



IIHF Medical Care Guide

Operational Recommendations for Host
Organisers of IIHF Championships and
Events

March 5, 2008 Edition

IIHF Medical Care Guide

Preface

The International Ice Hockey Federation (IIHF) is pleased to introduce the IIHF Medical Care Guide, to be used by organisers and medical personnel in the preparation of a complete medical program at all IIHF events. The guide is designed to provide medical care details, recommendations and instructions for the effective operation of medical programs at ice hockey competitions and championships, and allow leagues, clubs, teams and players to compete in a safe and healthy environment.

The goal of the IIHF is to create a safe and healthy environment for the operation of our sport. This IIHF Medical Care Guide is intended to provide the necessary medical information to ensure the health and safety of the athletes and officials in the sport of ice hockey.

The contents of the IIHF Medical Care Guide represent a compilation of the medical programs, procedures, research and information that have been developed by the IIHF in cooperation with various medical experts around the world.

The IIHF Medical Care Guide contains five sections: Championship Care Guide; Life Threatening Emergencies; Injury Reporting; Concussion in Sport that includes the Agreement Statement of the Concussion in Sport Group; and Doping Control, with the current IOC List of Prohibited Substances and Methods.

The Championship Care Guide will help the organiser and the IIHF to meet the medical needs of the athletes and officials participating in a championship.

The Life Threatening Emergencies section provides information on the types of critical situations that may arise in the course of an ice hockey game. The information will help health care personnel recognise these emergencies and allow them to react in a quick and effective manner.

The Injury Reporting section provides the documents that are used in the recording of injuries at IIHF event (IRS form) and the spinal injuries that occur in the ice hockey countries of the world. The analysis of this data will allow the IIHF to generate recommendations to keep the sport safe for all its participants.

The Concussion in Sport section highlights the agreement statement that was developed by the Concussion In Sport Group, which was brought together from the Second International Symposium on Concussion in Sport held in Prague in November 2004.

The Doping Control section deals with the WADA Prohibited List in place for the current year and is updated on a yearly basis.

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1.0 CHAMPIONSHIP CARE GUIDE

The IIHF Medical Regulations have been updated to provide detailed information on how to prepare a medical program for an IIHF competition. This section will outline the necessary steps that organisers must follow to provide excellent health care and safety for all athletes at all IIHF competitions and championships.

1.1 PRE-EVENT MEDICAL QUESTIONNAIRE

The Pre-Event Medical Questionnaire has been created to provide the IIHF with details concerning the competition's medical program. The Chief Medical Officer or designate must fully answer all of the questions and return the completed questionnaire to the IIHF office (one questionnaire for each site) at least two months prior to the event. The information will be forwarded to the IIHF Medical Committee, IIHF Directorate Chairman, IIHF Medical Supervisor and the physicians of the competing teams.

This information will assist the IIHF and the organizer in providing the best possible health care for all participating athletes.

Pre-Event Medical Questionnaire

CHAMPIONSHIP: _____

LOCATION: _____

DATES: _____

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

Name: _____

Telephone:

Home - _____ Business - _____

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 _____

Other (please describe) _____

3. Is the first aid room in the arena:

Directly beside the ice surface: _____ Yes _____ No _____

More than 50 meters from the ice surface: _____ Yes _____ No _____

In a different building: _____ Yes _____ No _____

4. Is first aid room fully equipped according to IIHF Medical Regulations?

Yes _____ No _____

Is the first aid room equipped with a defibrillator? _____ Yes _____ No _____

Is the first aid room equipped with resuscitative equipment? _____ Yes _____ No _____

5. Is there a telephone in the first aid room?

Yes _____ No _____

6. 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				

7. 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			

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 with cervical collar	Yes	No

9. Describe the ambulance access to the main arenas and their ice surfaces:

Ambulance can drive directly onto ice surface:	Yes	No
Ambulance can drive directly beside ice surface:	Yes	No
Ambulance cannot enter arena:	Yes	No

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

Yes _____ No _____

11. 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

12. 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: _____

13. 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: _____

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

Name of primary hospital: _____

Distance from main arena: _____ minutes

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 _____

If YES, please forward a copy of your proposed menu 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 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 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 refrigerator?	Yes	No
Does it have a private washroom?	Yes	No
Have you arranged for appropriate doping personnel?	Yes	No
Do you have a National Anti Doping Organization in your country?	Yes	No
Have you arranged for a doping control officer at the event?	Yes	No
Have you arranged for escorts or assistants at the event?	Yes	No

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

Name: _____ Tel. #: _____ E-mail: _____

PLEASE SEND THE COMPLETED QUESTIONNAIRE TO THE IIHF OFFICE

1.2 EMERGENCY ACTION PLAN (EAP)

An emergency action plan is necessary in all Championships to plan and prepare for emergency life threatening medical situations. The Emergency Action Plan must be implemented at the IIHF Championship and needs to be discussed at the Team Medical Personnel meeting prior to the Championship.

The three steps of the overall emergency response system:

1. Doctor at every on-ice practice and game:

- On-site clinic (First Aid Room)
- Emergency kit equipment is present on-site.

2. Ambulance:

- Standby or on-call 24 hours (the response time must be within five minutes for games and 10 minutes for practice). The ambulance must be staffed and equipped to:
 - perform cardiopulmonary resuscitation
 - stabilize a suspected spinal or head injury
 - treat life-threatening injuries
- An emergency evacuation plan must be set up in order to evacuate the athlete in a prompt and efficient manner after a serious accident on the ice.

3. Hospital Care:

- General surgery, orthopaedics, dentistry, etc.
- Complementary services (MRI, CT, laboratory, etc.)

First Aid on the Ice

The team physician or therapist/trainer is designated to provide first aid on the ice.

The team physician or trainer signals with arm(s) extended in an overhead fashion for help from the host physician in the case of a serious emergency on the ice.

The event physician takes over the care and responsibility of the athlete.

Evacuation Plan

An evacuation plan should be discussed before the event to allow easy access by the event medical team to the ice and removal of a player with spine board from the ice to the first aid clinic and ambulance.

Security

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

Emergency Fire Escape

- Good orientation system at the arena
- Emergency exits

Emergency Telephone Numbers

On-site:

Doctor A (Medical Services Coordinator)
Doctor B (Event Chief Medical Officer)
Doctor C
On-site clinic

Off-site:

Rescue Ambulance
Police
Fire
Hospital
Dentist

1.3 EMERGENCY KIT

The emergency kit represents a checklist of the equipment and supplies needed to manager serious or life-threatening incidents. The kit should be present at the rink side in order to allow rapid use for life-threatening injuries.

