INTERNATIONAL ICE HOCKEY FEDERATION

IIHF MEDICAL GUIDELINES

Operational Recommendations for IIHF Championships

These guidelines come into effect on 1st of June 2024

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I. CHAMPIONSHIP CARE GUIDE

1. General Information

1.1. These Guidelines shall serve as a resource for Hosts organizing a Championship and they shall establish the basic requirements for medical services for players, officials and spectators during such.

1.2. The Host has an obligation to provide the medical services, allowing Participating Teams to make determinations regarding the equipment, supplies, medications and personnel which they bring to a Championship based on the understanding that many of these will be available upon arrival.

1.3. The IIHF Medical Supervisor assigned to a Championship will be in contact with the Host early in the planning stages to help to implement these standards well in advance.

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

2. Event Medical Manual

2.1. The IIHF recommends Hosts to provide each of the Team Medical Personnel with a manual, which includes all relevant information about health care at a Championship. The manual shall provide all necessary information at a glance and inform about the protocols needed for health care.

2.2. Appendix 4 provides an example of an "Event Medical Manual", which Hosts may use as a basis for theirs.

3. Pre-Event Medical and Nutritional Questionnaire

3.1. The Pre-Event Medical Questionnaire has been created to provide the IIHF with the details concerning a Championship's medical program. The Event Chief Medical Officer ("ECMO") shall fully answer all of the questions and return the completed questionnaire to the IIHF Medical Committee Secretary (one questionnaire for each site), at least:

- Two (2) months prior to the Championship for WM Championships; and
- One (1) month prior to the Championship for all other Championship categories.

3.2. This information will assist the IIHF and the Host in providing the best possible health care for all participating players.

3.3. The IIHF will connect the Host or Event Medical Committee ("EMC") if present, the ECMO and the IIHF Medical Supervisor for feedback regarding the Pre-Event Medical and Nutritional Questionnaire and for any other assistance the Host might require.

3.4. Appendix 5 provides a template of the Pre-Event Medical and Nutritional Questionnaire, to be completed and sent back to the IIHF by the Host before the deadlines set under Art. 3.1. of these Guidelines.

4. Emergency Action Plan

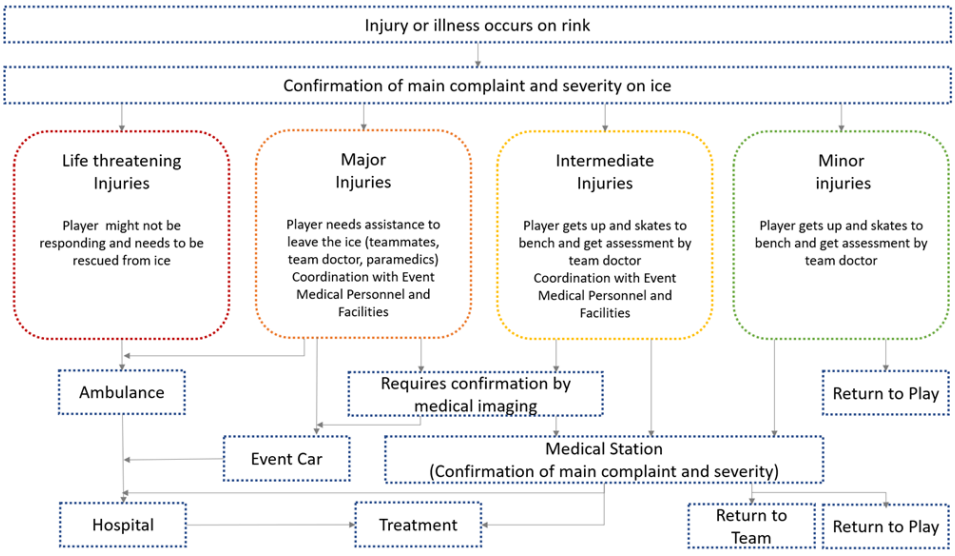
4.1. An Emergency Action Plan ("EAP") is necessary in all Championships to plan and prepare for emergency life threatening medical situations. The EAP must be implemented at the IIHF Championship and needs to be discussed at the IIHF Team Medical Personnel meeting prior to the Championship. The EAP shall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

4.2. Appendix 6 provides a sample EAP for Hosts to use as a template.

4.3. *Emergency Response System*

4.3.1. The three steps of the overall emergency response system are:

a. Event Medical Team member at every on-ice practice and game;
b. Ambulance at every on-ice practice and game; and
c. Hospital Care.



a. Event Medical Team member at every on-ice practice and game:

   i. On-site Medical Room;

   ii. Emergency Kit equipment is present on-site;

   iii. Physician in attendance at all games; and

   iv. Trained medical staff (physician / therapist / nurse) at all practices.

b. Ambulance:

   i. On-site for all practices and games (present one hour before games);

   ii. The state-of-the-art ambulance must be staffed and equipped to:

      - perform cardiopulmonary resuscitation;

      - stabilize a suspected spinal or head injury, including a 210 cm spinal board or scoop with head and neck stabilizer and/or stiff cervical collar; and

      - treat life-threatening injuries.

   iii. An emergency evacuation plan must be set up in order to evacuate a player or official in a prompt and efficient manner after a serious accident on the ice;

   iv. Ambulance exchange has to be regulated to ensure an ambulance is always present during game play and practice time; and

   v. For countries where only a minority speak English, the Host shall provide a translator (can be amongst the usual team) who is quickly available to accompany the ambulance.

c. Hospital Care:

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

   ii. The hospitals shall meet the following minimum requirements:

      - Proximity to venues;

      - Emergency, general surgery, orthopaedics, ophthalmology, cardiology, neurosurgery, etc; and

- Complementary services (MRI, CT, laboratory, etc.).

4.4. *First Aid on the Ice Sample Plan*

4.4.1. The Team Doctor or Team Medical Person is designated to attend to his player first in the Championship of an injury on the ice.

4.4.2. The Team Doctor or Team Medical Person signals with arms crossed over the head for help from the Game-Day Physician or other Event Medical Team member and ambulance staff in the event of a serious emergency on the ice.

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

4.4.4. All Championships staff should be prepared to run a demonstration of the safe removal of an injured player from the ice prior to the first game of the Championship. This demonstration should take place in the presence of the IIHF Medical Supervisor and at a time when Team Medical Personnel can attend.

4.5. *Evacuation Plan*

4.5.1. An evacuation plan should be discussed before the Championship to allow easy access by the Event Medical Team to the ice and removal of a player with a spine board from the ice to the Medical Room and ambulance.

4.5.2. Each Host shall complete the Sample Emergency Action Plan (Appendix 6) and send it to the IIHF for review, including a diagram of the main arena and all practice arenas clearly indicating:

a. location of medical and first aid room;
b. location of all defibrillators;
c. location of ambulance team during games; and
d. ice surface exit to be used with injured player.

4.6. *Communication*

4.6.1. Only a representative from the respective Participating Team has the right to share injury news about a player of their team. The IIHF encourages Participating Teams to notify the IIHF when they are prepared to publicly release news about a player's injury.

4.6.2. Under no circumstances should the Host, or any arena staff or volunteer, provide updates on an injured player's condition. The IIHF will only provide updates on a player's injury after obtaining consent of that player's MNA.

4.6.3. In the event of an injury that forces a player to be medically evacuated from the game, the IIHF together with the player's MNA 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.

4.6.4. In the event of a catastrophic injury resulting in a life-threatening condition or the death of a player, the IIHF Championship Chairperson will initiate an emergency meeting with the Championship Directorate to inform all the Participating Teams. No Participating Teams should make any announcements until the player's family and immediate relatives have been notified and until the IIHF communicates so.

4.7. *Security*

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

4.7.2. The Host shall liaise with local safety and security departments for Championship safety and security as well as for disaster planning, including:

- Police services;
- Fire Department;
- Emergency transportation services; and
- Public health services.

4.7.3. The Host shall prepare policies and procedures for major incidences/disasters, including:

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

4.8. *Emergency Fire Escape*

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

- Good orientation system at the arena; and
- Emergency exits.

4.9. *Emergency Telephone Numbers (included in Manual)*

4.9.1. <u>On-site:</u>

- Medical Services Coordinator
- Event Chief Medical Officer
- Other Event Medical Personnel
- On-site Medical Room

4.9.2. Off-site:

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

5. Emergency Kit

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

5.2. *Content*

- A full oxygen tank complete with ventilation mask, nasal cannulae and tubing;
- Portable suction apparatus;
- Oral and nasopharyngeal airways;
- Laryngoscope;
- Endotracheal tubes;
- Ambu bag;
- Cricothyroidotomy kit;
- Surgical tracheostomy kit with knife, forceps, hook and scissors;
- 210 cm spinal board or scoop with head and neck stabilizer and/or stiff cervical collar;
- Intravenous fluids and infusion and venipuncture equipment; and
- Automatic External Defibrillator (all Championships).

6. Medical Room Supplies

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

6.2. *Diagnostic Instruments*

- Blood pressure cuff;
- Stethoscope;
- Oto/opthalmoscope;
- Ear syringes;
- Nasal specula;
- Thermometer;
- Penlight;
- Tongue depressor; and
- Eye kit with eye solutions and patches.

6.3. *Orthopedic Supplies*

- Universal knee immobilisers;
- Splints, braces;
- 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;
- Athletic tape, elastoplast - 2.5 cm, 5 cm, 7.5 cm;
- Under wrap (pre-wrap); and
- Tape cutting scissors.

6.4. *First Aid Supplies*

- Ice/ice container;
- Plastic bags;
- Antiseptic solutions (Hibitane, Betadine);

- Alcohol preps or swabs;
- Sterile and non-sterile latex gloves;
- Suture glue;
- Syringes;
- Needles;
- Steri-strips;
- Suture removal kit;
- Scalpel with blades - 10, 15;
- Sterile and non-sterile gauze dressing - 2x2, 4x4;
- Pill envelopes;
- Urinalysis strips;
- Nail clippers;
- Bandages, band aids, butterfly, elastoplasts;
- Nasal packing;
- Sharps container;
- Dental Emergency Kit (WM, WJC);
- Suture tray with latex and non-latex gloves, suture material, needle, needle carrier, syringes, forceps, scissors, antiseptic solutions and Xylocaine with and without epinephrine, sterile gauze pads, steri-strips; and
- Assorted sterile and non-sterile gauze bandages, triangular bandages, tensor bandages of different sizes, heavy-duty scissors, splints and plaster.

6.5. *Office Supplies*

- Electronic access to WADA Prohibited List and CPS;
- Prescription pads;
- Injury/illness forms (medical records);
- IIHF IRS Forms (Appendix 8 and 9);
- Treatment forms; and
- Referral forms.

7. Pharmaceutical Supplies

7.1. Hosts are requested to have the following pharmaceutical supplies in stock.

7.2. *Emergency Medications*

- Epipen or injectible epinephrine 1:1000 - prohibited substance;
- Nitroglycerine spray 0.4 mg, tablets 0.3 mg;
- Dextrose 50% solution 50 ml;
- Glucose oral solution;
- Xylocaine 1%, 2% with/without epinephrine; and
- B-2 agonist inhaler (Ventolin) (restricted, banned if given IV or po).

7.3. *Basic Medications*

- Antihistamine;
- Analgesic;
- Non-steroidal anti-inflammatory;
- Muscle relaxant;
- Antibiotics (broad spectrum);
- Antibiotic cream;
- Antacids;
- Antiemetic;
- Antidiarrheal;
- Nasal decongestant sprays;
- Antibiotic and anti-inflammatory eye and ear drops;
- Throat lozenges; and
- Antitussives (small sample bottles).

