2014 IIHF MEDICAL REGULATIONS

Including
Doping Control
Regulations

May 2013

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 the IIHF Medical Regulations have been updated following the Congress decisions of the 2013 IIHF Annual Congress held in Stockholm, Sweden. The contents of these 2014 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. This IIHF publication can be found on the IIHF web site located at www.iihf.com

The Doping Control Regulations included in these Medical Regulations are of utmost importance to the IIHF and are now an integral part of the Medical Regulations. The Doping Control Regulations apply not only to Competition Organizers but to all member national associations, players and team personnel. The doping control regulations have been updated to reflect and comply with the World Anti-Doping Code. The IIHF Statutes and Bylaws state that the IIHF respects its engagements and responsibilities under the Code and that the IIHF expects, as a condition of membership, that all member national associations, players, medical and training personnel will acknowledge, respect and fulfill their respective responsibilities under the Code and the IIHF Doping Control Regulations. Any breach of these regulations shall result in the imposition by the IIHF of appropriate sanctions.

Additional relevant anti-doping materials can be found on the WADA website at www.wada-ama.org.

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

IIHF EVENT MEDICAL MANUAL

1.0 General Information

This manual has been prepared as a resource for organisers hosting an IIHF event competition or world championship and establishes the basic requirements for medical services for the players, officials and spectators during these events.

The host has an obligation to provide the medical services that have been outlined, allowing visiting teams to make determinations regarding the equipment, supplies, medications and personnel which they transport to the event based on the understanding that many of these will be available upon arrival at the event.

The IIHF Medical Supervisor or designate for the event will be in contact with the host organizing committee early in the planning stages to help to develop these standards well in advance of the event.

The IIHF Medical Supervisor will review all of the medical services, which are in place and be available to help with the implementation of systems.

2.0. Establishing a Medical Committee

It is required of the Organizing Committee (OC) that a Medical Committee be established well in advance of the event. A Medical Services Coordinator (MSC), or Director of Medical Services, must be named and should be a member of the OC. The MSC must be involved in decisions relating to budget allocation, volunteers, emergency procedures etc. at the OC level.

Along with the MSC, who may be a physician, therapist or other related health care professional, there should be named a Chief Medical Officer and Chief Therapist. Their roles and responsibilities are defined below. This team, along with any other individuals that are required, should form the core of the Medical Committee.

The Medical Committee will be responsible for ensuring the safety of all players during the period of the event. This includes protecting their health not only at the main arenas where the competition will take place, but also at any practice arenas, other training sites, hotels or residences and while being transported. Specifically, the Medical Committee will have the following responsibilities:

1. Perform a thorough assessment of the personnel requirements for the tournament, which will meet or exceed the minimum standards set out in this manual.
2. Develop and train a health-care staff to ensure that they are aware of all policies and procedures which exist in ice hockey, especially relating to blood spills, injuries while the game is in play, and the IIHF anti-doping initiatives.
3. Establish one or more clinic areas as required, and ensure that these clinics are properly equipped.
4. Develop and maintain a full supply list in accordance with the IIHF recommendations.
5. Create an emergency action plan (EAP), which includes potential player, spectator and venue related incidents. See sample contained in IIHF Medical Care Guide

6. Review and arrange for appropriate ambulance and/or paramedic coverage
7. Create a liaison with one or more local hospitals
8. Assist with the doping control procedures, including the establishment of an appropriate sample collection area.
9. Establish an appropriate communications system
10. Establish a recording system for documenting all medical treatments, assessments and dispensing.
11. Determine if the medical staff for the visiting teams will require any special licensing in order to perform their duties.
12. Review the insurance program that is in place for medical care in that country, and ensure that players and officials have appropriate out-of-country medical coverage
13. Ensure that appropriate liability insurance is in place for both the event and the medical staff.
14. Inform the IIHF if there are any restrictions on medications or other agents that can be brought in by visiting medical personnel.
15. Liaise with visiting teams to assist them in the procurement of any specific supplies or equipment.
16. Produce a final report at the end of the event.

Clearly, the members of the Medical Committee will need to be both experienced with ice hockey and dedicated to the event.

3.0. Members of the Medical Committee

3.1. Medical Services Coordinator

The Medical Services Coordinator (MSC) is the main link between the Medical Committee and the OC. In this capacity, the role will be primarily administrative and organizational.

The MSC should be a member of the local health services community to ensure that the best use of and cooperation with the local medical community can be ensured. The MSC will also be the key contact with the IIHF Medical Supervisor or designate both before and during the event.

The Medical Services Coordinator will be responsible for the following areas:

1. Develop and maintain a medical budget for the event
2. Select key members of the host medical staff
3. Arrange for appropriate accreditation, food service, beverages, towels, outfitting and transportation for the health care staff.
4. Ensure that appropriate space within the various venues has been assigned for both the medical clinic and any doping facilities.
5. Evaluate insurance policies for the event
6. Determine the need for courtesy licensing for visiting health care personnel.
7. Create and distribute information through the host national association to the IIHF on the host medical services provided before and during the event.
8. Develop the communications system for the event in conjunction with that available through the OC.

9. Responsible to logistically prepare for the IIHF Team Medical Personnel Meeting
10. Responsible to work with the Event Chief Medical Officer (ECMO) to complete and return the IIHF Pre-Event Medical Questionnaire to the IIHF.

3.2. Event Chief Medical Officer

The Event Chief Medical Officer (ECMO) must be a physician familiar with ice hockey who will be responsible for the following:

1. Determine the requirements for medical equipment and supplies, including medications, and procure these in appropriate supplies.
2. Recruit physicians and specialists as needed and assign to different venues.
3. Develop, in conjunction with the other members of the Medical Committee, the Emergency Action Plan (EAP) dealing with potential team medical emergencies on and off the ice. See sample presented in IIHF Medical Care Guide.
4. Ensure that all emergency or resuscitative equipment, including ambulances, are available.
5. Establish and maintain a personal and professional rapport with the members of the visiting team's medical staff.
6. Create all necessary liaisons with local clinics, hospitals and other members of the medical community for efficient access to medical care.
7. Work with the individual or agency assigned to perform doping controls at the event.
8. Arrange for an after-hours call service in the event of an illness or injury
9. Continuously monitor the venues for any safety issues that may be potential injury hazards to the players.
10. Assist with the procurement of injury data and the maintenance of all clinical records
11. Create, along with the other members of the medical staff, a final report for the event.

3.3. Chief Therapist

The Chief Therapist (CT) should be either an athletic therapist or physiotherapist with experience in ice hockey. The Chief Therapist will:

1. Determine the need for, and procure, various therapy modalities and therapy supplies as required for the clinic or clinics.
2. Determine the needs for other therapists and recruit, train and schedule this staff.
3. Establish and maintain a personal and professional rapport with the members of the visiting team's therapy staff.
4. Ensure that proper recording of both injuries and treatment rendered is done.
5. Maintain daily supplies of such items as towels and ice, both for the clinic and, if requested, for the various teams.
6. Create, along with the other members of the medical staff, a final report for the event.

3.4 Chief Dental Officer

Dental injuries may occur at certain ice hockey events – especially those where full-face protection is not required. Therefore, a Chief Dental Officer (CDO) may be able to assist with the procurement of a group of volunteer dentists who can provide emergency care within 30 minutes of the arena as well as the development of a network of dental clinics where players requiring non-urgent treatment can be referred.

