



2021 IIHF Medical Care Guide

Operational Recommendations for Host
Organisers of IIHF Championships and
Events

This Guide comes into effect on 01 November 2020.

IIHF MEDICAL CARE GUIDE

Preface

The International Ice Hockey Federation (IIHF) is pleased to provide the updated IIHF Medical Care Guide, to be used by organisers and medical personnel in the preparation of a complete medical program at all IIHF events. The guide is designed to provide medical care details, recommendations and instructions for the effective operation of medical programs at ice hockey competitions and championships, and allow leagues, clubs, teams and players to compete in a safe and healthy environment.

The goal of the IIHF Medical Committee is to create a safe and healthy environment for the operation of our sport. This IIHF Medical Care Guide is intended to provide the necessary medical information to ensure the health and safety of the athletes and officials in the sport of ice hockey.

The contents of the IIHF Medical Care Guide represent a compilation of the medical programs, procedures, research and information that have been developed by the IIHF in cooperation with various medical experts around the world.

The IIHF Medical Care Guide contains nine sections: Championship Care Guide; Team Medical Personnel Meeting, IIHF Injury Reporting System, Nutritional Standards and Requirements, Job Descriptions, Infection Control, Concussion in Sport, Life Threatening Emergencies and Doping Control with the current WADA List of Prohibited Substances and Methods.

The Championship Care Guide will help the organiser and the IIHF to meet the medical needs of the athletes and officials participating in a championship.

The section about Team Medical Personnel Meeting will help to prepare for the Pre-Event Meeting and cover all important topics that need to be addressed before the start of the event.

The Injury Reporting section provides the documents that are used in the recording of injuries at IIHF events (IRS form). The ongoing analysis of this data allows the IIHF to generate recommendations to keep the sport safe for all participants.

The Nutritional Standards and Requirements covers the nutritional needs of an athlete during the Championship and gives recommendations what host countries should have where available.

The section about the Job Descriptions covers the responsibilities of the Chief Medical Officer and the IIHF Medical Supervisor.

The sixth section gives insight about Infection Control and what can be done to prevent it. The Concussion in Sport section highlights some of the key findings from the Fifth International Consensus Conference on Concussion in Sport, held in Berlin in October 2016. It also includes the current IIHF Concussion and Return to Play Protocol.

The Life-Threatening Emergencies section provides information on the types of critical situations that may arise in the course of an ice hockey game or practice. The information will help health care personnel recognise these emergencies and allow them to react in a quick and effective manner.

The Doping Control section deals with the WADA Prohibited List in place for the current year and is updated on an annual basis as well as the requirements of the Doping Control Station during IIHF Championships.

The IIHF Medical Regulations, the IIHF Doping Control Regulations and the IIHF Medical Care Guide as well as its appendixes and useful forms and information are available under the IIHF Toolbox: <https://toolbox.iihf.hockey/season/2021/nosection>

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1 Championship Care Guide

1.1 General Information

This manual has been prepared as a resource for organisers hosting an IIHF Event Competition, Olympic Games Qualification or World Championship and establishes the basic requirements for medical services for the players, officials and spectators during these events.

The host has an obligation to provide the medical services, allowing visiting teams to make determinations regarding the equipment, supplies, medications and personnel which they transport to the event based on the understanding that many of these will be available upon arrival at the event.

The IIHF Medical Supervisor assigned to the event will be in contact with the host organizing committee early in the planning stages to help to develop these standards well in advance of the event.

The IIHF Medical Supervisor will review all of the medical services, that are in place and be available to help with the implementation of systems.

1.2 Establishing a Medical Committee

The Organizing Committee (OC) is required to build a Medical Committee well in advance of the event. A Medical Services Coordinator (MSC), or Director of Medical Services, must be named and should be a member of the OC. The MSC must be involved in decisions relating to budget allocation, volunteers, emergency procedures etc. at the OC level.

Along with the MSC, who may be a physician, therapist or other related health care professional, there should be named a Chief Medical Officer and Chief Therapist. Their roles and responsibilities are defined below. This team, along with any other individuals that are required, should form the core of the Medical Committee. (Please create or use the template for the Medical Organisation Chart – APPENDIX 1)

The Medical Committee will be responsible for ensuring the safety of all players during the period of the event. This includes protecting their health not only at the main arenas where the competition will take place, but also at any practice arenas, other training sites, hotels or residences and while being transported. Specifically, the Medical Committee will have the following responsibilities:

1. Perform a thorough assessment of the personnel requirements for the tournament, which will meet or exceed the minimum standards set out in this manual.
2. Develop and train a health-care staff to ensure that they are aware of all policies and procedures which exist in ice hockey, especially relating to blood spills, injuries while the game is in play, concussions and the IIHF anti-doping initiatives.
3. Establish one or more clinic areas as required, and ensure that these clinics are properly equipped.
4. Develop and maintain a full supply list in accordance with the IIHF recommendations.

5. Create an emergency action plan (EAP), which includes potential player, spectator and venue related incidents. See sample contained in IIHF Medical Care Guide
6. Review and arrange for appropriate ambulance and/or paramedic coverage
7. Create a liaison with one or more local hospitals
8. Assist with the doping control procedures, including the establishment of an appropriate sample collection area.
9. Establish an appropriate communications system
10. Establish a recording system for documenting all medical treatments, assessments and dispensing.
11. Determine if the medical staff for the visiting teams will require any special licensing in order to perform their duties.
12. Review the insurance program that is in place for medical care in that country, and ensure that players and officials have appropriate out-of-country medical coverage
13. Ensure that appropriate liability insurance is in place for both the event and the medical staff.
14. Inform the IIHF if there are any restrictions on medications or other agents that can be brought in by visiting medical personnel.
15. Liaise with visiting teams to assist them in the procurement of any specific supplies or equipment.
16. Produce a final report at the end of the event.

Clearly, the members of the Medical Committee will need to be both experienced with ice hockey and dedicated to the event.

1.3 Members of the Medical Committee

1.3.1 Medical Services Coordinator

The Medical Services Coordinator (MSC) is the main link between the Medical Committee and the OC. In this capacity, the role will be primarily administrative and organizational.

The MSC should be a member of the local health services community to ensure that the best use of and cooperation with the local medical community can be ensured. The MSC will also be the key contact with the IIHF Medical Supervisor or designate both before and during the event.

The Medical Services Coordinator will be responsible for the following areas:

1. Develop and maintain a medical budget for the event
2. Select key members of the host medical staff
3. Arrange for appropriate accreditation, accommodation, food service, beverages, towels, outfitting and transportation for the health care staff.
4. Ensure that appropriate space within the various venues has been assigned for both the medical clinic and any doping facilities.
5. Evaluate insurance policies for the event
6. Liaise with public health authorities to plan event risk mitigation strategies

7. Determine the need for courtesy licensing for visiting health care personnel.
8. Create and distribute information through the host national association to the IIHF on the host medical services provided before and during the event including medical plans for each training and competition venue.
9. Develop the communications system for the event in conjunction with the OC.
10. Responsible to logistically prepare for the IIHF Team Medical Personnel Meeting
11. Provide a list of common medications available/not available in the country
12. Provide drug and equipment importation regulations
13. Liaise with local health delivery government departments to ensure coordination of venue medical disaster plans
14. Undertake training in all relevant areas with all necessary persons involved
15. Responsible to work with the Event Chief Medical Officer (ECMO) to complete and return the IIHF Pre-Event Medical Questionnaire to the IIHF.

1.3.2 Event Chief Medical Officer

The Event Chief Medical Officer (ECMO) must be a physician familiar with ice hockey and anti-doping who will be responsible for the following:

1. Determine the requirements for medical equipment and supplies, including medications, and procure these in appropriate supplies based on a thoroughly performed medical risk assessment for all training and competition sites.
2. Recruit physicians and specialists as needed and assign to different venues.
3. Develop, in conjunction with the other members of the Medical Committee, the Emergency Action Plan (EAP) dealing with potential team medical emergencies on and off the ice. See sample presented in IIHF Medical Care Guide.
4. Ensure that all emergency or resuscitative equipment, including ambulances, are available.
5. Establish and maintain a personal and professional rapport with the members of the visiting team's medical staff.
6. Create all necessary liaisons with local clinics, hospitals and other members of the medical community for efficient access to medical care.
7. Work with the individual or agency assigned to perform doping controls at the event.
8. Arrange for an after-hours call service in the event of an illness or injury
9. Continuously monitor the venues for any safety issues that may be potential injury hazards to the players.
10. Assist with the procurement of injury data and the maintenance of all clinical records
11. Create, along with the other members of the medical staff, a final report for the event.

1.3.3 Chief Therapist

The Chief Therapist (CT) should be either an athletic therapist or physiotherapist with experience in ice hockey. The Chief Therapist will:

1. Determine the need for, and procure, various therapy modalities and therapy supplies as required for the clinic or clinics.
2. Determine the needs for other therapists and recruit, train and schedule this staff.
3. Establish and maintain a personal and professional rapport with the members of the visiting team's therapy staff.
4. Ensure that proper recording of both injuries and treatment rendered is done.
5. Maintain daily supplies of such items as towels and ice, both for the clinic and, if requested, for the various teams.
6. Create, along with the other members of the medical staff, a final report for the event.

1.3.4 Chief Dental Officer

Dental injuries may occur at certain ice hockey events – especially those where full-face protection is not required. Therefore, a Chief Dental Officer (CDO) may be able to assist with the procurement of a group of volunteer dentists who can provide emergency care within 30 minutes of the arena as well as the development of a network of dental clinics where players requiring non-urgent treatment can be referred.

1.3.5 Other Services and Staff

The size and variation of the medical staff for a competition may vary depending on a number of factors – duration of the tournament, number of teams, local preferences etc. In creating the team, consideration might be given to the inclusion of such members as:

1. Massage therapists – if a massage therapist is not included as a part of the host medical team then there should be access to this service through a local therapist.
2. Optometrists – there should be an efficient method established to replace either lost contact lenses or broken or lost eyeglasses. A relationship with a local optometrist should be established prior to the event.
3. Chiropractors or manual therapists (Medical professional with additional education for manual therapy)– as many players utilize chiropractic services, a chiropractor may be included on the medical team or a local office identified where players requesting these services can be referred. In selecting the event chiropractor, previous sports (especially hockey) experience is important.

The ECMO will determine which additional medical specialists should be on-site or on-call for the event. These may include specialists in the areas of plastics surgery, oral surgery, ophthalmology or radiology. It is assumed that there will be one or a number of orthopaedic surgeons as members of the host medical staff for any event.

1.4 The Medical Team and Medical Policies

1.4.1 The Medical Team

The ECMO cannot be a physician of one of the participating teams.

The ECMO should use a number of factors in determining the size and deployment of the Medical Team. The ECMO shall conduct a thorough risk assessment in relation to the sporting environment, facilities, his team etc. in order to prepare best for the IIHF event. A template for a risk assessment can be found in APPENDIX 2.

During all practice sessions, a member of the Medical Team must be present in the arena.

During all competitions, there must be at least one physician present at all times. If resources allow, there should be both a sport/family physician and an orthopaedic surgeon. If the orthopaedic surgeon is not in the arena, then they should be on-call for advice or assistance.

During the IIHF Ice Hockey World Championship and the IIHF Ice Hockey World Junior Championship, a dentist needs to be present during all games.