- A full oxygen tank complete with ventilation mask, nasal cannulae and tubing
- Potable suction apparatus
- Oral and nasopharyngeal airways
- Laryngoscope
- Endotracheal tubes
- Ambu bag
- Cricothyroidotomy kit
- Surgical tracheostomy kit with knife, forceps, hook and scissors
- Backboard (210 cm) with stiff cervical collar
- Intravenous fluids and infusion and venipuncture equipment
- Automatic External Defibrillator (all Championships)

- Eye kit with eye solutions and patches
- Suture tray with latex and non-latex gloves, suture material, needle carrier, syringes, forceps, scissors, antiseptic solutions and Xylocaine with and without epinephrine, sterile gauze pads, steri-strips
- Assorted sterile and non-sterile gauze bandages, triangular bandages, tensor bandages of different sizes, heavy-duty scissors, splints and plaster.

1.4 FIRST AID CLINIC SUPPLIES

The first aid kit can act as a checklist for equipment, supplies and emergency medications in preparation for a championship.

Diagnostic Instruments:

- Blood pressure cuff
- Sphygmomanometer
- Stethoscope
- Oto/ophthalmoscope
- Reflex hammer
- Tuning fork
- Neurological pinwheel
- Ear syringes
- Nasal specula
- Thermometer
- Penlight
- Tongue depressor
- Vaginal specula

Orthopedic Supplies:

- Casting material - plaster of paris, fiberglass
- Stockinette
- Spine board (210 cm)
- Stiff and soft cervical collar
- Universal knee immobilisers (Zimmer splint)
- Aircast ankle splint, brace
- Elastic tensor bandages, 7.5 cm, 10 cm, 15 cm.
- Portable massage table
- Crutches - large, medium, small
- Triangular bandages
- Figure 8 strap
- Splints - finger, arms, legs
- Athletic elastic tape, elastoplast - 2.5 cm, 5 cm, 7.5 cm
- Under wrap (pre-wrap)
- De-adhesive spray
- Tape cutting scissors

First Aid Supplies:

- Ice/ice container
- Plastic bags
- Antiseptic solutions (Hibitane, Betadine)
- Alcohol preps or swabs
- Sterile and non-sterile latex gloves
- Suture tray with sterile dressings and instruments
- Sutures (absorbable and non-absorbable - 3-0, 4-0, 5-0, 6-0)
- Suture glue
- Steri-strips
- Suture removal kit
- Scalpel with blades - 10, 15
- Sterile and non-sterile gauze dressing - 2x2, 4x4
- Telfa pads
- Kling dressing gauze roll - 3", 4"
- Syringes - 3 ml, 5 ml, 10 cc, 20 cc, 50 cc without needle
- Needles - 18g 1.5; 21g 1.5; 25g 1.5; 27g 1.5
- Pill envelopes
- Urinalysis strips
- Nail clippers
- Bandages, band aids, butterfly, elastoplasts
- Water and kidney basin
- Eye patch
- Nasal packing

Office Supplies:

- Prescription pads
- Injury/illness forms (medical records)
- IIHF IRS forms
- Treatment forms
- Referral forms
- WADA Prohibited and Restricted Substance list
- Compendium of Pharmaceuticals and Specialties (CPS)

1.5 PHARMACEUTICAL SUPPLIES

Emergency Medications (suggested quantities in brackets):

- Epipen or injectible epinephrine 1:1000 - prohibited substance (2)
- Nitroglycerine spray 0.4 mg, tablets 0.3 mg (1)
- Dextrose 50% solution 50 ml (2)
- Glucose oral solution (3-4)
- Xylocaine 1%, 2% with/without epinephrine (1 of each)
- B-2 agonist inhaler (Ventolin) (restricted, banned if given IV or po) (2 inhalers)
- Lidocaine 100 mg/10 ml
- Atropine 0.5 mg/ml
- Verapamil 5 mg/2 ml
- Clemastin 2 mg/ml (or other antihistaminic IV)
- Metoclopramide 10 mg/2 ml (or other antiemetic IV)
- Diazepam 10 mg/2 ml (or other anticonvulsive)
- Hyoscinbutylbromid (Buscopan) (or other spasmolytic IV)
- Metamizol (Novamin) (or other non-opiate anagetic IV)
- Theophylline 250 mg/10 ml
- Haloperidol 5 mg/ml
- Na-Bicarbonate 8.4% 100 ml
- Ca-Chloride 10 mg/100 ml
- Oxyprocaine eyedrops

Basic Medications

- Antihistamine (Benadryl) (20-30)
- Analgesic (Acetaminophen) (100)
- Non-steroidal anti-inflammatory (Motrin) (100)
- Muscle relaxant (60)
- Antibiotics (broad spectrum) (30-60)
- Antibiotic cream (Polysporin) (3-4 tubes)
- Antacids (1-2 bottles)
- Antiemetic (Gravol) (30)
- Antidiarrheal (Imodium) (30-60)
- Spasmolytics (30)
- Nasal decongestant sprays (Otrivin) (2)
- Antibiotic and anti-inflammatory eye and ear drops (2-3)
- Throat lozenges (100)
- Corticosteroid creams (Cortate, Betamethasone) (3-4)
- Antitussives (Dextromorphan) (small sample bottles)

Any medications that are on the IOC Prohibited or Restricted Substances list must be properly identified and, if possible, stored separately from all other medication.

1.6 INJURY FORM

Championship: _____ Country: _____

Date: _____

Athlete's Name: _____

Country: _____

HISTORY: _____

Medication: _____

Allergies: _____

Past History: _____

PHYSICAL EXAM: _____

DIAGNOSIS: _____

TREATMENT: _____

XRAY: _____

Physician's Name: _____

Signature: _____

1.7 NUTRITIONAL REQUIREMENTS

A nutritious diet is a key element in performance.

International Ice Hockey Federation competitions are held in many countries and the participants come from all hockey-playing nations. The players need to have familiar and appropriate food choices to optimize their ability to perform.

Nutrition experts and the IIHF Medical Committee have developed these recommendations to help the host nation and the hotels serve the competing teams a diet of familiar, varied and nourishing food. Organizers must ensure that the host hotels provide adequate amounts of appropriate food for the players. As well as ensuring adequate hotel meals, organizers must be sure appropriate fluids and snacks are available at the training and competition venues.