3.5 Other Services and Staff

The size and variation of the medical staff for a competition may vary depending on a number of factors – duration of the tournament, number of teams, local preferences etc. In creating the team, consideration might be given to the inclusion of such members as:

1. Massage therapists – if a massage therapist is not included as a part of the host medical team then there should be access to this service through a local therapist.

2. Optometrists – there should be an efficient method established to replace either lost contact lenses or broken or lost eyeglasses. A relationship with a local optometrist should be established prior to the event.

3. Chiropractors or manual therapists– as many players utilize chiropractic services, a chiropractor may be included on the medical team or a local office identified where players requesting these services can be referred. In selecting the event chiropractor, previous sports (especially hockey) experience is important.

The ECMO will determine which additional medical specialists should be on-site or on-call for the event. These may include specialists in the areas of plastics surgery, oral surgery, ophthalmology or radiology. It is assumed that there will be one or a number of orthopaedic surgeons as members of the host medical staff for any event.

4.0. The Medical Team and Medical Policies

4.1. The Medical Team

The ECMO should not be a physician of one of the participating teams, where ever this is possible.

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.

If possible, a therapist 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.

4.2. 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 physician unless specific guidelines established by the IIHF are being contravened. For example, a player with uncontrolled bleeding may be removed from the competition despite a team physician'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 CMO should note this fact on both the game sheet and on the medical report.

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.

5.0. The Medical Clinic

5.1. 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.

If possible, the medical clinic at the arena should 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 would be 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.
In some cases, if the players are all housed in the same hotel or area, it may be considered to establish a clinic area that can be used both by the visiting and host medical staff. Tables, supplies and basic therapeutic modalities, as well as a member of the host medical staff, may be available for the visiting teams.

In some cases, if the players are all housed in the same hotel, it may be considered to establish a clinic area that can be used both by the visiting and host medical staff. Tables, supplies and basic therapeutic modalities, as well as a member of the host medical staff, may be available for the visiting teams.

5.2 Equipment

Early in the planning stages of an event a thorough assessment of all equipment requirements must be completed. This includes emergency, therapy and office equipment. A detailed list of equipment, which represents the minimum requirements for various events, is included in the IIHF Medical Care Guide.

Along with the equipment considerations, a continuous supply of ice must be ensured throughout the event. The medical staff should make all of the necessary arrangements to ensure this supply.

5.3. IIHF Injury Reporting System

The IIHF has introduced a reporting system designed to assist with the collection of important injury data at all IIHF competitions. A sample of the form is included in the IIHF Medical Care Guide.

5.4. Medical Records

In addition to the IIHF Injury Reporting System (IRS), 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.

5.5. Consent to Treatment

It is important for the 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 physician 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. If necessary, the ECMO may need to provide a standard form well in advance of the event that parents or guardians can sign on behalf of the player.

6.0. Medical Support Services

6.1. 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 competitions. This ambulance must have appropriate supplies and equipment to:

- Perform cardiopulmonary resuscitation
- 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 may request a demonstration of the removal of an injured player from the ice surface.

6.2. Laboratory and Radiographic Services:

While it is not imperative that these services be available on-site, the ECMO must be ensure that both Laboratory and Radiographic Services are available for competing players on a priority basis.

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.

Radiographic services must include X-ray for all events. As well, access to both MRI and CT facilities should be available. If these services are not immediately available, the ECMO must be aware of the closest available facilities that can provide these procedures.

6.3. 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.

6.4 Hospital Services

A full service hospital with modern equipment must be informed of the championship and prepared to admit event related emergencies without any waiting period for emergency medical care. The service must be available 24 hours a day. The ECMO should be the hospital liaison person with the OC.

7.0. Medications

The host medical committee should provide basic emergency medications as well as those drugs and medications that are difficult to transport. It is suggested that team physicians should carry most of the drugs and medications that would be required by their players.

A suggested list of medications is included in the IIHF Medical Care Guide. Confirmation of the medications will be provided to all participating teams to simplify the medications they will need to travel with or keep on hand

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 physicians will be supplied. Further, team physicians 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.

8.0. Communications

The ECMO will be responsible for ensuring that an appropriate communications system is in place. This must include a fixed telephone service between all medical facilities, including the various clinics in different arenas or the team hotels. All telephone numbers should be listed in both the event telephone directory as well as the information given to all of the participating teams.

In many cases, cellular phone services will also be available, and the ECMO should allocate these telephones to the key personnel for the event. As with the fixed telephones, the mobile telephone numbers for the medical team should be listed with the event medical directory.

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 should be cautioned to avoid discussing any confidential medical or player issues over any of the portable communication systems.

9.0. Media Relations

It is strongly suggested that all members of the host medical staff be thoroughly trained in how to deal with various issues relating to the media. The following guidelines may be of assistance:

1. No member of the medical staff should speak to the media regarding any player or official from any delegation. Direct the question to the team official.

2. In the event of a medical problem that invites media attention (serious injury, positive drug test, medical suspension etc.) the IIHF Medical Supervisor or designate should be the only member of the medical staff to speak with the media. This should only occur after

consultation with the IIHF Directorate Chairman, an appropriate team official and the player.

3. 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.

4. The IIHF Directorate Chairman must approve any press release relating to any medical issue from either the OC or the Medical Committee.

5. Media are not to be allowed in the medical areas at any time.

10.0. Other Issues

10.1. Medical Health and Malpractice Insurance:

Every national team must, on arrival at any IIHF competition, provide written evidence of medical insurance coverage 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. Failure to do so will result in such coverage being purchased on their behalf by the organiser, the cost of which will be deducted by the IIHF from the respective member national association for reimbursement to the organiser.

The MSC may assist with advising those attendees to the event who are not covered by the host insurance plan (i.e. media, sponsors) how to obtain local medical insurance at the expense of the team.

Finally, the 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.

10.2. Immunization and Health Guidelines:

The ECMO should advise the IIHF through the Pre-Event Questionnaire of any pre-existing health or infection concerns, to allow the team physicians' 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 must make this information known to the IIHF.

10.3. Medical Licensure

It is imperative that the MSC 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 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 physician. As well, in the event of a hospitalization, arrangements could be made to permit the team physician 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 should 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 should be advised not to bring these agents into the country.

10.4. 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.

IIHF Rule 571 – 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 host therapist is to assist with the management and clean up of blood spills. Gloves must be worn at all times. 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.

Host medical personnel may assist in the removal of contaminated ice after a laceration. They should also monitor all other areas to ensure that bandages, towels, gloves and other items are properly disposed of.

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

10.5. 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.

No smoking will be permitted in the arena.

No air horns will be permitted in the arena.

10.6. Doping Control

For doping control, the MSC will need to ensure that appropriate rooms are made available, and that all other requirements as set out in the IIHF Doping Control Regulations are met. Please refer to the IIHF Doping Control Regulations for detailed information.

10.7. Team Medical Personnel Meeting

It is required by the IIHF that the MSC 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 physicians and therapists for all of the competing teams, the IIHF Medical Supervisor and any senior personnel involved with doping control.

This meeting will serve to introduce all members of the host medical committee to the team staff. It will allow the hosts to review the medical services available during the event, and to distribute any information that they may feel is appropriate (emergency telephone numbers; list of medications ambulance services, etc.) Please refer to the "Team Medical Personnel Meeting" section of the IIHF Medical Regulations for a suggested agenda for this meeting.

