in the majority of available reports.

It is clear that a national consensus should be established regarding injury collection and definition. A nationwide system of injury information collection is possible through the use of hospital information surveys similar to the National Electronic Injury Surveillance System (NEISS) already established in the United States. The importance of this system in monitoring developing trends in hockey injury cannot be overemphasized. For example, the recent detection of cervical spine injuries attributable to ice hockey might have occurred at an earlier date. The deaths and serious injuries associated with neck lacerations require similar close examination at a national level. In addition, any changes in injury patterns as a result of rule changes and equipment modification could be identified quickly over the ensuing years, by institution of such a reporting system.

BODY CHECKING

It is clear from most studies that body checking, high sticking and fighting for the puck are the most common source of injury of all types. It has been shown that body checking does not provide an outlet for aggression but, in fact, leads to increased levels of aggression and illegal acts. The elimination of body checking from levels of hockey which are not designed as training programs for professional and international ranks would appear to be a useful way to reduce injuries. In this argument it becomes apparent that there are two levels of hockey in Canada; Recreational or "House League", and Competitive or "Rep", "All Star", "Select", etc. The majority of players in professional and elite ranks are drawn from the second group (although only a small percentage of such players actually make it to such a level).

Body checking should therefore be eliminated from ALL levels of recreational ("house") hockey thus better preparing these players for adult recreational hockey and "Old Timers" leagues.

Competitive ("Rep", "All Star") teams will continue to require the institution of training in body checking techniques at an appropriate age level. Hockey played at the lower

Appendix F (continued)

levels, by young players, appears to have a very low injury rate. There is a progressive increase in both the rate of injury and severity of injury with increasing age and competitive level above the age of 11. Due to the large variability in size and maturity of players in the 12-15 age group, and the reality of injuries as a result of this activity, it is inappropriate to have full body checking at these ages in any level of hockey. Pee Wee (age 12-13) hockey coincides with a peak growth spurt and increased risk of injury. There should be no intentional body contact at this age. Bantam hockey (age 14-15) is a more appropriate age at which to begin teaching the techniques, but in a graduated fashion (i.e. hip check and blocking only, no contact near boards). Full body checking can begin at the Midget (age 16-17) level when less variability between player's size exists, thus giving less advantage for early maturing players. The competitive players will then accept the attendant risks and also an option of returning to an active non-contact, recreational division if they so desire without giving up the game completely.

FIGHTING

Fighting should not be part of the game of hockey. To justify it as a harmless outlet for aggression which otherwise would be released in other, more dangerous, ways is wrong. Fighting does cause injuries, which range from fractures of the hands and face to lacerations and eye injuries. At present, it is an endemic and ritualized blot on the reputation of the North American game.

RULE VIOLATION

It is also apparent that there is institutionalized rule violation in hockey at all levels beginning even in novice programs. This is the so-called "good penalty". The use of illegitimate tactics and violence are considered technical skills for achieving team success and are taught accordingly. The difference between legal and illegal acts is blurred at a very early age even in non-competitive levels of hockey. A major education program aimed at players, trainers, coaches and parents is required to deinstitutionalize these potentially violent accepted norms of behavior. Certainly the federal government has taken a step in this direction through development of the Fair Play Commission and the CAHA has instituted a coaching certification program aimed at promoting the sportsmanship and educational functions of the game. These programs should be continued and strengthened.

RULE ENFORCEMENT

Increased enforcement of the existing rules must be coupled with this educational process. Behaviours (such as fighting and deliberate attempts to injury) which are to be severely detrimental to the spirit and safety of the game, should be punished by ever-increasing suspensions and possibly permanent expulsions. Other games on a global scale, such as soccer, have not hesitated to use this form of punishment.

It is appropriate at this point to single out for further discussion the alarming trend toward an increasing frequency of spinal injuries. This newly identified problem appears to result, in the main, from players striking the boards head first after being checked from behind. Other etiological factors remain under study but there is no evidence to date to support the charge that the helmet and facemasks contribute directly to this new injury

Appendix F (continued)

problem. It is possible, however, that player may regard themselves as invulnerable while wearing this equipment and therefore take more risks than players in former years. It must be remembered that brain, eye and dental injuries have dramatically declined through the use of approved helmets and face guards and this significant improvement in safety should not be overlooked in a bid to modify/lighten equipment standards. Rules designed to prevent such injury exist and must be enforced.

