

# CHAMPIONNAT DU MONDE DE HOCKEY SUR GLACE 2017 DE L'IIHF

TEAM MEDICAL HANDBOOK



## **TABLE OF CONTENTS**



- I. WELCOME LETTER
- II. MEDICAL ORGANIZING STRUCTURE
- III. TEAM MEDICAL PERSONNEL MEETING AGENDA
- IV. MEDICAL POLICIES AND PROCEDURES
- V. EMERGENCY ACTION PLAN (EAP)
- VI. DOPING CONTROL
- VII. APPENDIX





## I. WELCOME LETTER



Dear Ice Hockey Friends,

We would like to warmly welcome you to the cities of Cologne and Paris, the host cites of the 2017 IIHF Ice Hockey World Championship!

We are very pleased to finally have you around after a long road that started back in May 2013, when the IIHF Annual Congress voted for the very first time in favor of a joint bid of two nations, Germany and France.

Under the motto "Together for 2017" we gathered a crew of motivated hockey lovers that soon became a team with multinational spirit, ideas and dreams. Now all members of our Organizing Committee are taking great pride in presenting ourselves to you as two different nations, but one common host.

Together with you, your teams, the fans, Asterix and Obelix, we are looking forward to experiencing a unique event, great sport, big emotions and lots of fun during the 2017 IIHF Ice Hockey World Championship in Germany and France.



Together for 2017! Ensemble Pour 2017! Gemeinsam für 2017!



Franz Reindl



Luc Tardif



## II. MEDICAL ORGANIZING STRUCTURE



### III. TEAM MEDICAL PERSONNEL MEETING AGENDA



## THURSDAY, MAY $4^{TH} - 16:00$

Louis Magnus Lounge / ACCORHOTELS ARENA (AHA)

- ✓ Welcome
- ✓ Host organizing committee medical program services
- ✓ Host organizing committee services
- ✓ IIHF Injury Reporting System
- ✓ Doping Control Program
- ✓ Medical Policies
  - IIHF concussion Protocol
  - Injured Athlete, EAP, Removal from ice procedures
  - Blood Spill procedures
- ✓ Others





#### 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 national team physician.





#### 2. MEDICAL PERSONNEL ON SITE

All physicians, surgeons, dentists and therapist providing game coverage are licensed to practice in France 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.

- > Dr Fabrice Leclerc MD (ECMO From May 4th to 10<sup>th</sup>)
- Dr Olivier Tricoire MD (ECMO From May 11th to 18<sup>th</sup>)
- Dr Eric Dopff (Chief Dental Officer)
- Eric Wadoux (Chief Therapist)





#### 3. AMBULANCE

A dedicated ambulance with trained paramedics will be on site at the AccorHotels Arena (AHA) for all games, and only on call for practices as it is very close (10 minutes max.)

Paramedics should check with the duty physician prior and the intensive care physician (for the games) to leaving.

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 Venue PCO will manage transfer to the Centre Hospitalier Universitaire (CHU) thru emergency system (SAMU de Paris)





#### 4. HOSPITAL & COSTS

The Championship Hospital is « *Hôpitaux Universitaires La Pitie Salpêtrière* » - (2kms from the AHA)

Further information on the hospitals is available in Appendix A.

Please be reminded that teams should be prepared to pay or being reinvoiced by the IIHF for any hospital costs (admission, diagnostic imaging, other tests, surgery) at the time the patient is treated, and then be reimbursed by their insurance company.







#### 5. MEDICAL CLINIC AND EQUIPMENTS

The medical clinic at the AHA will be open 1 hour prior to and ½ hour following all games and during practices.

The duty physician, host surgeon, dentist, and therapist will be available for advice, support and assistance.

For non-urgent medical advice, support or assistance when the medical clinic is not activated, please call the chief medical officer.