If possible, a therapist (athletic trainer/physiotherapist) should be present during the competition.

Using these recommendations, the ECMO should determine his own requirements as far as the number and type of staff needed.

1.4.2 Medical Policies

It is important to establish and convey to all participants a number of important policies relating to the medical coverage for the event. For example, a specific policy should be in place that ensures that the control of the treatment of an injured player is taken by the player's own medical staff unless they are not available or they relinquish it to a member of the host medical staff during an emergency.

All health provided by the OC Medical Team must meet the principles of evidence- based (scientific) medicine.

As well, the ability of a player to return to competition should remain with the team physician unless specified Rules, Statutes, Bylaws or Regulations established by the IIHF are being contravened. For example, a player with uncontrolled bleeding may be removed from the competition despite a team physician's approval to participate.

Another example might be a contravention of the IIHF return to play guidelines following concussion. Should these guidelines be ignored in a specific case, the ECMO should note this fact on the medical report and report the case to the Championship Directorate.

It would be appropriate to define all of these policies and to review them in detail at the IIHF Team Medical Personnel Meeting prior to the event.

The insurance responsibilities of host MNAs and participating MNAs are specified in the IIHF Championship Regulations and Insurance Guidelines.

1.5 Medical Facilities

1.5.1 The Medical Clinic

Based on the type of event, the ECMO will determine the clinic structure. If there is a main arena where a majority of the games will be played, a central clinic may be established at this site. If multiple venues are being used (including practice rinks outside walking distance), then a number of medical rooms shall be developed, each capable of handling basic assessments and first aid as well as all emergencies.

The medical clinic must be easily accessed from both the ice and the dressing room areas. It must also be easy to move an injured player immediately from the medical clinic for transportation.

The medical clinic at the arena must have at least one treatment table. For the IIHF World Championship, World Juniors and U18 World Championship the clinic shall be equipped with at least two treatment tables with curtains or other dividers to allow privacy if required. Smaller taping tables may also be of assistance. A cooler or refrigerator is required, and appropriate lighting must be available to simplify suturing and other procedures. The clinic must also have a hot and cold water supply as well as appropriate electrical outlets.

An automatic external defibrillator (AED) is required in the Medical Clinic at all times.

The clinic must be well marked with appropriate signage for ease of location, and must be included on all venue maps that are produced for either visiting teams or other games staff.

The clinic must have at least one lockable cabinet for the storage of both medications and confidential medical files that may be created during the course of the event.

The following medical equipment requirements apply for all IIHF Championships where an ambulance is not present outside the competition time:

- Defibrillator
- Resuscitative equipment
- Spinal board/vacuum bed (or mattress)

Please note that separate Spectator Medical Services have to be organized. Often, this is covered by the venue itself. However, if this is not included the LOC shall ensure spectator medical services includes:

- designation of spectator medical personnel that are completely different from the athlete medical personnel
- allocation of a venue medical station for spectators
- delineation of a medical action plan for spectators outlining
- communication network (separate to the one for athletes)
- medical record system
- public health requirements
- provision of medical for VIPs

1.5.2 Massage Room

Each team dressing room shall be attached with a massage room of approx. 10m² equipped with at least one treatment table or a specific massage area shall be made available for the teams.

1.5.3 Team Stretching and Warm-up Area

The Host shall provide a stretching and warm-up area to be shared by the teams playing in the arena. The area shall be equipped with sufficient stationary bikes, floor matting and adequate ventilation and security.

1.6 Environmental considerations

Often an ice rink gives a certain standard environment. However, each venue shall be evaluated based on historical records and possible environmental issues. Risk mitigation strategies may need to be developed to address environmental risks such as:

- Climate / ice quality
- Elevation / Altitude
- Air quality
- Water quality

1.7 Medical Records

Every examination and treatment performed by a member of the host medical staff will be recorded. This will include the practice and competition sites as well as the hotel.

As well, any important conversations with either the player or a team official that relate to the players' medical status will be recorded. All medications provided will be noted in this record as well. A sample Treatment Record is included in the APPENDIX 3.

1.8 Consent to Treatment

It is important for the Organizing Committee and/or ECMO to determine what the age of consent is for the region where the event will be taking place. If players are of legal age, they can give consent for their own treatment.

One concern is the provision of consent if a player is unconscious or otherwise unable to communicate. While it is often felt that the team physician may be able to give consent on behalf of the player, it is up to the ECMO to review the local laws and establish an appropriate policy.

The IIHF also hosts a number of competitions where the participants may not be of legal age. It should again be determined, based on local laws and customs, who can give consent for any treatment on behalf of these players. Participating Member National Associations are responsible for ensuring that players under the age of consent have a written permission for treatment signed by parents or legal guardians of the player.

1.9 IIHF Event Medical Manual

The IIHF requests Host Federations to provide the Team Physicians with a Manual with all relevant information about health care for the event. The Manual shall provide all necessary information at one glance and inform about the protocols for needed health care.

APPENDIX 4 gives an example for such a Medical Manual.

1.10 Pre-Event Medical and Nutritional Questionnaire

The Pre-Event Medical Questionnaire has been created to provide the IIHF with details concerning the competition's medical program. The Event Chief Medical Officer must fully answer all of the questions and return the completed questionnaire to the IIHF office (one questionnaire for each site) at least two months prior to the event.

This information will assist the IIHF and the organizer in providing the best possible health care for all participating athletes.

The IIHF will connect the Host, the Event Chief Medical Officer and the IIHF Medical Supervisor for feedbacks regarding the Pre-Event Medical and Nutritional Questionnaire and for any other assistance the host might require.

In APPENDIX 4 the full questionnaire is attached.

1.11 Emergency Action Plan

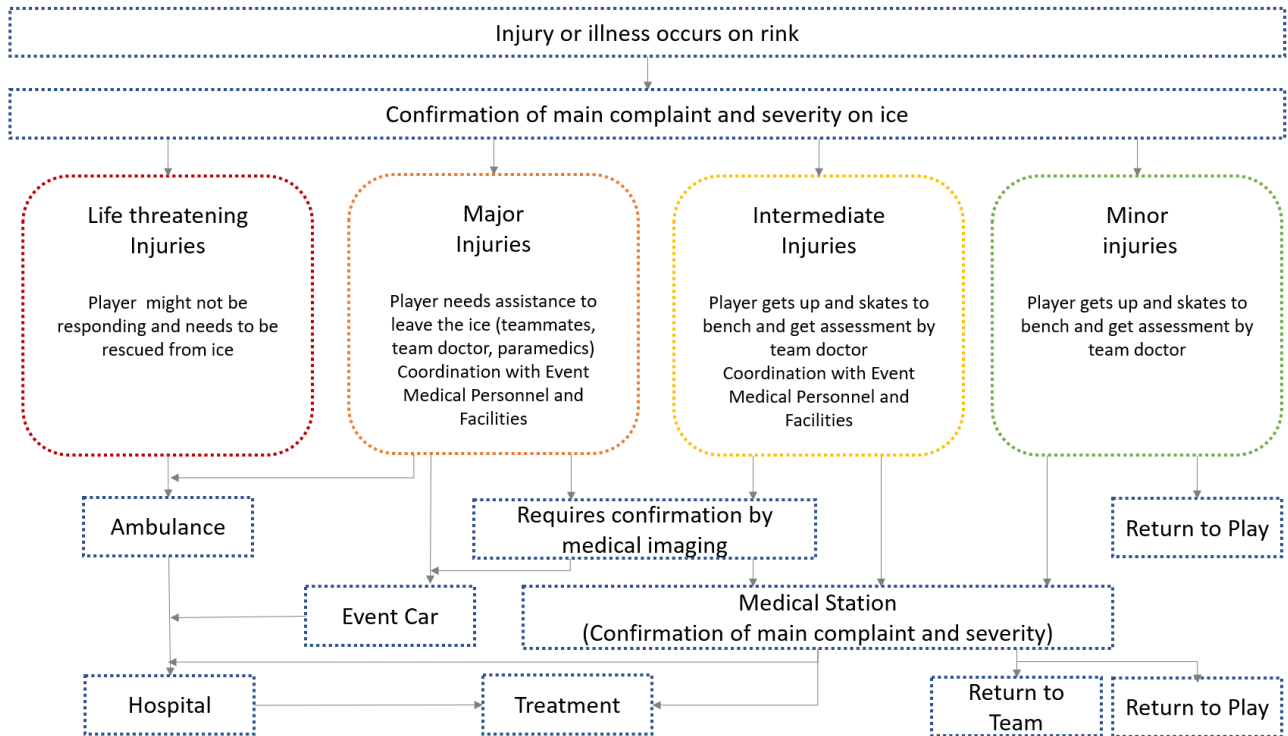
An emergency action plan is necessary in all Championships to plan and prepare for emergency life threatening medical situations. The Emergency Action Plan must be implemented at the IIHF Championship and needs to be discussed at the Team Medical Personnel meeting prior to the Championship. The EAP shall be sent to the IIHF office together with the Pre-Event Medical and Nutritional Questionnaire.

APPENDIX 6 is a sample Emergency Action Plan (EAP) for Organizers to use as a template.

1.11.1 Emergency Response System

The three steps of the overall emergency response system are:

- Host Medical Personnel at every on-ice practice and game
- Ambulance
- Hospital Care



1.11.1.1 1. Host Medical Personnel at every on-ice practice and game:

- On-site medical clinic
- Emergency kit equipment is present on-site.
- Physician in attendance at all games
- Trained medical staff (physician / therapist / nurse) at all practices
- Able to contact local emergency services / ambulance for practice

1.11.1.2 2. Ambulance:

- On-site for games to be present one hour before games
- 10 minutes maximum response time for practice.
- The state-of-the-art ambulance must be staffed and equipped to:
 - perform cardiopulmonary resuscitation
 - stabilize a suspected spinal or head injury
 - treat life-threatening injuries
- An emergency evacuation plan must be set up in order to evacuate the athlete in a prompt and efficient manner after a serious accident on the ice.

- Ambulance exchange has to be regulated to ensure an ambulance is always present during game play.
- For countries where only a minority speak English, the OC shall provide a translator (can be amongst the usual team) who is quickly available to accompany the ambulance

1.11.1.3 3. Hospital Care:

The Event Host Organizer shall mandate one or more hospitals based on anticipated health concerns as well as available services (e.g, major traumas etc.) as event hospitals where a priority lane can be guaranteed. It shall be agreed upon the process for the priority lane as well as insurance / payment procedure.

The hospitals shall have the following minimum-requirements:

- Proximity to venues
- Emergency, General surgery, orthopaedics, dentistry, ophthalmology, cardiology etc.
- Complementary services (MRI, CT, laboratory, etc.)

Furthermore it is recommended to keep track of the hospital visits i.e. with the following list:

No	Hospital Name	Client Group	Contact Name	Contact Phone
1	University Hospital	Athlete		
2	Private Clinic	IIHF Staff		
3	University Hospital	Media		

1.11.2 First Aid on the Ice (sample plan)

The team physician or therapist/trainer is designated to attend to his athlete first in the event of an injury on the ice.

The team physician or trainer signals with arms crossed over the head for help from the host physician and ambulance staff in the event of a serious emergency on the ice.

The ambulance staff take over management of the on-ice injury once they arrive.