Cultural sensitivity during menu planning will allow teams from different countries to find familiar food at times when they would usually eat. The common elements from sample menus for Asia, Europe and North America have been listed under the general headings such as “fluids” and “self-serve foods”. A few examples of meal plans and cultural foods have been included to provide organizers with an understanding of differences between North American, European and Asian food preferences.

1.7.1 HOTEL REQUIREMENTS

Please also see Appendix 8.

Flexible Serving Times

Athletes require food at specific times before and after their practices and games. Each team will have a different practice and game schedule.

- Each team should have a hotel contact that is responsible for the team’s meal schedule and other food-related concerns. The team must be able to contact this person easily if there is a change in the team’s program.
- Meal times must be flexible. The hotel must be able to serve breakfast before early morning practices and dinner after late evening games.
- Team schedules sometimes change during a tournament. The hotel must be prepared to meet mealtime changes at short notice. Each team will need to know which hotel employee to contact to change their meal schedule.

Meals must be timed to games and practices:

- A hot and cold breakfast buffet must be available every morning. In case of an early practice or game, the buffet must be available at an earlier time.

- Players will need a pre-game meal three to four hours before their game and, perhaps, a snack one to two hours before their game or practice.
- Players need meals or snacks served shortly after practices and games.
- Players have little time to eat. Buffet tables with two lines (or other strategies to deliver food quickly) are essential.
- Players may need portable meals and fluids that can be taken to the training or competition site.

Special considerations:

- Allergy/intolerance to specific ingredients or foods:
 - Players may require special dishes because of reactions to some food(s).
 - A hotel contact person must be able to tell the players exactly what is in each dish.
- Vegetarian eating patterns:
 - Players/teams may request vegetarian meals.
- 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 help organize special needs.

Energy Requirements and Energy Distribution for Meals

Athletes require more food than most hotel guests. Tournament organizers must ensure that an appropriate amount of food is available.

- Every player's energy and nutritional requirements must be met. A male hockey player's energy requirement is approximately 4000 - 4500 kcal/day, whereas a female's is about 3000 - 3500 kcal/day.
- The meal schedule must be adapted to the training and competition schedule. The meal schedule should include two or three snacks as well as breakfast, lunch and dinner.
 - Breakfast should provide for about 20 percent of the total energy requirement.
 - Morning, afternoon and evening snacks should provide 5 - 15 percent (per snack).
 - Lunch and dinner should each provide about 25 percent of the energy required.

The energy distribution from different nutrients should be:

- Carbohydrate: 55 - 65 percent of energy intake (for 4000 kcal/day, carbohydrate equals 2000 - 2600 kcal)
- Fat: 25 - 30 percent of energy intake (1000 - 1200 kcal) and

- Protein: 10 - 15 percent of energy intake (400-600 kcal).

Fluids

Athletes require large amounts of fluids. Ensure that the selection can accommodate cultural differences.

- Bottled water must be available during and between meals.
- A choice of fluids must be offered at every meal:
- Fruit and/or vegetable juice
- Pasteurized, low fat (0 - 2 percent fat) milk and/or milk-based drinks (chocolate milk, yogurt drinks, milkshakes, etc.)
- Soy beverages
- Sport drinks
- Soft drinks
- Hot beverages such as coffee, tea(s), oolong tea, Japanese green tea, and hot chocolate, etc.

Preparation Considerations

- Serve at least two entrée choices; at least one should be a dish to accommodate cultural differences.
- A salad and soup should be served at every meal.
- A pasta dish should be available at every meal.
- Use minimal fat in preparing the food.
- Serve sauces and gravy 'on the side'.
- Limit foods that cause gas (such as cabbage).
- Use few spices in the food preparation; allow athletes to add their own spices.

General Foods for Meals

Carbohydrate Sources:

- Grain products and pasta are the main sources of carbohydrate:
 - Breads, rolls, flat breads, bagels, crackers, porridge, cold cereal, noodles, rice, pasta, muffins, pancakes, crumpets
- Vegetables and Fruit
- Fresh, canned and dried fruit
- Starchy vegetables such as potatoes, yams, sweet potatoes
- Legumes
- Dried peas, beans, lentils, chickpeas, peanuts

Protein Sources:

- Meat, poultry and fish
- Beef, pork, chicken, turkey, ham, lamb, sliced meat, fish, egg dishes
- Legumes
 - Soy, dried peas, beans, lentils, chickpeas
- Nuts and nut butters (these protein sources contain substantial fat).
 - Peanut butter, other nut butters
- Milk Products
 - Yogurt, low-fat milk, low fat cheeses.

Self-Serve Foods Available at All Meals and Snacks

- Fluids (cold and hot) - water, milk, juice, soy beverage, sport drinks, etc.
- Breads - whole grain (wheat, rye, etc.) and white bread, rolls, flat breads, bagels, crackers, low fat cookies, granola style bars, etc.
- Spreads - butter, margarine, jam, nut butters, mayonnaise, ketchup
- Fruit - fresh, canned and/or dried (oranges, bananas, apples, pineapple rings, fruits in season, raisins, etc.), fruit salad
- Salad buffet: (fresh peeled vegetables, salad greens such as lettuce, sliced tomato, sliced cucumber, sweet peppers, grated (white) cabbage, grated carrots, broccoli, radish, cauliflower, maize/corn, onion, beans, chickpeas, low fat cottage cheese, pickles, sour pickled gherkins, Asian laver, seaweed, etc.)
- Salad dressings - a choice from different cultures
 - European suggestions - Vinaigrette sauce, Rhode Island sauce and Herb Garden sauce
 - Asian suggestions - non-oil, French, Japanese, mayonnaise
 - North American - lemon wedges, oil and vinegar, Italian, Thousand Islands, Ranch dressing
- Condiments - mustard, relish, ketchup, soy sauce
- Sandwich fillings - ham, chicken, turkey, beef, sardines, salmon, tuna, hard cooked eggs, cheeses, etc.
- Yogurt, milk puddings, etc.
- Soup

Breakfast - Self-Serve Foods

In addition to the choices of fluids, breads, spreads, fruit, etc., breakfast should include a hot and cold buffet. A toaster should be available. The cold buffet should include:

- Various breads
- Cold cereal (wheat flakes, muesli, corn flakes, brown rice flakes, etc.)
- Dried fruit to add to cereal
- Nuts and seeds to add to cereal

Breakfast - Hot Foods

- Hot porridge (oatmeal, semolina, rice, etc.) and/or pancakes (syrup on the side)
- Boiled, poached or scrambled eggs
- Meat - ham, sausage, bacon

Lunch and Dinner

In addition to the choices of fluids, breads, spreads, fruit, etc., lunch and dinner should include a hot buffet. (For detailed menu ideas see 1.7.3 Menu Ideas from Different Continents.)