- > Dr Fabrice Leclerc: +33 642 31 56 77 from May 4<sup>th</sup> to 10<sup>th</sup>
- Dr Olivier Tricoire: +33 623 89 93 59 from May 11<sup>th</sup> to 18<sup>th</sup>





#### 6. MEDICAL CLINIC AND EQUIPMENTS

The following medical equipment will be available in the Medical Clinic:

- X-Ray Equipment Rafale B DR
- Ultrasound scanner Logiq E9 xd clear
- Defibrillator Responder AED
- ECG Mac 2000

The following medical equipment will be available in Zimmer Area:

- Physio SD Komplet
- EnPuls Pro
- Thermo TK





#### 7. IMAGING

At the venue, immediate x-ray and ultrasonography will be available

Any need of more extensive imaging will be referred to our affiliated hospital or an x-ray clinic.

Further details will be provided at the Team Medical Meeting.







#### 8. MASSAGE THERAPY

A program to allow athletes to have access to massage therapy has been set up for the duration of the Championship.

We will have a massage therapist-osteopath available at the venue on a daily basis.

Schedule will be posted in the Medical Clinic.

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 Chief Therapist to arrange an appointment.





#### 9. ON-SITE PHARMACY

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

Contact information for a local 24-hour pharmacies is included in the Appendix of this manual. Prescription from any medical doctor, belonging to EU, is valid in France

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





#### **10. DENTAL SERVICES**

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

- repositioning of a 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 on-call private dental clinic or hospital if more extensive treatment or radiographs are indicated.





#### 11. PRACTICE SESSIONS

ECMO and physiotherapist will be on site during all practices sessions to manage any injury or illness requiring transport to hospital

In any emergency situation, on-call ambulance will be on site within a 10 minutes maximum delay

AED and emergency supplies will be available in the Medical clinic.





#### 12. SPECTATORS & OFFICIALS

Separate first aid staff and clinic for spectators are open on site. 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.

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, or to a hospital emergency department in more urgent situations.





#### 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.

The host therapist will be available to assist with following these protocols.





#### 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.





#### 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.

Team staff shall follow the IIHF concussion protocol in the event of a concussion. Concussion protocols will be reviewed at the Team Medical Meeting.

The Team Physician shall consult the IIHF Medical Supervisor. In case of disagreement about the return on ice the IIHF Medical Supervisor will inform the Directorate Chairman.



## V. EMERGENCY ACTION PLAN (EAP)



#### 1. PRIOR TO THE GAME

Either the duty physician or host therapist will meet with the team physician 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 signal etc.)

These protocols will also be reviewed during the Team Medical Personnel Meeting on May 4<sup>th</sup>



## V. EMERGENCY ACTION PLAN (EAP)



#### 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 (crossed hands over the head). 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 (Emergency Action Plan - Appendix )

Ambulance and intensive care physician, 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 shall participate in an on-ice demonstration of the removal of an injured athlete prior to the start of the Championship (after test game on 4<sup>th</sup> of May)



## V. EMERGENCY ACTION PLAN (EAP)

## 2017 ICE HOCKEY WORLD CHAMPIONSHIP GERMANY-FRANCE Cologne - Paris

#### 3. LOCATION OF AED

- One in Medical Clinic
- One with ECMO
- One with the ambulance and emergency physician
- One between player's benches



## VI. DOPING CONTROL



The IIHF, with the support of the AFLD, will administer the doping control program in accordance with the guidelines of the World Anti-Doping Agency. 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:

- IIHF rules and procedures that will be in place during the championship.
- 2017 WADA prohibited list
- Risks associated with supplement use
- Therapeutic use exemption (TUE) requirements
- > 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 as soon as practical. 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 2017 WADA prohibited list that came into effect January 1, 2017



## VII. APPENDIX



- Contact and Local Medical Information
- 2. WADA Code <u>www.wada-ama.org</u>
- 3. WADA List of Prohibited Substances <a href="www.wada-ama.org/en/prohibited-list">www.wada-ama.org/en/prohibited-list</a>
- 4. IIHF Injury Definition
- 5. IIHF Injury Report Form
- 6. IIHF IRS Form