ALL events should be prepared to run a demonstration of the safe removal of an injured athlete from the ice PRIOR to the first game of the event. This demonstration should take place in the presence of the IIHF Medical Supervisor and at a time when team medical personnel can attend.

1.11.3 Evacuation Plan

An evacuation plan should be discussed before the event to allow easy access by the event medical team to the ice and removal of a player with spine board from the ice to the medical clinic and ambulance.

Each Event Organizer shall complete the Sample Emergency Action Plan and send it to the IIHF office for review including a diagram of the main arena and all practice arenas clearly indicating:

1. location of medical and first aid room
2. location of all defibrillators
3. location of ambulance team during games
4. ice surface exit to be used with injured player

Please write/draw the locations of all defibrillators in the main arena and practice arenas

1.11.4 Communication

Only a representative from the respective participating team has the right to share injury news about a player of its team. The IIHF encourages teams to notify the IIHF communications team when they are prepared to publicly share injury news about a player.

Under no circumstances should the Local Organizing Committee, or any arena staff or volunteer provide updates to an injured player's condition. The IIHF will only provide updates on a player's injury after obtaining consent of that player's Member National Association.

In the event of an injury that forces a player to be medically evacuated from the game, the IIHF together with the player's Member National Association should coordinate a communications plan with regards to an update to the player's status following the game. If a player's status is updated before the conclusion of the game, a representative from the player's team could inform media during the media availability session immediately following the conclusion of the game.

In the event of a catastrophic injury resulting in a life-threatening condition or the death of a player, the IIHF Tournament Chairman will initiate an emergency meeting with the tournament Directorate to inform all the participating teams. No teams should make any announcements until the proper communication channels have been initiated and the player's family and immediate relations have been notified.

1.11.5 Security

Security must be in place to ensure access to the ice surface and removal to the medical clinic and ambulance. The road out of the arena must be free of vehicles to allow the ambulance rapid access to the hospital.

The LOC shall liaise with local safety and security departments for event safety and security as well as for disaster planning. Details to be addressed include:

Liaison with

- Police service
- Fire Department
- Emergency transportation service
- Public health services

Polices and procedures for major incidences/ disasters:

- Terror attacks
- Environmental disasters such as earthquakes tsunamis, fire, weather etc.
- Stadium malfunction

1.11.6 Emergency Fire Escape

Hosts shall control the Emergency Fire Escape in the arena(s) taking the points below into consideration:

- Good orientation system at the arena
- Emergency exits

1.11.7 Emergency Telephone Numbers (included in Manual)

On-site:

- Doctor A (Medical Services Coordinator)
- Doctor B (Event Chief Medical Officer)
- Doctor C
- On-site medical clinic

Off-site:

- Rescue Ambulance
- Police
- Fire
- Hospital
- Dentist
- Pharmacy

1.12 Emergency Kit

The emergency kit represents a checklist of the equipment and supplies needed to manage serious or life-threatening incidents. The kit should be present at the rink side (usually with the ambulance team) in order to allow rapid use for life-threatening injuries.

Content:

- A full oxygen tank complete with ventilation mask, nasal cannulae and tubing
- Potable suction apparatus
- Oral and nasopharyngeal airways
- Laryngoscope
- Endotracheal tubes
- Ambu bag
- Cricothyroidotomy kit
- Surgical tracheostomy kit with knife, forceps, hook and scissors
- Backboard (210 cm) with stiff cervical collar
- Intravenous fluids and infusion and venipuncture equipment
- Automatic External Defibrillator (all Championships)

1.13 Medical Clinic Supplies

The Medical Clinic shall be equipped with the following list of instruments and supplies.

1.13.1 Diagnostic Instruments:

- Blood pressure cuff
- Sphygmomanometer
- Stethoscope
- Oto/ophthalmoscope
- Reflex hammer
- Tuning fork
- Neurological pinwheel
- Ear syringes
- Nasal specula
- Thermometer
- Penlight
- Tongue depressor
- Eye kit with eye solutions and patches
- Suture tray with latex and non-latex gloves, suture material, needle carrier, syringes, forceps, scissors, antiseptic solutions and Xylocaine with and without epinephrine, sterile gauze pads, steri-strips

- Assorted sterile and non-sterile gauze bandages, triangular bandages, tensor bandages of different sizes, heavy-duty scissors, splints and plaster.

1.13.2 Orthopedic Supplies:

- Universal knee immobilisers (Zimmer splint)
- Aircast ankle splint, brace
- Elastic tensor bandages, 7.5 cm, 10 cm, 15 cm.
- Portable massage table (if massage available)
- Therapy / treatment table with adequate lighting
- Crutches - large, medium, small
- Triangular bandages
- Figure 8 strap
- Splints - finger, arms, legs
- Athletic tape, elastoplast - 2.5 cm, 5 cm, 7.5 cm
- Under wrap (pre-wrap)
- De-adhesive spray
- Tape cutting scissors

1.13.3 First Aid Supplies:

- Ice/ice container
- Plastic bags
- Antiseptic solutions (Hibitane, Betadine)
- Alcohol preps or swabs
- Sterile and non-sterile latex gloves
- Suture tray with sterile dressings and instruments
- Sutures (absorbable and non-absorbable - 3-0, 4-0, 5-0, 6-0)
- Suture glue
- Steri-strips
- Suture removal kit
- Scalpel with blades - 10, 15
- Sterile and non-sterile gauze dressing - 2x2, 4x4
- Telfa pads

- Kling dressing gauze roll - 3", 4"
- Syringes - 3 ml, 5 ml, 10 cc, 20 cc, 50 cc without needle
- Needles - 18g 1.5; 21g 1.5; 25g 1.5; 27g 1.5
- Pill envelopes
- Urinalysis strips
- Nail clippers
- Bandages, band aids, butterfly, elastosplasts
- Water and kidney basin
- Eye patch
- Nasal packing
- Sharps container

1.13.4 Office Supplies:

- Prescription pads
- Injury/illness forms (medical records)
- IIHF IRS forms
- Treatment forms
- Referral forms
- Current WADA Prohibited and Restricted Substance list
- Compendium of Pharmaceuticals and Specialties (CPS)

1.14 Pharmaceutical Supplies

Hosts are requested to have the following pharmaceutical supplies in stock:

1.14.1 Emergency Medications (suggested quantities in brackets):

- EpiPen or injectible epinephrine 1:1000 - prohibited substance (2)
- Nitroglycerine spray 0.4 mg, tablets 0.3 mg (1)
- Dextrose 50% solution 50 ml (2)
- Glucose oral solution (3-4)
- Xylocaine 1%, 2% with/without epinephrine (1 of each)
- B-2 agonist inhaler (Ventolin) (restricted, banned if given IV or po) (2 inhalers)
- Lidocaine 100 mg/10 ml
- Atropine 0.5 mg/ml

- Verapamil 5 mg/2 ml
- Clemastin 2 mg/ml (or other antihistaminic IV)
- Metoclopramide 10 mg/2 ml (or other antiemetic IV)
- Diazepam 10 mg/2 ml (or other anticonvulsive)
- Hyoscinebutylbromide (Buscopan) (or other spasmolytic IV)
- Metamizol (Novamin) (or other non-opiate analgesic IV)
- Theophylline 250 mg/10 ml
- Haloperidol 5 mg/ml
- Na-Bicarbonate 8.4% 100 ml
- Ca-Chloride 10 mg/100 ml
- Oxyprocaine eyedrops

1.14.2 Basic Medications:

- Antihistamine (Benadryl) (20-30)
- Analgesic (Acetaminophen) (100)
- Non-steroidal anti-inflammatory (Motrin) (100)
- Muscle relaxant (60)
- Antibiotics (broad spectrum) (30-60)
- Antibiotic cream (Polysporin) (3-4 tubes)
- Antacids (1-2 bottles)
- Antiemetic (Gravol) (30)
- Antidiarrheal (Imodium) (30-60)
- Spasmolytics (30)
- Nasal decongestant sprays (Otrivin) (2)
- Antibiotic and anti-inflammatory eye and ear drops (2-3)
- Throat lozenges (100)
- Corticosteroid creams (Cortate, Betamethasone) (3-4)
- Antitussives (Dextromorphan) (small sample bottles)

Any medications that are on the WADA Prohibited List must be properly identified and, if possible, stored separately from all other medication.

2 Team Medical Personnel Meeting

Prior to the start of an IIHF competition the IIHF Medical Supervisor must conduct a Medical Meeting with the physicians of the participating teams. The organizer is responsible to make the necessary arrangements to hold this meeting prior to the operation of the first Directorate Meeting.

The IIHF Medical Supervisor, The Event Chief Medical Officer(ECMO) and the team physicians should be in attendance at the meeting.

The Doping Control Officer or Senior Personnel should also be present if there is doping control during the event.

The agenda of the meeting is subject to change but available on the IIHF Toolbox. Furthermore, the Medical Supervisor will distribute the agenda in the meeting.

2.1 Final Report to the IIHF

The ECMO must submit a final report to the IIHF Medical Committee within 30 days of the completion of the event. This report should include:

1. The names, addresses and titles of all members of the Medical Team
2. A review of the structure of the Medical Team
3. Copies of any medical reports and medication records
4. A summary of any medical issues relating to the event
5. Recommendations for future events

This report will allow the IIHF to continue to improve and refine the medical service that is available during competitions.

3 IIHF Injury Reporting System (IRS)

Team physicians who participate in IIHF events will be asked to fill out the IIHF Injury Reporting System (IRS) form whenever an injury occurs during an event.

In order to be consistent with international norms and standards, which have been adopted by many sports in many countries, the definition of an injury will follow the standard international nomenclature. The IIHF and team physicians will only report on those injuries that follow the strict definition criteria as listed on the IRS form.

3.1 IRS and Game Report Forms

The definition of an injury in the IIHF Injury Reporting System (IRS) is:

- Any injury sustained in a practice or a game that prevented the player from returning to the same practice or game;

- Any injury sustained in a practice or a game that caused the player to miss a subsequent practice or game;
- All concussions
- All dental injuries
- A laceration which requires medical attention
- All fractures

3.2 Methodology

The IIHF has created the Daily Injury and Illness Report Form (DIIR) and Injury Reporting System (IRS) and Referee IRS forms (see APPENDIX 7 and 8 and 9) that will be used at all IIHF competitions or championships. The Medical Supervisor or the Directorate Chairman of an event will request each team (including the Officials team) to fill out the DIIR every day to update the IIHF on any injuries and illnesses that occurred. The forms are self-explanatory and easy to complete. Team physicians will be given the DIIR and IRS forms at the beginning of an event at either the medical meeting or the Directorate meeting. The team physician is also required to complete a detailed injury report (IRS form) for every injury. This refers to injuries occurring during all games and all practices. The IRS form is to be returned to the Medical Supervisor during the tournament as soon as all the sufficient information is obtained, and the final diagnosis is confirmed before the end of the tournament. The IIHF Medical Supervisor or Directorate Chairman, if there is no Medical Supervisor on site, is responsible for the data collection. The IRS form is only to be filled out once for each injury.

The forms are strictly confidential and are only given to the IIHF Medical Committee after the event by the Medical Supervisor or Directorate Chairman for data accumulation. It is important to note that the forms do not identify the player or the jersey number of the injured player so that confidentiality is respected.

The information and data provided make the IRS form an important tool in identifying injuries that occur in IIHF events. With this scientific information, preventive measures can be taken to make the sport safer for all players.