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

II. TEAM MEDICAL PERSONNEL MEETING

8. Organization and Participants

8.1. Prior to the start of an IIHF Championship, the IIHF Medical Supervisor must conduct a Medical Meeting with all Team Medical Personnel. The Host is responsible to make the necessary arrangements to hold this meeting prior to the operation of the first Directorate Meeting.

8.2. The IIHF Medical Supervisor, the ECMO and at least a representative of each Team's Medical Personnel should participate in the meeting.

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

III. IIHF Injury Reporting System

9. Mandatory reporting of injuries

9.1. Team Medical Personnel who participate in IIHF Championships will be asked to fill out the IIHF Injury Reporting System ("IRS") form whenever an injury occurs during a Championship.

9.2. The IIHF and Team Medical Personnel will only report on those injuries that follow the strict definition criteria as listed on the IRS form.

10. IRS and Game Report Forms

10.1. The definition of an injury in the IIHF 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; and
- All fractures.

11. Methodology

11.1. The IIHF has created the Daily Injury Report Form (DIR), IRS and Referee IRS forms (see Appendix 7, 8 and 9) that will be used at all IIHF Championships.

11.2. The IIHF Medical Supervisor will request each Participating Team (including the Officials team) to fill out the DIR every day to update the IIHF on any injuries and illnesses that occurred. The forms are self-explanatory and easy to complete.

11.3. Team Medical Personnel will be given the DIR and IRS forms at the beginning of a Championship at the medical meeting. The Team Medical Personnel 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 during a Championship. The IRS form is to be returned to the Medical Supervisor during the tournament as soon as all information is obtained and may be updated when the final diagnosis is confirmed before the end of the tournament.

11.4. The IIHF Medical Supervisor 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 used for research purposes only. It is important to note that the forms do not identify the player or his jersey number so that confidentiality is respected.

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

11.6. The cooperation of the IIHF Medical Supervisor and the various Team Medical Personnel is essential in making the IIHF IRS a success.

IV. NUTRITIONAL STANDARDS AND REQUIREMENTS

12. General information

12.1. Diet and hydration play an essential role in athletic performance.

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

12.3. Sport nutrition experts and the IIHF Medical Committee have developed these recommendations to help the Host and Host hotels serve the Participating Teams a diet of familiar, varied and nourishing food. Hosts must ensure that the Host hotels provide adequate amounts of appropriate food for the players. In addition, Hosts 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.

12.4. 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 Hosts with an understanding of differences between North American, European and Asian food preferences.

13. Food and Drinks

13.1. *Flexible Serving Times*

13.1.1. Players require food at specific times before and after their practices and games. Each Participating Team will have a different practice and game schedule.

13.1.2. The Team Host/leader should meet with the hotel/restaurant staff to outline their schedule, and ensure that:

- Each team has a hotel contact that is responsible for the team’s meal schedule and other food-related concerns;
- Meal times are flexible; and
- The hotel is prepared to meet meal time changes with short notice.

13.2. *Special Considerations*

13.2.1. The Host shall ensure that the selection accommodates cultural and dietary differences.

13.2.2. 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.

13.2.3. Vegetarian Diet:

- Players/teams may request vegetarian meals.

13.2.4. Vegan Diet:

- Players/teams may request vegan meals (no animal products).

13.2.5. Gluten Free Diet:

- Players/teams may request Gluten Free meals.

13.2.6. 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.

13.2.7. Different cultures may require different diets (Koscher, Muslim, etc.).

13.3. *Energy requirements and energy distribution for meals*

13.3.1. Players require more food than most hotel guests. Hosts must ensure that an appropriate amount of food is available.

13.3.2. 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.

13.3.3. The meal schedule must be adapted to the training and competition schedule. In addition to breakfast, lunch and dinner, fruit shall be provided at the arena at all times.

13.3.4. Breakfast should provide approximately 20 percent of the total energy requirement.

13.3.5. Lunch and dinner should each provide about 25 percent of the energy required.

13.3.6. Morning, afternoon and evening snacks should provide 5-15 percent (per snack) of the energy requirement.

13.3.7. 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).

13.4. *Fluid Requirements*

13.4.1. The Host shall ensure that the selection accommodates cultural and dietary differences:

- Drinkable 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;
    - Hot beverages such as coffee, tea (black, green and herbal), hot chocolate.

13.5. *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 vegans
- A minimum of 1 or all of the rice dishes should be prepared without dairy (butter, milk, cream, cheese, etc) for vegans
- A minimum of 1 or all of the pasta dishes should be prepared without dairy (butter, milk, cream, cheese, etc) for vegans

- 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.

13.6. *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 (always have a minimum of 1 gluten-free option)
- Pasta: pasta, brown-rice pasta or rice pasta (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 Brazilian nuts, walnuts, cashews
- Beans: Dried beans, lentils, chickpeas (use in moderation or as vegetarian dish)

13.7. *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, Vegenaise
- 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), Vegenaise, 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

13.8. *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
    - <u>European suggestions</u>: olive oil and balsamic vinaigrette, Rhode Island dressing, herb garden dressing
    - <u>Asian suggestions</u>: ginger-sesame, soy-sesame, French dressing
    - <u>North American suggestions</u>: 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)

14. Breakfast

14.1. *Breakfast - Self-Serve Foods*

14.1.1. In addition to the choices of fluids, breads, spreads, etc. listed in 13.8, 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, Brazilian 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.

14.2. *Breakfast - Hot Food*

- 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

14.3. *Lunch and Dinner*

14.3.1. In addition to the choices of fluids, breads, spreads, etc. listed in 13.8, lunch and dinner should include a hot buffet. For detailed menu ideas, refer to Art. 15 of these Guidelines.

- 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)

15. Menu samples from different continents

15.1. *North America*

In addition to fluids, breads, spreads, condiments, fruits, yogurt, etc. listed in 13.8:

	Breakfast	Lunch	Dinner
Day 1	•Bread Selection •Fruit Selection •Cereal Selection •Oatmeal •Scrambled Eggs •Potato hash •Ham	•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	•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	•Bread Selection •Fruit Selection •Cereal Selection •5-grain hot cereal •Egg omelets with veggies •Bacon •Pancakes (maple syrup on side)	•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	•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	•Bread Selection •Fruit Selection •Cereal Selection •Oatmeal •Poached eggs •Sausage •Roasted Tomatoes	•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	•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	•Bread Selection •Fruit Selection •Cereal Selection •Semolina hot cereal •Scrambled Eggs •Ham •Baked potato wedges	•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	•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

15.2. *Europe*

- 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 13.8:

	Breakfast	Lunch	Dinner
Day 1	•Bread Selection •Fruit Selection (including dried fruits) •Cereal Selection •Cured Meat selection (ham, salami, prosciutto, etc) •Cheese selection •Oatmeal •Hard Boiled Eggs	•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	•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	•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	•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	•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	•Bread Selection •Fruit Selection (including dried fruits) •Cereal Selection •Cured Meat selection (ham, salami, prosciutto, etc) •Cheese selection •Muesli •Poached eggs •Roasted Tomatoes	•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	•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	•Bread Selection •Fruit Selection (including dried fruits) •Cereal Selection •Cured Meat selection (ham, salami, prosciutto, etc) •Cheese selection •Semolina hot cereal •Scrambled Eggs •Herring	•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	•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

15.3. *Asia*

- 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 13.8.

	Breakfast	Lunch	Dinner
Day 1	•Bread Selection (including steamed pork bun) •Fruit Selection •Cereal Selection •Oatmeal •White rice •Egg pancake •Yogurt drink	•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	•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	•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	•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)	•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	•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	•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	•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	•Bread Selection (including steamed pork bun) •Fruit Selection •Cereal Selection •Oatmeal •Congee with toppings: pickled vegetables, fermented tofu) •Egg and scallion pancake •Yogurt drink	•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	•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

V. INFECTION CONTROL

16. Infection Risk and Prevention

16.1. The IIHF has witnessed numerous outbreaks of infection (i.e. Covid-19, Influenza, Noro Virus etc.) during our Championships over the years.

16.2. 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 the Participating Teams and the Host so that the health and safety of players are protected.

17. Facility Resources to Prevent Infection

17.1. The IIHF recommends the following items in each practice facility and arena, 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 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 in the locker rooms and training rooms.

18. Team Practices to Prevent Infection

18.1. Gloves shall be worn when it can be reasonably anticipated that the Team Medical Personnel may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin.

18.2. 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.

18.3. Team Medical Personnel 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.

18.4. 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.

19. Prevention of Infection in Dressing Rooms

19.1. The Host 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

19.2. Proper ventilation of the dressing rooms should be provided, possibly with additional fans.

19.3. 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 cover 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
- Single use bottles and towels must be provided in the penalty box

20. Vaccination

20.1. It is recommended that all players obtain their vaccination history from family or from physicians that administered all of their vaccines.

20.2. The IIHF requires all participants to follow the vaccination requirements and recommendations of the Host country.

VI. CONCUSSION PROTOCOL

21. General

21.1. Acute Evaluation/Management Concussion symptoms may occur quickly after a blow to the head or body or may evolve over time (hours or even days). Consequently, players diagnosed with a concussion, and those who are suspected of having a concussion, should be removed from play, monitored and evaluated over time.

21.2. Any player (including goaltenders) or on-ice official who displays one or more concussion signs, or who exhibits/reports one or more concussion symptoms, either on the ice or at any time after direct or indirect contact, shall be removed as soon as possible from the playing environment by the Team Medical Personnel.

21.3. The IIHF Medical Supervisor is entitled to request an examination in the dressing room from the team if he/she observes visible signs of concussion.

21.4. A concussion can manifest with the following visible or player reported signs:

- Concussion Signs (Visible);
- Loss of consciousness (LOC);

- Lying motionless on the ice – player lies motionless on the ice or falls to the ice in an unprotected manner without stretching out his hands or arms to lessen or minimize his fall;
- Motor incoordination/balance problem – a player staggers, struggles to get up or to skate properly, appears to lose balance, trips, falls, or stumbles while getting up or skating;
- Disorientation – player is unsure of where he/she is on the ice or the location of the player bench);
- Slow to get up after a hit to the head – Stays down on the ice for an extended period time before getting up;
- Headache;
- Dizziness
- Balance or coordination difficulties (not orthopedic);
- Nausea;
- Amnesia for the circumstances surrounding the injury (i.e., retrograde/anterograde amnesia);
- Cognitive slowness;
- Light/sound sensitivity;
- Disorientation;
- Visual disturbance;
- Tinnitus.

22. Return to Play

22.1. A player or official with a suspected or diagnosed concussion shall be immediately removed from play, be evaluated and/or reevaluated and not return to play on the same day.

22.2. The player or official may return to play only if the Team Medical Personnel or the ECMO conclude after their examination that there is no evidence of a concussion.

22.3. Players or officials exhibiting concussion signs of symptoms after a hit to the upper body or head area that are not attributable to a musculoskeletal injury shall not return to play and will be reevaluated on the next day.

22.4. After a brief period of rest, the concussed player is encouraged to become gradually and progressively more active as long as these activities do not cause or worsen symptoms. The player follows a graduated return to play strategy with at least twenty-four (24) hours for each stage. If any symptoms worsen, the athlete should go back to the previous stage.

Stage	Aim	Activity	Goal of each step
1	Symptom-limited activity	Daily activities that do not provoke symptoms	Gradual reintroduction of work/school activities
2	Light aerobic exercise	Walking or stationary cycling at slow to medium pace. No resistance training. Increase heart rate	No resistance training. Increase heart rate
3	Sport specific exercise	Running or skating drills	No head impact activities. Add movement
4	Non-contact training drills Harder training drills	The player may start progressive resistance training	Exercise, coordination and increased thinking
5	Full contact practice	Following medical clearance, participate in normal training activities	Restore confidence and assess functional skills by coaching staff
6	Return to Play	Normal game play	-

22.5. The athlete may return to play when the Team Medical Personnel or ECMO verifies that there are no symptoms at rest or with exercise, a normal neurocognitive, a normal balance exam and successful completion of the graduated return to play strategy (at least six (6) days).