ADULT RECREATIONAL HOCKEY

There remains in Canada a large and growing number of hockey players unaffiliated with the CAHA. Recreational and "Oldtimer's" hockey teams are becoming increasingly popular. It is unfortunate that these leagues have not instituted safety standards for equipment for their players. The players in these leagues play with a minimum of equipment and some injury rates are accordingly higher. For example, the highest percent of permanent eye injuries now occur in this age group. Certainly they are the only group of hockey players suffering facial lacerations outside the professional ranks. Dental injuries are also common. The expense of these injuries, both to society and the individual contribute to the obvious recommendation that these players be brought under regulations to enforce standard safety equipment usage. Even in CAHA organized leagues, the individual's failure to use approved equipment or to use damaged and modified equipment should also be controlled through education of the parents, coaches and players regarding the monitoring of the quality of the equipment.

CONCLUSION

It is to be hoped that this statement and its recommendations will stimulate debate and initiate movement towards a safer game. It is the position of the CASH that there are areas of significant prevention that can be utilized and developed at all levels of hockey to reduce the injury rate significantly. Canada, from its unique position as a world leader in the development of and participation in the game of hockey, can assume a leadership role in its future development and ongoing safety.

REFERENCES

- Benton, John, W., et al., Hockey: Optimizing performance and safety – A round table. *The physician and sportsmedicine* 1983; Vol. 11 (12):73-83.
- Bishop, P. J., et al., The ice hockey helmet: How effective is it? *The physician and sportsmedicine* 1979, 7 (2): 97-106.
- Bishop, P. J., et al., Changes in the centre of mass and moment of inertia of a headform induced by a hockey helmet and face shield. *CJASS* 1983; Vol. 891: 19-25.
- Bishop, et al., The hybrid III anthropometric neck in the evaluation of head first collisions. SAE paper, 860201.
- Bishop, P. J., et al., Cervical spine fractures: Mechanisms, neck loads and methods of prevention. ASTH meeting, October 1987.
- Boileau, R., et al., Body checking in the Pee Wee division, June 5, 1986.
- Boileau, R., et al., La violation des règles au hockey Pee Wee: Analyse contextuelle.

Appendix F (continued)

- Caine, D.J., et al. Maturity assessment: A viable prevention measure against physical and psychological insult to the young athlete? *The physician and sportsmedicine* (1987); Vol 15. No. 3.
- Capillo, J.C., Hockey masks go on, face injuries go down. *The physician and sportsmedicine*. 1977; 77-80.
- Castaldi, C.R., Sports related oral and facial injuries in the young athlete: A new challenge for the pediatric dentist. *Pediatric dentistry* 1986; Vol. 8 (4): 311-316.
- Colburn, K., Honor, ritual and violence in ice hockey. *Canadian Journal of Sociology* 1985; 10 (2).
- Cunningham, David A., Characteristics of the elite minor hockey player. *Canadian Journal of Applied Sport Sciences* 1979; Vol. 4 (2): 123-235.
- Daffner, Richard H., Injuries in amateur ice hockey: A two year analysis. *The Journal of Family Practice* 1977; Vol. 4, No. 2.
- Diamond, Gary R., et al., Ophthalmologic injuries: Symposium on pediatric and adolescent sports medicine. *Clinics in Sports Medicine* 1982; Vol. 1, No. 3.
- Downs, John R., Incidence of facial trauma in intercollegiate and junior hockey. *The physician and sportsmedicine* 1979; 7 (2): 88-92.
- Dupont, Michel, La visière au hockey, une protection efficace? *Le médecin du Québec* 1983.
- Feriencki, Kazimir, Trends in ice hockey injuries: 1965 to 1977. *The physician and sportsmedicine* 1979; Vol. 7 (2): 81-84.
- Galbraith, Richard F., Safety in hockey. *Minnesota medicine* 1981: 671-673.
- Gerberich, Susan G., An epidemiological study of high school ice hockey injuries. *Child's ner*. 1987; 3: 59-64.
- Glasgow, R.M., Considerations for participation of children in athletics. *Canadian Journal of Applied Sports Sciences* 1976; Vol. 1.
- Hallowell, Lyle A., Violent work and the criminal law: An historical study of professional ice hockey. *Violent crime*.
- Hancock, Larry C., Team sports: A place for primary care. *Canadian Family Physician* 1985; Vol. 31.
- Hastings, D.E., et. al., A study of hockey injuries in Ontario. *Ontario Medical Review* 1974.
- Hayes, Don, Hockey injuries: How, why, where and when? *The Physician and Sportsmedicine*, January 1975.
- Hayes, Don, An injury profile for hockey. *Canadian Journal of Applied Sport Sciences* 1978; vol. 3.
- Hayes, Don, Reducing risks in hockey: Analysis of equipment and Injuries.
- Hornof, Z., et al., Analysis of various accident rate factors in ice hockey. *Medicine and Science in Sports* 1973; Vol. 5, No. 4: 283-286.
- Jorgensen, U., et al., The epidemiology of ice hockey injuries. *Brit. J. Sports Med.* 1986; Vol. 20, No. 1: 7-9.
- McPherson, Davidson, Minor hockey in Ontario: Toward a positive learning environment for