The cooperation of the Directorate Chairman, the Medical Supervisor and the various team physicians is essential in making the IIHF Injury Reporting System a success.

4 Nutritional Standards and Requirements

Diet and hydration play an essential role in athletic performance.

IIHF events are held in many countries and the participants come from all hockey-playing nations. The players need to have familiar and appropriate food choices to optimize their ability to perform.

Sport nutrition experts and the IIHF Medical Committee have developed these recommendations to help the host nation and hotels serve the competing teams a diet of familiar, varied and nourishing food. Organizers must ensure that the host hotels provide adequate amounts of

appropriate food for the players. In addition, organizers must ensure that appropriate fluids and snacks are available at both the training and competition venues. Furthermore, food safety includes food and water hygiene as well as protection against inadvertent ingestion of substances included on the WADA Prohibited List from contaminated foods or sports products.

Cultural sensitivity during menu planning will allow teams from different countries to find familiar foods at times when they would usually eat. The common elements from sample menus from Asia, Europe and North America have been listed under the general headings “Fluids” and “Self-Serve Foods.” Sample menus have been included to provide organizers with an understanding of differences between North American, European and Asian food preferences.

4.1 Hotel Requirements

4.1.1 Flexible Serving Times

Athletes require food at specific times before and after their practices and games. Each team will have a different practice and game schedule.

The team host/the leadership of the team should meet with the hotel/restaurant staff to outline their schedule.

- Each team should have a hotel contact that is responsible for the team’s meal schedule and other food-related concerns. The team must be able to contact this person easily if there is a change in the team’s program.
- Meal times must be flexible. The hotel must be able to serve breakfast before early morning practices and dinner after late evening games.
- Team schedules sometimes change during a tournament. The hotel must be prepared to meet meal time changes with short notice. Each team will need to know which hotel employee to contact to change their meal schedule.

4.1.2 Meals must be timed to games and practices

- A hot and cold breakfast buffet must be available every morning. In case of an early practice or game, the buffet must be available at an earlier time.
- Players will need a pre-game meal **3 to 4 hours before their game.**
- Players will need a snack **1 to 2 hours before their game or practice.**
- Players need meals and snacks served **immediately after practices and games.**
- Players have little time to eat. Buffet tables allowing for a line on either side (or other strategies to deliver food quickly) are essential.
- Players may need portable meals and fluids that can be taken to the training or competition site.

4.1.3 Special Considerations

- Allergy/intolerance to specific ingredients or foods:
 - Players may require special dishes because of reactions to certain food(s).
 - Ensure proper labelling of menu items for nutritional characteristics identification.
 - A hotel contact person must be able to tell the players exactly what is in each dish.
 - Examples of common allergies/intolerances include: nuts, seeds, gluten (barley, rye, oats, wheat, spelt), dairy, shellfish, fish, eggs. This is by no means an exhaustive list.
- Vegetarian Diet:
 - Players/teams may request vegetarian meals.
- Vegan Diet:
 - Players/teams may request vegan meals (no animal products).
- Gluten Free Diet:
 - Players/teams may request Gluten Free meals.
- Players with Diabetes:
 - Players may require food at specific times of the day.
 - Players may require special dishes. The team's hotel contact should be able to organize special needs.
- Different cultures require different diets (Koscher, Muslim, etc.)

4.1.4 Energy requirements and energy distribution for meals

Athletes require more food than most hotel guests. Tournament organizers must ensure that an appropriate amount of food is available.

- Every player's energy and nutritional requirements must be met. A male hockey player's energy requirement is approximately 4000-4500 kcal/day. A female hockey player's energy requirement is approximately 3000-3500 kcal/day.
- The meal schedule must be adapted to the training and competition schedule. In addition to breakfast, lunch and dinner, the meal schedule should include 2 or 3 snacks.
 - Breakfast should provide approximately 20 percent of the total energy requirement.
 - Lunch and dinner should each provide about 25 percent of the energy required.
 - Morning, afternoon and evening snacks should provide 5-15 percent (per snack) of the energy requirement.
- The energy distribution from different macronutrients should be:
 - CARBOHYDRATE: 55-65 percent of energy intake (for 4,000kcal/day, carbohydrate equals 2,200 - 2,600 kcal).
 - PROTEIN: 15-25 percent of energy intake (600 - 1,000 kcal).
 - FAT: 25-30 percent of energy intake (1,000 - 1,200 kcal).

4.1.5 Fluid Requirements

Athletes require large amounts of fluids. Ensure that the selection accommodates cultural differences.

- Bottled water must be available during and between meals
- A choice of fluids must be offered at every meal:
- Fruit juices and vegetable juices
- Pasteurized cow's milk (0 - 2 percent fat) and milk drinks (chocolate milk, yogurt drinks)
- Milk alternatives: Soy milk, almond milk, oat milk, coconut milk
- Sports drinks
- Soft drinks
- Hot beverages such as coffee, tea (black, green and herbal), hot chocolate

4.1.6 Preparation considerations

- Serve at least 2 entree choices; at least one should be a dish to accommodate cultural differences.
- A salad should be served at every meal.
- A soup should be served at every meal.
- Two choices of carbohydrates should be available at every meal
- A Gluten Free pasta should be available at every meal.
- 1-2 vegetable dishes should be available at every meal.
- Serve sauces and gravy "on the side."
- Use minimal fat in preparing the food.
- Limit foods that can cause gas (ie. cabbage and beans - except in the case of vegetarian bean dishes).
- Use few spices in the food preparation; allow athletes to add their own spices.
- Nuts and seeds should be "on the side."
- Gluten Free breads should be available at every meal.
- Vegetable side dishes should be prepared WITHOUT dairy (butter, milk, cream, cheese, etc.) for Vegan athletes.
- A minimum of 1 or all of the rice dishes should be prepared WITHOUT dairy (butter, milk, cream, cheese, etc) for Vegan athletes.
- A minimum of 1 or all of the pasta dishes should be prepared WITHOUT dairy (butter, milk, cream, cheese, etc) for Vegan athletes.
- All dishes should be labeled with EITHER a list of all ingredients used in preparation of the food OR labels denoting: Gluten-Free; Contains Nuts; Contains Seeds; Dairy Free or Contains Dairy; Vegan

4.1.7 Foods to be used for meals

A) CARBOHYDRATE SOURCES:

- **Breads:** white breads, whole grain breads, rolls, bagels, flat breads, crackers, gluten-free breads, muffins, pancakes (please always have a minimum of 1 gluten-free option)
- **Pasta:** pasta, brown-rice pasta or rice pasta (please always have a gluten-free option)
- **Cereals:** corn flakes, bran flakes, wheat flakes, bran buds, etc. (limit high sugar cereals)
- **Porridge:** oatmeal, 5-grain hot cereal, congee
- **Rice:** white rice, brown rice, wild rice, basmati rice, congee
- **Other Grains:** quinoa, couscous, barley
- **Starchy vegetables:** white and red potatoes, sweet potatoes, yams, beets, turnips, squash (acorn, butternut, etc.)
- **Beans:** dried beans, lentils, chickpeas, hummus (use beans in moderation or as vegetarian dish)

B) Protein Sources

- **Meat:** beef, lamb, pork, ham, bacon, bison
- **Poultry:** chicken, turkey, cornish hen
- **Fish**
- **Eggs:** whole eggs
- **Sliced Meats**
- **Milk products:** yogurt (sweetened, unsweetened, Greek), hard cheeses
- **Whey protein powder**
- **Seeds:** hemp seeds, chia seeds, sunflower seeds, pumpkin seeds
- **Nuts:** raw whole almonds, whole brazil nuts, walnuts, cashews
- **Beans:** Dried beans, lentils, chickpeas (use in moderation or as vegetarian dish)

4.2 Self-serve foods and drinks to be available at meals and snacks

- **Fluids (hot and cold):** water, milk, fruit juices, sports drinks, milk alternative (soy milk/almond milk/oat milk), soft drinks, coffee, tea (black, green, selection of herbal)
- **Breads:** whole grain (wheat, rye, etc.) and white bread, rolls, gluten-free bread, flat breads, bagels, crackers, granola style bars, gluten-free granola style bars
- **Spreads:** butter, jam, nut butters (peanut, almond), hummus, Nutella/chocolate spread, cream cheese, mayonnaise, Vegenaïse
- **Fresh Fruits:** fresh and/or canned whole and sliced fruits or fruit salads (oranges, banana, berries, apples, pineapple, melon, mango, grapes, pears, seasonal fruits, etc.)
- **Dried Fruits:** raisins, prunes, apricots, dates
- **Condiments:** mustard, relish, ketchup, mayonnaise, soy sauce, salt and pepper, grated parmesan cheese, Tamari (gluten-free soy sauce), Vegenaïse, hummus
- **Sandwich fillings:** ham, chicken, turkey, beef, sardines, salmon, tuna, hard boiled eggs, hard cheeses, hummus, avocado (Choose 1-2 meats and hummus and avocado for Snacks)
- **Yogurt:** sweetened, unsweetened, Greek, coconut yogurt

- **Soup** (For Meals only. Does not need to be included for Snacks.)
- **Energy Bars:** granola bars, fruit and nut bars, selection of Gluten Free energy bars

SELF-SERVE FOODS AND DRINKS TO BE AVAILABLE AT ALL MEALS

- **Salad buffet (at meals only):** lettuce (iceberg lettuce and mixed greens such as romaine, red leaf lettuce, green leaf lettuce, endive, radicchio, baby spinach), fresh peeled vegetables (sliced or grated carrots, grated beets, sliced cucumber, sliced celery, sliced tomato, broccoli, cauliflower, corn, sliced sweet peppers, grated white, green or purple cabbage, onion), beans (cooked lentils/chickpeas/black beans/white beans/kidney beans), hard boiled eggs, cottage cheese, pickles, seaweeds (wakame, etc.), sour pickled gherkins, sliced avocado
- **NOTE:** Salad buffet can be modified for snacks: include sliced vegetables for sandwiches only
- **Salad dressings (at meals only):** a choice from different cultures
 - European suggestions: Olive oil and balsamic vinaigrette, Rhode Island dressing, Herb Garden Dressing
 - Asian suggestions: Ginger-Sesame, Soy-Sesame, French dressing
 - North American suggestions: Ranch, Thousand Island, Olive oil and Balsamic Vinaigrette, lemon wedges and extra virgin olive oil
- **Soup** (For Meals only. Does not need to be included for Snacks.)

4.2.1 Breakfast

4.2.1.1 Breakfast - Self-Serve Foods:

In addition to the choices of fluids, breads, spreads, etc. listed in 4.2 breakfast should include a hot and cold buffet. A toaster should be available. The cold buffet should include:

- **Breads:** white, whole grain, gluten-free, rolls, bagels, flat breads, crackers, etc. (please always include a gluten free bread)
- **Cold cereal:** wheat flakes, corn flakes, bran flakes, brown rice flakes, muesli, oats, 100% bran buds, shredded wheat, etc. (limit high sugar cereals)
- **Dried fruits to add to cereal:** raisins, dates, prunes, apricots
- **Nuts and seeds to add to cereal:** almonds, walnuts, brazil nuts, pumpkin seeds, sunflower seeds, pecans, hemp seeds, chia seeds
- **Spreads:** butter, jam, nut butters (peanut, almond), hummus, Nutella/chocolate spread, cream cheese
- **Fruit:** fresh and/or canned whole and sliced fruits or fruit salads (oranges, banana, berries, apples, pineapple, melon, mango, grapes, pears, seasonal fruits, etc.)
- **Cured Meat Selection:** ham, salami, prosciutto, turkey, smoked salmon, etc.
- **Cheese Selection:** cheddar, swiss, emmental, gruyere, etc.

