



IIHF MEDICAL REGULATIONS

These Regulations come into effect on 01 June 2022.

MEDICAL REGULATIONS

Preface

The IIHF has produced and distributed the following Medical Regulations to all IIHF member national associations to direct and guide the membership in the administrative organization and technical operation of a complete medical program at IIHF competitions.

The goal of the program is to provide for a safe and healthy environment for the operation of IIHF competitions. It is intended to protect teams and players alike.

The contents of these IIHF Medical Regulations supersede any and all previous printings of these regulations.

It is the IIHF's responsibility to provide its membership with the procedures, guidelines and instructions for the effective operation of medical programs at IIHF sanctioned competitions. This document, along with any other legislative or regulatory document references, will provide the necessary details and tools for member national associations, teams, trainers and players to operate and compete in a safe, healthy, drug-free environment.

Additional medical and health care items can be found in the contents of the IIHF Medical Care Guide. Anti-Doping rules and further information concerning doping control can be found in the IIHF Anti-Doping Code. This IIHF publication can be found on the IIHF website located at www.iihf.com.

Regulations pertaining to the organization and technical components of an IIHF championship, sport regulations, international player transfers, disciplinary procedures and the actual playing rules can be found in the respective rule and regulation documents of the IIHF. Please contact the IIHF office for clarification on any of the areas listed above or for clarification on any of the contents that follow in these regulations.

As in all other IIHF Regulations the use of the masculine gender shall refer to both female hockey players and male hockey players or other persons.

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GUIDELINES AND DIRECTIVES

1. The Medical Team and Medical Policies

1.1. The Medical Team

The Event Chief Medical Officer (“ECMO”) cannot be a physician of one of the participating teams.

The ECMO should use a number of factors in determining the size and deployment of the Medical Team.

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

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

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

For the Olympic Games, a fully functional dental chair with accompanying lighting, compressed air, water and suction must be installed in both hockey arenas.

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

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

1.2. Medical Policies

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

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

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

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

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

2. The Medical Clinic

2.1. Facilities

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

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

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

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

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

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

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

2.2. Medical Records

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

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

2.3. Consent to Treatment

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

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

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

3. Medical Support Services

3.1. Ambulance Services

Pre-Competition and Training Sites:

Ambulance services or emergency vehicle transportation must be available on-call to all training venues, event hotels, meeting sites, media centres etc. and must be arranged with the local authorities. Site and route maps, including access points to arenas, should be prepared and reviewed with the ambulance services as they may not be familiar with the training sites or access routes.

Venue personnel must be prepared to meet any ambulance or emergency personnel and escort them to the most appropriate location should they be required to assist with the removal of an injured player from the ice surface or other venue. The ECMO must ensure that this route is kept free of seats, television equipment or any other obstacle that might interfere with the safe and efficient removal of a player or official.

Ambulance services must be coordinated as a part of the overall emergency response system. The response time to all locations must be within 10 minutes.

Competition:

During the competition, all of the concerns regarding access to the venue and the ice surface, which have been noted above, must be followed. An ambulance must be at the venue during all games. If the ambulance leaves the venue at any time during competition, it must be replaced by another ambulance immediately.

This ambulance must have appropriate supplies and equipment to:

- Perform cardiopulmonary resuscitation; and
- Stabilize a suspected spinal or head injury. This would include extended backboards to deal with the large size of some hockey players.

It is strongly suggested that all personnel who might be involved with the removal of an injured player from the ice surface take the time prior to the event to practice this exercise on a number of occasions. The IIHF Medical Supervisor will request a demonstration of the removal of an injured player from the ice surface

3.2. Laboratory and Imaging Services:

While it is not imperative that these services be available on-site, except for the IIHF Ice Hockey World Championship the ECMO must ensure that both Laboratory and Imaging Services (X-ray, MRI, CT, ultrasound) are available for competing players on a priority basis.

Conditional to national laws and regulations, portable X-ray services must be available on-site at the IIHF Ice Hockey World Championship.

Full diagnostic urinalysis and blood analysis must be available through either hospital or private laboratories at all times during the competition. The teams will be responsible for any costs incurred in the procurement or analysis of any of these samples.

3.3. Spectator Medical Services:

It is necessary that a separate service be established to deal with spectator medical issues. This would include a separate first aid room and staff dedicated to the spectators. While the members of the host medical staff may be called upon to assist with an ill or injured spectator, this should not detract from their primary responsibility to the players.