- At least one soup at each meal
- At least one type of salad
- At least two carbohydrate choices - pasta (at all meals) and rice or potato, etc.
- Two or more steamed, baked or boiled vegetables - one may be part of a cultural dish such as stir-fried beef, green pepper and bamboo shoots
- At least two meat, poultry or fish choices
- At least one pasta sauce

1.7.2 TRAINING AND COMPETITION VENUE REQUIREMENTS

Because it is important to re-hydrate and eat as soon as possible after a game or practice, fluids and snacks must be available at the arena.

Teams will need access to refrigeration for fluids and foods carried from the hotel or grocery stores.

Bottled water and sport drinks need to be made available in large quantities at training sites and competition venues.

Fluids

- Bottled water
- Sport drinks
- Juices - fruit and vegetable
- Low fat (0 – 2 percent) milk, soy beverages
- Hot beverages - tea, coffee, hot chocolate, soups, etc.

Snacks

- Yogurt
- Sandwiches
- Bread rolls, bagels, crackers, flat breads
- Fruit
- Energy bars - granola bars, fruit bars
- Low fat cookies

1.7.3 MENU IDEAS FROM DIFFERENT CONTINENTS

Examples of North American, European and Asian menus are presented as samples. Breakfast cereals, fruit, juice and hot beverages have been listed under the recommendations for hotel food and fluid.

North American Menu

General Recommendations:

Breakfast

- Fruit juice or fruit
- Cereal or porridge with milk
- Eggs and ham with toast and jam or pancakes with syrup

Lunch and Dinner

- Soup and salad
- Rice or potato with a cooked vegetable and meat or poultry
- Pasta with a vegetable/meat sauce
- Fruit, yogurt, pudding or ice cream

Protein, Carbohydrate Sources:

Breakfast

Carbohydrate Sources:

- Pancakes, cereals, porridge, toast and fruit.

Protein Sources:

- Ham, sliced meat, egg dishes (prepared with little fat)
- Yogurt, low fat cheeses

Lunch and Dinner

- Soup with noodles, vegetables and meat (not creamed style) (i.e. minestrone)

Carbohydrate Sources:

- Rice, pasta, noodles, potatoes (prepared with little fat)
- Steamed, baked or boiled vegetables (sauces on the side)
- Tomato/vegetable based pasta sauces with or without meat (rather than cream based sauces)

Protein Sources:

- Broiled, roasted or poached chicken, turkey, beef and/or pork
- Bean or lentil dishes
- Yogurt, custard-style desserts
- Cheese (low fat) in limited amounts

Morning, Afternoon and Evening Snacks

Carbohydrate Sources:

- Bread or bagels to make sandwiches with a meat, tuna, salmon, egg, cheese or peanut butter
- Vegetables to add to sandwiches or to eat raw (lettuce, sliced tomato, cucumber, carrots, celery, radish, cauliflower, sweet peppers)
- Fruit
- Yogurt
- Low fat milk, fruit or vegetable juice, or sport drinks.

Protein Sources

- Sandwich meats, tuna, peanut butter, salmon, eggs

European Menu

A sample menu is presented with alternatives that can make up a nutritious balanced meal plan during a seven-day championship.

All of these choices should be offered as a buffet, so they can choose appropriate foods. A pasta dish should also be served at all meals.

Sample Day

Breakfast

- 2 portions oatmeal porridge
- 2 dl milk
- Jam or fruit, can be banana in slices or 1 tbsp. of fruit sauce
- 3 sandwiches with butter (i.e. ham, cheese, egg or sardines)
- Elective vegetable on the sandwich (i.e. tomato, cucumber, (sweet) pepper.)
- 2 dl orange; apple or grape juice
- Tea or coffee

- or 3 portions macaroni pudding
- Green salad with dressing or grated carrots
- Elective table drink

Breakfast Alternatives	Breakfast Pasta Dishes*
Oatmeal porridge	Macaroni pudding
Boiled rice pudding	Green spaghetti gratin
Semolina pudding	Pasta, ground meat sauce, cheese
Boiled egg	Pasta, sweet pepper sauce, cheese
Muesli/corn flakes and yogurt	Pasta i.e. penne, ham and (sweet) pepper sauce

Lunch

- Half roasted chicken, 3 portions boiled rice and 1.5 dl sauce
- 3 portions spaghetti with 1.5 portions (sweet) pepper sauce and grated cheese
- Green salad with dressing
- Elective table drink (i.e. water)

- or spinach soup with pasta (mixed in the soup) with bread and butter and, if the player wants, ham or cheese on the sandwich
- Elective table drink

Dinner

- 1.5 portions sausage in a sauce, 3 portions boiled rice or potatoes
- 3 portions pasta, i.e. tagliatelle, 1.5 portions ground beef sauce, grated cheese
- Green salad with dressing or carrots
- Elective table drink (i.e. water)

- or 3 dl clear vegetable soup with 1-2 cheese sandwiches (add pasta as an option in the soup)
- Bread and butter
- Elective table drink

Lunch and Dinner Alternatives

- 2 dl yogurt
- 1.5 dl muesli, 1 fruit (banana) that can be mixed into yogurt/soured milk
- 2 sandwiches with butter (i.e. ham, cheese, egg or sardines) and elective vegetable on the sandwich
- or 4 hot sandwiches (i.e. mackerel in tomato sauce and grated cheese)
- Elective table drink

- or Pancake with elective jam with an elective table drink (i.e. milk)

Snack

- 2.5 dl blueberry soup or 2.5 dl milk chocolate
- 3 sandwiches with butter (i.e. ham, cheese, egg or sardines)
- Elective vegetables on the sandwich (i.e. tomato slices and thin cucumber slices)
- 1 fruit (i.e. banana)
- Elective table drink