4.2.1.2 Breakfast - Hot Foods:

- **Hot porridge:** oatmeal, semolina, rice, congee, 5-grain
- **Eggs:** Boiled, poached, scrambled or baked
- **Meat:** ham, sausage, bacon
- **Potatoes:** white or red potatoes, sweet potatoes
- **Pancakes** (optional), Gluten Free pancakes optional

4.2.2 Lunch and Dinner

In addition to the choices of fluids, breads, spreads, etc. listed in 4.2 lunch and dinner should include a hot buffet. For detailed menu ideas please see 4.4 Menu Ideas from Different Continents.

- At least **one** soup at each meal
- At least **one** type of salad or salad buffet at each meal
- At least **two** carbohydrate choices: pasta, gluten free (brown rice) pasta and rice or potato, etc. (prepared without dairy for Vegan options)
- **Two or more** steamed, baked, boiled or stir-fried vegetable (one may be part of a dish such as stir-fried beef, green pepper and bamboo shoots) (prepared without dairy for Vegan options)
- At least **two** meat, poultry or fish choices
- At least **one** pasta sauce (preferably marinara to include Vegan athletes)

4.3 Training and Competition Venue Requirements

It is very important for athletes to rehydrate and refuel immediately after games and practices so fluids and snacks must be made available at the arena. Fluids and food should be available to be consumed immediately after games and practices.

Teams will need access to refrigeration for fluids and foods carried from the hotel or grocery stores.

Bottled water and sports drinks must be made available in large quantities at training sites and competition venues.

4.3.1 Fluids

- Bottled water
- Sports drinks
- Soft drinks
- Juices: fruit and vegetable
- Milk (0-2%), soy milk
- Hot beverages: coffee, tea (black, green, herbal), hot chocolate

4.3.2 Snacks

To minimize food waste, please choose 1-3 items from each category for Day 1 and add items at your discretion based on Day 1 feedback/Special Requests/Special Diets. Those marked with an asterisk (*) must ALWAYS be available.

- **Breads:** whole grain (wheat, rye, etc.) and white bread*, rolls, gluten-free bread*, flat breads, bagels, crackers, granola style bars
- **Spreads:** butter*, jam*, nut butters (peanut*, almond), hummus*, Nutella/chocolate spread*, cream cheese*
- **Fruits:** fresh and/or canned whole and sliced fruits or fruit salads (oranges, banana, berries, apples, pineapple, melon, mango, grapes, pears, seasonal fruits, etc.)
- **Dried Fruits:** apricots, prunes, raisins, dates
- **Condiments:** mustard*, relish*, ketchup*, mayonnaise*, soy sauce, salt* and pepper*
- **Sandwiches or Sandwich fillings:** ham, chicken, turkey, beef, sardines, salmon, tuna, hard boiled eggs*, hard cheeses, vegan alternative(?)
- **Yogurt:** sweetened*, unsweetened, Greek
- **Energy Bars:** granola bars*, fruit bars*, gluten-free bars*
- **Cookies**
- **Hard Boiled Eggs***
- **Whey Protein Powder***, consider vegan alternatives as well

4.4 Menu ideas from different continents

4.4.1 North American Sample Menu:

In addition to fluids, breads, spreads, condiments, fruits, yogurt, etc listed in 4.2:

	Breakfast	Lunch	Dinner
Day 1	<ul style="list-style-type: none"> •Bread Selection •Fruit Selection •Cereal Selection •Oatmeal •Scrambled Eggs •Potato hash •Ham 	<ul style="list-style-type: none"> •Salad Buffet •Fruit Selection •Bread Selection •Minestrone soup •Pasta (spaghetti) •Rose sauce (on side) •Baked chicken breast •Broiled white fish •White rice •Steamed broccoli •Sauteed green beans 	<ul style="list-style-type: none"> •Salad Buffet •Fruit Selection •Bread Selection •Vegetable broth soup •Pasta (fettucine) •Meat marinara sauce (on side) •Pork tenderloin •Sweet potato wedges •Brown rice •Poached apples •Boiled mixed vegetables (peas, corn, etc.) •Steamed asparagus
Day 2	<ul style="list-style-type: none"> •Bread Selection •Fruit Selection •Cereal Selection •5-grain hot cereal •Egg omelets with veggies •Bacon •Pancakes (maple syrup on side) 	<ul style="list-style-type: none"> •Salad Buffet •Fruit Selection •Bread Selection •Chicken noodle soup •Pasta (rigatoni) •Marinara sauce (on side) •Grilled steak (sliced) •Quinoa •Baked salmon filets •Broiled asparagus •Baked cauliflower 	<ul style="list-style-type: none"> •Salad Buffet •Fruit Selection •Bread Selection •Leek and potato soup •Pasta (brown rice pasta) •Rose sauce (on side) •Lamb chops •Chicken thighs •Brown rice •Baked squash •Steamed green beans •Baked carrots

	Breakfast	Lunch	Dinner
Day 3	<ul style="list-style-type: none"> •Bread Selection •Fruit Selection •Cereal Selection •Oatmeal •Poached eggs •Sausage •Roasted Tomatoes 	<ul style="list-style-type: none"> •Salad Buffet •Fruit Selection •Bread Selection •Vegetable soup •Pasta (meat and cheese lasagne) •Plain pasta (linguine) •Marinara meat sauce (on side) •Baked sweet potato wedges •Baked chicken breasts •Steamed broccoli •Baked carrots 	<ul style="list-style-type: none"> •Salad Buffet •Fruit Selection •Bread Selection •Beef broth with vegetable soup •Pasta (fusilli) •Marinara sauce (on side) •1/4 chicken •White fish filets •Vegetable succotash •Baked potato •Quinoa •Roasted cauliflower
Day 4	<ul style="list-style-type: none"> •Bread Selection •Fruit Selection •Cereal Selection •Semolina hot cereal •Scrambled Eggs •Ham •Baked potato wedges 	<ul style="list-style-type: none"> •Salad Buffet •Fruit Selection •Bread Selection •Butternut squash soup •Pasta (fettucine) •Marinara sauce (on side) •Shepherd's Pie (white potato and ground beef) •Tilapia filets •White rice •Roasted beets •Roasted brussel sprouts 	<ul style="list-style-type: none"> •Salad Buffet •Fruit Selection •Bread Selection •Minestrone soup •Pasta (penne) •Rose sauce (on side) •Chicken breasts •Beef tenderloin •Roasted root vegetables (beets, turnip, squash) •White rice •Steamed broccoli •Sauteed zucchini

4.4.2 European Sample Menu:

General recommendations:

- A selection of cured/sliced meats (ham, salami, prosciutto, turkey, etc.) should be served with breakfast.
- A selection of cheeses (cheddar, swiss, emmental, gruyere, etc.) should be served with breakfast.
- A selection of dried fruits (prunes, apricots, raisins, dates, etc.) should be served with breakfast.
- A soup and salad buffet should be served with lunch and dinner.

In addition to fluids, breads, spreads, condiments, fruits, yogurt, etc listed in 4.2:

	Breakfast	Lunch	Dinner
Day 1	<ul style="list-style-type: none"> •Bread Selection •Fruit Selection (including dried fruits) •Cereal Selection •Cured Meat selection (ham, salami, prosciutto, etc) •Cheese selection •Oatmeal •Hard Boiled Eggs 	<ul style="list-style-type: none"> •Salad Buffet •Fruit Selection •Bread Selection •Minestrone soup •Pasta (spaghetti) •Rose sauce (on side) •1/4 chicken •Broiled white fish •White rice •Steamed broccoli •Sauteed green beans 	<ul style="list-style-type: none"> •Salad Buffet •Fruit Selection •Bread Selection •Vegetable broth soup •Pasta (fettucine) •Meat marinara sauce (on side) •Pork tenderloin •Sweet potato wedges •Brown rice •Poached apples
Day 2	<ul style="list-style-type: none"> •Bread Selection •Fruit Selection (including dried fruits) •Cereal Selection •Cured Meat selection (ham, salami, prosciutto, etc) •Cheese selection •5-grain hot cereal •Egg omelets with veggies 	<ul style="list-style-type: none"> •Salad Buffet •Fruit Selection •Bread Selection •Chicken noodle soup •Pasta (rigatoni) •Marinara sauce (on side) •Sausage on a bun •Baked salmon filets •Sauerkraut •Boiled potatoes •Steamed broccoli 	<ul style="list-style-type: none"> •Salad Buffet •Fruit Selection •Bread Selection •Borscht soup •Pasta (brown rice pasta) •Rose sauce (on side) •Chicken schnitzel •Tilapia filets •Brown rice •Mashed potato •Steamed green beans •Baked carrots

	Breakfast	Lunch	Dinner
Day 3	<ul style="list-style-type: none"> •Bread Selection •Fruit Selection (including dried fruits) •Cereal Selection •Cured Meat selection (ham, salami, prosciutto, etc) •Cheese selection •Muesli •Poached eggs •Roasted Tomatoes 	<ul style="list-style-type: none"> •Salad Buffet •Fruit Selection •Bread Selection •Vegetable soup •Potato and cheese pierogi •Plain pasta (linguine) •Marinara meat sauce (on side) •Sauteed onions •Baked pork chops •Steamed broccoli •Baked carrots 	<ul style="list-style-type: none"> •Salad Buffet •Fruit Selection •Bread Selection •Beef broth with vegetable soup •Pasta (fusilli) •Marinara sauce (on side) •Cabbage rolls •Pickled herring •Boiled potato •Quinoa •Steamed broccoli
Day 4	<ul style="list-style-type: none"> •Bread Selection •Fruit Selection (including dried fruits) •Cereal Selection •Cured Meat selection (ham, salami, prosciutto, etc) •Cheese selection •Semolina hot cereal •Scrambled Eggs •Herring 	<ul style="list-style-type: none"> •Salad Buffet •Fruit Selection •Bread Selection •Clear vegetable soup •Pasta (egg noodle) •Marinara sauce (on side) •Beef goulash •Salmon filets •Mashed potato •Steamed peas •Roasted brussel sprouts 	<ul style="list-style-type: none"> •Salad Buffet •Fruit Selection •Bread Selection •Minestrone soup •Pasta (penne) •Rose sauce (on side) •Chicken breasts •Pork schnitzel •Roasted root vegetables (beets, turnip, squash) •White rice •Steamed broccoli •Sauteed zucchini

4.4.3 Asian Sample Menu:

General recommendations:

- A soup should be served with each meal (breakfast, lunch and dinner).
- White rice should be served with each meal (breakfast, lunch and dinner).
- A pasta should be served with each meal (lunch and dinner).
- A fish should be served at each meal
- Side dishes should be served with each meal including breakfast (pickled vegetables (seaweed, cucumber, cabbage, turnip), fermented tofu, peanuts, kimchi, etc.).

In addition to fluids, breads, spreads, condiments, fruits, yogurt, etc listed in 4.2.