22.6. The Team Medical Personnel may consult with the IIHF Medical Supervisor, if present, but the Team Medical Personnel will make the final decision on return to play.

22.7. The ECMO or game day physician may find that the IIHF Concussion Protocol is not being followed. In the event that the IIHF Medical Supervisor is of the same opinion, he shall then report the facts to the Championship Chairperson.

Appendix List

2019

IIHF WORLD JUNIOR CHAMPIONSHIP

MEDICAL HANDBOOK

2019 IIHF WORLD JUNIOR CHAMPIONSHIP CANADA
Vancouver - Victoria

TABLE OF CONTENTS

01 WELCOME

1.0 LETTER OF INTRODUCTION & WELCOME

2019 IIHF WORLD JUNIOR CHAMPIONSHIP CANADA
Vancouver - Victoria

Welcome,

On behalf of the Organizing Committee and all of the Host Medical Staff and volunteers, we welcome the athletes and officials to Vancouver & Victoria for the 2019 IIHF World Junior Championship.

We have prepared a comprehensive medical plan to help ensure the health and safety of your athletes and officials.

Please do not hesitate to contact the Host Medical Staff for any medical reason during the event

We aim to deliver an exceptional and safe Championship this holiday season.

Warm regards,

Riley Wiwchar
Executive Director,
2019 World Junior
Hockey Championship

02 TEAM MEDICAL PERSONNEL MEETING AGENDA

DECEMBER 25TH 2019, 18:00 - VANCOUVER & VICTORIA

WELCOME, REGISTRATION AND INTRODUCTIONS

HOST ORGANIZING COMMITTEE MEDICAL PROGRAM SERVICES:

- Health Care and First Aid Services
- Pharmacy
- Dentistry Service
- Massage Therapy Service
- Ambulance Service
- Emergency Action Plan and Evacuation Protocol
- Medical Coverage at Games and Practices
- Radiographic Services
- Team Services
- Team Medical Staff Contact List
- General Emergency Number

HOST ORGANIZING COMMITTEE SERVICES:

- Nutrition (Meal Menu)
- Team Services (Laundry, Towels, Fluids)
- Team Workout / Stretching Area Locations
- Communication (Directory, Telephone Numbers, Fax Numbers)

IIHF INJURY REPORTING SYSTEM:

- Program Explanation
- Injury Definitions
- Report Forms
- Daily Injury Report & Individual Injury Report
- Confidentiality
- Results and Distribution to Member National Associations

DOPING CONTROL PROGRAM:

- IIHF Doping Control Regulations
- WADA Prohibited List and Summary of Changes
- Identification Requirement – Photo ID
- Pseudoephedrine
- Therapeutic Use Exemption Applications and Procedures
- Doping Control Station Locations
- Doping Control Protocol
- Laboratory and Results
- Procedures & Escorts

MEDICAL POLICIES:

- Mouth Guard and Facial Protection (Rule 31)
- IIHF Concussion Protocol
- Injured Athlete, Emergency Action Plan (EAP), Removal from Ice Procedures
- Blood Spill Procedures

OTHER BUSINESS

CLOSING

03 MEDICAL POLICIES & PROCEDURES

3.1 ROLE OF HOST PHYSICIANS

The primary role of the volunteer physicians is to act as an *EVENT PHYSICIAN,* which includes:

a) Liaise with, and provide support for, the national team physicians in order to ensure the provision of comprehensive local medical care during the event.

b) Provide urgent or emergency medical care assistance if necessary.

Return to play and fitness to play decisions are the responsibility of the team medical staff.

3.2 MEDICAL PERSONNEL

All physicians, surgeons, dentists and therapists providing game coverage are licensed to practice in the Province of British Columbia and are registered as accredited volunteers with the Organizing Committee. Medical staff will have proper accreditation and outfitting that identifies them accordingly.

The primary role of the host medical staff is – as with the physicians – to work with and support the national team medical staff in accessing or delivering care for the athletes.

3.3 AMBULANCE

A dedicated ambulance with appropriately licensed and trained paramedics will be on site at the Rogers Arena (RA) and the Save-On-Food-Memorial Centre (SOF) for all games, and on-call for practices at RA and SOF, the Thunderbird Arena (UBC) and The Q Centre Arena (QC). In most cases the event ambulance will NOT be asked to transport a seriously ill or injured athlete. The event staff will stabilize the athlete and 911 will dispatch a separate ambulance for transport.

Should the event ambulance be required for urgent transport of an athlete, the game will NOT restart until another ambulance has arrived at the Competition Venue.

Paramedics will remain for at least 20 minutes following each game, and the event medical staff will confirm with both teams that the paramedics are not needed. Paramedics should check with the duty physician prior to leaving the Competition Venue.

3.4 HOSPITALS & COST

The Championship Hospital in Vancouver is the Vancouver General Hospital while the Championship Hospital in Victoria is the Royal Jubilee Hospital. Please be reminded that teams should be prepared to pay for any hospital costs (admission, diagnostic imaging, surgery and other tests) at the time the patient is treated, and then be reimbursed by their insurance company.

3.5 MEDICAL ROOMS

The Medical Clinics at the Competition Venues will be open 1 hour prior to and ½ hour following all games. The duty physician, host surgeon, dentist, and therapist will be available during all these times for advice, support and assistance.

For non-urgent medical advice, support or assistance outside the game hours, needs to be directed to the CMO in each respective city via phone or email.

3.6 IMAGING

Players who require immediate but non-urgent imaging services in Vancouver will be referred to the following clinics:

XRAY
505

750 W Broadway
Phone: 604-879-4111
Fax: 604-879-4147
(Requires an outpatient requisition)
Open Mon-Fri 7:30am-5pm, Sat 8am-12pm

CT, MRI, ULTRASOUND
CANADA DIAGNOSTIC CENTER

555 W 12th Ave
Phone: 604-709-8522
Fax: 604-709-6112
(Requires an outpatient requisition)
Open Mon-Fri 8am-6pm

Urgent imaging outside of the above hours, or on statutory holidays, can be accessed via the Emergency Department at Vancouver General Hospital.

Players who require immediate but non-urgent imaging services in Victoria will be referred to the following clinic:

WEST COAST MEDICAL IMAGING

#243 - 3561 Blanshard St
Phone: 250-595-2401

Mon – Fri: 8:30 am – 5:00 pm

Urgent imaging outside of the above hours, or on statutory holidays, can be accessed via the Emergency Department at the Royal Jubilee Hospital.

3.7 MASSAGE THERAPY & CHIROPRACTIC TREATMENT

Massage therapists and a chiropractor will be on-call for the duration of the event. Priority will be given to athletes requiring massage for injury recovery, as well as to athletes who have pre-booked their appointments. Please see the Clinic Coordinator to arrange an appointment.

3.8 ON-SITE PHARMACY

A limited pharmacy of medications for emergency use only will be available at both Competition Venues. Written prescriptions may be given for medications required beyond an initial supply after consultation between the team and event physicians.

The cost of medication or medical supplies that are not available at the Medical Clinic is the responsibility of each team.

Contact information for local 24-hour pharmacies is included in the Appendix of this manual.

3.9 DENTAL SERVICES

A host dentist will be available at every game to assist with the management of oral, facial and dental injuries. They will be able to provide the following services on-site that may allow an athlete to return to play.

- Management and treatment of oro-facial lacerations
- Repositioning of dislocated TMJ
- Replantation (if indicated) of an avulsed tooth
- Repositioning of a luxated tooth
- Stabilization of a dislodged or loosened tooth
- Treatment of a damaged or exposed nerve
- Smoothing of a small fracture of the enamel

However, the decision to return to play will be the responsibility of the team medical staff.
Athletes will be transported to either our on-call private dental clinic or hospital if more extensive treatment or radiographs are indicated.

3.10 PRACTICE SESSIONS - ALL VENUES

There will be either a physiotherapist or athletic therapist covering all practices. In urgent or emergency situations, 911 is to be called for an on-call ambulance.

Medical staff will have their personal mobile phone as well as access to a land-line to use in the event that an ambulance is required.

An AED and emergency supplies will be available at all venues.

The Chief Medical Officer (CMO) is to be contacted for ANY injury or illness requiring transport to hospital.

If an incident occurs during a practice, the host medical volunteer will notify the CMO.

If an incident occurs outside of a game or practice, the team medical staff or the team host should notify the CMO. The CMO will then contact the hospital for immediate follow-up and coordination of admission if required.

3.11 SPECTATORS & OFFICIALS

The Competition Venues will provide separate first aid staff for spectators. In the event of any emergency, host medical staff may assist in any manner possible providing that medical care for athletes is not jeopardized.

Host medical staff will also be responsible for medical treatment of on-ice officials, coaches, IIHF staff and other team officials and volunteers.

Host medical staff are NOT responsible for medical treatment of media, family members of athletes, or any other visitors other than those described above. These individuals will be directed to the walk-in family practice clinics listed in Appendix A of this handbook, or to a hospital emergency department in more urgent situations.

A separate program for massage therapy has been prepared for the on-ice officials.

3.12 DOPING CONTROL

The IIHF, with support of CCES (Canadian Centre for Ethics in Sport) will administer the doping control programme during the Championship. The collection of both blood and urine may be part of the doping control.

Federations are encouraged to take proactive and comprehensive measures to ensure players are best prepared for their responsibilities. This includes ensuring that players, support personnel and medical staff are informed of the:

1. IIHF rules and procedures that will be in place during the Championship
2. 2018 WADA Prohibited List and 2019 WADA Prohibited List
3. Risks associated with supplement use
4. Athlete Whereabouts requirements
5. Therapeutic Use Exemption (TUE) requirements
6. Importance of drug-free sport

Players selected for doping control will be notified in person and escorted to the doping control station by a chaperone immediately after completion of the game, unless there is a valid reason for delay, as determined in accordance with Article 5.4.4 ISTI. It will be the responsibility of the athlete to remain under continuous observation of the chaperone after notification. All Federations, players and team support personnel, including medical practitioners, should review and be familiar with the World Anti-Doping Prohibited List that came into effect January 1, 2018 and will come into effect as of January 1, 2019.

3.13 BLOOD SPILL MANAGEMENT

All medical personnel must wear gloves when in contact with or when there is potential to be in contact with body fluids of any kind.

A bleeding or blood-stained athlete must be removed from the playing area until the wound is properly treated and covered, and any blood cleansed.

Blood-stained equipment or clothing must be appropriately cleansed or replaced prior to return to play. In certain cases, the athlete may change jerseys if needed. As well, blood soaked ice surfaces must be scraped, and other areas (benches, medical treatment tables, floors) must be cleaned with an appropriate solution (such as 1 part bleach to 9 parts water). The host therapist will be available to assist with following these protocols.

3.14 CONTROL OF COMMUNICABLE DISEASE

Teams should avoid the sharing of water bottles or towels wherever possible. In the penalty box area, only single use drinks and towels will be provided. Hand sanitizer will be available throughout the venues and should be used. Training equipment should be wiped down after use. Single use disposable cups should be used in the dressing rooms. Massage and therapy tables should be properly cleaned after use.

Team medical personnel should attempt to isolate any athlete or staff member who shows signs of a potential communicable disease. If there is any indication of a potential outbreak of any disease, the CMO should be immediately notified. We have direct access throughout the event to Vancouver & Victoria public health department for assistance.