Appendix F (continued)

children in the 1980s, 1980.

Marcotte, Gaston, et al., Incidence des blessures chez les hockeyeurs d'âge Pee Wee jouant avec ou sans mise en échec.

Montag, V. George, Selected Orthopedic Problems of Ice Hockey Players.

Nagobads, V. George, Hockey injuries: The pro I shit the hardest. *The Physician and Sportsmedicine* Nov. 1973; 55-58.

Ontario New Democratic Party Caucus, Report from the hearings on hockey safety and development June 1984.

Park, R.D., et al., Injuries in junior ice hockey. *The Physician and Sportsmedicine* 1980; Vol. 8, No. 2.

Pashby, Thomas J., Eye injuries in Canadian Amateur Hockey. *Canadian J. Ophthalmol* 1985; Vol. 20, No. 1.

Pashby, Thomas J., Eye injuries in hockey, *Ocular Sports Injuries* 1981: 59-81.

Pashby, Thomas J., Eye injuries in Canadian Amateur Hockey still a concern. *Canadian Journal Ophthalmol.* 1987; Vol. 22, No. 6.

Pashby, Thomas J., et al., Eye injuries in Canadian Hockey. *CMA Journal*, October 4, 1975; Vol. 118.

Pashby, Thomas J., Eye injuries in Canadian Hockey, Phase II. *CMA Journal*, September 17, 1977; Vol. 117.

Pashby, Thomas J., Eye injuries in Canadian Hockey, Phase III: Older players now most at risk. *CMA Journal*, September 8, 1979; Vol. 121.

Pashby, Thomas J., Eye injuries in Canadian Hockey, Phase IV.

Reeves, John S. H., et al., A study of the incidence, nature and cause of hockey injuries in the greater Edmonton metropolitan area. *Application of Science and Medicine to Sport* 1975. Symposium, Canadian Association of Sports Sciences, Vancouver.

Reilly, Michael F., The nature and causes of hockey injuries: A five year study. *Athlete Training* Summer 1982.

Sane, Juha, et al., Maxillofacial and dental ice hockey injuries. *Medicine & Science in Sports and Exercise*; Vol. 20, No. 2.

Sim, Franklin H., et al., Ice hockey injuries. *AJSM* 1985; Vol. 15 (1): 30-40.

Smith, A.W., et al., Alterations in head dynamics with the addition of a hockey helmet and face shield under inertial loading. *Canadian Journal of Applied Sciences* March 1985.

Smith, Michael D., Violence in Canadian Amateur Sport: A review of literature. Report to Research sub-committee of Fair Play Commission, Fitness and Amateur Sport. Government of Canada, August 1987.