Snack Alternatives

- Fruit or berry cream (i.e. strawberry, blueberry or raspberry)
- Rosehip soup
- (Swedish) cheesecake

EUROPEAN SAMPLE MENU

	Lunch	Dinner
Soup Alternatives	Spinach soup with pasta	Clear vegetable soup
	Fish soup	Minestrone soup
	Tomato and pasta soup	Hot ground meat soup
	Goulash soup	Spinach soup & boiled egg
Meal Alternatives Day 2	3 ground beef patties Boiled potatoes Sauce	Roasted lamb Boiled potatoes Sauce
	Pasta i.e. rigatoni Tomato sauce	Pasta i.e. spaghetti Sauce with salmon
Meal Alternatives Day 3	Boiled rice or boiled potatoes Meat and vegetable pot	Boiled potatoes Roasted fillet of pork Mushroom sauce
	Ham gratin (pasta dish made on spaghetti) Grated cheese	Elective pasta Cream sauce
Meal Alternatives Day 4	5-6 boiled potatoes Hot pot	5-6 boiled potatoes Beef with onion Sauce
	Spaghetti gratin with broccoli Tomato salad with dressing	Lasagna Tomato salad with dressing Grated cheese
Meal Alternatives Day 5	Boiled rice Pork chop with cheese and pineapple Cream sauce with mushrooms	Baked (roasted) fish in oven Boiled rice
	Macaroni gratin	Spaghetti Spinach, cheese and ham sauce
Meal Alternatives Day 6	Boiled rice or boiled potatoes Meat pot	Potato gratin Roast beef Green salad with dressing or boiled vegetables
	Gratin Bolognese	Macaroni pot Grated cheese
Meal Alternatives Day 7	Boiled rice 1/2 roasted chicken Sauce	Boiled rice or boiled potatoes Fish gratin Dessert: apple or blueberry pie with vanilla custard
	Ravioli Grated cheese	Macaroni pudding Dessert: apple or blueberry pie with vanilla custard

Asian Menu

The Asian menu is presented as a sample day menu with additional options for the other days that would make up a seven day meal plan. Staple foods form the basis of the Asian menu and the plan highlights choices that can be given with the main dishes.

General Recommendations

- One rice and one pasta choice is offered at each meal
- Three main dish choices are suggested for each meal
- A salad, pickles, or a vegetable dish, such as German potato, pumpkin gratin, or sautéed spinach and corn, usually accompany meals.

Soup is consumed with each meal. Types of soup include:

- Miso soup
- Seaweed soup
- Consommé soup
- Vermicelli soup
- Minestrone soup

ASIAN SAMPLE MENU

	BREAKFAST	LUNCH	DINNER
Staple Food	<ul style="list-style-type: none"> • Boiled rice • Gruel • Bread (2-3 Types) • Cereals (Corn flake, brown rice flake etc.) 	<ul style="list-style-type: none"> • Boiled rice • Chow mein with Vegetables • Bread (2-3 types) 	<ul style="list-style-type: none"> • Boiled rice • Penne Arabiata • Bread (2-3 types)
Main Dish	<ul style="list-style-type: none"> • Cooked Eggs (scrambled, boiled, fried) • Ham (boneless, Pastrami) • Sausages (plain, herb) 	<ul style="list-style-type: none"> • Fried chicken • Stir-fried beef & asparagus with black pepper • Gyo-za (minced pork wrapped in a small pancake and steamed) 	<ul style="list-style-type: none"> • Ginger-fried pork • Bread-crumbs coating whitefish • Cooked meat and potato
Vegetable	<ul style="list-style-type: none"> • Salad Buffet (Lettuce, cucumber, tomato, onion, corn) • Dressing (non-oil, French, Japanese, Mayonnaise) 	<ul style="list-style-type: none"> • Tossed salad (lettuce, cucumber, tomato, onion, seaweed) • Chinese greens dressed with crab starchy sauce • Pickles 	<ul style="list-style-type: none"> • Tossed salad (lettuce, cucumber, tomato, onion, seaweed) • Carrot salad • Pickles
Fruit	<ul style="list-style-type: none"> • Banana • Orange • Fruits of the season 	<ul style="list-style-type: none"> • Banana • Orange 	<ul style="list-style-type: none"> • Banana • Orange
Drink	<ul style="list-style-type: none"> • Fresh orange/ apple/ tomato juice • Milk • Yoghurt drink • Soymilk • Coffee/ caffeine-free coffee • Tea • Oolong tea • Japanese green tea • Drinking water 	<ul style="list-style-type: none"> • Fresh orange/apple juice • Milk • Soymilk 	<ul style="list-style-type: none"> • Fresh orange/apple juice • Milk
Soup	<ul style="list-style-type: none"> • Miso soup 	<ul style="list-style-type: none"> • Chinese Soup 	<ul style="list-style-type: none"> • Miso soup
<u>Other</u>	<ul style="list-style-type: none"> • Pickles • Laver 		

Additional Options for Meals:

	<u>Lunch</u>	<u>Dinner</u>
Staple Food	<ul style="list-style-type: none"> • Boiled rice • Short pasta, basil flavour • A small bowl of rice topped with boiled eggs and vegetables • Spaghetti with tomato sauce • Fried spinach and minced beef • Stir-fried rice with boiled pork • Spaghetti with meat sauce <p>A small bowl of rice topped with boiled eggs and minced meat</p>	<ul style="list-style-type: none"> • Boiled rice • Spaghetti with meat sauce • Weaten noodles with seaweed & boiled fish paste • Spaghetti with tomato sauce • Brown noodles with Yam dipped in soy soup • Chow mein with beef & Vegetables • Wheaten noodles dipped in soy soup
Main Dish	<ul style="list-style-type: none"> • Scotch egg • Chicken Stew • Stir-fried pork in the Chinese style • Bread-crumb coating whitefish with tartar sauce • Stir-fried beef & Chinese greens seasoned with oyster sauce • Sautéed swordfish with tomato sauce • Stir-fried beef, green pepper and bamboo shoot (Chinese style) • Sautéed swordfish with butter sauce • Stir-fried pork and vegetables, Chinese flavour • Boiled quail's eggs with cream sauce (ham, Chinese greens, mushroom etc.) • Stir-fried pork and Chinese vegetables • Stir-fried beef & asparagus with black pepper • Shao-mai (pork and shrimp dumpling) • Tofu steak with mushroom sauce 	<ul style="list-style-type: none"> • Grilled chicken with garlic & almond sauce • Gingered pork • Salmon broiled with soy sauce • Beef Steak • Chicken curry • Tofu served cold, Chinese flavour • Boiled chicken with cream sauce • Stir-fried shrimp and vegetables • Cooked tofu and minced meat with red pepper (Chinese style) • Beef stroganoff • Stir-fried pork and cabbage, miso flavour • Yellowtail broiled with soy sauce • Grilled chicken with pine nuts & garlic sauce • Meunière whitefish • Steamed shrimp dumpling • Roll cabbage (minced beef rolled in cabbage leaves and boiled) • Boiled tofu & crab with oyster sauce

2.0 LIFE THREATENING EMERGENCIES

This section will deal with the different life threatening emergencies that can occur during a hockey game. Airway injuries, thoracic trauma and open and closed hemorrhage can lead to sudden deterioration of the health of the athlete and possibly death if recognition of the diagnosis and rapid intervention is not instituted.