3.15 IIHF CONCUSSION MANAGEMENT PROTOCOL

The IIHF Concussion Management Protocol will be followed by all host staff. An athlete who shows any signs or symptoms of concussion must be removed from the playing area and reassessed in a quiet area. He should only return to play the same day if it has been determined that there has been no concussion. The IIHF Medical Supervisor will also act as a concussion spotter and may request removal and evaluation of an athlete during the match.

Team staff are encouraged to follow the Berlin Return to Play Guidelines in the event of a concussion. Concussion protocols will be reviewed at the Team Medical Personnel Meeting.

04 EMERGENCY ACTION PLAN (EAP)

4.1 PRIOR TO THE MATCH

Either the duty physician or host therapist will meet with the event medical staff prior to every match to identify any problems, discuss the following protocol and confirm communication to be used during the game and game injury situations (hand signals etc.). These protocols will also be reviewed during the Team Medical Personnel Meeting on December 25.

4.2 ON-ICE RESPONSE

In the event of an injury on the ice during a game or practice, the injured athlete will always be assessed first by team medical personnel. If additional assistance is required (host medical personnel or ambulance / paramedic) this will be communicated by the team medical staff using pre-arranged signals. Injured athletes will be removed from the ice and taken to either the team dressing room, the event medical room or immediately to hospital, depending on the situation.

Ambulance and paramedics will be on-site at all games and will be checking in with teams after each game before leaving the venue.

All Team Medical staff will be invited to participate in an on-ice demonstration of the removal of an injured athlete prior to the start of the Championship.

4.3 PRACTICE VENUE

On-ice management of any athlete-down situation will be initially managed by the team medical staff. The host medical volunteer will assist with management and provide supplies or equipment as needed. He/she will also activate 911 if needed.

4.4 LOCATION OF AED'S

RA	IN THE PLAYERS TUNNEL LEADING TO THE RIGHT BENCH ON PARAMEDIC CART
UBC	AT ICE LEVEL ON THE WALL NEXT TO THE MEDICAL ROOM
SOFMC	IN THE MEDICAL ROOM LOCATED DIRECTLY BEHIND THE ROYAL'S BENCH AND SECTION 109
QC	IN THE SCOREKEEPER'S BOX AND AT THE NORTH END OF THE CONCOURSE BESIDE THE MAIN CONCESSION

05 OTHER

5.1 MEDICAL RECORDS

Each medical encounter with an athlete will be documented by the medical staff person providing care using the approved medical encounter form. All injuries will also be recorded using the IIHF Injury Reporting System (IRS).

Team medical staff are reminded that the IIHF requires the following documentation immediately after the completion of the game. The IIHF Medical Supervisor or his representative will collect the Daily Injury Report Form for that day, as well as for any practice days that have not been submitted. If an injury has occurred, the IIHF will also require a completed IIHF Injury Report System form.

Physicians are asked to complete all sections of the IIHF IRS form as carefully as possible

Samples of all of these documents will be shared prior to the event. Medical records will be securely stored in the medical clinic at the Competition Venue. All medical personnel will strictly adhere to the principles of confidentiality and the 2016 IOC Medical Code. This will include absolutely no communication with media or other offcials (aside from the IIHF Medical Supervisor) about the treatment or medical status of any athlete, either during or after the event. Any media questions should be referred to the Chief Medical Officer.

5.2 MEDICAL & LIABILITY INSURANCE

Proof of insurance and liability insurance will be submitted through the Team Portal. As per IIHF regulations every federation must, on arrival at the Championship, provide written evidence of medical and liability insurance in the official language of the IIHF, which will apply worldwide medical service as set out in the IIHF Championship Regulations while at the event. Failure to do so will result in such coverage being purchased on their behalf by the Championship, the cost of which will be deducted by the IIHF from the respective national association reimbursement from the Championship. Attendees who are not covered by the host medical service (media, sponsors etc.) should make advance arrangement for health insurance while in Canada. All athletes will be asked to sign a waiver provided by the host organizing committee and submit it through the Team Portal prior to the first pre-competition game. This will allow the volunteer medical staff to be in compliance with the recommendations of the Canadian Medical Protective Association (CMPA).

06 APPENDIX

A CONTACT & LOCAL MEDICAL INFORMATION

VANCOUVER MEDICAL COMMITTEE

Dr. Rob Drapala
CMO
rdrapala@gmail.com

Dr. Alex Rosenczweig
Chief Dentist
dralexdmd2002@gmail.com

VICTORIA MEDICAL COMMITTEE

Dr. Steve Martin
CMO
semartin@uvic.ca

Dr Dave Calcott
Chief Dentist
drcalcott@yahoo.com

Main Referring Hospital – Vancouver

Vancouver General Hospital
899 W 12th Ave.
Vancouver, BC, V5Z 1M9
(604) 875-4111
http://www.vch.ca/Locations-Services/result?res_id=644

Main Referring Hospital – Victoria

Royal Jubilee Hospital
1952 Bay St.
Victoria, BC, V8R 1J8
(250) 370-8000
https://www.islandhealth.ca/our-locations/hospitals-health-centre-locations/royal-jubilee-hospital-rjh

Downtown 24-hour Pharmacy – Vancouver

Shoppers Drug Mart
1125 Davie St.
Vancouver, BC, V6E 1N2
(604) 669-2424

Downtown 24-Hour Pharmacy – Victoria

Shoppers Drug Mart
3511 Blanshard St.
Victoria, BC, V8Z 0B9
(250) 475-7572

Walk-In Clinics – Vancouver

Aquarius Medical Clinic – 179 Davie Street
Phone: 604-669-7772
Mon-Thur 9am-9pm, Fri 9am-6pm,
Sat-Sun 10am-4pm, call for holiday hours

Walk-In Clinics – Victoria

Oak Bay Medical Clinic
1640 Oak Bay Ave #101
Phone: (250) 598-6744
Mon-Fri 8am-5pm

B 2018 & 2019 WADA LISTS OF PROHIBITED SUBSTANCES

Please refer to the 2018 and 2019 WADA List of Prohibited Substances:

2018 List:

https://www.wada-ama.org/sites/default/files/prohibited_list_2018_en.pdf

2019 List:

https://www.wada-ama.org/sites/default/files/wada_2019_english_prohibited_list.pdf

Summary of Major Modifications and Explanatory Notes:

https://www.wada-ama.org/sites/default/files/wada_2019_english_summary_of_modifications.pdf

IIHF Championship: _____

National Association: _____

Date: _____ / _____ / _____ (dd/mm/yy)

Using this form, please report if there were any injuries sustained by any player on your team during the above-mentioned day during this IIHF Championship. We would ask that you also report if there were no injuries sustained by players on your team during this day of this IIHF Championship. If an injury was sustained during this day then an IIHF Injury Report Form must be completed and submitted to the IIHF Medical Supervisor or, in his absence, to the IIHF Directorate Chairman providing the details of the injury sustained.

The definition of an injury used by the IIHF for reporting purposes is as follows:

1. An injury is considered reportable if a player misses a practice or a game because of an injury sustained during a practice or a game
2. The player does not return to the play for the remainder of the game following an injury
3. All concussions
4. All dental injuries
5. Any laceration which requires medical attention
6. All fractures

Please check (✓) the appropriate box below. Please provide the number of injuries sustained if you check article 'A'.

Injury Report	(✓)
A. During this day there were _____ injuries sustained by our team. (number)	☐
B. During this day there were no injuries sustained by our team	☐

Team Physician/Medical Representative: _____
(print name)

Signature: _____

Date: _____

FAIR PLAY AND RESPECT

Injury Report System/IRS

(only one injury/form)

Injury Definition

The definition of an injury in the IIHF Injury Reporting System is as follows

1. An injury is considered reportable if a player misses a practice or a game because of an injury sustained during a practice or a game
2. The player doesn't return to the play for the remainder of the game following an injury
3. All concussions
4. Any dental injury
5. Any laceration which requires medical attention
6. All fractures

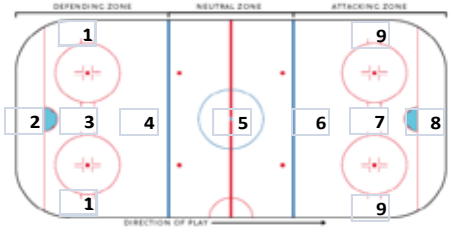
Country: _____ **IIHF Championship:** _____ **Date of injury:** D _____ M _____ Y _____

Zone of Injury A

1. No contact with boards
2. Contact with boards

Zone of Injury B

Mark the area on the ice surface where the injury occured.
Note that Home and Visitor ends are marked to identify offensive and defensive activity



Game / Period

1. warm up — off-ice ☐ on-ice ☐
2. 1st — 4. 3rd
3. 2nd — 5. Ot

playing time: _____

Practice — off-ice ☐ on-ice ☐

Situation

Even Strength	5/5	Penalty Killing	4/5
	4/4		3/5
	3/3		3/4
Power Play	5/4	Goalie	
	5/3	1. Yes	
	4/3	2. No	

Source of Diagnosis

1. Medical Doctor 2. Physiotherapist 3. Other _____

Side / Body part: fill out a separate form for each injury

1. N/A 2. Left 3. Right 4. Both

1. Head	10. Shoulder	19. Chest	28. Genitals
2. Face	11. Scapula	20. Abdomen	29. Hip
3. Neck	12. Upper arm	21. Kidneys	30. Thigh
4. Throat	13. Elbow	22. Upper Back	31. Knee
5. Jaw/Chin	14. Forearm	23. Lower Back	32. Leg
6. Teeth/Mouth	15. Wrist	24. Coccyx	33. Ankle
7. Eye	16. Hand	25. Buttocks	34. Foot
8. Ear	17. Thumb	26. Pelvis	35. Toes
9. Clavicle	18. Fingers	27. Groin	36. Other: _____

Dental: Mouthguard? 1. Yes 2. No
Custom made? 1. Yes 2. No

Knee: Circle the appropriate structure involved:
1. ACL 2. PCL 3. MCL 4. LCL 5. Meniscus 6. PF*
Grade: 1. _____ 2. _____ 3. _____

Shoulder: Circle the appropriate structure involved:
1. AC* 2. SC* 3. Glenohumeral
Grade: 1. _____ 2. _____ 3. _____

Player information:

1. Age _____
2. Height (cm) _____
3. Weight (kg) _____

Position:

1. Centre
2. Wing
3. Defence
4. Goalie

Nature of injury:

1. Acute 2. Recurrent: a. this season b. last season

Dx/assessment:

1. Contusion
2. Sprain (Ligament)
3. Strain (Muscle-Tendon)
4. Laceration
5. Dislocation/Subluxation
6. Fracture
7. Neurotrauma/Concussion
8. Other _____

Time Lost:

The amount of time player is expected to be out of play

1. Return same day
2. Less than 1 week
3. 1 to 3 weeks
4. More than 3 weeks

Cause of injury:

1. Type of Check
   a. Body Check
   b. Check from Behind
   c. Check to the Head
2. Stick Contact
3. Puck Contact
4. Unintended Collision
5. Fighting
6. Non-Contact
7. Skate
8. Other: _____

Was a penalty Called on the Play?

1. Yes 2. No
1. 2 min.
2. 2+2 min
3. 2+10 min
4. 5+20 min
5. Other: _____

Diagnosis:

ICD-code **DG:** _____

_____ _____

PF= Patellofemoral, Kneecap

AC= Acromioclavicular Joint
SC= Sternoclavicular Joint

Equipment:

1. Full Face mask
   a. shield _____
   b. cage _____
2. Visor _____
3. None _____

THANK YOU

MERCI

DEKUJI

TAK

KIITOS

PALDIES

SPASIBO

BALSHOYE

DAKUJEM

TACK

DANKE

IIHF CHAMPIONSHIP PROGRAM

Pre-Event Medical and Nutritional Questionnaire

Please complete the following questionnaire and have it returned electronically to the IIHF Medical Committee Secretary in Zürich - Switzerland, two (2) months to the beginning of the WM, one (1) month prior to the beginning of all other Championships.

