IIHF INFECTION CONTROL

Introduction

The IIHF has witnessed numerous outbreaks of infection during their 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 document gives recommendations that 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.

General Measures

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

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.

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

Disinfection of “high touch, high risk” surfaces should be accomplished with soap and water, or cleaning wipes.

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

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

Vaccination

General Measures

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 at the time of the preseason physicals or their entry into the team.

Influenza

The annual influenza vaccine is strongly recommended by mid-October (as soon as it is available, for maximum benefit) for all players, team personnel. Vaccination is still the most important tool to prevent influenza in the individual and in the team. Each team should work with its team physicians to obtain and distribute the flu vaccines. The various forms of influenza vaccines available have similar efficacy

Measles and Mumps

The IIHF wants to make players, staff, athletic trainers, and team physicians aware of issues regarding a recent increase in measles and mumps cases. Important points to emphasize include:

- Measles and mumps cases have increased again in the US, Canada, Western and Eastern Europe. Susceptible players/staff may benefit from full vaccination. Players that received a booster dose of MMR vaccine during the Mumps outbreak in the NHL will have better protection for measles (and German measles, too).
- The best way to identify people at risk is to review vaccination records.
- The only acceptable evidence of immunity is one of the following: documentation of 2 doses of MMR vaccine, blood tests that show that someone is immune, or the fact that someone was born before 1957 when nearly 100% of people had this highly contagious viral illness.
- If player/staff provide no documentation that they received 2 doses of measles or mumps vaccine (commonly given as MMR vaccine over the past 20 or so years), they can obtain

full immunity by receiving two doses of MMR vaccine at least 28 days apart (if they've received one documented dose of MMR give only one more).

- If a susceptible player/staff member is exposed to someone with measles, there are protocols to initiate immediately to try to prevent getting the disease.

We once again urge all players and staff to obtain their immunization records, especially if born after 1956, so we may insure full vaccinations to protect you from not only measles but from many other preventable diseases

Tetanus, diphtheria, and acellular pertussis (Tdap) vaccine – includes adult dose of whooping cough vaccine:

It is recommended to administer a one-time dose of Tdap to adults aged less than 65 years who have not received Tdap previously or for whom vaccine status is unknown to replace one of the 10-year Td boosters, and as soon as feasible to all close contacts of infants younger than age 12 months (e.g., parents, grandparents and child-care providers). Adults aged 65 years and older who have not previously received Tdap and who have close contact with an infant aged less than 12 months also should be vaccinated. Tdap can be administered regardless of interval since the most recent tetanus or diphtheria-containing vaccine. People that have had the disease Pertussis have lifelong immunity and do not need the pertussis part of the vaccine.

Chicken Pox (Varicella) vaccine:

This live attenuated vaccine is a 2 shot series given over 4-8 weeks. All adults without evidence of immunity to varicella should receive 2 doses of single-antigen varicella vaccine if not previously vaccinated. Evidence of immunity to varicella in adults includes any of the following: 1) documentation of 2 doses of varicella vaccine at least 4 weeks apart; 2) Born before 1980; 3) history of varicella based on diagnosis or verification of varicella by a health-care provider; 4) history of herpes zoster (Shingles) based on diagnosis or verification of herpes zoster by a health-care provider; or 5) laboratory evidence of immunity or laboratory confirmation of disease. Serologic testing should be performed in adults without a history of disease, as the majority of such adults will be immune and do not require the varicella vaccine.

Hepatitis B vaccine:

This 3 shot series given over 6 months prevents blood and sexual transmission of hepatitis B virus. Employees who have potential exposure to blood as part of their occupation should obtain this vaccine from their employers.

Hepatitis A vaccine:

This 2 shot series given over 6-12 months can be obtained by all children and adults, especially those travelling to less developed, higher risk countries for work or recreation. *Low* risk countries include the United States, Canada, Western European Countries, Japan, and Australia.

Combined Hepatitis A B vaccine

If the combined hepatitis A and hepatitis B vaccine (Twinrix) is used, administer 3 doses at 0, 1, and 6 months; alternatively, a 4-dose schedule may be used, administered on days 0, 7, and 21--30, followed by a booster dose at month 12.

Additional Notes:

For those that are over 60 years of age (coaches, staff, etc.), zoster vaccine is recommended and can also be considered for those over 50 years of age.

Pneumonia vaccine can also be considered for those with respiratory problems (i.e.-asthma) and those over 50 years of age.