2.1 ACUTE AIRWAY INJURIES

Airway injuries occur rarely in the sport of ice hockey but these injuries can be life threatening and lead to death if prompt diagnosis and early treatment is not instituted in the arena setting.

The spectrum of airway injuries can range from a mild blow to the larynx or neck area producing hoarseness, to a sudden and complete obstruction of the airway.

The most common types of injury that compromise the airway include:

- Severe maxillo-facial trauma
- Head injury with loss of consciousness
- Laryngeal trauma
- Neck trauma
- Aspiration or inhalation injury
- Chest wall or diaphragm injury

Early recognition and diagnosis of the level of airway compromise is vital.

Symptoms and Signs

- Stridor (noisy, labored respiration)
- Tachypnea
- Aphonia or dysphonia
- Hemoptysis
- Subcutaneous emphysema
- Palpable deformity

Management

The management of an airway injury should begin with basic principles and fall into the same treatment plan as the Emergency Action Plan (EAP) with good planning, simple techniques and adequate equipment.

- Cervical spine precaution
- Chin lift
- Jaw thrust

- Oral and nasopharyngeal airways
- Endotracheal tubes
- Oxygen
- Portable suction
- Ambu bag assisted ventilation
- Cricothyroidotomy kit
- Tracheostomy kit

The Advanced Traumatic Life Support (ATLS) program defines definitive airway control as “a tube present in the trachea with the cuff inflated and connected to a form of oxygen enriched ventilation and the airway secured in place with tape”. This treatment may be accomplished by endotracheal intubation (oral or nasal route), or by surgical control of the airway (cricothyroidotomy or tracheostomy).

The indications for definitive control of the airway fall into two categories: airway protection and need for ventilation.

The technique that will be used for airway control will depend on the patient, the location (arena, hospital ER, ICU, OR), and the knowledge and experience of the personnel.

Early recognition of airway compromise and a rapid treatment plan are essential in managing this life threatening injury in the ice hockey player.

2.2 HEMORRHAGE

Severe blood loss in an ice hockey player is rare but can be a life threatening injury that requires immediate attention and treatment.

Athlete Response:

The cardiovascular training program followed by professional athletes produces a significant dynamic increase in cardiac output (6x), blood volume (15 - 20 percent) and stroke volume (50 percent). The resting pulse is often less than 60 beats per minute. The normal response to blood loss is dampened. The pulse will rise, the blood pressure will drop and the pulse pressure will narrow. The athlete will feel a sense of anxiety and weakness.

Classification:

The hemorrhage may be open or in a closed space. The open hemorrhage is obvious but the closed bleeding requires a high index of suspicion. Both forms of hemorrhage require rapid intervention.

Bleeding can become more serious if the athlete is taking aspirin or an anti-inflammatory medication.

Open:

- Venous lacerations to the major or minor venous system are impressive with their severe bleeding presentation. Often, small arterial branches are involved.
- Rapid treatment is necessary with pressure gauze directly in and on the wound. No elevation or depression of the extremity is required.
- An injury to an artery leads to a pulsatile bleeding and the same treatment can be instituted. Proximal pressure on the major feeding artery will also control the bleeding when direct pressure is not successful. Any laceration to the neck area is a critical situation and may need urgent surgical consultation and possible surgery.
- Patients with open hemorrhage will need intravenous fluids that should be started prior to their transport to the hospital. Tourniquets are contraindicated in open bleeding.

Closed:

- A closed hemorrhage can occur in the thoracic or abdominal cavity following a blow to the chest wall or abdominal area. An injury to the spleen or liver must be ruled out in all cases of trauma to the lower thoracic cage or upper abdominal area. Pain and tenderness in the upper abdominal area can signify an injury to the liver or spleen and occult blood loss in a closed environment can take place. Vital signs may even be normal before deterioration takes place.
- A high index of suspicion, transportation to the hospital and CT scan or ultrasound investigation will make the diagnosis and allow for rapid intervention.

2.3 THORACIC TRAUMA

The most frequent injury to the thorax is a fracture or contusion of the rib(s). This injury is painful but is simple to treat and return to play usually occurs within two to three weeks. Complications relating to rib fractures can be life threatening and require special attention and a correct diagnosis for proper treatment.

The complications arising from rib fractures can be manifested by the following conditions:

- Pneumothorax-spectrum
- Hemothorax
- Chest wall instability
- Underlying injuries to solid organs such as spleen, kidney, liver
- Injuries to the clavicle and sternum

Pneumothorax

A pneumothorax may range from a small pleural collection of air to a tension pneumothorax. Signs and symptoms include:

- Dyspnoea
- Decreased air entry to the affected side
- Subcutaneous emphysema
- Shift of the trachea to the opposite side in a tension pneumothorax

The principle of treatment is the reestablishment of normal pleural dynamics by the release of air with a chest tube.

Hemothorax

- A hemothorax can be an occult cause of blood loss with hypotension. Signs and symptoms include:
 - dyspnoea
 - decreased air entry
 - Dullness to percussion on the affected side
 - hypotension
- A chest X-ray will confirm the diagnosis. A significant hemothorax will require chest tube drainage and intravenous fluids.

Chest Wall Instability

- Instability of the chest wall with paradoxical breathing may occur when more than one rib is fractured or is associated with concurrent costo-chondral separation or dislocation. A hemo- or pneumo-thorax may accompany such a condition. Hypoxemia may require ventilation and severe pain may create the need for epidural anaesthesia.