This meeting will also provide an opportunity to determine which teams may require translation services for any medical issues. It will also allow the doping control personnel to review the procedures being used. As well, it will provide an opportunity to introduce the IIHF Injury Reporting System and to review the requirements to report all injuries. Policies relating to the on-ice management of an injured player, as well as the blood and biohazard protocol, can also be reviewed at this time.

11.0 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.

IIHF NUTRITIONAL AND HYDRATION STANDARDS

The IIHF has adopted IIHF Nutritional and Hydration Standards for teams participating in IIHF competitions, which each organizer should 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.

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 sometime 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.

Hydration

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

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.

IIHF MEDICAL SUPERVISOR ROLE

The role of the physician assigned by the IIHF Council to IIHF competitions has changed to reflect the mandate of the IIHF. The IIHF is now asking the physician responsible for the IIHF competitions to oversee and supervise the medical care and doping control of that event.

The IIHF Medical Supervisor will represent and report on the medical issues at an IIHF competition at the Directorate level. The IIHF Medical Supervisor will provide the IIHF Directorate Chairman with recommendations and advise on medical issues during an event.

The IIHF Medical Supervisor will act as a consultant and an advisor to the Event Chief Medical Officer of the host organizing committee to ensure quality medical care at the IIHF event. He may participate in a pre-event visit and/or get a report from the Event Chief Medical Officer of the championship outlining the medical care prepared for the event. The report would also help the different teams prepare for the event with respect to their medical needs.

The Medical Supervisor will conduct the Team Medical Personnel Meeting at the beginning of the competition with the different team medical personnel with the proposed agenda that would reflect the medical nature of his role.

The IIHF Medical Supervisor will also be responsible for setting up the IIHF Injury Reporting System in that IIHF competition. He will report on all the injuries in the event and encourage the team physicians to fill out the forms so that a valid analysis can be made on the different types of injuries and their causal factors.

The IIHF Medical Supervisor will also be responsible for the doping control in the competition. In addition this role will be educational in helping team physicians create a doping free environment.

The IIHF Medical Supervisor will meet at different times during the competition to help the team medical personnel with any medical concerns and also to fill out the IIHF reporting forms for injuries. He will communicate with the Event Chief Medical Officer during the competition and remain informed of the different types of injuries, which have occurred at the tournament.

The IIHF Medical Supervisor has to give all available support to the team physicians and coordinate with the organizer or hospital in any case of a serious injury.

The IIHF Medical Supervisor and the Event Chief Medical Officer are responsible to submit a written medical report at the end of the competition to the IIHF.

PRE-EVENT MEDICAL QUESTIONNAIRE

The host member national association is responsible for ensuring quality medical care at the IIHF competitions. The IIHF has upgraded the Medical Regulations in order to help member national associations in their task of achieving the best possible service. The IIHF needs to know that all hockey players and game officials participating in an IIHF competition are given the best possible care in keeping with the IIHF Medical Regulations.

An IIHF Medical Supervisor is assigned to IIHF events to help with the task of putting together a quality medical service for the championship. The IIHF Medical Supervisor will be an advisor and a resource medical person for the Event Chief Medical Officer or host organizing medical committee.

The IIHF Medical Supervisor may participate in a pre-event survey to help the organising Committee prepare for the competition. In order to assist with this project, it is necessary that the organiser complete the questionnaire so that the IIHF can pass on valuable medical information concerning medical care to the IIHF Medical Supervisor and to the teams participating in this IIHF competition.

The Pre-Event Medical 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 Questionnaire is contained in the IIHF Medical Care Guide.

TEAM MEDICAL PERSONNEL MEETING

Prior to the start of an IIHF competition the IIHF Medical Supervisor must conduct a Medical Meeting with the physicians of the participating teams. The organizer is responsible to make the necessary arrangements to hold this meeting prior to the operation of the first Directorate Meeting.

The following is the agenda of this medical meeting:

Agenda

1 Welcome, Registration and Introductions

2 Host Organizing Committee Medical Program Services:

- Health Care and First Aid Services
- Pharmacy
- Dentistry Service
- Ambulance Service
- Emergency Action Plan and Evacuation Protocol
- Medical Coverage at Games and Practices
- Radiographic & Other Services

3 Host Organizing Committee Services:

- Nutrition (Meal Menu)
- Team Services (Laundry, Towels, Fluids)
- Team Workout / Stretching Area Locations and Equipment
- Communication (Directory, Telephone Numbers, E-mail Addresses)

4 IIHF Injury Reporting System:

- Program Explanation
- Injury Definitions
- Report Forms
- Game Injury Report
- Individual Injury Report
- Confidentiality
- Results and Dissemination to Member National Associations

5 Doping Control Program:

- IIHF Doping Control Regulations
- WADA Prohibited List and Summary of Changes
- Therapeutic Use Exemption Applications and Procedures
- Doping Control Station Locations
- Doping Control Protocol
- Laboratory and Results

6 Medical Policies

- Injured Player, Emergency Action Plan (EAP)
- Blood Spill Procedures

7 Other Business

8 Next Meeting

The IIHF Medical Supervisor may review the following items with the attendees under the Doping Control Program item in the agenda:

1. All attending persons must sign the attendance register of the meeting.

2. Team medical personnel must be made aware of the IIHF Doping Control Regulations, the WADA Prohibited List and the IIHF Bylaws and Regulations on Doping Control

3. Team medical personnel must be reminded that in accordance with IIHF DCR players are to be informed in detail on doping control procedures before the Championship.

4. The names of the medications taken by the player in the last 72 hours are to be listed on the DC Official Report.

5. The WADA Prohibited List may contain only the most widely known substances. However, a medication not indicated in the examples can be a prohibited substance. No prohibited substance on the list may be given to a player in case of illness, unless a TUE was accorded by the TUE panel prior to the taking.

6. According to the DCR, in every match players are subject to doping control.

7. Players to be tested are chosen by means of a random draw. This means a player may be tested more than once during the event.

8. Players entered on the IIHF Official Game Sheet must not leave their team, except those seriously injured or ill, until receipt of the doping control notification (DCN) by the team.

9. In games where doping control is performed, team physicians (or their representatives) generally receive the DCN for the test directly after the end of the game and before the closing ceremonies of the game. The receipt must be acknowledged by signing the DCN.

10. The player accompanied by the escort must appear at the DCS within 15 minutes of the end of the game.

11. The escort must accompany the player until they reach the DCS.

12. Should the selected player for doping control suffer a serious injury or illness, the IIHF Medical Supervisor will randomly select another player of the team to undergo doping control

13. Should this injured player recover and play in a later game during the Championship, he may be obligated to undergo doping control after his first game following injury along with the other players selected by random draw.

14. Should the DCN of the selected player(s) for doping control not be signed or the selected player(s) for doping control not arrive at the DCS within 15 minutes after the end of the match, this fact must be entered on the DC Official Record (DCR) and must be reported to the IIHF Directorate Chairman.

15. The player and the team physician (or his representative) shall sign the DCR to indicate their satisfaction that the documentation accurately reflects the details of the Player's Sample Collection Session, including any concerns recorded by the player.

16. The player receives a copy of the DCR.

17. In the case of an A sample analysis being found positive for a prohibited substances, the IIHF Medical Supervisor must follow the instructions of the IIHF Doping Control Bylaws and Medical Regulations.