CHAMPIONSHIP: 2024 IIHF _____

LOCATION: _____

DATES: _____

OC Office Contact (Name): _____

Phone: _____

E-Mail: _____

1. Please provide the following about your Chief Medical Officer for the Championship:

Name: _____

Telephone:_____

E-mail: _____

2. Is the Medical Room in the arena?

1. directly beside the ice surface? Yes ___ No ___
2. more than 50 meters from the ice surface? Yes ___ No ___
3. in a different building? Yes ___ No ___

3. Is the Medical Room appropriately equipped as described in the relevant IIHF Event Code and IIHF Medical Guidelines?

Is there one treatment table in the Medical Room? Yes ___ No___

Are there two or more treatment tables in the Medical Room? Yes ___ No___

Is a cooler or refrigerator available in the Medical Room? Yes ___ No___

Is the Medical Room equipped with a defibrillator? Yes ___ No___

Is the Medical Room equipped with resuscitative equipment? Yes ___ No___

Will there be a defibrillator in the players bench area? Yes ___ No___

Please find a full list of all requirements for the Medical Room in the relevant IIHF Event Code and IIHF Medical Guidelines (to be found in the IIHF Toolbox).

4. Please describe the medical and therapy services available (please indicate with a check mark ✓ where applicable):

Service	**Present at all games**	**Present at all practices**	**On-call**
Physician			
Dentist			
Orthopedic surgeon			
Emergency physician			
Massage therapist			
Psychologist			
Chiropractor			

5. Please describe the medical service for IIHF Officials, Staff and media:

Physician at event hotel: Yes ___ No ___

Physician on-call: Yes ___ No ___

6. Please confirm the presence of an ambulance for all games and practices (please indicate with a check mark ✓):

Service	**During all games**	**During all practices**

Ambulance on site		

7. Are the ambulances equipped with:

Full resuscitative equipment: Yes ___ No___

Staff trained in basic life support: Yes ___ No___

Staff trained in advanced life support (intubate, deliver basic emergency meds, etc): Yes ___ No___

Defibrillator: Yes ___ No___

Is an Emergency Kit according to the IIHF Medical Guidelines available? (see attached) Yes ___ No___

8. Have you created a medical manual for team personnel? Yes ___ No___

9. Is your EAP attached to this questionnaire? Yes ___ No___

Attached is a sample EAP.

10. Please describe your communication system for the Championship.

Medical staff have mobile phones: Yes ___ No ___

Arena medical staff have mobile radios: Yes ___ No ___

11. Please describe the pharmacy service for your event.

On-site pharmacy with emergency medications: Yes ___ No ___

On-site pharmacy with extensive medications: Yes ___ No ___

Local pharmacy available during normal hours: Yes ___ No ___

Local pharmacy available after normal hours: Yes ___ No ___

No banned substances in event pharmacy: Yes ___ No ___

Banned substances in pharmacy appropriately coded: Yes ___ No ___

Name, addresses, opening hours and telephone number of local pharmacy: _____

_____

Name, addresses, opening hours and telephone number of after-hours pharmacy:_____

_____

12. Please describe the dental services available at your event.

Dentist present at all games: Yes ___ No ___

Dentist available on-call: Yes ___ No ___

Chief Dentist: _____

Mobile number of Chief Dentist: _____

13. Please provide the following information about the hospital service that will be available during the Championship.

Name of primary hospital: _____

Distance from main arena: _____ Transport time from main arena: _____

Name of secondary hospital: _____

Distance from main arena: _____ Transport time from main arena: _____

14. What arrangements are in place for payment for hospital and diagnostic services?

Hospitals and clinics will accept insurance forms and arrange to collect payment from insurance. Yes ___ No ___

Hospitals and clinics will require direct payment (cash or credit card) when any service is provided. Yes ___ No ___

15. Please describe the diagnostic services available at your event.

X-ray available in the arena: Yes ___ No ___

X-ray available at local hospital: Yes ___ No ___

MRI available at local hospital: Yes ___ No ___

CT available at local hospital: Yes ___ No ___

16. Is tap water drinkable without risk of infection? Yes ___ No ___

If your answer is no, please make sure there is plenty of bottled water available at games and practices as well as the hotel and answer the following two questions:

Will there be plenty of bottled water available at the arena? Yes ___ No ___

Will there be plenty of bottled water available at the hotel? Yes ___ No ___

17. Have you worked with the hotel to create a nutritional menu for the Championship based on the suggested IIHF Nutritional Menu?

Yes ___ No ___

You can find the Nutritional Standards from different continents under Art. 12 of the IIHF Medical Guidelines which can be found in the IIHF Toolbox.

Please forward a copy of your confirmed hotel menus to the IIHF office.

18. Do teams traveling to your country need any special vaccines?

Yes ___ No ___

If YES, please describe in detail below:

_____

_____

_____

19. Please answer the following questions regarding the doping control room for the Championship.

Is the doping control room within the arena?	Yes___	No___
Does it have a lockable door?	Yes___	No___
Does it have a lockable refrigerator for storing the samples?	Yes___	No___
Does it have a private toilet (big enough for also a witness)?	Yes___	No___
Does it provide a separated waiting room for the number of people indicated in the respective Event Code?	Yes___	No___
Does it have a refrigerator for sealed non-alcoholic drinks?	Yes___	No___
Have you arranged for chaperones or assistants at the event?	Yes___	No___

20. Please provide the name of your Event Integrity Officer if it is not your MNA Integrity Officer:

Name: _____

Telephone:_____

E-mail: _____

Please review the *IIHF Abuse & Harassment Regulations*.

List of attachments:

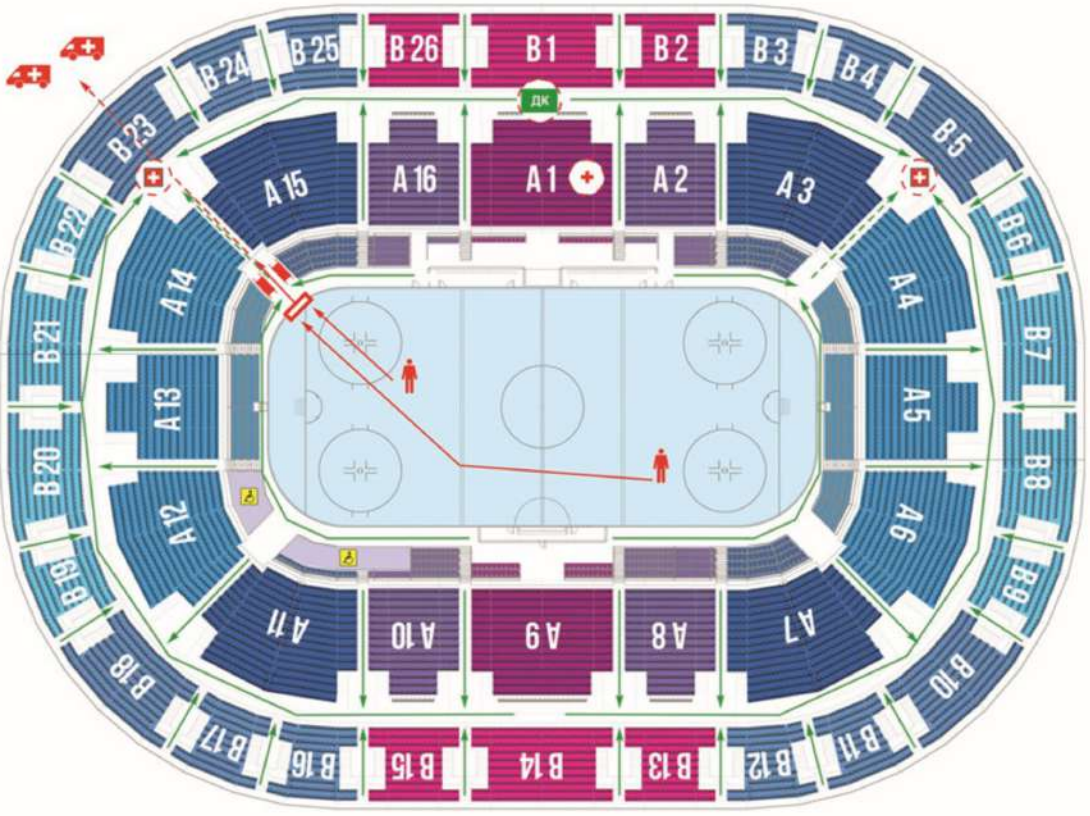
- *Emergency Kit*

- *EAP*

EMERGENCY ACTION PLAN

at the “BARYS-ARENA”

Astana, Kazakhstan



CONVENTIONS:

- MOVE DIRECTION FOR PLAYERS
- MOVE DIRECTION FOR SPECTATORS
- MEDICAL CENTER
- KAZAKHSTAN TEAM DOCTOR
- AMBULANCE CARS
- INJURED PLAYER
- AMBULANCE CREW WITH STRETCHERS
- ON-ICE ENTRANCE
- ДК DOPING TEST ROOM

IIHF Daily Injury Report Form

IIHF Championship: _____

National Association: _____

Date: _____ / _____ / _____ (dd/mm/yy)

Please report if there were any injuries sustained by any players on your team (or game officials as for the Officiating Coach) during the above-mentioned day during this IIHF Championship. We would ask that you also report if there were no injuries (zero) sustained by players on your team during this day of this IIHF Championship.
An IIHF Injury Report Form must be completed for each injury sustained on the above-mentioned day, then submitted to the IIHF Medical Supervisor or, in his/her absence, to the IIHF Directorate Chair.

The definition of an injury used by the IIHF for reporting purposes is as follows:

a. an injury is considered reportable if a player misses a practice or a game because of an injury sustained during a practice or a game;
b. the player does not return to the play for the remainder of the game following an injury;
c. all concussions;
d. all dental injuries;
e. any laceration which requires medical attention;
f. all fractures.

During this day there were _ (number)_ injuries sustained by our team.