	Breakfast	Lunch	Dinner
Day 1	<ul style="list-style-type: none"> •Bread Selection (including steamed pork bun) •Fruit Selection •Cereal Selection •Oatmeal •White rice •Egg pancake •Yogurt drink 	<ul style="list-style-type: none"> •Salad Buffet •Fruit Selection •Bread Selection •Miso soup •White rice •Pasta (spaghetti) •Rose sauce (on side) •Vegetable and egg fried rice •Stir-fried beef and green pepper •Steamed white fish with ginger and scallions •Sauteed eggplant in oyster sauce •Sauteed chinese broccoli 	<ul style="list-style-type: none"> •Salad Buffet •Fruit Selection •Bread Selection •Vegetable broth soup •White rice •Pasta (fettucine) •Meat marinara sauce (on side) •Gyoza/pork dumplings •Stir-fried pork and vegetables •Soy glazed salmon •Chow mein with beef and vegetables •Steamed asparagus
Day 2	<ul style="list-style-type: none"> •Bread Selection (including steamed pork bun) •Fruit Selection •Cereal Selection •Congee with toppings: pickled vegetables, fermented tofu) •White rice •Soft boiled egg •Pork dumpling soup •Soybean milk drink 	<ul style="list-style-type: none"> •Salad Buffet •Fruit Selection •Bread Selection •Seaweed soup •White rice •Pasta (rigatoni) •Marinara sauce (on side) •Chicken curry •Sesame and ginger steamed fish •Sauteed baby bok choy •Pad See Ew (stir fried noodles with chicken and broccolini) 	<ul style="list-style-type: none"> •Salad Buffet •Fruit Selection •Bread Selection •Wonton soup •White rice •Pasta (vermicelli noodles) •Chow mein sauce (on side) •Egg fried rice with shrimp •Tilapia filets •Stir-fried pork and cabbage •Stir-fried chinese broccoli •Soy glazed chicken thighs

	Breakfast	Lunch	Dinner
Day 3	<ul style="list-style-type: none"> •Bread Selection (including steamed pork bun) •Fruit Selection •Cereal Selection •Congee with toppings: pickled vegetables, fermented tofu) •White rice •Egg and scallion pancake •Yogurt drink 	<ul style="list-style-type: none"> •Salad Buffet •Fruit Selection •Bread Selection •Fish stew •White rice •Plain pasta (linguine) •Marinara meat sauce (on side) •Miso glazed chicken •Ginger pork and vegetable stir fry (snow peas, mustard greens, chinese broccoli) •Vegetable and egg fried rice 	<ul style="list-style-type: none"> •Salad Buffet •Fruit Selection •Bread Selection •Vermicelli soup •White rice •Pasta (fusilli) •Marinara sauce (on side) •Pork and shrimp dumplings •Stir-fried beef and chinese greens •Soy and scallion steamed fish •Steamed asparagus
Day 4	<ul style="list-style-type: none"> •Bread Selection (including steamed pork bun) •Fruit Selection •Cereal Selection •Oatmeal •Congee with toppings: pickled vegetables, fermented tofu) •Egg and scallion pancake •Yogurt drink 	<ul style="list-style-type: none"> •Salad Buffet •Fruit Selection •Bread Selection •Clear vegetable soup •White rice •Pasta (spaghetti) •Marinara sauce (on side) •Grilled chicken with garlic and sesame sauce •Steamed whole fish •Stir-fried miso pork and cabbage •Sauteed bok choy 	<ul style="list-style-type: none"> •Salad Buffet •Fruit Selection •Bread Selection •Minestrone soup •White rice •Pasta (penne) •Rose sauce (on side) •Chow mein with beef and vegetables •Stir-fried vegetables in oyster sauce •Stir-fried tofu in hot bean sauce •Miso glazed salmon •Sauteed chinese broccoli

5 Job Descriptions

The medical issues for an ice hockey federation are huge. Non-experts are completely overwhelmed by all aspects that have to be taken into consideration. Therefore, medical experts are crucial for any sports federation. The IIHF has written a job description for the most important key persons.

5.1 National Association Chief Medical Officer

A medical person for a Member National Association is the National Association Chief Medical Officer (NACMO). A CMO is responsible for all medical questions that will arise and will make sure that the right protocols are in place and followed. APPENDIX 10 is a template for the NACMO.

5.2 IIHF Medical Supervisor

The IIHF Medical Supervisor is one of the most important representatives from the IIHF. He or she is a true expert in ice hockey medicine and is available for any questions that may arise before, during or after the event. Furthermore, the IIHF Medical Supervisor will help the hosts with the preparations and will be on site to ensure that all IIHF Regulations and Protocols are in force. In addition to his duties (you can find a list in APPENDIX 11) he also acts as a concussion spotter. This role will be explained further in the Concussion section and during the medical meeting of the event.

6 Infection Control

The IIHF has witnessed numerous outbreaks of infection (i.e. Influenzas, Noro Virus etc.) during our Championships over the years.

When teams play each other in Championships the risk of infection becomes greater and measures need to be taken to avoid contamination and spread among players. The following prevention recommendations need to be addressed in all Championships by teams and the Organising Committee so that the health and safety of players is protected at all costs.

6.1 Facility Resources to Prevent Infection

The IIHF recommends the following items in each practice facility and arena, in home and visitor locker rooms, and in areas used by athletic trainers, equipment handlers, and laundry handlers:

- Soap and water for cleaning hands and body parts
- Wall-mounted antiseptic hand cleaners in appropriate locations
- Signs developed by the IIHF regarding simple prevention methods to avoid transmission of blood-borne pathogens
- Sharps containers for contaminated sharp items, such as needles, scalpels, etc.
- Hazardous waste containers for other contaminated materials
- Personal protective equipment, such as gloves, goggles, masks, gowns
- Appropriate decontamination sprays and solutions for use on contaminated uniforms, equipment, clothes, and surfaces seen in the locker rooms and training rooms

6.2 Team Practices to Prevent Infection

- Gloves shall be worn when it can be reasonably anticipated that the trainer, physician may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin.
- Players who are bleeding or who have visible blood on their equipment or body shall be ruled off the ice at the next stoppage of play. Such player shall not be permitted to return to play until the bleeding has been stopped and the cut or abrasion covered (if necessary). Any affected equipment and/or uniform must be properly decontaminated or exchanged.
- Trainers, physicians shall wash hands and any other skin with soap and water or antiseptic hand cleaners, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
- Equipment which has been contaminated with blood or other potentially infectious materials shall be decontaminated as necessary, unless decontamination of such equipment or portions of such equipment is not feasible, in which case it should be handled with appropriate personal protective equipment and must be disposed of in hazardous waste containers.

6.3 Prevention of Infection in Dressing Rooms

The Organising Committee is responsible for ensuring that their arena cleaning crews (at the game arena and practice facility) are advised that they need to disinfect on a daily basis, and after each visiting team vacates an arena, all areas that Players come in contact with including:

- Exercise bikes (specifically handles and seats)
- Workout equipment and visiting room weights
- Locker stalls (including seats, all areas of the stall, and the tops of the stall)
- Change room stalls
- Washroom stalls and urinals
- Medical/training tables (perhaps the most important area)
- Doorknobs, tables, counters and other “frequently touched” surfaces; and
- Bench areas

Cleaning of “high touch, high risk” surfaces should be accomplished with disinfecting wipes.

These products are effective against virtually all viruses, including mumps, measles, cold and flu viruses, and HSV (as are soap and water). The effectiveness of specialized disinfection systems or products remains to be established.

6.4 Summary of Prevention

- Do not share drinks

- Do not share water bottles
- Do not share towels
- Do not share razors
- Do not sneeze or cough on others and covers your mouth when you cough
- Wash your hands often with soap or alcohol based gels or hand cleansers
- Water bottles must be cleaned / disinfected after each game

6.5 Vaccination

It is recommended that all players obtain their vaccination history from family or from physicians that administered all of their vaccines. Ideally this should be provided to Clubs and their medical staff at the time of the preseason physicals or their entry into the team.

For further details the IIHF discusses the most common illnesses in the IIHF Infection Control in APPENDIX 12.

6.6 Coronavirus

The IIHF together with the LOC creates a separate thorough concept to prevent the spreading of the Coronavirus during an IIHF World Championship. Separate Concepts will be shared with all participants. All participants are requested to follow those rules. Non-compliance with the Coronavirus Rules may lead to sever sanctions of individuals and teams.

7 Concussion in Sport

The IIHF helped organize the 5th International Consensus Conference on Concussion in Sport.

The symposia brought together various experts from around the world in the field of concussion to discuss the basic science, research, epidemiology, neuropsychology, treatment and return to play guidelines that have been developed over the years, and endeavored to standardize and create a consensus on the various issues in concussion work.

The newest Consensus Statement was published in the British Journal of Sport Medicine and the SCAT5 (Sport Concussion Assessment Tool), Child SCAT5 and CRT have been updated. The IIHF follows the SCAT5 (APPENDIX 13) for return to play guidelines and it is a crucial part of the IIHF Concussion Protocol. It is essential that all players who suffer a concussion and all physicians who treat concussions follow the Return to Play Guidelines set out in the Consensus.

It is clear that all players who are suspected to have suffered a concussion need to be removed from play and be examined by a physician. Signs and symptoms are explained in the IIHF Concussion Protocol (APPENDIX 14) Furthermore, the players cannot return to play until they are asymptomatic and have followed the stepwise guidelines (no symptoms, light aerobic exercise, no contact, practice) before they return to play.

The IIHF Medical Supervisor serves as a “Concussion Spotter” who observes the game and identifies visible signs that will mandate a removal from play and an evaluation in the dressing

room. The host is responsible to ensure that the Concussion Spotter has good view of the game from all angles (e.g. President's Box or Sky Box, not in corners!) and can reach the benches within shortest time to communicate with the medical staff, if no other communication system with the players' bench is provided.

If available, video shall be installed to help the Concussion Spotter to review an action from all angles.

At the IIHF World Championship and the World Juniors, the Clipper shall be trained by the Medical Supervisor to recognize concussion signs and report to the Medical Supervisor if he does so. The Clipper must be able to communicate to the Medical Supervisor as quickly and easy as possible in order that the Supervisor can react rapidly.

8 Life Threatening Emergencies

This section will deal with the different life-threatening emergencies that can occur during a hockey game. Airway injuries, thoracic trauma and open and closed hemorrhage can lead to sudden deterioration of the health of the athlete and possibly death if recognition of the diagnosis and rapid intervention is not instituted.

8.1 Acute Airway Injuries

Airway injuries occur rarely in the sport of ice hockey but these injuries can be life threatening and lead to death if prompt diagnosis and early treatment is not instituted in the arena setting.

The spectrum of airway injuries can range from a mild blow to the larynx or neck area producing hoarseness, to a sudden and complete obstruction of the airway.

The most common types of injury that compromise the airway include:

- Severe maxillo-facial trauma
- Head injury with loss of consciousness
- Laryngeal trauma
- Neck trauma
- Aspiration or inhalation injury
- Chest wall or diaphragm injury

Early recognition and diagnosis of the level of airway compromise is vital.

8.1.1 Symptoms and Signs

- Stridor (noisy, labored respiration)
- Tachypnea

- Aphonia or dysphonia
- Hemoptysis
- Subcutaneous emphysema
- Palpable deformity

8.1.2 Management

The management of an airway injury should begin with basic principles and fall into the same treatment plan as the Emergency Action Plan (EAP) with good planning, simple techniques and adequate equipment.