Written minutes of the Team Medical Personnel Meeting will be sent together with the attendance register signed by the responsible IIHF Medical Supervisor of the competition concerned to the IIHF office following the competition.

IIHF INJURY REPORTING SYSTEM (IRS)

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.

The definition of an injury is as follows:

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

The IRS forms are strictly confidential and will be given only to the Chief Medical Officer of the IIHF after the competition by the IIHF Medical Supervisor or the Directorate Chairman for data accumulation. It is important to note that each form does not identify the player or number who has the injury so that confidentiality is respected.

The IRS is an important tool in identifying injuries that occur in the championships and using this scientific information, preventive measures can be taken to make our sport safer for all of our players. The IRS report for the competition will be distributed to all participating member national associations.

Copies of the IIHF Injury Report Form are contained within the IIHF Medical Care Guide.

SPINAL INJURY REPORTING SYSTEM

The IIHF and the International Committee of ThinkFirst maintain an international survey of spinal injuries that have occurred world wide in the sport of ice hockey. The IIHF needs your help in determining the incidence of spinal injuries in the different member national associations of the IIHF. The international survey will help decrease the number of spinal injuries in the sport. Your participation in the survey is instrumental in tackling this potential serious problem and finding ways to keep the game free of these types of injuries.

The International Committee of ThinkFirst has reported extensively on this issue. We must monitor the global nature of spinal injuries in our sport. The IIHF is responsible to distribute the survey forms to member national associations. Member national associations must ensure that all spinal injuries that fit the definition outlined in the survey are reported to the IIHF.

The IIHF will communicate with the Chief Medical Officer through the member national associations to provide updates, keeping national association members aware of the status of this form of injury.

Copies of the IIHF Spinal Injury Report Form are contained within the IIHF Medical Care Guide.

CONCUSSIONS IN ICE HOCKEY

The IIHF has adopted Return to Play Guidelines for players following head injuries suffered in competition. All IIHF member national associations participating in IIHF competitions should follow these guidelines. Each hosting association and organiser will be provided the Return to Play Guidelines when awarded hosting rights to any IIHF competition.

Approximately one third of youth in developed countries will experience a concussion before the age of 19. The majority of concussions will occur during sport and recreation. (Concussed youth are less likely to pursue advanced education. Individuals with multiple concussions are much less likely to advance in education.)

Concussion involves an injury to the brain. The brain cannot be examined directly and damage cannot be easily detected. The symptoms of concussion are subtle and often go undetected. For the most part, symptoms of concussion will completely clear up with rest. The greatest risk to the concussed player occurs when the player returns to play before the concussion symptoms have abated. Symptoms from a second concussion to soon after the first concussion are much more likely to last longer.

Position Statement:

The IIHF is committed to the safety of the players and to the prevention of injury.

The IIHF believes that proper equipment such as helmets and mouth guards should be worn at all times. In addition helmets should be worn with the chinstrap snug enough to prevent the helmet from becoming dislodged in a collision.

The IIHF believes that member national associations should adopt the Return to Play Guidelines. All players who suffer a concussion will be monitored by a physician and will not be permitted to return to play until the attending physician clears them.

To summarize, the Return to Play Guidelines specify:

1. No activity, complete rest. Once asymptomatic, proceed to level two.
2. Light aerobic exercise such as walking or stationary cycling.
3. Sport specific training (e.g. skating in hockey, running in soccer)
4. Non-contact training drills.
5. Full contact training after medical clearance.
6. Game play.

With this stepwise progression, the player should continue to proceed to the next level if asymptomatic at the current level. If any post concussion symptoms occur, the patient should drop back to the previous asymptomatic level and try to progress again after 24 hours.

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;

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.

THERAPEUTIC USE EXEMPTIONS (TUEs)

Hockey players may have illnesses or conditions that require them to take particular medications. If the medication a player is required to take to treat an illness or condition happens to fall under the WADA Prohibited List, a Therapeutic Use Exemption (TUE) may give that player the authorization to take the needed medicine.

The IIHF shall ensure, for any player who is entered in an International Event, that a process is in place whereby a player with documented medical conditions requiring the use of a prohibited substance or a prohibited method may submit a valid TUE request. The IIHF has adopted and implements the World Anti-Doping Agency's International Standard for the process of granting TUEs and shall make this standard available to all member national associations.

The process for a player to apply for a TUE is fairly simple. Each player must:

- Contact the IIHF or NADO (whichever applies) and ask for a TUE application form.
- Have his physician fill out the TUE Application form and produce the required supporting documentation and forward it to the IIHF or his National Anti Doping Organization (which ever applies). Players should remember that according to the International Standards, the TUE Application should be submitted at least 21 days before participating in an event.

The TUE Standard and all relevant application forms can be downloaded by all players and physicians at www.wada-ama.org.

Players with documented medical conditions may request and obtain TUEs in accordance with the rules of the IIHF or their respective National Anti Doping Organization. Such requests shall be evaluated in accordance with the International Standard for TUEs. However, such requests may also be denied in which case the player will not be granted an exemption. When relevant, the IIHF shall promptly report to WADA through ADAMS the granting of any TUE for all players participating in any given IIHF sanctioned competition.

The IIHF and WADA, on their own initiative, may review at any time the granting of a TUE to any player. Further, upon the request of any such player that has been denied a therapeutic use exemption, the IIHF or WADA may review such denial. If either the IIHF or WADA determines that such granting or denial of a TUE did not comply with the International Standard for TUEs, the IIHF or WADA may reverse the decision. Any review conducted by the IIHF Disciplinary Panel will be done in accordance with section 5 of the IIHF Disciplinary Regulations.

The Medical Committee for any given IIHF sanctioned competition shall become aware of all TUEs issued for all participants in their competition in the event that an anti-doping rule violation is alleged to have been committed.

Any anti-doping rule violation under article 4 of the IIHF Disciplinary Regulations that occurs during an IIHF sanctioned competition and that is consistent with the provisions of an applicable therapeutic use exemption and issued pursuant to the International Standard for TUEs shall not be considered an anti-doping rule violation.

II.

DOPING CONTROL REGULATIONS

1. General Principles

These Doping Control Regulations are an integral part of the IIHF Regulations and are intended to be guidelines for the conduct of doping control within the IIHF and its member national associations. These regulations provide standardized doping control and results management procedures as well as provide information to all those involved directly or indirectly in the doping control process.

It is the responsibility of every member national association, every player, every member of a medical team or training personnel, and every individual affiliated with the IIHF to become aware of their responsibilities under these Doping Control Regulations, and the World Anti Doping Code and related International Standards, in particular the International Standard for Testing, and to accept the disciplinary measures that may result from a breach of any of those regulatory documents.

2. Defining Anti Doping Rule Violations

1. Doping is forbidden.

2. Doping is defined as the occurrence of one or more of the anti-doping rule Violations set out in the World Anti-Doping Code to which the IIHF is a signatory. Those anti-doping rule violations are set out in Article 2 of the World Anti-Doping Code as follows[1]:

2.1 The presence of a prohibited substance or its metabolites or markers in a player's sample.

2.1.1 It is each player's personal duty to ensure that no prohibited substance enters his body. Players are responsible for any prohibited substance or its metabolites or markers found to be present in their samples. Accordingly, it is not necessary that intent, fault, negligence or knowing use on the player's part be demonstrated in order to establish an anti-doping violation under

[1] The appreciation of the scope of anti-doping rule violation under these IIHF Regulations and the 2009 WADA Code can be complex. The comments annotating various relevant articles of the Code, article 2 of the Code in particular, shall be used to interpret and properly apply these IIHF Regulations.