## **MEDICAL PERSONNEL PARIS CONTACT LIST**

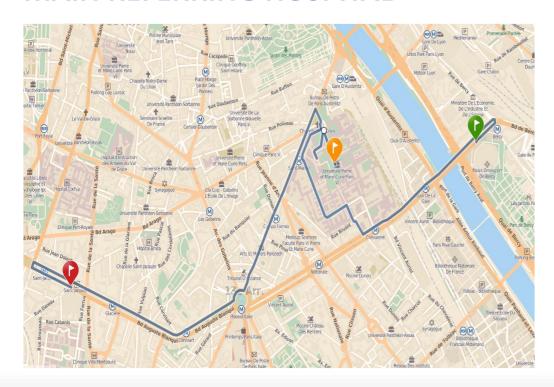


FUNCTION	NAME	EMAIL ADDRESS	PHONE NUMBER			
IIHF MEDICAL SUPERVISOR	Dr Markku Tuominen	markku.tuominen@medisport.fi				
IINF WEDICAL SUPERVISOR	Dr Mark Aubry	markaubry@rogers.com				
MEDICAL SERVICE COORDINATOR (MSC)	Dr Fabrice Leclerc	fabrice.leclerc@wnadoo.fr	+33 6 42 31 56 77			
EVENT CHIEF MEDICAL OFFICER	Dr Olivier Tricoire	otricoire@gmail.com	+33 6 23 89 93 59			
EVENT CHIEF MEDICAL OFFICER	Dr Fabrice Leclerc	fabrice.leclerc@wnadoo.fr	+33 6 42 31 56 77			
CHIEF DENTAL OFFICER (CDO)	Dr Eric Dopff	ericdopff@yahoo.fr	+33 6 08 94 29 08			
CHIEF THERAPIST	Laurent Wadoux	laurentwadoux@orange.fr	+33 6 48 03 69 20			
ORTHOPEDIC SURGEON	Dr Willy Schmidt	wschmidt@orange.fr	+33 6 48 03 69 20			
OKTHOPEDIC SURGEON	Dr Jean-Louis Tricoire	jean-louis.tricoire@wanadoo.fr	+33 6 85 32 42 52			
RADIOLOGIST	Dr Etienne Pluot	etienne.pluot.cch@live.fr	+33 6 81 51 04 92			
KADIOLOGISI	Dr Henri Guerini	henri.guerini@gmail.com	+33 6 29 78 92 96			
NURSES	Morgane Getenet	getenet.mogane@hotmail.fr	+33 6 75 92 67 22			
NUKSES	Juliette Ropert	ropertjuliette@gmail.com	+33 6 62 35 27 75			
DUADMACY	Ph	Pharmacie Bastille 24/7 6 boulevard Lenoir 75003 Paris				
PHARMACY		+331 47 00 49 44				



## **MAIN REFERRING HOSPITAL**



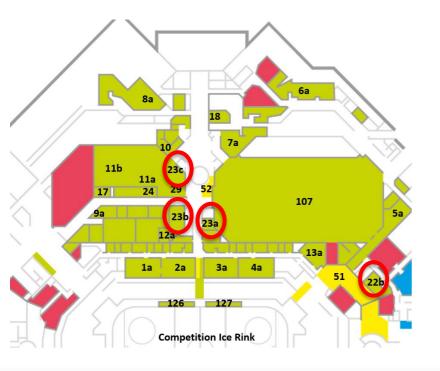


Hôpitaux universitaires La Pitié Salpêtrière (APHP) 47-83 BOULEVARD DE L'HÔPITAL - 75013 PARIS 01 42 16 00 00



## **ARENA MAP**





- 1a. CZE Dressing Room
- 2a. BLR Dressing Room
- 3a. NOR Dressing Room
- 4a. SUI Dressing Room
- 5a. FRA Dressing Room
- 6a. SLO Dressing Room
- 7a. CAN Dressing Room
- 8a. FIN Dressing Room
- 9a. Team Services Room
- 10. Team Laundry Room
- 11a. Team Stretching Area
- 11b. Team Warm-Up Area
- 12a. Team Uniform Service
- Centre Office
- 13a. Referees & Linesmen Dressing Room

- 17. Off Ice Officials Room
- 18. Team Skate Sharpening & Equipment Room
- 22b. Anti-Doping Control Room
- 23a. Medical Clinic
- 23b. Physio Room
- 23c. Zimmer Room
- 24. LOC Competition Office
- 29. Players' Lounge
- 51. Mixed Zone Main Rink
- 52. Mixed Zone Practice Rink
- 107. Training Ice Rink
- 126. Team Bench 1
- 127. Team Bench 2



## **IIHF INJURY DEFINITION**



An injury is considered resportable if a player misses a practice or a game because of an injury sustained during a practice or game.