- Cervical spine precaution
- Chin lift
- Jaw thrust
- Oral and nasopharyngeal airways
- Endotracheal tubes
- Oxygen
- Portable suction
- Ambu bag assisted ventilation
- Cricothyroidotomy kit
- Tracheostomy kit

The Advanced Traumatic Life Support (ATLS) program defines definitive airway control as “a tube present in the trachea with the cuff inflated and connected to a form of oxygen enriched ventilation and the airway secured in place with tape”. This treatment may be accomplished by endotracheal intubation (oral or nasal route), or by surgical control of the airway (cricothyroidotomy or tracheostomy).

The indications for definitive control of the airway fall into two categories: airway protection and need for ventilation.

The technique that will be used for airway control will depend on the patient, the location (arena, hospital ER, ICU, OR), and the knowledge and experience of the personnel.

Early recognition of airway compromise and a rapid treatment plan are essential in managing this life threatening injury in the ice hockey player.

8.2 Hemorrhage

Severe blood loss in an ice hockey player is rare but can be a life threatening injury that requires immediate attention and treatment.

8.2.1 Athlete Response:

The cardiovascular training program followed by professional athletes produces a significant dynamic increase in cardiac output (6x), blood volume (15 - 20 percent) and stroke volume (50 percent). The resting pulse is often less than 60 beats per minute. The normal response to blood loss is dampened. The pulse will rise, the blood pressure will drop and the pulse pressure will narrow. The athlete will feel a sense of anxiety and weakness.

8.2.2 Classification:

The hemorrhage may be open or in a closed space. The open hemorrhage is obvious but the closed bleeding requires a high index of suspicion. Both forms of hemorrhage require rapid intervention.

Bleeding can become more serious if the athlete is taking aspirin or an anti-inflammatory medication.

Open:

- Venous lacerations to the major or minor venous system are impressive with their severe bleeding presentation. Often, small arterial branches are involved.
- Rapid treatment is necessary with pressure gauze directly in and on the wound. No elevation or depression of the extremity is required.
- An injury to an artery leads to a pulsatile bleeding and the same treatment can be instituted. Proximal pressure on the major feeding artery will also control the bleeding when direct pressure is not successful. Any laceration to the neck area is a critical situation and may need urgent surgical consultation and possible surgery.
- Patients with open hemorrhage will need intravenous fluids that should be started prior to their transport to the hospital. Tourniquets are contraindicated in open bleeding.

Closed:

- A closed hemorrhage can occur in the thoracic or abdominal cavity following a blow to the chest wall or abdominal area. An injury to the spleen or liver must be ruled out in all cases of trauma to the lower thoracic cage or upper abdominal area. Pain and tenderness in the upper abdominal area can signify an injury to the liver or spleen and occult blood loss in a closed environment can take place. Vital signs may even be normal before deterioration takes place.
- A high index of suspicion, transportation to the hospital and CT scan or ultrasound investigation will make the diagnosis and allow for rapid intervention.

8.3 Thoracic Trauma

The most frequent injury to the thorax is a fracture or contusion of the rib(s). This injury is painful but is simple to treat and return to play usually occurs within two to three weeks. Complications relating to rib fractures can be life threatening and require special attention and a correct diagnosis for proper treatment.

The complications arising from rib fractures can be manifested by the following conditions:

- Pneumothorax-spectrum
- Hemothorax
- Chest wall instability
- Underlying injuries to solid organs such as spleen, kidney, liver
- Injuries to the clavicle and sternum

8.3.1 Pneumothorax

A pneumothorax may range from a small pleural collection of air to a tension pneumothorax. Signs and symptoms include:

- Dyspnoea
- Decreased air entry to the affected side
- Subcutaneous emphysema
- Shift of the trachea to the opposite side in a tension pneumothorax

The principle of treatment is the reestablishment of normal pleural dynamics by the release of air with a chest tube.

8.3.2 Hemothorax

A hemothorax can be an occult cause of blood loss with hypotension. Signs and symptoms include:

- dyspnoea
- decreased air entry
- Dullness to percussion on the affected side
- hypotension
- A chest X-ray will confirm the diagnosis. A significant hemothorax will require chest tube drainage and intravenous fluids.

8.3.3 Chest Wall Instability

- Instability of the chest wall with paradoxical breathing may occur when more than one rib is fractured or is associated with concurrent costo-chondral separation or dislocation. A hemo- or pneumo-thorax may accompany such a condition. Hypoxemia may require ventilation and severe pain may create the need for epidural anaesthesia.

8.3.4 Underlying Injuries

- Injuries to the thorax may also cause damage to the underlying solid organs, depending on the site of injury. The spleen, kidney or liver can be contused or ruptured with associated hemorrhage. The athlete may have a source of occult blood loss and present with only hypotension. Appropriate diagnostic tests such as a hemoglobin level, chest x-ray and CT scan will help to make a definitive diagnosis.

8.3.5 Injuries to the Clavicle and Sternum

- Injuries to the clavicle and sternum can also produce intra-thoracic sequelae that may be life threatening. A fracture of the sternum may cause an underlying cardiac injury ranging from commotio cordis to contusion.
- Dislocation of the sternoclavicular joint in a posterior fashion may compromise the great vessels and cause mediastinal hemorrhage from innominate veins or adjacent arteries.
- Fractures of the clavicle with displacement may injure subclavian vessels and injure the apex of the pleura.
- A fracture of the first or second rib can also cause a subclavian artery injury, especially on the left side.

Thoracic trauma can produce life-threatening injuries and a high level of suspicion is needed in cases of injury to the thorax for underlying injuries to the organs.

8.4 Automatic External Defibrillators (Cardiac Arrest and Commotio Cordis)

The American Heart Association (AHA) estimates that about 350,000 people die of cardiac arrest each year. An average of 16 sudden cardiac deaths occur annually among US high school and college athletes. In 1998, the sport of ice hockey witnessed five sudden cardiac deaths in Europe, including three in Germany.

The cause of death in these athletes is usually ventricular fibrillation associated with underlying cardiovascular disease, or as a result of a blunt impact to the chest wall (commotio cordis).

The single most important determinant of survival is the time from collapse to defibrillation. Each minute of delay decreases the chance of survival by ten percent. Most patients will survive if defibrillation is achieved in less than three minutes. Few will live if the delay is longer than 15 minutes, in spite of CPR administration.

8.4.1 Sudden Cardiac Arrest

Sudden cardiac arrest is a condition in which the heartbeat stops suddenly and unexpectedly. It is caused by life threatening arrhythmias or electrical disturbances in the heart's electrical system. The most common arrhythmia is ventricular fibrillation. In this condition, the heart beats so chaotically that it is unable to pump blood to the body and brain.

The sudden cardiac arrest victim first loses his pulse and then becomes unconscious. Finally, he is unable to breathe. Without immediate treatment, the victim will surely die.

There is rarely any warning. Sudden cardiac arrest is unpredictable and can happen to anyone at any time. Although heart disease is a common cause of cardiac arrest in the elderly population, most of the young victims have never had any heart problems in the past.

8.4.2 Early Defibrillation

The only effective way to treat cardiac arrest is through a defibrillator, a piece of equipment that delivers an electrical shock or current to the heart through the chest. The shock interrupts the random electrical pulses, or ventricular fibrillation, and gives the heart a chance to start beating again in a normal fashion from its chaotic state. This process is called defibrillation.

The defibrillation must be done on the ice once it has been determined that the player is in cardiac arrest. Once the shock has been delivered the player can be removed quickly from the ice (there is a small window of 2 minutes before another shock can be delivered to the heart) while cardiac compression continues on the athlete.

The AED must always be charged and available close to the bench area for easy access and use.

8.4.3 Survival

Cardiac arrest is usually reversible if defibrillation occurs within the first few minutes after collapse or loss of the pulse. The sooner the shock is delivered, the better the chance of survival. Survival can be as high as 90 percent if the victim is defibrillated during the first minute of collapse. During each minute that the defibrillation is delayed, the chance of survival from a cardiac arrest drops ten percent. For example, if the cardiac arrest (ventricular fibrillation) is not defibrillated within the first ten minutes, the chance of survival is less than two percent.

The American Heart Association introduced a model for victims of cardiac arrest, called the chain of survival, in 1990. It outlines the specific sequence of events that must happen for a victim to survive and recover from a cardiac arrest.

- Early Access - someone suspects that the victim is in sudden cardiac arrest and calls for help.
- Early CPR - a person trained in cardio-pulmonary resuscitation keeps the victims blood flow to the vital organs until defibrillation can occur.
- Early Defibrillation - a person trained in defibrillation shocks the victim as quickly as possible.

- Early Advanced Care - medical personnel provide advanced cardiac care, which can include airway support, medications and hospital services.

Studies show that the most important and critical link in the chain is defibrillation.

8.4.4 Automatic External Defibrillators

An Automatic External Defibrillator, or AED, is a portable, light, easy to use medical device designed specifically for first responders with minimal training. A first responder is the one most likely to be on the scene and respond to the emergency.

The AED has a built-in computer that analyses the heart rhythm and determines if the heart requires a shock. The AED is automatic and guides the responder/operator through a series of voice commands and screen messages about the use of the defibrillator.

Most of the automatic defibrillators are light and weigh less than four kilos. They are also relatively inexpensive (\$1500 US). Most people can learn to use the machines within an hour. The operator turns on the AED once it is established or thought that the victim does not have a pulse. The operator then attaches the electrodes to the chest of the victim. The machine interprets the heart rhythm of the victim. The operator simply follows the voice prompts and instructions on the screen. If a shock is necessary, the voice will tell the operator to press the shock button. The AED will not allow a shock to be given unless the victim requires it.

The AED is now found in a variety of facilities: shopping malls, airports, casinos, resorts, schools and recreational facilities, including sport arenas.

9 Integrity

The IIHF is fully committed to protecting ice hockey, its players, coaches, officials and fans against any form of cheating or abuse. In addition, it is the IIHF's top priority to strengthen the ethics in the sport and to tackle any ethical misconduct.