Sproule, James R., Hockey injuries. *Canadian Family Physician* 1988; Vol. 34.

Sutherland, Gerald W., Fire on Ice. *The American Journal of Sports Medicine* 1976; Vol. 4, No. 6.

Tanner, J. M., Evaluation of adolescents. Blackwell Scientific Publications 1962.

Appendix F (continued)

Tator, Charles H., et al., National survey of spinal injuries in hockey players. Canadian Medical Association Journal 1984; Vol. 130: 875-880.

Tator, Charles H., et al., Spinal Injuries due to hockey. Canadian Journal of Neurological Sciences 1984; Vol. 11 (1): 34-41.

Tolpin, Harriet G., et al., The economics of sports injuries. Excerpts from "Sports Injuries", September 1980.

Torg, Joseph S., Epidemiology, Pathomechanics and prevention of athletic injuries to the cervical spine. Medicine and Science in Sports and Exercise 1985; Vol. 17 (3): 295-303.

Urie, Hon. J., Final report on Canadian Hockey review. Report to Gerald Regan, Minister of Fitness and Amateur Sport.

Vas, Edmund W., Institutionalized rule violation in professional hockey, perspectives and control systems. Canadian Association Health Physical Education.

Vinger, Paul F., Sports eye injuries – A preventable disease. American Academy of Sphthalmology 1981; Vol. 88 (2): 108-113.

Wells, R.P., et al., Neck loads during head first collisions in ice hockey: experimental and simulation results. International Journal Sport Biomechanics 1987.

Widmeyer, W. Neil, et al., Aggression in professional ice hockey: A strategy for success or a reaction to failure. The Journal of Psychology 1984; Vol. 117: 77-84.

American Journal of Sports Medicine, "Sports injury Research", Vol. 16, Suppl. 1.

American Journal of Pediatrics, "Sports Medicine: Health Care for Young Athletes" 1983.

FOR MORE INFORMATION

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General Information about CASM:

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Appendix G

Organizations – Violence Prevention Programs

Canadian Centre for Ethics in Sport
350-955 Green Valley Cr.
Ottawa, Ont. K2C 3V4
613-521-3340 (phone)
613-521-3134 (fax)
www.cces.ca
info@cces.ca

Think First Foundation
750 Dundas St. West, Suite 3-314
Toronto, Ont. M6J 3S3
416-915-6565 (phone)
416-603-7795 (fax)
www.thinkfirst.ca

Canadian Safety Council
1020 Thomas Spratt Place
Ottawa, Ont. K1G 5L5
613-739-1535 (phone)
613-739-1566 (fax)
www.safety-council.org

Injury Prevention Research Office
St. Michael's Hospital
2 Queen St. East, 10th floor, Suite 10-05i
Toronto, Ont. M5C 3G7
416-864-5312 (phone)
416-864-5857 (fax)
www.injuryprevention.ca

Safe Kids Worldwide
1301 Pennsylvania Ave. N.W., Suite 1000
Washington, DC USA 20004-1707
202-662-0600
www.safekids.org

Safe Kids Canada
Suite 2105
180 Dundas Street West
Toronto, Ontario
M5G 1Z8
416-813-7288
www.safekidscanada.ca

Injury Free Coalition for Kids
Columbia University
Mailman School of Public Health
722 W. 168th Street, Rm. 1709
New York, NY USA 10032
1-212-342-0514
www.injuryfree.org

Hockey Development Centre for Ontario
3 Concorde Gate, Suite 312
Toronto, Ont. M3C 3N7
416-426-7252 (phone)
416-426-7348 (fax)
www.hdco.on.ca

Canadian Centres for Teaching Peace
Box 70
Okotoks, AB T1S 1A4
403-461-2469 (phone)
403-407-6576 (fax)
www.peace.ca

Appendix H GoodSport Program – Hockey Development Centre for Ontario

20438-gamphlet 07/16/2002 1:56 PM Page 1

Code of Conduct for Referees

- I will do my best to be a GOODSPORT at all times. I will never condone, permit, defend or engage in actions, on or off the ice, which are not consistent with good sportsmanship.
- I will enforce the rules of the game and officiate with integrity at all times.
- I will communicate with players and team officials honestly, generously, and fairly.
- I will address and/or report any on-ice safety issues that might endanger the participants.
- I will work to improve my skills as required.