Team Medical Personnel (print name): _____

Signature: _____

Date: _____

FAIR PLAY AND RESPECT

Player Injury Report System/IRS

(only one injury/form)

Injury Definition

The definition of an injury in the IIHF Injury Reporting System is as follows

1. An injury is considered reportable if a player misses a practice or a game because of an injury sustained during a practice or a game
2. The player doesn't return to the play for the remainder of the game following an injury
3. All concussions
4. Any dental injury
5. Any laceration which requires medical attention
6. All fractures

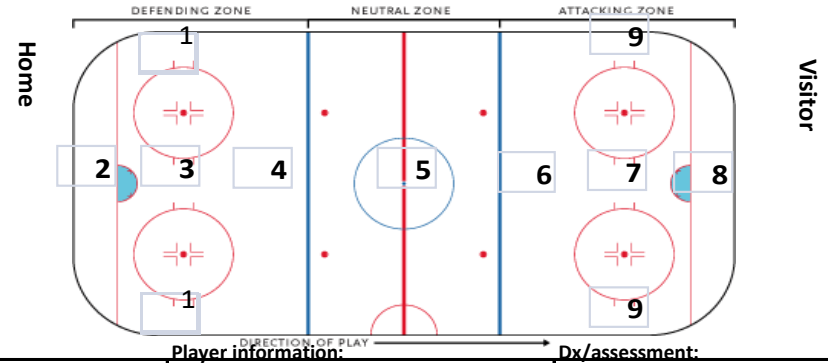
Country: _____ **IIHF Championship:** _____ **Date of injury: D**_____**M**_____**Y**_____ **Game Clock Time:** _____

Zone of Injury A

1. No contact with boards
2. Contact with boards

Zone of Injury B

Mark the area on the ice surface where the injury occurred.
Note that Home and Visitor ends are marked to identify offensive and defensive activity



Game / Period

1. warm up — off-ice ☐ on-ice ☐
2. 1st — 4. 3rd ☐
3. 2nd — 5. Ot ☐

playing time: _____

Practice

off-ice ☐
on-ice ☐ ☐

Situation

Even Strength	5/5	Penalty Killing	4/5
	4/4		3/5
	3/3		3/4
Power Play	5/4	Goalie	
	5/3	1. Yes	
	4/3	2. No	

Source of Diagnosis

1. Medical Doctor 2. Physiotherapist 3. Other _____

Side / Body part: fill out a separate form for each injury

1. N/A 2. Left 3. Right 4. Both

1. Head	10. Shoulder	19. Chest	28. Genitals
2. Face	11. Scapula	20. Abdomen	29. Hip
3. Neck	12. Upper arm	21. Kidneys	30. Thigh
4. Throat	13. Elbow	22. Upper Back	31. Knee
5. Jaw/Chin	14. Forearm	23. Lower Back	32. Leg
6. Teeth/Mouth	15. Wrist	24. Coccyx	33. Ankle
7. Eye	16. Hand	25. Buttocks	34. Foot
8. Ear	17. Thumb	26. Pelvis	35. Toes
9. Clavicle	18. Fingers	27. Groin	36. Other: _____

Dental: Mouthguard? 1. Yes 2. No
Custom made? 1. Yes 2. No

Knee: Circle the appropriate structure involved:
1. ACL 2. PCL 3. MCL 4. LCL 5. Meniscus 6. PF*

Grade: 1._____ 2._____ 3._____

Shoulder: Circle the appropriate structure involved:
1. AC* 2. SC* 3. Glenohumeral

Grade: 1._____ 2._____ 3._____

Player information:

1. Age _____
2. Height (cm) _____
3. Weight (kg) _____

Position:

1. Centre
2. Wing
3. Defence
4. Goalie

Nature of injury:

1. Acute 2. Recurrent:
   a. this season
   b. last season

Diagnosis:

ICD-code **DG:** _____

_____ _____

PF= Patellofemoral, Kneecap

Dx/assessment:

1. Contusion
2. Sprain (Ligament)
3. Strain (Muscle-Tendon)
4. Laceration
5. Dislocation/Subluxation
6. Fracture
7. Neurotrauma/Concussion
8. Other _____

Time Lost:

The amount of time player is expected to be out of play

1. Return same day
2. Less than 1 week
3. 1 to 3 weeks
4. More than 3 weeks

AC= Acromioclavicular Joint
SC= Sternoclavicular Joint

Cause of injury:

1. Type of Check
   a. Body Check
   b. Check from Behind
   c. Check to the Head
2. Stick Contact
3. Puck Contact
4. Unintended Collision
5. Fighting
6. Non-Contact
7. Skate
8. Other: _____

Was a penalty Called on the Play?

1. Yes
   1. 2 min.
   2. 2+2 min
   3. 2+10 min
   4. 5+20 min
   5. Other:_____
2. No

Equipment:

1. Full Face mask
   a. shield ___
   b. cage ___
2. Visor _____
3. None _____

Official Injury Report System/IRS

(only one injury/form)

Injury Definition

The definition of an injury in the IIHF Injury Reporting System is as follows

1. An injury is considered reportable if an official misses a practice or a game because of an injury sustained during a practice or a game
2. The official doesn't return to the play for the remainder of the game following an injury
3. All concussions
4. Any dental injury
5. Any laceration which requires medical attention
6. All fractures

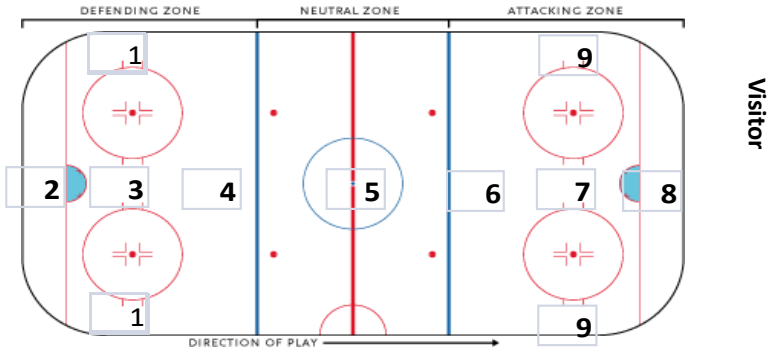
Country: _____ **IIHF Championship:** _____ **Date of injury: D**_____**M**_____**Y**_____ **Game Clock Time:** _____

Zone of Injury A

1. No contact with boards
2. Contact with boards

Zone of Injury B

Mark the area on the ice surface where the injury occured.
Note that Home and Visitor ends are marked to identify offensive and defensive activity



Game / Period

1. warm up — off-ice ☐ on-ice ☐
2. 1st — 4. 3rd
3. 2nd — 5. Ot

playing time: _____

Practice

off-ice ☐
on-ice ☐

Situation

Even Strength	5/5	Penalty Killing	4/5
	4/4		3/5
	3/3		3/4
Power Play	5/4	Goalie	
	5/3	1. Yes	
	4/3	2. No	

Source of Diagnosis

1. Medical Doctor 2. Physiotherapist 3. Other _____

Side / Body part: fill out a separate form for each injury

1. N/A 2. Left 3. Right 4. Both

1. Head	10. Shoulder	19. Chest	28. Genitals
2. Face	11. Scapula	20. Abdomen	29. Hip
3. Neck	12. Upper arm	21. Kidneys	30. Thigh
4. Throat	13. Elbow	22. Upper Back	31. Knee
5. Jaw/Chin	14. Forearm	23. Lower Back	32. Leg
6. Teeth/Mouth	15. Wrist	24. Coccyx	33. Ankle
7. Eye	16. Hand	25. Buttocks	34. Foot
8. Ear	17. Thumb	26. Pelvis	35. Toes
9. Clavicle	18. Fingers	27. Groin	36. Other: _____

Dental:
Mouthguard? 1. Yes 2. No
Custom made? 1. Yes 2. No

Knee: Circle the appropriate structure involved:
1. ACL 2. PCL 3. MCL 4. LCL 5. Meniscus 6. PF*
Grade: 1._____ 2._____ 3._____

Shoulder: Circle the appropriate structure involved:
1. AC* 2. SC* 3. Glenohumeral
Grade: 1._____ 2._____ 3._____

Official information:

1. Age _____
2. Height (cm) _____
3. Weight (kg) _____

Role:

1. Referee
2. Linesperson

Nature of injury:

1. Acute 2. Recurrent:
   a. this season
   b. last season

Dx/assessment:

1. Contusion
2. Sprain (Ligament)
3. Strain (Muscle-Tendon)
4. Laceration
5. Dislocation/Subluxation
6. Fracture
7. Neurotrauma/Concussion
8. Other _____

Time Lost:

The amount of time player is expected to be out of play

1. Return same day
2. Less than 1 week
3. 1 to 3 weeks
4. More than 3 weeks

Cause of injury:

1. Type of Check
   a. Body Check
   b. Check from Behind
   c. Check to the Head
2. Stick Contact
3. Puck Contact
4. Unintended Collision
5. Fighting
6. Non-Contact
7. Skate
8. Other: _____

Was a penalty Called on the Play?

1. Yes — 1. 2 min. 2. 2+2 min 3. 2+10 min 4. 5+20 min 5. Other:_____
2. No

Diagnosis:

ICD-code **DG:** _____

_____ _____

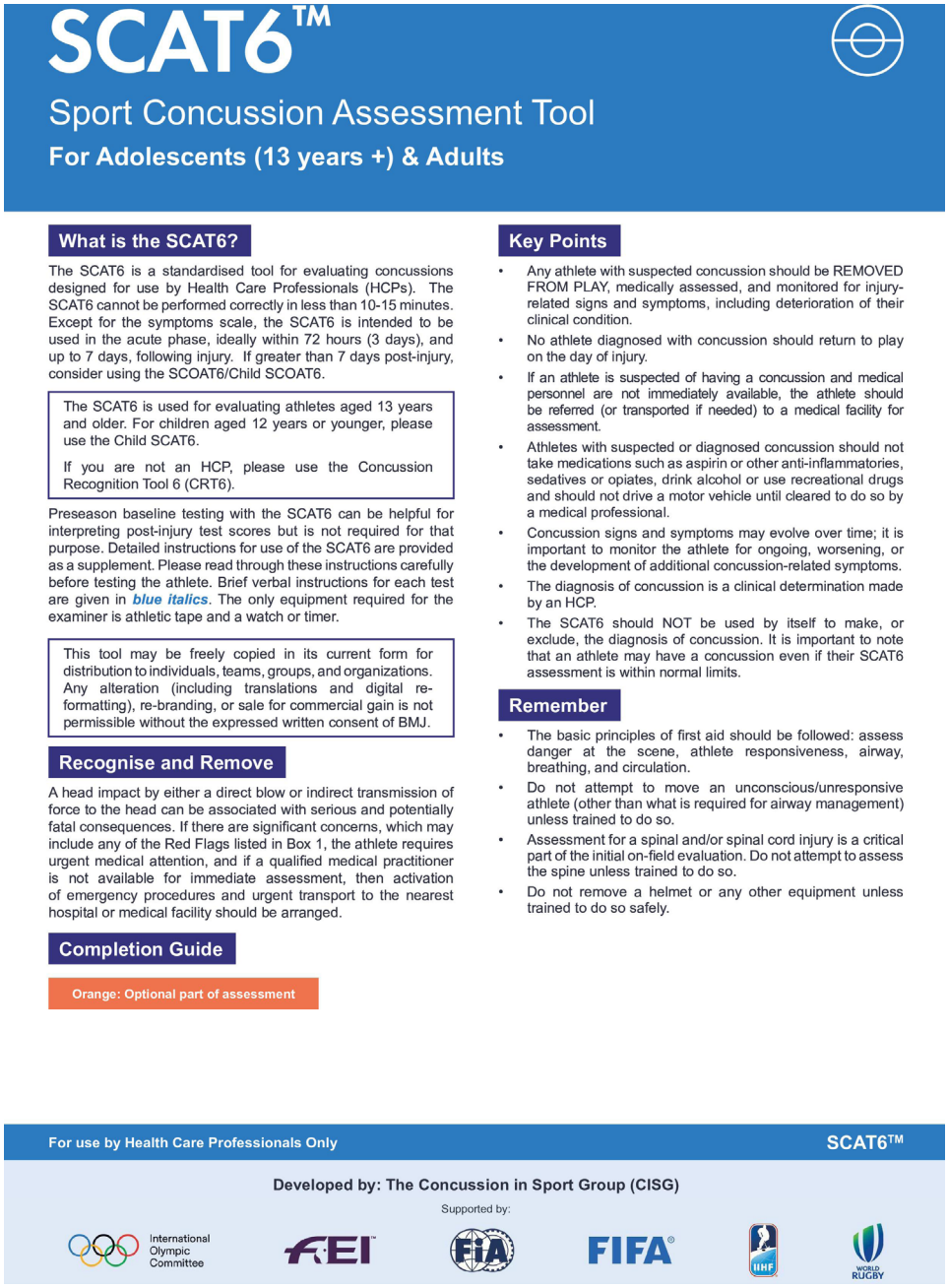
PF= Patellofemoral, Kneecap
AC= Acromioclavicular Joint
SC= Sternoclavicular Joint

Equipment:

1. Full Face mask
   a. shield ___
   b. cage ___
2. Visor _____
3. None _____

Sport Concussion Assessment Tool™ – 6 (SCAT6)

Ruben J Echemendia ,[1,2] Benjamin L Brett ,[3] Steven Broglio ,[4] Gavin A Davis ,[5,6] Christopher C Giza,[7,8] Kevin M Guskiewicz,[9] Kimberly G Harmon ,[10] Stanley Herring,[11] David R Howell,[12] Christina Master,[13] Michael McCrea ,[14] Dhiren Naidu,[15] Jon S Patricios ,[16] Margot Putukian ,[17,18] Samuel R Walton,[19] Kathryn J Schneider ,[20] Joel S Burma ,[21] Jared M Bruce [22]



SCAT6™

Sport Concussion Assessment Tool

For Adolescents (13 years +) & Adults

What is the SCAT6?