9.1 Abuse & Harassment

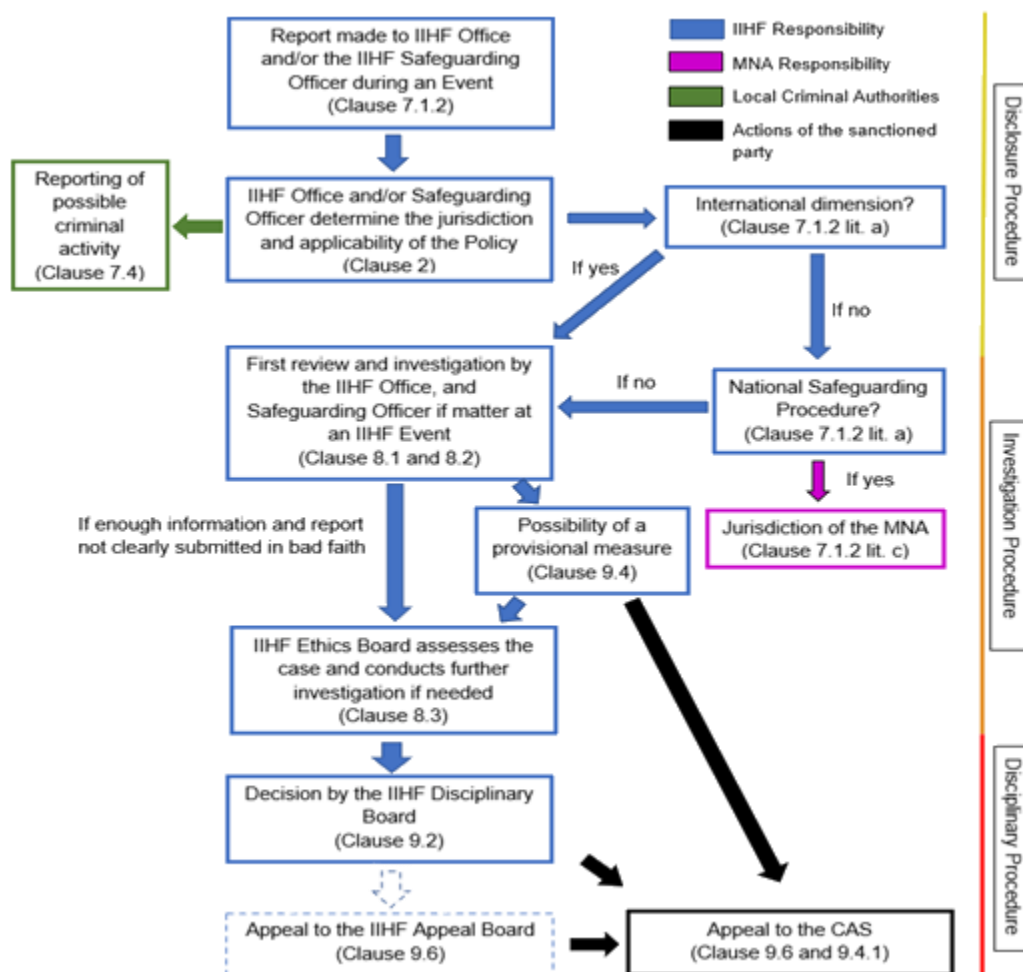
It is the IIHF's strong belief that everyone engaged in and around ice hockey has the right to participate in a respectful environment free of abuse and harassment in order to strengthen and promote the game of ice hockey around the world.

The IIHF has established an Abuse & Harassment Policy (APPENDIX 15) which requests that each IIHF Event identifies a Safeguarding Officer. Event participants shall be able to address topics and report incidents to the Safeguarding Officer.

All members of the LOC medical team should be knowledgeable about the IIHF's

- Code of conduct
- Reporting mechanism
- Safeguarding Officer name and contact information

Flowchart demonstrating abuse and harassment report response:



10 Doping Control

Doping is forbidden in ice hockey. The Anti-Doping Rules are adopted and implemented in accordance with the IIHF's responsibilities under the WADA Code, and in furtherance of the IIHF's continuing efforts to eradicate doping in sport. The Doping Control Regulations are an integral part of the IIHF Regulations and are intended to be guidelines for the conduct of doping control within the IIHF and its member national associations. These regulations, in conjunction with the Disciplinary Code, provide standardized doping control and results management procedures as well as provide information to all those involved directly or indirectly in the doping control process.

10.1 WADA prohibited list

WADA has established the WADA Prohibited List (APPENDIX 16). All players participating in an IIHF events may be required to submit to doping control and this testing is carried out in conformity with the bylaws and regulations of the IIHF.

The team physicians, medical personnel, all athletes, and all other relevant parties must always be aware of the current WADA rules and the WADA list of prohibited substances and methods. Team physicians and medical personnel need to be able to advise the athletes on the correct and appropriate choice of medications for medical problems that do not contravene the current list of prohibited substances and methods. However, every player is ultimately responsible for anything he ingests, inhales or uses. It is highly recommended to complete the respective training program from WADA through ADeL: <https://adel.wada-ama.org/>

Many athletes are now taking over the counter products as nutritional supplements to help in their training. It is important to realize that many of these supplements contain banned substances that may not be indicated on the list of ingredients in the product. The player remains ultimately responsible what goes into his body, however, MNAs and NADOs shall support the player as best as possible.

10.2 Therapeutic Use Exemption

If a player is required to take medication to treat an illness or an injury, which is under the WADA Prohibited List, a Therapeutic Use Exemption (TUE) may give that player the authorization to take the needed medication. Medical exemptions to the WADA Prohibited List must be processed by way of a Therapeutic Use Exemption (TUE) application form or directly through ADAMS to the IIHF Therapeutic Exemption Committee. Please see APPENDIX 17 for a summary outlining the process and submission details for exemption that must be made and approved by the IIHF TUE Committee prior to participation by the athlete at any level of the sport, domestic, national or international.

10.3 Registered testing pool

The IIHF has established an out-of-competition program and selects a set number of players who are eligible for inclusion into the program. The IIHF has developed a global whereabouts policy for Ice Hockey which shall be applied consistently across all Member National Associations and players involved in the IIHF Testing Program.

The IIHF Registered Testing Pool (“RTP”) shall be considered a pool of players whose entry into the Pool is based on their success and their individual or collective behaviour in relation to doping. Players entered into the IIHF RTP will be required to provide up to date whereabouts information to the IIHF for each quarter period via ADAMS for the purpose of No Advance Notice Out-Of-Competition Testing. Such whereabouts information shall include one specific 60-minute time slot between 5:00 – 23:00 (11 pm) each day where the Player will be available and accessible for Testing at a specific location. Moreover, the IIHF included also Team Whereabouts and has again established specific criteria for the inclusion of teams to the testing pools.

10.4 Doping control

Doping control can take place at anytime and anywhere. During the year either in-competition or out-of competition. If the IIHF is not testing during the event the NADOs are welcome to conduct

testing. Only a single organization should be responsible for initiating and directing Testing at Event Venues during an Event Period.

For the operation of Doping Control (DC) to be carried out at all IIHF competitions the host member national association (NA) or the Organizing Committee (OC) must provide adequate personnel, facilities, and equipment to successfully operate the DC for the IIHF competition.

All Testing shall be conducted in conformity with the International Standard for Testing and Investigations (ISTI – APPENDIX 18). National Anti-Doping Organisations (NADOs) or well acknowledged third party providers shall conduct doping control in IIHF tournaments. The IIHF Medical Supervisor will oversee doping control. The IIHF Medical Supervisor or his representative shall select all players for Doping Control. The IIHF Medical Supervisor shall prioritize Target Testing in order to ensure that all of the appropriate Players are tested. However, the IIHF Medical Supervisor may also conduct random testing. A player may be tested any time on more than one occasion during an IIHF competition. Players can have a representative and interpreter with him/her at the Doping Control. The selection is done at the end of the second period - with the Doping Control Officer and the Chaperones in attendance.

The Notification to the doping control is given to the selected player immediately after the game when the player steps out from ice with no advanced notice. Notification is given by the Doping Control Escort (Chaperones). One escort is needed for every player selected to the doping control. The player shall sign the notification. After notification player is followed by the doping control escort, including the mixed zone and the dressing room. After notification the player shall arrive to the Doping Control Station (DCS) immediately, unless there is a valid reason for delay, as determined in accordance with Article 5.4.4 ISTI.

10.5 Doping Control Facilities

Each venue where an IIHF competition is played and Doping Control is carried out shall be equipped with adequate anti-doping facilities. This shall include secure and lockable rooms to be used for the Doping Control Station (DCS – APPENDIX 19), a waiting room, and a Doping Control Station Officer (DCSO) office. These should be located on the same floor and in the immediate vicinity of the player locker rooms.

The in-competition testing period shall commence 48 hours prior to the start of the competition (the starting time of the first game of the event) and end 48 hours after the end of the competition (the ending time of the last game of the event). It is the responsibility of the OC to ensure that the DCS is set up at least two days prior to the start of the IIHF competition and that the Doping Control Equipment is placed in a secure locked cabinet in the DCS office.

10.5.1.1 Waiting room

The waiting room shall have enough space for 10-12 people inside at the same time. The room shall be equipped with 4-6 chairs and a refrigerator for drinks. Only non-alcohol drinks are allowed to be served during the doping control. All drinks shall be sealed bottles and the player shall have a possibility to select the drinks him- or herself. A security person controls the movement of people in and out from the DCS.

10.5.1.2 Doping Control Station

A split waiting room and doping control station gives confidentiality for the player. The Doping Control Station shall include a table and four Chairs around it for the sample collection procedure. One separate table and one chair shall serve as an “office”. The office shall be equipped with internet connection and laptop. A mobile phone shall be given to the Medical Supervisor. The laboratory and the Medical Supervisor shall communicate through a secured connection.

The room shall have a separate toilet and wash basin., equipped with mirrors, which is big enough for the player and a witness being inside at same time during the sample given procedure. Another table is needed for sample collection vessel selection. A lockable refrigerator is needed for storing the doping control samples as well as a secure and lockable cabinet for the storage of forms. The room shall be big enough for one bed which is in use for players during blood sample collection during the blood testing.

10.6 Laboratory

According to the Code the IIHF shall send doping control samples for analysis only to WADA-accredited laboratory. The IIHF shall have an agreement from a WADA accredited laboratory to perform the analysis of the urine and blood samples according to the IIHF Doping Control Regulations (DCR). A courier is needed for sending the samples from DCS to the laboratory.

10.7 Olympic Winter Games

The procedure for doping controls and procedures at the Olympic Games shall be specified by the International Olympic Committee (IOC). The procedure of the doping controls of the IOC may differ from those of the IIHF but should be in conformity with the International Standard for Testing and Investigations, the International Standard for Laboratories and the WADA Code.

10.8 Education

Education remains the cornerstone of a successful doping control program. It is essential to educate our athletes on the detrimental effects of doping. This education should start at an early age so that youth hockey players are well aware of the consequences of doping. Fair play and respect should also be instituted in the program of doping control, as doping represents a severe form of cheating.

The WADA Prohibited List should serve as an important resource guide and will help the officials, coaches, athletes and medical personnel be aware of the substances and products that are not allowed in the sport of ice hockey.

11 Expenses

The OC is responsible for all costs to ensure a well working Medical Program at their event.

The IIHF is responsible for the travel of the assigned IIHF Medical Supervisor(s) to the designated airport for the event. All other expenses including meals and accommodation for the IIHF Medical Supervisor.

The IIHF covers costs for measures that have been implemented for a World Championship after the bid.

11.1 In-Competition Testing

The costs for the IIHF World Championship (World Seniors) and other IIHF Competitions differ.

11.1.1 IIHF World Championships

Doping control sampling materials, the sample taking procedure, the sample analysis and transport of samples to the WADA laboratory, local travel, meals and accommodation will be at the expense of the organizing member national association.

11.1.2 Other IIHF Competitions

The IIHF is responsible for all costs for the equipment and the sample analysis at the selected laboratory. All other expenses including doping control personnel, sample collection, courier of the samples to the WADA laboratory, local travel, meals and accommodation will be at the expense of the organizing member national association.

11.2 Out-of-Competition or Out-of-Season Testing

All expenses will be paid by the IIHF.

12 Appendix List

- APPENDIX 1: Medical Organisation Chart Template
- APPENDIX 2: Risk Assessment
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- APPENDIX 5: Pre-Event Medical and Nutritional Questionnaire
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