Underlying Injuries

- Injuries to the thorax may also cause damage to the underlying solid organs, depending on the site of injury. The spleen, kidney or liver can be contused or ruptured with associated hemorrhage. The athlete may have a source of occult blood loss and present with only hypotension. Appropriate diagnostic tests such as a hemoglobin level, chest x-ray and CT scan will help to make a definitive diagnosis.

Injuries to the Clavicle and Sternum

- Injuries to the clavicle and sternum can also produce intra-thoracic sequelae that may be life threatening. A fracture of the sternum may cause an underlying cardiac injury ranging from commotio cordis to contusion.
- Dislocation of the sternoclavicular joint in a posterior fashion may compromise the great vessels and cause mediastinal hemorrhage from innominate veins or adjacent arteries.
- Fractures of the clavicle with displacement may injure subclavian vessels and injure the apex of the pleura.
- A fracture of the first or second rib can also cause a subclavian artery injury, especially on the left side.

Thoracic trauma can produce life-threatening injuries and a high level of suspicion is needed in cases of injury to the thorax for underlying injuries to the organs.

2.4 AUTOMATIC EXTERNAL DEFIBRILLATORS

The American Heart Association (AHA) estimates that about 350,000 people die of cardiac arrest each year. An average of 16 sudden cardiac deaths occur annually among US high school and college athletes. In 1998, the sport of ice hockey witnessed five sudden cardiac deaths in Europe, including three in Germany.

The cause of death in these athletes is usually ventricular fibrillation associated with underlying cardiovascular disease, or as a result of a blunt impact to the chest wall (commotio cordis).

The single most important determinant of survival is the time from collapse to defibrillation. Each minute of delay decreases the chance of survival by ten percent. Most patients will survive if defibrillation is achieved in less than three minutes. Few will live if the delay is longer than 15 minutes, in spite of CPR administration.

Sudden Cardiac Arrest:

Sudden cardiac arrest is a condition in which the heartbeat stops suddenly and unexpectedly. It is caused by life threatening arrhythmias or electrical disturbances in the heart's electrical system. The most common arrhythmia is ventricular fibrillation. In this condition, the heart beats so chaotically that it is unable to pump blood to the body and brain.

The sudden cardiac arrest victim first loses his pulse and then becomes unconscious. Finally, he is unable to breathe. Without immediate treatment, the victim will surely die.

There is rarely any warning. Sudden cardiac arrest is unpredictable and can happen to anyone at any time. Although heart disease is a common cause of cardiac arrest in the elderly population, most of the young victims have never had any heart problems in the past.

Early Defibrillation:

The only effective way to treat cardiac arrest is through a defibrillator, a piece of equipment that delivers an electrical shock or current to the heart through the chest. The shock interrupts the random electrical pulses, or ventricular defibrillation, and gives the heart a chance to start beating again in a normal fashion from its chaotic state. This process is called defibrillation.

Survival:

Cardiac arrest is usually reversible if defibrillation occurs within the first few minutes after collapse or loss of the pulse. The sooner the shock is delivered, the better the chance of survival. Survival can be as high as 90 percent if the victim is defibrillated during the first minute of collapse. During each minute that the defibrillation is delayed, the chance of survival from a cardiac arrest drops ten percent. For example, if the cardiac arrest (ventricular fibrillation) is not defibrillated within the first ten minutes, the chance of survival is less than two percent.

The American Heart Association introduced a model for victims of cardiac arrest, called the chain of survival, in 1990. It outlines the specific sequence of events that must happen for a victim to survive and recover from a cardiac arrest.

- Early Access - someone suspects that the victim is in sudden cardiac arrest and calls for help.
- Early CPR - a person trained in cardio-pulmonary resuscitation keeps the victims blood flow to the vital organs until defibrillation can occur.
- Early Defibrillation - a person trained in defibrillation shocks the victim as quickly as possible.
- Early Advanced Care - medical personnel provide advanced cardiac care, which can include airway support, medications and hospital services.

Studies show that the most important and critical link in the chain is defibrillation.

Automatic External Defibrillators:

An Automatic External Defibrillator, or AED, is a portable, light, easy to use medical device designed specifically for first responders with minimal training. A first responder is the one most likely to be on the scene and respond to the emergency.

The AED has a built-in computer that analyses the heart rhythm and determines if the heart requires a shock. The AED is automatic and guides the responder/operator

through a series of voice commands and screen messages about the use of the defibrillator.

Most of the automatic defibrillators are light and weigh less than four kilos. They are also relatively inexpensive (\$3,500 US). Most people can learn to use the machines within an hour. The operator turns on the AED once it is established or thought that the victim does not have a pulse. The operator then attaches the electrodes to the chest of the victim. The machine interprets the heart rhythm of the victim. The operator simply follows the voice prompts and instructions on the screen. If a shock is necessary, the voice will tell the operator to press the shock button. The AED will not allow a shock to be given unless the victim requires it.

The AED is now found in a variety of facilities: shopping malls, airports, casinos, resorts, schools and recreational facilities, including sport arenas.

3.0 INJURY REPORTING

Team physicians who participate in IIHF competitions or championships will be asked to fill out the IIHF Injury Reporting System (IRS) form whenever an injury occurs during an event and, in the case of a spinal injury, the Spinal Injury Survey form.

In order to be consistent with international norms and standards, which have been adopted by many sports in many countries, the definition of an injury will follow the standard international nomenclature. The IIHF and team physicians will only report on those injuries that follow the strict definition criteria.

3.1 IIHF INJURY REPORTING SYSTEM (IRS)

The definition of an injury in the IIHF Injury Reporting System (IRS) is:

- If a player misses a practice or a game because of an injury sustained during a practice or a game
- If a player misses the rest of the game
- All concussions
- Any dental injury
- Any facial laceration which requires medical attention
- Any fracture

Methodology

The IIHF has created the Injury Reporting System (IRS) form (see Appendix 2) that will be used at all IIHF competitions or championships. The Medical Supervisor or the Directorate Chairman of an event will request that team physicians complete the IRS form whenever an injury occurs that fits the definition criteria. The form is self-explanatory and easy to complete. The form will be given to the Medical Supervisor or the Directorate Chairman at the end of the event. Team physicians will be given the IRS

forms at the beginning of an event at either the medical meeting or the Directorate meeting. The IRS report for the event will be distributed to the national associations that participated in that event.