The SCAT6 is a standardised tool for evaluating concussions designed for use by Health Care Professionals (HCPs). The SCAT6 cannot be performed correctly in less than 10-15 minutes. Except for the symptoms scale, the SCAT6 is intended to be used in the acute phase, ideally within 72 hours (3 days), and up to 7 days, following injury. If greater than 7 days post-injury, consider using the SCOAT6/Child SCOAT6.

The SCAT6 is used for evaluating athletes aged 13 years and older. For children aged 12 years or younger, please use the Child SCAT6.

If you are not an HCP, please use the Concussion Recognition Tool 6 (CRT6).

Preseason baseline testing with the SCAT6 can be helpful for interpreting post-injury test scores but is not required for that purpose. Detailed instructions for use of the SCAT6 are provided as a supplement. Please read through these instructions carefully before testing the athlete. Brief verbal instructions for each test are given in ***blue italics***. The only equipment required for the examiner is athletic tape and a watch or timer.

This tool may be freely copied in its current form for distribution to individuals, teams, groups, and organizations. Any alteration (including translations and digital re-formatting), re-branding, or sale for commercial gain is not permissible without the expressed written consent of BMJ.

Recognise and Remove

A head impact by either a direct blow or indirect transmission of force to the head can be associated with serious and potentially fatal consequences. If there are significant concerns, which may include any of the Red Flags listed in Box 1, the athlete requires urgent medical attention, and if a qualified medical practitioner is not available for immediate assessment, then activation of emergency procedures and urgent transport to the nearest hospital or medical facility should be arranged.

Completion Guide

Orange: Optional part of assessment

Key Points

- Any athlete with suspected concussion should be REMOVED FROM PLAY, medically assessed, and monitored for injury-related signs and symptoms, including deterioration of their clinical condition.
- No athlete diagnosed with concussion should return to play on the day of injury.
- If an athlete is suspected of having a concussion and medical personnel are not immediately available, the athlete should be referred (or transported if needed) to a medical facility for assessment.
- Athletes with suspected or diagnosed concussion should not take medications such as aspirin or other anti-inflammatories, sedatives or opiates, drink alcohol or use recreational drugs and should not drive a motor vehicle until cleared to do so by a medical professional.
- Concussion signs and symptoms may evolve over time; it is important to monitor the athlete for ongoing, worsening, or the development of additional concussion-related symptoms.
- The diagnosis of concussion is a clinical determination made by an HCP.
- The SCAT6 should NOT be used by itself to make, or exclude, the diagnosis of concussion. It is important to note that an athlete may have a concussion even if their SCAT6 assessment is within normal limits.

Remember

- The basic principles of first aid should be followed: assess danger at the scene, athlete responsiveness, airway, breathing, and circulation.
- Do not attempt to move an unconscious/unresponsive athlete (other than what is required for airway management) unless trained to do so.
- Assessment for a spinal and/or spinal cord injury is a critical part of the initial on-field evaluation. Do not attempt to assess the spine unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

For use by Health Care Professionals Only SCAT6™

Developed by: The Concussion in Sport Group (CISG)

Supported by:

International Olympic Committee FEI FIA FIFA IIHF WORLD RUGBY

Correspondence to Dr Ruben J Echemendia, Psychology, University of Missouri Kansas City, Kansas City, Missouri, USA; rechemendia@comcast.net

Sport Concussion Assessment Tool 6 - SCAT6™

SCAT6™ Sport Concussion Assessment Tool

For Adolescents (13 years +) & Adults

Athlete Name:				**ID Number:**	
Date of Birth:		**Date of Examination:**		**Date of Injury:**	
Time of Injury:		**Sex:** Male ☐	Female ☐	Prefer Not To Say ☐	Other
Dominant Hand: Left ☐	Right ☐	Ambidextrous ☐		**Sport/Team/School:**	
Current Year in School (if applicable):				**Years of Education Completed (Total):**	
First Language:				**Preferred Language:**	
Examiner:					

Concussion History

How many diagnosed concussions has the athlete had in the past?:

When was the most recent concussion?:

Primary Symptoms:

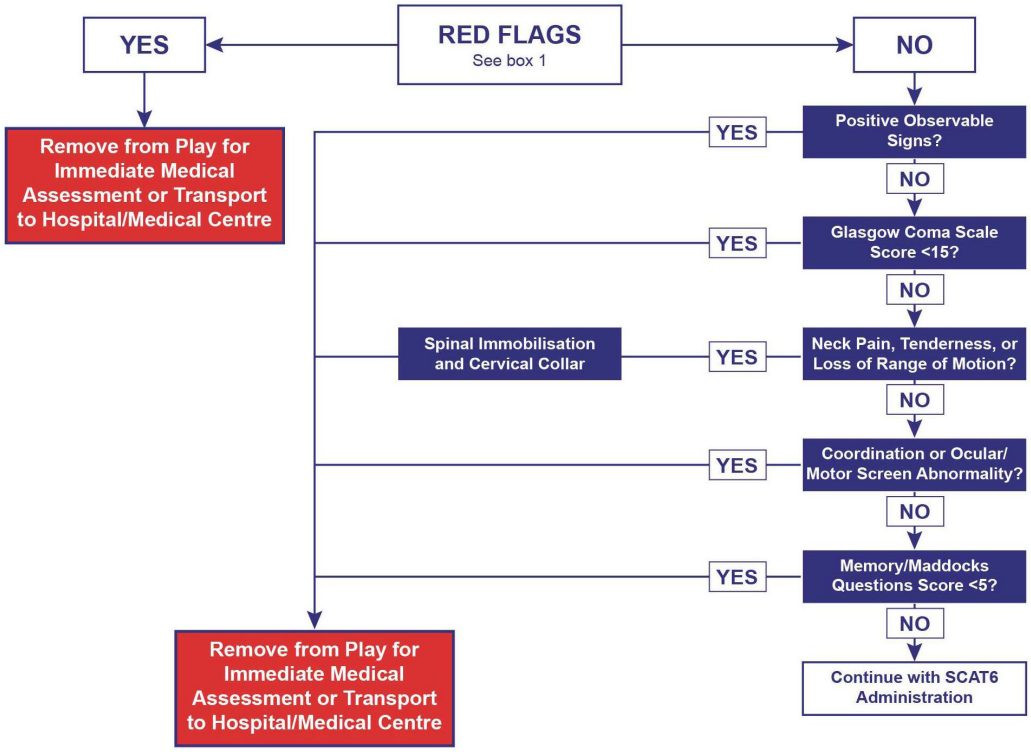
How long was the recovery (time to being cleared to play) from the most recent concussion?: (Days)

Immediate Assessment/Neuro Screen (Not Required at Baseline)

The following elements should be used in the evaluation of all athletes who are suspected of having a concussion prior to proceeding to the cognitive assessment, and ideally should be completed "on-field" after the first aid/emergency care priorities are completed.

If any of the observable signs of concussion are noted after a direct or indirect blow to the head, the athlete should be immediately and safely removed from participation and evaluated by an HCP.

The Glasgow Coma Scale is important as a standard measure for all patients and can be repeated over time to monitor deterioration of consciousness. The Maddocks questions and cervical spine exam are also critical steps of the immediate assessment.



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Step 1: Observable Signs

Witnessed ☐ Observed on Video ☐

Lying motionless on playing surface	Y	N
Falling unprotected to the surface	Y	N
Balance/gait difficulties, motor incoordination, ataxia: stumbling, slow/laboured movements	Y	N
Disorientation or confusion, staring or limited responsiveness, or an inability to respond appropriately to questions	Y	N
Blank or vacant look	Y	N
Facial injury after head trauma	Y	N
Impact seizure	Y	N
High-risk mechanism of injury (sport-dependent)	Y	N

Step 2: Glasgow Coma Scale

Typically, GCS is assessed once. Additional scoring columns are provided for monitoring over time, if needed.

Time of Assessment:

Date of Assessment:

Best Eye Response (E)			
No eye opening	1	1	1
Eye opening to pain	2	2	2
Eye opening to speech	3	3	3
Eyes opening spontaneously	4	4	4
Best Verbal Response (V)			
No verbal response	1	1	1
Incomprehensible sounds	2	2	2
Inappropriate words	3	3	3
Confused	4	4	4
Oriented	5	5	5
Best Motor Response (V)			
No motor response	1	1	1
Extension to pain	2	2	2
Abnormal flexion to pain	3	3	3
Flexion/withdrawal to pain	4	4	4
Localized to pain	5	5	5
Obeys commands	6	6	6
Glasgow Coma Score (E + V + M)			

Box 1: Red Flags

- Neck pain or tenderness
- Seizure or convulsion
- Double vision
- Loss of consciousness
- Weakness or tingling/burning in more than 1 arm or in the legs
- Deteriorating conscious state
- Vomiting
- Severe or increasing headache
- Increasingly restless, agitated or combative
- GCS <15
- Visible deformity of the skull

Step 3: Cervical Spine Assessment

In a patient who is not lucid or fully conscious, a cervical spine injury should be assumed and spinal precautions taken.

Does the athlete report neck pain at rest?	Y	N
Is there tenderness to palpation?	Y	N
If NO neck pain and NO tenderness, does the athlete have a full range of ACTIVE pain free movement?	Y	N
Are limb strength and sensation normal?	Y	N

Step 4: Coordination & Ocular/Motor Screen

Coordination: Is finger-to-nose normal for both hands with eyes open and closed?	Y	N
Ocular/Motor: Without moving their head or neck, can the patient look side-to-side and up-and-down without double vision?	Y	N
Are observed extraocular eye movements normal? If not, describe:	Y	N

Step 5: Memory Assessment Maddocks Questions[1]

Say *"I am going to ask you a few questions, please listen carefully and give your best effort. First, tell me what happened?"*

Modified Maddocks questions (Modified appropriately for each sport; 1 point for each correct answer)

What venue are we at today?	0	1
Which half is it now?	0	1
Who scored last in this match?	0	1
What team did you play last week/game?	0	1
Did your team win the last game?	0	1
Maddocks Score		/5

Note: Appropriate sport-specific questions may be substituted

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Off-Field Assessment

Please note that the cognitive assessment should be done in a distraction-free environment with the athlete in a resting state **after** completion of the Immediate Assessment/Neuro Screen.

Step 1: Athlete Background

Has the athlete ever been:

Hospitalised for head injury? (If yes, describe below)	Y N	Diagnosed with attention deficit hyperactivity disorder (ADHD)?	Y N
Diagnosed/treated for headache disorder or migraine?	Y N	Diagnosed with depression, anxiety, or other psychological disorder?	Y N
Diagnosed with a learning disability/dyslexia?	Y N		

Notes:

Current medications? If yes, please list:

Step 2: Symptom Evaluation

Baseline: ☐ **Suspected/Post-injury:** ☐ **Time elapsed since suspected injury:** _____ mins/hours/days

The athlete will complete the symptom scale (below) after you provide instructions. Please note that the instructions are different for baseline versus suspected/post-injury evaluations.