The player doesn't return to the play for the remainder of the game following the injury:

- all concussions
- any dental injury
- any laceration which requires medical attention
- all fractures





IIHF Championship: \_\_\_\_\_

National Association:		
Date://	(dd/mm/yy)	
Using this form, please report if there were any in team during the above-mentioned day during the there were no injuries sustained by players on a injury was sustained during this day then an IIII the IIHF Medical Supervisor or, in his absence, injury sustained.  Please check (*) the appropriate box below. Pl	is IIHF Championship. We v your team during this day o IF Injury Report Form must to the IIHF Directorate Chair	would ask that you also report if this IIHF Championship. If and be completed and submitted to man providing the details of the
sustained if you check article 'A'.		
Injury Report		(✓)
A. During this day there were injuries (number)		
B. During this day there were no injuries sust		
Team Physician/Medical Representative:		
,	(print name)	
Signature:		
Date:		





#### 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
- The player doesn't return to the play for the remainder of the game following an injury
   All concussions
- Any dental injury
- 5. Any laceration which requires medical attention
- 6. All fractures

Country:			IIHF Cha	impionship:				Date of injury: D	N		Υ	_	
Zone of Injury A  1. No contact with b  2. Contact with boa	ooards Mi rds inj	ne of Injury B ark the area on the ury occured. ste that Home and entify offensive and	Visitor ends a	re marked to		1 1 3 4	NEUTRAL ZONE	4 TACKING ZONE  9	1. wa 2. 1st 3. 2nc playir Situat	d ng time: tion Strength r Play	4/4 3/3 5/4	off-ice on-ice ty Killing Goalie 1. Yes 2. No	4/5 3/5 3/4
Source of Diagnosis						Player inform		Dx/assessment:		Cause of injur		2. NO	
1. Medical Doctor  Side / Body part:  1. N/A 2. Left  1. Head 2. Face 3. Neck 4. Throat 5. Jaw/Chin 6. Teeth/Mouth 7. Eye 8. Ear 9. Clavicle  Dental:  Knee:	10. Shoulder 11. Scapula 12. Upper arm 13. Elbow 14. Forearm 15. Wrist 16. Hand 17. Thumb 18. Fingers Mouthguard? Custom made?	19. Che 20. Abc 21. Kidi 22. Upp 23. Low 24. Coc 25. But 26. Pet 27. Gro	a separate for st formen neys ner Back vere Back very tocks vis in	28. Genitals 29. Hip 30. Thigh 31. Knee 32. Leg 33. Ankle 34. Foot 35. Toes 36. Other: 2. No 2. No		1. Age 2. Height (cm; 3. Weight (kg; Position: 1. Centre 2. Wing 3. Defence 4. Goalle Nature of inju 1. Acute		1. Contusion 2. Sprain (Ligament) 3. Strain (Muscle-Tendon) 4. Laceration 5. Dislocation/Subluxation 6. Fracture 7. Neurotrauma/Concussic 8. Other		1. Type of Che a. Body Che b. Check fro c. Check to 2. Stick Conta 3. Puck Conta 4. Unintendec 5. Fighting 6. Non-Contac 7. Skate 8. Other: Was a penalty 1. Yes 2. No	cck com Behind the Head ct ct ct d Collision ct 7 Called on th	e Play? nin. ! min !0 min	
Shoulder:	Grade:	PCL 3. MCL  1  opriate structure in	4. LCL 2	5. Meniscus 3	6. PF*	Diagnosis: ICD-code	DG:				ask shield cage		
S. Codiuci .			humeral	3		PF= Patellofe	moral, Kneecap	AC= Acromioclavicular Jo SC= Sternoclavicular Joint		2. Visor 3. None	_	=	



## THANK YOU!!