2.1.2 Sufficient proof of an anti-doping rule violation under Article 2.1 is established by either of the following: presence of a prohibited substance or its metabolites or markers in the player's A sample where the player waives analysis of the B sample and the B Sample is not analyzed; or, where the player's B sample is analyzed and the analysis of the player's B Sample confirms the presence of the prohibited substance or its metabolites or markers found in the player's A sample.

2.1.3 Excepting those substances for which a quantitative threshold is specifically identified in the Prohibited List, the presence of any quantity of a prohibited substance or its metabolites or markers in a player's sample shall constitute an anti-doping rule violation.

2.1.4 As an exception to the general rule of Article 2.1, the Prohibited List or International Standards may establish special criteria for the evaluation of prohibited substances that can also be produced endogenously.

2.2 Use or Attempted Use by a Player of a Prohibited Substance or a Prohibited Method

2.2.1 It is each player's personal duty to ensure that no prohibited substance enters his body. Accordingly, it is not necessary that intent, fault, negligence or knowing use on the player's part be demonstrated in order to establish an anti-doping violation for use of a Prohibited Substance or a Prohibited Method.

2.2.2 The success or failure of the use of a Prohibited Substance or Prohibited Method is not material. It is sufficient that the Prohibited Substance or Prohibited Method was used or attempted to be used for an anti-doping rule violation to be committed.

2.3 Refusing, or failing without compelling justification, to submit to Sample collection after notification as authorized in these Anti-Doping Regulations or otherwise evading Sample collection.

2.4 Violation of the requirements regarding Player availability for Out-of-Competition Testing including failure to file required whereabouts information set forth in Article 5.5 (Player whereabouts requirements) and missed tests which are declared based on rules which comply with the International Standard for Testing. Any combination of three missed tests and/or filing failures within an eighteen-month period shall constitute an anti-doping rule violation.

2.5 Tampering or Attempted Tampering with any part of Doping Control.

2.6 Possession of Prohibited Substances and Methods

2.6.1 Possession by a player in-competition of any Prohibited Method or any Prohibited Substance, or possession by a Player Out-of-Competition of any Prohibited Method or any Prohibited Substance which is prohibited in Out-of-Competition Testing, unless the player establishes that the possession is pursuant to a duly granted TUE or other acceptable justification.

2.6.2 Possession by player support personnel In-Competition of any Prohibited Method or any Prohibited Substance, or Possession by a player support personnel Out-of-

Competition of any Prohibited Method or any Prohibited Substance which is prohibited in out-of-competition testing, in connection with a player, competition or training, unless the player support personnel establishes that the possession is pursuant to a therapeutic use exemption granted to a player in accordance with a TUE or other acceptable justification.

2.7 Trafficking or Attempted Trafficking in any Prohibited Substance or Prohibited Method.

2.8 Administration or Attempted administration to any Player, In-Competition of any Prohibited Method or Prohibited Substance, or administration or Attempted administration to any Player Out-of-Competition of any Prohibited Method or any Prohibited Substance that is prohibited in Out-of-Competition Testing, or assisting, encouraging, aiding, abetting, covering up or any other type of complicity involving an anti-doping rule violation or any Attempted anti-doping rule violation.

3. The Prohibited List

1. The Prohibited List is established by the World Anti-Doping Agency (WADA).

2. The Prohibited List shall identify those Prohibited Substances and Prohibited Methods which are prohibited as doping at all times (both in-competition and out-of-competition) because of their potential to enhance performance in future competitions or their masking potential and those substances and methods which are prohibited in-competition only. Prohibited Substances and Prohibited Methods may be included in the Prohibited List by general category (e.g., anabolic agents) or by specific reference to a particular substance or method.

3. All Prohibited Substances, except substances in the classes of anabolic agents and hormones and those stimulants so identified on the Prohibited List, shall be "Specified Substances" for purposes of the application of Article 4 of the IIHF Disciplinary Regulations. Prohibited Methods shall not be Specified Substances.

4. WADA's determination of the Prohibited Substances and Prohibited Methods that will be included or may be added on the Prohibited List and the classification of substances into categories on the Prohibited List is final and shall not be subject to challenge by any player based on an argument that the substance or method was not a masking agent or did not have the potential to enhance performance, represent a health risk, or violate the spirit of sport.

5. The List will be distributed to all member national associations by the International Ice Hockey Federation (IIHF) as the list is updated by WADA and is otherwise available at www.wada-ama.org. Any revisions made by WADA to the List shall go into effect without further action on the part of the IIHF three months after its official publication.

4. Responsibilities and Consequences

1. It is every player's responsibility to become aware of the IIHF Doping Regulations, as well as the Code, and the consequences resulting from a breach of those regulations.

2. Every player is ultimately responsible for anything he ingests, inhales or uses. Every player must be aware of the Prohibited List, of the possibility and-or necessity of obtaining a TUE, of the duty to submit to doping control, and of all the possible sanctions that may be imposed in the event that he is found to have committed an anti doping rule violation (as defined in Article 2).

3. The team physicians shall be responsible for the medical care of their players.

4. The team physicians shall educate the players about the IIHF Doping Control Regulations (DCR) and their responsibilities with regard to these DCR as well as potential IIHF sanctions in event of an infraction.

5. If a physician does not accompany a team at an IIHF Championship, the responsibilities specified at item 3 and 4 above will be assigned to the team leader.

6. Any player participating in an IIHF competition refusing to submit to doping control or who has committed an anti-doping rule violation shall be sanctioned in accordance with IIHF Disciplinary Regulations. In addition, sanctions may also be taken against the team of such player in accordance with IIHF Disciplinary Regulations.

7. A person other than the player (i.e. team leader, physician, coach, trainer, physiotherapist, etc.) who has been involved in or committed an anti-doping violation, shall be subject to sanctions in accordance with the IIHF Disciplinary Regulations.

8. A player who has been identified by the IIHF or one of its member national associations for inclusion in its registered testing pool shall continue to be subject to these IIHF Doping Control Regulations, including the obligation to be available for no advance notice out-of-competition testing unless and until the player gives written notice to the IIHF or its member national association that he has retired or until he no longer satisfies the criteria for inclusion in the relevant registered testing pool and has so been informed by the IIHF or the member national association.

9. A player who has given notice of retirement to the IIHF may not resume competing unless he notifies the IIHF at least 12 months before he expects to return to competition and is available for unannounced out-of-competition testing at any time during the period before the actual return to competition.

10. Member national associations may establish similar requirements for retirement and returning to competition for players in their national registered testing pool.

5. General Testing Requirements

1. All players participating in an IIHF competition may be required to submit to doping control (DC) carried out in conformity with the Bylaws and Regulations of the IIHF and the International Standard for Testing.

2. All doping control conducted in the course of any IIHF or IIHF affiliated competition shall be carried out in strict compliance with the International Standard for Testing.

3. The IIHF shall ensure that a significant amount of testing undertaken pursuant to their test distribution plan is target testing, based on the intelligent assessment of the risks of doping and the most effective use of resources to ensure optimum detection and deterrence.

4. Testing that is not target testing shall be determined by random selection, and shall be conducted using a documented system.