Code of Conduct for Parents


- I will do my best to be a GOODSPORT at all times. I will never condone, permit, defend or engage in actions, on or off the ice, which are not consistent with good sportsmanship.
- I will encourage my child to do his or her best, have fun, and demonstrate good sportsmanship. I will teach my child how to win and lose gracefully. I will lead by example.
- I will assist my child to understand and respect the rules of the game. I will encourage my child to remember that he or she is part of a team, and work for the good of the team.
- I will respect the rights and feelings of officials, coaches, trainers, players, volunteers, and administrators. I will work to support, not undermine, their efforts.

Code of Conduct for Trainers




- I will do my best to be a GOODSPORT at all times. I will never condone, permit, defend or engage in actions, on or off the ice, which are not consistent with good sportsmanship.
- I will do my best to protect players, their safety is my primary concern. I will encourage good nutrition and physical fitness for all players.
- I will strive to provide the highest standard of training appropriate to players' ages, strength, and skills, and will seek medical advice whenever necessary.
- I will work to improve my skills as required.

Code of Conduct for Volunteers and Administrators


- I will do my best to be a GOODSPORT at all times. I will never condone, permit, defend or engage in actions, on or off the ice, which are not consistent with good sportsmanship.
- I will learn, understand, and respect the rules of the game, treating everyone fairly and generously, with honesty and integrity.
- I will encourage players to have fun, make friends, improve their skills, play safely, and respect the rights and consider the safety of others.
- I will take the appropriate action when necessary to protect or enhance the safety of players, coaches, trainers, officials, parents, other volunteers or administrators.



GOODSPORT is a program created by the Hockey Development Centre for Ontario and its member organizations to encourage good sportsmanship, so that the true spirit of hockey will endure.






20438-gamphlet 07/16/2002 1:56 PM Page 2



Ron MacLean
Host of Hockey Night in Canada

"Hockey is an important part of our heritage. I believe that the GOODSPORT Program is a great step forward for amateur hockey in Ontario. It reaffirms the common philosophy of hockey and will help the true spirit of the game endure."



Code of Conduct for Coaches

- I will do my best to be a GOODSPORT at all times. I will not defend or engage in actions, on or off the ice, which are not consistent with good sportsmanship.
- I will communicate with players, parents, officials, trainers, volunteers, and administrators honestly, generously, fairly, and with integrity.
- I will set attainable goals for the team and individual players while encouraging safety and fun for everyone.
- I will lead by example, and respect the rules of the game.
- I will work continuously to learn more about the game and to improve my coaching skills.
- I will pay attention to and consider changing social, family, and economic environments that may influence the attitudes and behaviour of players.

About GOODSPORT

¶ GOODSPORT was created by the HDCCO and its member organizations as part of a common philosophy document for amateur hockey in Ontario.

¶ GOODSPORT involved players, coaches, trainers, officials, parents, and administrators from across the province in developing Codes of Conduct for all involved in minor hockey.

¶ GOODSPORT aims to encourage players, coaches, trainers, officials, parents, volunteers, and administrators to lead by example - to show that being good sports is what hockey is all about - that it is the TRUE SPIRIT OF HOCKEY.

Code of Conduct for Players

- I will do my best to be a GOODSPORT at all times. I will not defend or engage in actions, on or off the ice, which are not consistent with good sportsmanship.
- I will play and compete for my own enjoyment, as well as for my team.
- I will have fun, make friends, improve my skills, and play safely.
- I will learn, understand and respect the rules of the game.
- I will respect the rights and consider the safety of other players, coaches, trainers, officials, administrators, volunteers and parents.
- I will avoid drugs, tobacco, and alcohol.

Appendix H (continued)

Team Commitment Form



We the members of _____ have read and understood the **GOODSPORTS Codes of Conduct**.
 We promise to uphold them and to demonstrate the true spirit of hockey in our words and actions.
 We understand that breaches of the Codes may result in sanctions by the Association/League.

