**IIHF CHAMPIONSHIP PROGRAM**

**Pre-Event Medical and Nutritional Questionnaire**

Please complete the following questionnaire and have it returned electronically to the IIHF office in Zürich, Switzerland or to the IIHF Medical Supervisor assigned to your Championship, **two months** prior to the start of the IIHF Championship.

**CHAMPIONSHIP: 2021 IIHF**

**LOCATION:**

**DATES:**

**OC Office Contact (Name):**

**Phone:**

**E-Mail:**

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

Name:

Telephone:

E-mail:

**2. Please describe the medical service for IIHF officials, staff and media:**

Physician at event hotel: Yes \_\_\_ No \_\_\_

Physician on-call: Yes \_\_\_ No \_\_\_

Others (please describe):

**3. Is the Medical Clinic 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 \_\_\_

**4. Is the Medical Clinic fully equipped according to IIHF Medical Regulations?**

Are there two or more treatment tables in the Medical Clinic? Yes \_\_\_ No\_\_\_

Is a cooler or refrigerator available in the Medical Clinic? Yes \_\_\_ No\_\_\_

Is the Medical Clinic equipped with a defibrillator? Yes \_\_\_ No\_\_\_

Is the Medical Clinic 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 of the Medical Clinic in the Medical Care Guide (to find in the IIHF Toolbox).**

**5. 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** | **Present at hotel** | **On-call** |
| Physician |  |  |  |  |
| Orthopedic surgeon |  |  |  |  |
| Physiotherapist |  |  |  |  |
| Massage therapist |  |  |  |  |
| Chiropractor |  |  |  |  |

**6. Please describe the ambulance services for the games and practices (please indicate with a check mark 🗸where applicable):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **During all games** | **During Final round games** | **During all practices** |
| Ambulance on site |  |  |  |
| Ambulance within 5 minutes |  |  |  |
| Ambulance more than 5 minutes |  |  |  |

**7. Describe the ambulance access to the main arenas and their ice surfaces**

Ambulance can drive directly ono ice surface: Yes \_\_\_ No\_\_\_

Ambulance can drive directly beside ice surface: Yes \_\_\_ No\_\_\_

Ambulance cannot enter arena: Yes \_\_\_ No\_\_\_

**8. Are the ambulances equipped with:**

Full resuscitative equipment: Yes \_\_\_ No\_\_\_

Staff trained in basic life support: Yes \_\_\_ No\_\_\_

Staff trained in advanced life support: Yes \_\_\_ No\_\_\_

Portable oxygen Yes \_\_\_ No\_\_\_

Defibrillator: Yes \_\_\_ No\_\_\_

Backboard (210 cm) with stiff cervical collar: Yes \_\_\_ No\_\_\_

Is an Emergency Kit according to the Care Guide available? Yes \_\_\_ No\_\_\_

**Please find a list of all requirements of the ambulance and the emergency kit in the Medical Care Guide (to find in the IIHF Toolbox).**

**9. Do you have an Emergency Action Plan for a serious injury?**

Yes \_\_\_ No\_\_\_

**Please provide a copy of your EAP with this questionnaire.**

**10. Please describe your communication system for the Championship.**

Senior medical staff have mobile phones: Yes \_\_\_ No \_\_\_

Senior medical staff have pagers: 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 \_\_\_

Telephone number of local pharmacy:

Telephone number of after-hours pharmacy:

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

Dentist present at all games: Yes \_\_\_ No \_\_\_

Dentist present at Championship round games: Yes \_\_\_ No \_\_\_

Dentist available within 10 minutes of main arena: Yes \_\_\_ No \_\_\_

Dentist on-call after hours: Yes \_\_\_ No \_\_\_

Chief Dentist:

Telephone 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:

**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 \_\_\_

Blood / urinalysis available locally: Yes \_\_\_ No \_\_\_

**16. Is the tap water drinkable without risk of infection?** Yes \_\_\_ No \_\_\_

(If NO, please make sure there is plenty of bottled water available at games and practices as well as the hotel)!

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 sample menus from different continents in the Medical Care Guide which can be found in the IIHF Toolbox.

Please forward a copy of your proposed menu to the IIHF office! A template can be found at the end of this document.

**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 about the arena.**

Is the air quality of the arena regularly monitored? Yes \_\_\_ No \_\_\_

Is the ice resurfacing machine powered by

* gasoline? Yes \_\_\_ No \_\_\_
* propane? Yes \_\_\_ No \_\_\_
* electricity? Yes \_\_\_ No \_\_\_

Is there a no-smoking rule in the arena? Yes \_\_\_ No \_\_\_

Is there equipment for drying uniforms in dressing rooms? Yes \_\_\_ No \_\_\_

**20. Please answer the following questions regarding doping control 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 have a bed for blood sample collection? Yes\_\_\_ No\_\_\_

Does it provide a separated waiting room for 10-12 people? Yes\_\_\_ No\_\_\_

Does it have a refrigerator for sealed non-alcoholic drinks? Yes\_\_\_ No\_\_\_

Have you arranged for appropriate doping personnel? Yes\_\_\_ No\_\_\_

Have you arranged for chaperones or assistants at the event? Yes\_\_\_ No\_\_\_

**For more detailed information please refer to the document “Doping Control Station” which can be found in the IIHF Toolbox.**

Please give the name of the Medical Doping Control Station Physician in charge:

Name:

Telephone: E-mail:

**21. Please provide the following about your Safeguarding Officer for the event:**

Name:

Telephone:

E-mail:

Please review the [IIHF Abuse & Harassment Policy.](https://blob.iihf.com/iihf-media/iihfmvc/media/downloads/integrity/2021-iihf-abuse-harassment-policy-20201016.pdf)

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**IIHF Championship Nutritional Menu Sample**

Menu ideas from different continents can be found in the Medical Care Guide!

|  |
| --- |
| Name of the Hotel: |
| Hotel for (athletes/game officials etc.): |

Example of a Game Day Menu

|  |  |  |  |
| --- | --- | --- | --- |
|  | Food | Beverages | App. Kcal |
| Breakfast |  |  |  |
| Lunch |  |  |  |
| Pre-Game Meal |  |  |  |
| Post-Game Meal |  |  |  |
| Snacks |  |  |  |

Example of an Off-Day Menu

|  |  |  |  |
| --- | --- | --- | --- |
|  | Food | Beverages | App. Kcal |
| Breakfast |  |  |  |
| Lunch |  |  |  |
| Dinner |  |  |  |
| Snacks |  |  |  |

Example of Dressing Room Supplies

|  |  |  |  |
| --- | --- | --- | --- |
|  | Food | Beverages | App. Kcal |
| During Practise |  |  |  |
| During Game |  |  |  |

**PLEASE SEND THE COMPLETED QUESTIONNAIRE TO THE IIHF**