5. Where more than one member of a national team has been notified of a possible anti-doping rule violation in connection with a competition, the IIHF shall conduct appropriate target testing of the team during the event period.

6. Any player who has been suspended or is serving an eligibility period shall be tested on three occasions prior to his return to competition.

6. Doping Control Operations and Facilities

1. For the operation of Doping Control (DC) to be carried out at all IIHF competitions in accordance with IIHF By-law 1500, the host member national association (NA) or the Organizing Committee (OC) must provide adequate personnel, facilities, and equipment to successfully operate the DC for the IIHF competition.

2. The IIHF shall have an agreement from a WADA accredited laboratory to perform the analysis of the DC urine samples according to the IIHF Doping Control Regulations (DCR).

3. Each venue where an IIHF competition is played and DC is carried out shall be equipped with adequate anti-doping facilities. This shall include secure and lockable rooms to be used for the Doping Control Station (DCS), a waiting room, and a Doping Control Station Officer (DCSO) office. These should be located on the same floor and in the immediate vicinity of the player locker rooms.

4. The DCS waiting room shall be outfitted with:
- A minimum of six comfortable chairs arranged in a living room-type setting,
- A television set (if possible),
- A minimum of 20 0.5 liter individually sealed caffeine-free bottles of drinks per game.
- A refrigerator for drinks

5. The DCS shall be outfitted with:
- A toilet,
- A washbasin with soap and disposable towels,
- At least two electric outlets in the proper voltage of the hosting country,
- One lockable refrigerator with a 250 liter (minimum) capacity and adequate refrigeration (0° C),
- One office desk

- A minimum of four chairs,
- A telephone with an outside line
- A storage cabinet which can be padlocked, if required, by the IIHF Medical Supervisor

6. The DCS shall be well marked with directions clearly indicating the way for the players. The room shall be secured with a lock to which only two keys exist.

7. The OC shall ensure that the hallway floor from the rink surface to the DCS is covered with rubber matting.

8. If the games are played in more than one venue, items 4 through 7 listed above must be applied for each venue along with any other requirement provided in the International Standard for Testing.

9. Prior to the competition, the IIHF shall provide the OC with a sufficient quantity of MC approved sample collection vessels as well as sample bottles with tamper-resistant lids and shipping containers. The approved MC approved sample collection vessels and sample bottles will be sent by the IIHF directly to the hosting member national association who shall verify the contents and place them in a secure locked location.

10. It is the responsibility of the OC to ensure that the DCS is set up at least two days prior to the start of the IIHF competition and that the sample collection vessels and sample bottles are placed in a secure locked cabinet in the DCS office.

7. On-Site Doping Control Committee (DCC)

1. The OC shall ensure that the doping control station is run by a qualified on-site Doping Control Committee (DCC). The DCC shall consist of:

- One Doping Control Supervisor (IIHF Medical Supervisor) nominated by the IIHF
- Medical Committee (MC) and appointed by the IIHF Council responsible for carrying out doping control in accordance with these Regulations,
- One Doping Control Station Official (DCSO) appointed by the Organizing
- Committee (OC) or NADO
- Two trained Doping Control Assistants (DCA) appointed by the OC who may also act as escorts or chaperones,
- One reliable courier appointed by the OC.

2. The OC must send the name(s) of the 0fficial(s) responsible for the DCS in the venue(s) to the IIHF in writing at least two months prior to an IIHF competition.

3. At the World Championship, the supervisory duties of the DCC shall be carried out by at least two IIHF Medical Supervisors.

4. All DCC members are subject to strict professional discretion and confidentiality principles. They shall not make any verbal or written statements to the OC, participating teams, general public or to the media. DCC members cannot act as team physicians or officials during the same IIHF competition.

8. Selection of Players

1. The number of players to be tested during an IIHF competition shall be recommended by the IIHF Medical Committee and approved by the IIHF Council.

2. The IIHF Medical Supervisor has the right to conduct target testing, especially when doping is suspected, and has the right to order unannounced DC tests at anytime.

3. All other players to be tested shall be selected by random draw by the IIHF Medical Supervisor or his representative.

4. A player may be tested any time on more than one occasion during an IIHF competition.

5. The IIHF Medical Supervisor shall verify the players participating in the game by referring to the IIHF Official Game Sheet and shall prepare numbered tags that correspond to the verified players' jersey numbers. The numbered tags shall be placed in a container and the IIHF Medical Supervisor or his representative shall randomly draw the required number of tags to issue the players' doping control summons. The procedure shall be repeated to randomly draw the players to be summoned from the opposing team.

6. The IIHF Medical Supervisor shall record on the DCN the name and number of the player selected to be tested, the name of his team, the date and, as well, the time and place of the DC.

7. The IIHF Medical Supervisor or his representative shall hand over the DCN to the DCSO or escort prior to the end of the game.

8. The DCSO or DCA shall hand the DCN directly to the respective team physicians or his representative at the end of the game but before the playing of the national anthem.

9. All players entered onto the IIHF Official Game Sheet must remain with their team, except if seriously injured or ill, until receipt of the summons of the DCN.

10. The team physician or his representative must present the written summons for DC to the player concerned immediately following the playing of the national anthem. The DCA shall join the summoned player at this time.

11. The DSCO or DCA shall have the player sign an appropriate form to acknowledge and accept the DCN. If the player refuses to sign that he has been notified or evades the notification, the DSCO or DCA shall if possible inform the player of the consequences of failing to comply. The DSCO or DCO shall document the facts in a detailed report and report the circumstances to the IIHF Medical Supervisor who shall investigate a possible failure to comply.

12. Once the player has been notified, the DCA must remain with the player and must accompany him from the rink surface to the DCS.

13. If it is documented that the player that was selected for DC suffered a serious injury or was ill and left the venue, the IIHF Medical Supervisor shall select another player from the team for sample control in accordance with the above noted procedure.

14. Should the injured or sick player recover and play in a later game during this same IIHF competition, the player may be obligated to undergo the DC after participating in the first game following the injury.

9. Doping Control Procedures

1. All testing and sample collection procedures conducted by the IIHF, on behalf of the IIHF or by a member national association shall be done in conformity with the International Standard for Testing in force at the time of testing.

2. The in-competition testing period shall commence 48 hours prior to the start of the competition (the starting time of the first game of the event) and end 48 hours after the end of the competition (the ending time of the last game of the event).

3. At the conclusion of the testing procedure the player and DSCO shall sign the appropriate documentation to indicate their satisfaction that the documentation accurately reflects the details of the players sample collection session including any concerns recorded by the player. The player's representative and the player shall both sign the documentation if the player is a minor.

4. The DSCO shall provide the player with a copy of the official records of the sample collection session that have been signed by the player.

5. The IIHF Medical Supervisor shall receive all the relevant DCSO's sample collection documentation and store it securely.

10. Sample Analysis

Doping Control Samples collected according to these regulations shall be analyzed in accordance with the following principles:

1. Security: All samples collected at the doping control station and sample collection documentation shall be securely stored prior to their departure from the doping control station.

2. Transport: the IIHF shall only authorize a transport system that ensures samples and documentation will be transported in a manner that protects their integrity, identity and security. The samples shall also be transported in a manner which minimizes the potential for sample degradation from the effects of factors such as time delays and extreme temperature variations.

3. Use of Approved Laboratories: The IIHF shall send doping control samples for analysis only to WADA-accredited laboratories or as otherwise approved by WADA. The choice

of the WADA-accredited laboratory (or other laboratory or method approved by WADA) used for the sample analysis shall be determined or approved exclusively by IIHF.