3.4. Hospital Services

A full service hospital with modern equipment must be informed of the championship and prepared to treat event related emergencies promptly. The service must be available 24 hours a day. The ECMO should be the hospital liaison person with the Organizing Committee (“OC”).

4. Medications

The Organizing Committee must provide emergency medications as well as those medications that are difficult to transport. It is suggested that Team Medical Personnels carry basic medications that may be required by their players.

A suggested list of medications is included in the IIHF Medical Care Guide.

The medications kept on hand may vary considerably depending on both the size and number of teams and the duration of the event. Only a physician of the local organizing committee should dispense medications.

Only requests from the staff physicians or accredited Team Medical Personnels will be supplied. Further, Team Medical Personnels may only request medications for members of their own delegation. A record of all medications issued and distribution details must be kept.

Only an emergency supply of medications will be issued. Additional medications will need to be prescribed by the ECMO or by the staff physician to be filled at a local pharmacy at the expense of the team.

In many cases, a player or official may request a specific drug or medication for their use that is not a part of the basic pharmacy. Providing that there is a legitimate medical reason for this request, and assuming that the agent does not appear on the Prohibited List published by WADA, the medical staff may assist in procuring this medication. The team, individual or member national association should be responsible for any costs incurred in obtaining such medications. A list of available local pharmacies, along with their hours of operations, should be available.

The details relating to the administration of prohibited substances – including those for which a TUE is required – are included in the IIHF Medical Care Guide.

5. Communications

The Organizing Committee will be responsible for ensuring that an appropriate communications system is in place. Mobile telephone numbers for the medical team and the IIHF Medical Supervisor must be listed and distributed to the participating teams and the Championship Directorate.

If portable radios (walkie-talkies) are being used, the Medical staff should be included on this system. It may be prudent to assign a separate channel to the Medical team to allow them to communicate with the greatest ease.

All members of the medical staff are to be cautioned to avoid discussing any confidential medical

or player issues over any of the portable communication systems.

6. Media Relations

All members of the host medical staff are to be thoroughly trained in how to deal with various issues relating to the media:

1. No member of the Organizing Committee medical staff should speak to the media regarding any player or official from any delegation. These matters are to be directed to a team official.
2. Should a press conference be called relating to a medical issue, the IIHF Medical Supervisor or designate must be in attendance, and will determine which other personnel may be appropriate. Close coordination with the OC will take place in arranging any press conferences.
3. The IIHF Directorate Chairman must approve any press release relating to any medical issue from either the OC or the Medical Committee.
4. Media are not to be allowed in the medical areas when patients are being treated.

7. Other Issues

7.1. Medical Health and Malpractice Insurance:

Every national team must, on arrival at any IIHF competition, provide written evidence of medical insurance coverage to the Directorate Chairman in either official language of the IIHF, which will apply worldwide medical service as set out in the IIHF Championship Regulations while at the event.

The Medical Service Coordinator (“MSC”) must ensure that all members of the host medical staff (whether paid or volunteer) have adequate malpractice insurance to deal with any claims that may arise as a result of their participation in the event.

7.2. Immunization and Health Guidelines:

The ECMO/Organizing Committee must advise the IIHF through the Pre-Event Questionnaire of any pre-existing health or infection concerns, to allow the Team Medical Personnel adequate time to prepare for any problems. For example, if water quality is suspect in some areas there can be time to make alternate arrangements. As well, if there are any vaccines that should be taken prior to arrival in the country, the ECMO/Organizing Committee must make this information known to the IIHF.

7.3. Medical Licensure

It is imperative that the MSC/Organizing Committee take the time to review the medical regulations that are in place for the state, province, region or country in which the event is taking place. This will ensure that visiting “foreign” physicians will have the opportunity to treat their players without any problems.

If there is a need for the foreign physicians to apply for any “Courtesy Licensure” in order to fulfil the regulations of the host region, then the MSC/Organizing Committee must identify this fact and arrange for the appropriate documentation to be requested and received in advance of the event.

It is understood that visiting physicians will be able to perform all of the duties necessary to act as an effective Team Medical Personnel. As well, in the event of a hospitalization, arrangements could be made to permit the Team Medical Personnel access to their players, team members and

other nationals who have been admitted to hospital. This access may include the opportunity to visit their patients, review medical records with the attending physician, participate in discussions with appropriate consultants and attend any rounds or conferences, which involve the patient. It is also hoped that they would have the opportunity to attend at specialized procedures, including the operating room, with the permission and at the request of the local surgeon or physician responsible for the procedure. The MSC will also help to arrange for the transfer of the injured player back to his respective country.