The forms are strictly confidential and are only given to the IIHF Chief Medical Officer after the event by the Medical Supervisor or Directorate Chairman for data accumulation. It is important to note that the form does not identify the player or the jersey number of the injured player so that confidentiality is respected.

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

The cooperation of the Directorate Chairman, the Medical Supervisor and the various team physicians is essential in making the IIHF Injury Reporting System a success.

IIHF Injury Reporting System Analysis

The IIHF Injury Reporting System has been in operation for the last four years. Team physicians, Medical Supervisors and Directorate Chairmen from the IIHF championships have been cooperative in ensuring that the injuries are recorded and brought to the attention of the IIHF Medical Committee. The information has been treated with confidentiality and no player or team has been named in the IIHF Injury Reporting summary.

A summary of the injuries with an analysis has been prepared and is presented in the appendix. This summary is presented on a yearly basis and it is hoped that this analysis will ultimately lead to the implementation of preventive measures to make the sport safer for all ice hockey players.

3.2 SPINAL INJURY SURVEY

The IIHF and the International Committee of Think First are tracking spinal injuries in the sport of ice hockey through an international survey of spinal injuries. Spinal injuries have been well documented in certain countries such as Canada, USA, Finland and Sweden, and continue to be a source of concern in the sport. This tragic and serious injury has been reported with increasing frequency over the last 20 years. Through reporting and an understanding of the various causes, implementation of rules (no hitting from behind), and the promotion of fair play and respect have led to a decrease in the number of spinal injuries.

The International Committee of Think First has reported extensively on the frequency of spinal injuries in North America, Sweden and Finland. In the past there has been a lack of reportable spinal injuries that have occurred in the other ice hockey playing countries of the world. Since its inception in 1999, the IIHF and Think First have received documentation from other countries on the occurrence of this serious injury. The IIHF and Think First need to continue to monitor the incidence of this problem and develop strategies that will prevent this injury. It is essential to determine the global nature of spinal injury in ice hockey.

The IIHF and Think First have devised a Spinal Injury Survey form (see Appendix 1) that should be used in reporting all spinal injuries that occur. The Spinal Injury Survey form should be distributed to the Chief Medical Officer (CMO) in all national associations to ensure that all spinal injuries that fit the definition outlined in the survey are reported to obtain a realistic picture of the serious nature of the problem. The IIHF will, on occasion, forward updates concerning the submission of the forms. The reporting of no spinal injuries during a season is just as important and as vital in assessing the nature of the problem.

The IIHF will continue to communicate with the national associations and the CMO's on the incidence of spinal injuries world wide so that they have a true understanding of the global nature of this injury.

4.0 CONCUSSION IN SPORT

The IIHF, in cooperation with the Federation International de Football Association (FIFA) and the International Olympic Committee (IOC), held the first International Symposium on Concussion in Sport in November 2001 in Vienna, Austria. The symposium brought together various experts from around the world in the field of concussion to discuss the basic science, research, epidemiology, neuropsychology, treatment and return to play guidelines that have been developed over the years, and endeavored to standardize and create a consensus on the various issues in concussion work. The Second International Symposium on Concussion in Sport was held in Prague, Czech Republic in November 2004 and updated the information from the first Symposium.

Following the symposia, the Concussion in Sport Group (CISG) published a consensus document. The Agreement Statement of the Concussion in Sport Group was published in the the British Journal of Sport Medicine, Clinical Journal of Sport Medicine and Physician and Sport Medicine. It highlighted the work, discussion and conclusions that were reached at the two symposia.

The CISG has agreed on a uniform set of return to play guidelines to help team physicians deal with concussions on a daily basis. It is essential that all players who suffer a concussion and all physicians who treat concussions follow the Return to Play Guidelines set out in the agreement statement. It is clear that all players who have suffered a concussion need to be removed from play and be examined by a physician. Furthermore, the players cannot return to play until they are asymptomatic and have followed the stepwise guidelines (no symptoms, light aerobic exercise, no contact, practice) before they return to play.

The CISG also felt that prevention of concussion was an important goal in all sports. Fair play, respect, proper equipment, strict enforcement of rules and, finally, rule changes, will help to decrease the incidence and magnitude of this potentially serious injury. Since September 2002, the IIHF has adopted the no head-checking rule that disallows and punishes all hits to the head area.

The Return To Play Guidelines as presented in the Agreement Statement of the Concussion in Sport Group (see Appendix 4) will assist in the application of the return to play procedure for all hockey players at all levels and in all hockey-playing countries in the world.

As an Appendix 9 we have included the SCAT Card (Sport Concussion Assessment Tool) for your use which was developed following the Second International Symposium on Concussion in Sport.. The SCAT Card will help to guide physicians in their evaluation and decisions on return to play guidelines following a concussion.

5.0 DOPING CONTROL

Doping control will take place during many of the IIHF Championships in the calendar season. Furthermore, the IIHF, in cooperation with the World Anti Doping Agency (WADA), will be conducting out of competition testing before, during and after the calendar season.

The WADA has established the WADA Prohibited List (see Appendix 5 and 6). All players participating in an IIHF competition or championship may be required to submit to doping control and this testing is carried out in conformity with the bylaws and regulations of the IIHF.

The WADA Prohibited List should be distributed to the team physicians; medical personnel and all athletes in the national association as it is updated so that all interested parties are aware of its contents. Team physicians and medical personnel need to be able to advise the athletes on the correct and appropriate choice of medications for medical problems that do not contravene the current list of prohibited substances and methods.

Many athletes are now taking over the counter products as nutritional supplements to help in their training. It is important to realize that many of these supplements contain banned substances that may not be indicated on the list of ingredients in the product. The player must be made aware of this issue and his responsibility for the use of all products and medications.

Medical exemptions to the WADA Prohibited List must be processed by way of a Therapeutic Use Exemption (TUE) application form. Please see Appendix 7 for a summary outlining the process and submission details for exemption that must be made and approved prior to participation by the athlete at any level of the sport, domestic, national or international.

Education remains the cornerstone of a successful doping control program. It is essential to educate our athletes on the detrimental effects of doping. This education should start at an early age so that minor hockey players are well aware of the consequences of doping. Fair play and respect should also be instituted in the program of doping control, as doping represents a severe form of cheating

The WADA Prohibited List should serve as an important resource guide and will help the officials, coaches, athletes and medical personnel be aware of the substances and products that are not allowed in the sport of ice hockey.