4. Substances Subject to Detection: Doping control samples shall be analyzed to detect prohibited substances and prohibited methods identified on the Prohibited List and other substances as may be directed by WADA pursuant to the Monitoring Program described in Article 4.5 of the World Anti-Doping Code, or to assist the IIHF in profiling relevant parameters in a player's urine blood or other matrix, including DNA or genomic profiling, for anti-doping purposes.

5. Research on Samples: No sample may be used for any purpose other than, as described in article 10.4 above without the player's written consent. Samples used for purposes other than article 10.4 shall have any means of identification removed such that they cannot be traced back to a particular player.

6. Standards for Sample Analysis and Reporting: Laboratories shall analyze doping control samples and report results in conformity with the International Standard for Laboratory Analysis to the IIHF Medical Supervisor or his representative.

7. Retesting of Samples: A Sample may be reanalyzed for the purpose of article 10.4 at any time exclusively at the direction of the IIHF or WADA. The circumstances and conditions for retesting samples shall conform to the requirements of the International Standard for Laboratories.

11. IIHF Results Management

Results management for tests initiated by the IIHF shall proceed as set forth below:

A. In-competition results management

1. The results from all analyses must be sent to the IIHF Medical Supervisor in encoded form, in a report signed by an authorized representative of the laboratory. All communication must be conducted in such a way that the results of the analyses remain confidential.

2. Upon receipt of an A Sample adverse analytical finding, the IIHF Medical Supervisor shall conduct a review to determine whether: (a) an applicable TUE has been granted or will be granted as provided in the International Standard for Therapeutic Use Exemptions, or (b) there is any apparent departure from the International Standard for Testing or International Standard for Laboratories that caused the adverse analytical finding.

3. If the initial review under Article 2 does not reveal an applicable TUE or entitlement to a TUE as provided in the International Standard for Therapeutic Use Exemptions or departure from the International Standard for Testing or the International Standard for Laboratories in force at the time of Testing or analysis that caused the adverse analytical finding, the IIHF Medical Supervisor shall immediately inform the IIHF General Secretary or designate indicating the analytical details which led to the adverse result.

4. The IIHF General Secretary or designate shall be responsible for informing in writing the team leader or his/her representative of the adverse test results of the player involved. The team leader will be provided with the following information:
(a) The adverse analytical finding;
(b) The anti-doping rule violated,
(c) The player's right to promptly request the analysis of the B Sample or, failing such request, that the B Sample analysis may be deemed waived;
(d) The scheduled date, time and place for the B sample analysis if the player or the IIHF chooses to request an analysis of the B sample
(e) The right of the player and/or the player's representative to attend the B Sample opening and analysis within the time period specified in the International Standard for Laboratories if such analysis is requested; and
(f) The player's right to request copies of the A and B Sample laboratory documentation package which includes information as required by the International Standard for Laboratories.

5. The team leader or his designate is responsible for promptly notifying the player of:
(a) The adverse analytical finding;
(b) The anti-doping rule violated,
(c) The player's right to promptly request the analysis of the B Sample or, failing such request, that the B Sample analysis may be deemed waived;
(d) The scheduled date, time and place for the B sample analysis if the player or the IIHF chooses to request an analysis of the B sample
(e) The right of the player and/or the player's representative to attend the B Sample opening and analysis within the time period specified in the International Standard for Laboratories if such analysis is requested; and
(f) The player's right to request copies of the A and B Sample laboratory documentation package which includes information as required by the International Standard for Laboratories.

6. The IIHF shall also notify the player's member national association and WADA. If the IIHF decides not to bring forward the adverse analytical finding as an anti-doping rule violation, it shall also notify the player, the player's member national association, and WADA.

7. Arrangements shall be made for testing the B Sample within 14 days of the notification described in Article 3. A player may accept the A Sample analytical results by waiving the requirement for B Sample analysis. The IIHF may nonetheless elect to proceed with the B Sample analysis.

8. The player and/or his representative shall be allowed to be present at the analysis of the B Sample within the time period specified in the International Standard for Laboratories. Also a representative of the player's member national association or Team, as well as a Medical Committee member and IIHF Medical Supervisor or their designate, shall be allowed to be present.

9. If the B Sample proves negative, the entire test shall be considered negative and the player, his Team, his member national association, and the IIHF shall be so informed.

10. In accordance with article 7.4 of the Code, for apparent anti-doping rule violations that do not involve adverse analytical findings (including atypical findings), the IIHF shall conduct any necessary follow-up investigation in whatever time it needs to satisfy itself that an anti-doping rule violation has occurred. If the IIHF determines that an anti-doping rule violation has occurred, the IIHF shall notify WADA and the appropriate member national association who is responsible for notifying the respective player and/or party involved with the anti-doping rule violation. The IIHF shall indicate in the notice the anti-doping rule which appears to have been violated and the basis of the violation.

11. When it appears, following the results management process described above, that these Anti-Doping Regulations have been violated, the case shall initially be referred to the Championship Directorate for a Provisional Hearing and then assigned to the IIHF Disciplinary Committee for final adjudication in accordance with IIHF Disciplinary Regulations.

B. Out-of-competition results management

Results management procedures for (a) out-of-competition tests performed by the IIHF and WADA pursuant to an agreement with IIHF, (b) in-competition test when the results of such tests are notified to the IIHF after the competition and (c) other anti-doping rule violations in accordance with article 2 of the Code.

1. The results from all analyses must be sent to the IIHF Office in encoded form, in a report signed by an authorized representative of the laboratory. All communication must be conducted in such a way that the results of the analyses remain confidential.

2. Upon receipt of an A Sample adverse analytical finding, the IIHF Office in cooperation with the IIHF Medical Supervisor shall conduct a review to determine whether: (a) an applicable TUE has been granted or will be granted as provided in the International Standard for Therapeutic Use Exemptions, or (b) there is any apparent departure from the International Standard for Testing or International Standard for Laboratories that caused the adverse analytical finding.

3. If the initial review under Article 2 does not reveal an applicable TUE or entitlement to a TUE as provided in the International Standards for Therapeutic Use Exemptions or departure from the International Standards for Testing or the International Standard for Laboratories in force at the time of testing or analysis that caused the adverse analytical finding, the General Secretary shall be responsible for informing in writing the member national association of the adverse test results of the player involved. The member national association will be provided the following information:
(a) The adverse analytical finding;
(b) The anti-doping rule violated;
(c) The player's right to promptly request the analysis of the B Sample or, failing such request, that the B Sample analysis may be deemed waived;
(d) The scheduled date, time and place for the B Sample analysis if the player or the IIHF chooses to request an analysis

(e) The right of the player and/or the player's representative to attend the B Sample opening and analysis within the time period specified in the International Standards for laboratories if such analysis is requested; and
(f) The player's right to request copies of the A and B Sample laboratory documentation package which includes information as required by the International Standards for Laboratories.

5. The member national association is responsible for promptly notifying the player of:
(a) The adverse analytical finding;
(b) The anti-doping rule violated;
(c) The player's right to promptly request the analysis of the B Sample or, failing such request, that the B Sample analysis may be deemed waived;
(d) The scheduled date, time and place for the B Sample analysis if the player or the IIHF chooses to request an analysis of the B Sample;
(e) The right of the player and/or the player's representative to attend the B Sample opening and analysis within the time period specified in the International Standards for Laboratories if such analysis is requested; and
(f) The player's right to request copies of the A and B Sample laboratory documentation package which includes information as required by the International Standard for Laboratories.