The MSC/Organizing Committee must advise the visiting teams of any national regulations regarding the import or transport of any agents, medications, equipment or supplies that would be a part of the normal physician's travel kit. As an example, some countries may ban or restrict the import of all narcotic agents, and visiting physicians must be advised not to bring these agents into the country.

7.4. Blood Spill Management

There may be blood spills that contaminate the ice surface, uniforms, the bench area, the dressing rooms or the medical clinic. In all cases, proper isolation techniques must be followed in dealing with these spills. Gloves must be worn at all times to deal with any blood spills.

IIHF Rule 40 article 12 – Prevention of Infections by Blood

A player bleeding or covered by the blood of an opposing player will be considered as an injured player and must leave the ice for treatment and/or clean up. Such a player shall be permitted back to the ice surface provided that:

- The cut is completely closed and sealed with appropriate bandages
- Any blood is removed from the player and his equipment and uniform are replaced or properly cleaned

If the ice surface, ice rink facilities or any objects are stained with blood, the Referee shall ensure that the bloodstains are removed by rink personnel after the first stoppage of play.

One of the important roles of the Organizing Committee is to assist with the management and clean-up of blood spills. Gloves must be worn at all times by all personnel. Many countries now have very specific rules regarding occupational health and safety at the workplace, and often these rules are extended to the sporting venues as well.

A biohazard policy, with appropriate receptacles for contaminated material, must be established and maintained throughout the event. The policy is to be reviewed at the Team Medical Personnel Meeting prior to the event.

7.5. Arena Air Quality

Sufficient arena air circulation must be provided to meet local clean air codes in arenas where gasoline or diesel powered ice resurfacing machines are utilised.

7.6. Team Medical Personnel Meeting

It is required by the IIHF that the Organizing Committee arrange a Team Medical Personnel Meeting ("TMPM") prior to the start of the competition. In attendance should be the MSC, ECMO, CT and any other members of the host medical staff, as well as the Team Medical Personnels for

all of the competing teams, the IIHF Medical Supervisor and any senior personnel involved with doping control.

8. Final Report to the IIHF

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

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

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

9. IIHF Nutritional and Hydration Standards

The IIHF has adopted IIHF Nutritional and Hydration Standards for teams participating in IIHF competitions, which each organizer must follow in preparing meal menus at IIHF events. These menus have been designed to respect regional and cultural differences. Each hosting member national association will be provided minimum standard nutritional guidelines and suggested menus to assist organisers with food preparation for each event. Sample menus are contained in the IIHF Medical Care Guide.

By putting together meals and adjusting to energy requirements, also arranging meals to the training- and competition schedule help the performer to increase his or her capacity. A male's energy requirement is approximately 4000-4500 kcal/day, whereas a female's is approximately 3000-3500 kcal/day. For a sportsman with an energy requirement at 4000 kcal/day should energy distribution between the different nutritive substances be following: carbohydrate: 55-65 E% (2000-2600 kcal), fat: 25-30 E% (1000-1200 kcal) and protein: 10-15 E% (400-600 kcal). Energy distribution at different meals: Breakfast should provide for 20 % of the total energy requirement. Snack 5 %, lunch 25 %, snack 10 %, dinner 25 % and evening meal 15 % of the total energy requirement.

9.1 Flexible Serving Times

Because of different training and playing times, it is important to be flexible concerning meals and serving times. As some teams have early practice hours and some games end late at night the hotel must be able to serve breakfast before these practices and dinner after these games. Team schedules sometimes changes during a tournament due to change practice times, cancelled practices etc. It is therefore necessary that the hotel is prepared to meet changes of mealtimes in a short notice. It is also important that the players quickly can fetch their food, for instance by arranging a two-line system from a buffet.

9.2 Hydration

Organisers must provide at least 6 litres of bottled water per player per day during the entire competition.

9.3 Allergy/Intolerance to Certain Foods

There will be special needs, which must be accommodated for certain players on participating teams who have allergic reactions or food intolerance.

9.4 Pre-Event Medical and Nutritional Questionnaire

The Pre-Event Medical and Nutritional Questionnaire must be completed and submitted to the IIHF not less than two months prior to the beginning of the competition.

A sample of the IIHF Pre-Event Medical and Nutritional Questionnaire is contained in the IIHF Medical Care Guide.