1) Player _____ Parent/Guardian _____	10) Player _____ Parent/Guardian _____
2) Player _____ Parent/Guardian _____	11) Player _____ Parent/Guardian _____
3) Player _____ Parent/Guardian _____	12) Player _____ Parent/Guardian _____
4) Player _____ Parent/Guardian _____	13) Player _____ Parent/Guardian _____
5) Player _____ Parent/Guardian _____	14) Player _____ Parent/Guardian _____
6) Player _____ Parent/Guardian _____	15) Player _____ Parent/Guardian _____
7) Player _____ Parent/Guardian _____	16) Player _____ Parent/Guardian _____
8) Player _____ Parent/Guardian _____	17) Player _____ Parent/Guardian _____
9) Player _____ Parent/Guardian _____	18) Player _____ Parent/Guardian _____

Coach _____ Trainer _____ Asst. Coach(es) _____

Team _____ Level _____


League _____ Date _____


Ontario



www.hdco.on.ca

Appendix I

<p>EXECUTIVE</p> <p>PRESIDENT Marly McMinn</p> <p>PAST PRESIDENT Chuck Blansett</p> <p>1st VICE PRESIDENT Jack Smith</p> <p>2nd VICE PRESIDENT Dan Payne</p> <p>MANAGING DIRECTOR Competitive - Brett Hiltz Midget - Neven Willson Bantam - Dan Dawes Peewee - Ken Peacock Atom - Dan Payne Initiation - Chris Calverley Female - Teresa Hauca</p> <p>HEAD COACH Greg Gow</p> <p>SECRETARY - TREASURER Kevin Roden</p> <p>REGISTRAR Christine Vestby</p> <p>RISK/SAFETY MANAGER Jack Smith</p> <p>TOURNAMENTS AND SPECIAL EVENTS Michelle Hynes</p> <p>EQUIPMENT Lyle Sharkey</p> <p>ICE COORDINATOR Lori Olson</p> <p>WAYS & MEANS Teresa Oberst</p> <p>REFEREE-IN-CHIEF</p> <p>ADMINISTRATOR Vicky Long</p> <p>MISSION To promote sportsmanship, fair competition, development and safety for minor hockey players of all skill levels.</p>	 <p>Nanaimo Minor Hockey Association</p> <p>P.O. Box 562 NANAIMO, B.C. V9R 5L9 Telephone: (250) 755-0833 Facsimile: (250) 755-0099 EMAIL: nanaimoha@shaw.ca WEBSITE: www.hockeynanaimo.com</p>	<p style="text-align: center;">Please direct correspondence to the administrator</p> <p style="text-align: center;">NANAIMO MINOR HOCKEY</p> <p style="text-align: center;"><u>NO TOLERANCE FOR VIOLENCE CODE</u></p> <p>FOR PLAYERS:</p> <ul style="list-style-type: none"> (a) I will learn, understand and play by the rules; (b) I am responsible for and must control my actions - I will control myself at all times or I will leave the ice; (c) I will respect my opponents by being mindful of their safety; (d) I will never act in a disrespectful way towards a referee. <p>FOR PARENTS:</p> <ul style="list-style-type: none"> (a) I will assist my child to understand and play by the rules of the game; (b) I will remind my child, whenever necessary, that acting in a violent manner is not an acceptable part of youth hockey; (c) I will never act in a disrespectful way towards a referee; (d) I am responsible for and must control my actions - I will control myself at all times or I will leave the arena; (e) I will not vocally or by my actions antagonize, criticize or heckle anyone. <p>FOR COACHES:</p> <ul style="list-style-type: none"> (a) I will lead by example and respect the rules; (b) I will teach my players to play by the rules; (c) I am responsible for and must control my actions - I will control myself at all times or I will leave the arena; (d) I will not tolerate any violent conduct on the part of my players; (e) I will never act in a disrespectful way towards a referee; (f) I will not vocally or by my actions antagonize or heckle anyone. <p>PLAYER SIGNATURE _____</p> <p>PARENT SIGNATURE _____</p>
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