Baseline: Say ***"Please rate your symptoms below based on how you typically feel with "1" representing a very mild symptom and "6" representing a severe symptom."***

Suspected/Post-injury: Say ***"Please rate your symptoms below based on how you feel now with "1" representing a very mild symptom and "6" representing a severe symptom."***

PLEASE HAND THE FORM TO THE ATHLETE

Symptom	Rating
Headaches	0 1 2 3 4 5 6
Pressure in head	0 1 2 3 4 5 6
Neck pain	0 1 2 3 4 5 6
Nausea or vomiting	0 1 2 3 4 5 6
Dizziness	0 1 2 3 4 5 6
Blurred vision	0 1 2 3 4 5 6
Balance problems	0 1 2 3 4 5 6
Sensitivity to light	0 1 2 3 4 5 6
Sensitivity to noise	0 1 2 3 4 5 6
Feeling slowed down	0 1 2 3 4 5 6
Feeling like "in a fog"	0 1 2 3 4 5 6
"Don't feel right"	0 1 2 3 4 5 6
Difficulty concentrating	0 1 2 3 4 5 6
Difficulty remembering	0 1 2 3 4 5 6
Fatigue or low energy	0 1 2 3 4 5 6
Confusion	0 1 2 3 4 5 6
Drowsiness	0 1 2 3 4 5 6
More emotional	0 1 2 3 4 5 6
Irritability	0 1 2 3 4 5 6
Sadness	0 1 2 3 4 5 6
Nervous or anxious	0 1 2 3 4 5 6
Trouble falling asleep (if applicable)	0 1 2 3 4 5 6

Do your symptoms get worse with physical activity?	Y N
Do your symptoms get worse with mental activity?	Y N

If 100% is feeling perfectly normal, what percent of normal do you feel?

If not 100%, why?

PLEASE HAND THE FORM BACK TO THE EXAMINER

Once the athlete has completed answering all symptom items, it may be useful for the clinician to revisit items that were endorsed positively to gather more detail about each symptom.

Total number of symptoms: _____ **of 22** **Symptom severity score:** _____ **of 132**

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Step 3: Cognitive Screening (Based on Standardized Assessment of Concussion; SAC)[2]

Orientation

What month is it?	0	1
What is the date today?	0	1
What is the day of the week?	0	1
What year is it?	0	1
What time is it right now? (within 1 hour)	0	1
Orientation Score		of 5

Immediate Memory

All 3 trials must be administered irrespective of the number correct on Trial 1. Administer at the rate of one word per second.

Trial 1: Say *"I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order."*

Trials 2 and 3: Say *"I am going to repeat the same list. Repeat back as many words as you can remember in any order, even if you said the word before in a previous trial."*

Word list used: A ☐ B ☐ C ☐

				Alternate Lists	
List A	Trial 1	Trial 2	Trial 3	List B	List C
Jacket	0 1	0 1	0 1	Finger	Baby
Arrow	0 1	0 1	0 1	Penny	Monkey
Pepper	0 1	0 1	0 1	Blanket	Perfume
Cotton	0 1	0 1	0 1	Lemon	Sunset
Movie	0 1	0 1	0 1	Insect	Iron
Dollar	0 1	0 1	0 1	Candle	Elbow
Honey	0 1	0 1	0 1	Paper	Apple
Mirror	0 1	0 1	0 1	Sugar	Carpet
Saddle	0 1	0 1	0 1	Sandwich	Saddle
Anchor	0 1	0 1	0 1	Wagon	Bubble
Trial Total					

Immediate Memory Score	of 30	**Time Last Trial Completed:**	

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Step 3: Cognitive Screening (Continued)

Concentration

Digits Backward:

Administer at the rate of one digit per second reading DOWN the selected column. If a string is completed correctly, move on to the string with next higher number of digits; if the string is completed incorrectly, use the alternate string with the same number of digits; if this is failed again, end the test.

Say ***"I'm going to read a string of numbers and when I am done, you repeat them back to me in reverse order of how I read them to you. For example, if I say 7-1-9, you would say 9-1-7. So, if I said 9-6-8 you would say? (8-6-9)"***

Digit list used: A ☐ B ☐ C ☐

List A	List B	List C			
4-9-3	5-2-6	1-4-2	Y	N	0 1
6-2-9	4-1-5	6-5-8	Y	N	
3-8-1-4	1-7-9-5	6-8-3-1	Y	N	0 1
3-2-7-9	4-9-6-8	3-4-8-1	Y	N	
6-2-9-7-1	4-8-5-2-7	4-9-1-5-3	Y	N	0 1
1-5-2-8-6	6-1-8-4-3	6-8-2-5-1	Y	N	
7-1-8-4-6-2	8-3-1-9-6-4	3-7-6-5-1-9	Y	N	0 1
5-3-9-1-4-8	7-2-4-8-5-6	9-2-6-5-1-4	Y	N	
			Digits Score		of 4

Months in Reverse Order:

Say ***"Now tell me the months of the year in reverse order as QUICKLY and as accurately as possible. Start with the last month and go backward. So, you'll say December, November… go ahead"***

Start stopwatch and CIRCLE each correct response:

December November October September August July June May April March February January

Time Taken to Complete (secs): **Number of Errors:**

1 point if no errors and completion under 30 seconds

Months Score: **of 1**

Concentration Score (Digits + Months) **of 5**

Step 4: Coordination and Balance Examination

Modified Balance Error Scoring System (mBESS)[3] testing

(see detailed administration instructions)

Foot Tested: Left ☐ **Right** ☐ (i.e. test the **non-dominant** foot)

Testing Surface (hard floor, field, etc.):

Footwear (shoes, barefoot, braces, tape etc.):

OPTIONAL (depending on clinical presentation and setting resources): For further assessment, the same 3 stances can be performed on a surface of medium density foam (e.g., approximately 50cm x 40cm x 6cm) with the same instructions and scoring.

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Step 4: Coordination and Balance Examination (Continued)

Modified BESS (20 seconds each)

Double Leg Stance:		of 10
Tandem Stance:		of 10
Single Leg Stance:		of 10
Total Errors:		of 30

On Foam (Optional)

Double Leg Stance:		of 10
Tandem Stance:		of 10
Single Leg Stance:		of 10
Total Errors:		of 30

Note: If the **mBESS** yields normal findings then proceed to the **Tandem Gait/Dual Task Tandem Gait**.

If the **mBESS** reveals abnormal findings or clinically significant difficulties, **Tandem Gait** is not necessary at this time.

Both the **Tandem Gait** and optional **Dual Task** component may be administered later in the office setting as needed (see SCOAT6).

Timed Tandem Gait

Place a 3-metre-long line on the floor/firm surface with athletic tape. The task should be timed. Please complete all 3 trials.

Say ***"Please walk heel-to-toe quickly to the end of the tape, turn around and come back as fast as you can without separating your feet or stepping off the line."***

Single Task:

Time to Complete Tandem Gait Walking (seconds)				
Trial 1	Trial 2	Trial 3	Average 3 Trials	Fastest Trial

Dual Task Gait (Optional. Timed Tandem Gait must be completed first)

Place a 3-metre-long line on the floor/firm surface with athletic tape. The task should be timed.

Say ***"Now, while you are walking heel-to-toe, I will ask you to count backwards out loud by 7s. For example, if we started at 100, you would say 100, 93, 86, 79. Let's practise counting. Starting with 93, count backward by sevens until I say "stop"."*** Note that this practice only involves counting backwards.

Dual Task Practice: Circle correct responses; record number of subtraction counting errors.

Task									Errors	Time
Practice	93	86	72	65	58	51	44	37		

Say ***"Good. Now I will ask you to walk heel-to-toe and count backwards out loud at the same time. Are you ready? The number to start with is 88. Go!"***

Dual Task Cognitive Performance: Circle correct responses; record number of subtraction counting errors.

Task													Errors	Time (circle fastest)
Trial 1	88	81	74	67	60	53	46	39	32	25	18	11	4		
Trial 2	90	83	76	69	62	55	48	41	34	27	20	13	6		
Trial 3	98	91	84	77	70	63	56	49	42	35	28	21	14		

Alternate double number starting integers may be used and recorded below.

Starting Integer: **Errors:** **Time:**

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Step 4: Coordination and Balance Examination (Continued)

Were any single- or dual-task, timed tandem gait trials not completed due to walking errors or other reasons?

Yes ☐ **No** ☐

If yes, please explain why:

Step 5: Delayed Recall

The Delayed Recall should be performed after **at least 5 minutes** have elapsed since the end of the Immediate Memory section: **Score 1 point for each correct response.**

Say ***"Do you remember that list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order."***

Time started:

Word list used: **A** ☐ **B** ☐ **C** ☐

List A	Score	Alternate Lists: List B	Alternate Lists: List C
Jacket	0 1	Finger	Baby
Arrow	0 1	Penny	Monkey
Pepper	0 1	Blanket	Perfume
Cotton	0 1	Lemon	Sunset
Movie	0 1	Insect	Iron
Dollar	0 1	Candle	Elbow
Honey	0 1	Paper	Apple
Mirror	0 1	Sugar	Carpet
Saddle	0 1	Sandwich	Saddle
Anchor	0 1	Wagon	Bubble
Delayed Recall Score	of 10		

Total Cognitive Score

Orientation:		**of 5**
Immediate Memory:		**of 30**
Concentration:		**of 5**
Delayed Recall:		**of 10**
Total:		**of 50**

If the athlete was known to you prior to their injury, are they different from their usual self?

Yes ☐ **No** ☐ **Not applicable** ☐ (If different, describe why In the clinical notes section)

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Step 6: Decision

Domain	Date:	Date:	Date:
Neurological Exam (Acute Injury evaluation only)	Normal/Abnormal	Normal/Abnormal	Normal/Abnormal
Symptom number (of 22)			
Symptom Severity (of 132)			
Orientation (of 5)			
Immediate Memory (of 30)			
Concentration (of 5)			
Delayed Recall (of 10)			
Cognitive Total Score (of 50)			
mBESS Total Errors (of 30)			
Tandem Gait fastest time			
Dual Task fastest time			

Disposition

Concussion diagnosed?

Yes ☐ **No** ☐ **Deferred** ☐

Health Care Professional Attestation

I am an HCP and I have personally administered or supervised the administration of this SCAT6.

Name:

Signature: **Title/Speciality:**

Registration/License number (if applicable): **Date:**

Additional Clinical Notes

Note: Scoring on the SCAT6 should not be used as a stand-alone method to diagnose concussion, measure recovery, or make decisions about an athlete's readiness to return to sport after concussion. Remember: An athlete can score within normal limits on the SCAT6 and still have a concussion.

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He is on the and is/was on the editorial boards (all unpaid) for Journal of Athletic Training (2015 to present), Concussion (2014 to present), Athletic Training & Sports Health Care (2008 to present), British Journal of Sports Medicine (2008 to 2019) JMB reports being a part-time employee of the NHL. JMB's institution has received funding from Genzyme, and EyeGuide supporting his work, and he has served as a paid consultant to Med-IQ and Sporting KC. JSB reports receiving methods author funding for this review and Alexander Graham Bell Canada Graduate Scholarships-Doctoral Program. GAD reports grant from Murdoch Children's Research Institute and travel support for professional conferences. He is a member of the Scientific Committee of the 6th International Consensus Conference on Concussion in Sport; an honorary member of the AFL Concussion Scientific Committee, and a board member of CISG. 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