10. IIHF Injury Reporting System

The IIHF requires all team medical personnel to fill out the IIHF Injury Report System (“IRS”) forms whenever an injury occurs during an IIHF competition.

11. International Ice Hockey Federation Concussion Protocol

11.1 Introduction

The IIHF concussion protocol has been adapted from the 2016 Zurich Consensus Statement to ensure the safety and health of the players competing in the IIHF World Championships.

11.2 Acute Evaluation/Management

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

Any player (including goalkeepers) who displays one or more of the concussion signs enumerated below, or who exhibits/reports one or more of the following concussion symptoms (either on-ice or at any subsequent time) after direct or indirect contact, shall be removed as soon as possible from the playing environment by the team medical personnel. Team personnel observing the signs and symptoms below shall report their observations to the team medical staff.

Players suspected of having had a concussion or who exhibit one or more of the concussion signs or report one or more of the concussion symptoms enumerated below shall be evaluated by a Team Medical Personnel and/or Athletic Trainer/Therapist (together when reasonably possible) in the dressing room (a distraction-free environment). In all circumstances, the Team Medical Personnel shall assess the player in person and be solely responsible for determining whether the player is diagnosed as having a concussion.

Concussion Signs (Visible)

- Lying Motionless on the Ice – a player lies motionless on the ice or falls to the ice in an unprotected manner (i.e., without stretching out his hands or arms to lessen or minimize his fall);
- Slow to get up following a hit to the head (“hit to the head” may include secondary contact with the glass, boards or ice);
- Motor incoordination/balance problems – a player staggers, struggles to get up or skate properly, appears to lose his balance, trips or falls, or stumbles while getting up, trying to get up or skating, stumbles, “rubber legs”, trips/falls, slow/labored skating);
- Blank or vacant look;

- Disorientation (e.g. unsure of where he is on the ice or location of bench);
- Clutching of head after a hit; and
- Visible facial injury in combination with any of the above.

Concussion Symptoms (Player reported)

- Headache;
- Dizziness;
- Balance or coordination difficulties;
- Nausea;
- Amnesia for the circumstances surrounding the injury (i.e. retrograde/anterograde amnesia);
- Cognitive slowness;
- Light/sound sensitivity;
- Disorientation;
- Visual disturbance; and
- Tinnitus.

Please note that the signs and symptoms of concussion listed above, although frequently observed or reported, are not an exhaustive list.

If, after the evaluation noted above, the Team Medical Personnel determines that the player is not diagnosed with a concussion, the player may return to play.

11.3 Return to Play

A player who is diagnosed with a concussion shall not return to training, practice or a game on the same day that the event occurred. In accordance with current consensus guidelines, there is no mandatory period of time that a player must be withheld from play following a concussion. The return to play decision is based on the individual circumstances of that player. A player may return to play at a time later than the day the event occurred upon: (1) complete recovery of symptoms at rest; (2) no emergence of symptoms at exertion levels required for competitive play; and (3) The player has been judged by his/her Team Medical Personnel to have returned to his neurocognitive baseline (i.e. information processing, memory, reaction time, etc.)

The Team Medical Personnel may consult with the IIHF Medical Supervisor during the IIHF World Championship, but the Team Medical Personnel or ECMO (if no Team Medical Personnel is present) will make the final decision on return to play. If the IIHF Medical Supervisor does not agree with the decision of the Team Medical Personnel, he will communicate with the IIHF Directorate Chairman.

The IIHF Directorate Chairman, IIHF Medical Supervisor, Team Medical Personnel and player will then have a discussion regarding the ability to return to play. The Team Medical Personnel will then make the final decision on return to play. The team will sign a waiver assuming the risks associated with allowing the player to return to play against medical advice.

12. Pre-Season Medical Examination Standards

The IIHF has adopted a set of minimal standards to be employed in pre-season medical examinations. Such minimal standards include recommendation of the following four step medical examination:

1. A detailed personal and family history profile of each player, with special emphasis on the cardiovascular system as detailed by the 1996 American Heart Association guidelines;

2. A complete medical physical examination, again emphasizing the cardiovascular system, including a written report signed by the examining physician;
3. The finding of any abnormality or sign in the history or physical examination will immediately require further investigation, which will necessarily include an electrocardiogram, and may involve an echocardiogram and a stress test; and
4. For any player reaching the point in his development where he will be embarking on a career in ice hockey, it is strongly recommended that an electrocardiogram should be a requirement of his pre-participation examination.