6. Arrangements shall be made for testing the B Sample within 14 days of the notification described in Article 4. A player may accept the A Sample analytical results by waiving the requirement for B Sample analysis. The IIHF may nonetheless elect to proceed with the B Sample analysis.

7. The player, and/or his representative, the player's member national association, and an IIHF medical representative shall be allowed to be present at the analysis of the B Sample within the time period specified in the International Standards for Laboratories.

8. If the B Sample proves negative, the entire test shall be considered negative. The IIHF shall inform the member national association regarding such results. The member national association is responsible for immediately informing the player.

9. In accordance with article 7.4 of the Code, for apparent anti-doping rule violations that do not involve adverse analytical findings or whereabouts failures (including atypical findings), the IIHF shall conduct any necessary follow-up investigation in whatever time it needs to satisfy itself that an anti-doping rule violation has occurred. If the IIHF determines that an anti-doping rule violation has occurred, the IIHF shall notify WADA and the appropriate member national association who is responsible for notifying the respective player and/or party involved with the anti-doping rule violation. The IIHF shall indicate in the notice the anti-doping rule which appears to have been violated and the basis of the violation.

10. When it appears, following the results management process described above, that these Anti-Doping Regulations have been violated, the case shall be referred to the Disciplinary Committee for adjudication in accordance with the IIHF Disciplinary Regulations.

12. Member National Association Results Management

1. Results management conducted by member national associations shall be consistent with the general principles for effective and fair results management which underlie the detailed provisions set forth in Article 11.

2. Results of all doping controls shall be reported to the IIHF within 14 days of the conclusion of the member national association's results management process.

3. Any apparent anti-doping rule violation by a player who is a member of that member national association shall be promptly referred to an appropriate hearing panel established pursuant to the rules of the member national association or national law.

4. Apparent anti-doping rule violations by players who are members of another member national association shall be referred to the player's member national association or where applicable to the player's National Anti Doping Organization for results management and hearing.

5. Where a member national association fails to render a decision with respect to whether an anti-doping rule violation was committed within a reasonable deadline set by the IIHF or WADA, the IIHF and WADA may elect to appeal directly to CAS as if the member national association has rendered a decision finding no anti-doping rule violation.

13. Mandatory Provisional Suspensions

1. The IIHF shall immediately impose a provisional suspension for all adverse analytical finding received for a prohibited substance, other than a specific substance, after the appropriate review and notification procedures. The IIHF reserves the right to impose a provisional suspension for a specified substance if the case so warrant.

2. A provisional suspension can only be imposed if the player is given either a) an opportunity for a provisional hearing before the imposition of the provisional suspension, or on a timely basis after the imposition of the provisional suspension, or b) an opportunity for an expedited hearing in accordance with Article 3.9 of the Disciplinary Regulations

14. Doping Controls during Olympic Games

The procedure for doping controls and procedures at the Olympic Games shall be specified by the International Olympic Committee (IOC). The procedure of the doping controls of the IOC may differ from those of the IIHF but should be in conformity with the International Standard for Testing.

Unless otherwise agreed to, as in all IIHF competitions, during the Olympic Games the players, team physicians, coaches and all team officials are personally responsible for the adherence to the anti-doping rules and observance of the IOC Doping Control Regulations.

In the case of positive doping test at the Olympic Games, the IIHF will apply sanctions in accordance with IIHF Disciplinary Regulations in addition to those sanctions imposed by the IOC. The player, the player's member national association, the IOC and WADA will be notified of any such sanction.

15. Out-of-Competition Testing

15.1 General Provisions

It is the responsibility of every Member National Association to ensure compliance with the IIHF out-of-competition testing, specifically including but not limited to ensuring its athletes compliance with the IIHF Registered Testing Pool and submitting to the IIHF valid and up to date whereabouts information upon request for national teams prior to any international competition. Any Member National Association or player who fails to submit valid whereabouts information will be subject to sanctions as specified in the IIHF Disciplinary Regulations.

1. All out-of-competition sample collection procedures shall follow the protocol set out in the WADA Code and the International Standards for Testing in force at the time of the testing.

2. Except in exceptional circumstances, all out-of-competition testing shall be no advance notice.

3. All players shall be subject to out-of-competition doping controls carried out by the IIHF or any third party authorized or appointed by the IIHF to do so.

4. The effectiveness of out-of-competition testing relies greatly on the provision of proper athlete whereabouts information as provide by the teams or players prior to a competition, the players during their inclusion in the IIHF Registered Testing Pool or the National Anti-Doping Organization('s) throughout the year.

5. Any anti-doping rule violation resulting from out-of-competition testing will be adjudicated in accordance with the IIHF Disciplinary Regulations.

15.2 Registered Testing Pool

The IIHF shall establish an out-of-competition program based on the IIHF World Ranking and select a set number of Players who are eligible for inclusion into the Program. The IIHF shall develop a global whereabouts policy for Ice Hockey which shall be applied consistently across all Member National Associations and players involved in the IIHF Testing Program.

1. IIHF Registered Testing Pool ("RTP") shall be considered a pool of Players whose entry into the Pool is based on their success and their individual or collective behavior in relation to doping. Players entered into the IIHF RTP will be required to provide up to date whereabouts information to the IIHF for each quarter period via ADAMS for the purpose of No Advance Notice Out-Of-Competition Testing. Such whereabouts information shall include one specific 60-minute time slot between 6:00 – 23:00 (11 pm) each day where the Player will be available and accessible for Testing at a specific location.

2. Players chosen to become part of the IIHF RTP who are also members of the RTP of their National Anti-Doping Organization ("NADO") shall remain part of both the IIHF RTP and the NADO RTP. The IIHF shall liaise with the respective NADO for the purpose of IIHF out-of-competition testing to ensure a coordinated approach in the application of IIHF global whereabouts policy and procedures.

15.3 Registered Testing Pool Criteria

A Player may become part of the IIHF RTP if he/she:

1. Is under the jurisdiction of an IIHF top 16 ranked Member National Association;
2. Is serving a period of ineligibility or has recently completed a period of ineligibility;
3. Is currently in a NADO RTP;
4. Is suspected of being involved in any aspect of doping; or
5. Meets any other requirement and/or condition as specifically indicated by the IIHF.

15.4 Removal from the Registered Testing Pool

Once nominated to become part of the IIHF RTP, a Player shall remain part of the IIHF RTP for the duration of the nominated year and be subject to whereabouts requirements as set out in these Anti-Doping Regulations unless and until:

1. The Player is given written notice from the IIHF that he/she is no longer designated for inclusion into the IIHF RTP; or
2. The Player retires from competition and provides written notice to the IIHF regarding such.

15.5 Provisions of Whereabouts

1. Players entered into the IIHF RTP shall provide the IIHF with accurate and complete Player whereabouts information every quarter for one year via ADAMS on the due dates indicated in Regulation 15.6. A failure by a Player designated for inclusion into the IIHF RTP to submit his Player whereabouts by the deadline may amount to a Filing Failure and consequently a Whereabouts Failure.

2. Players shall also update the IIHF via ADAMS as soon as possible with any changes to his/her whereabouts information and/or with any additional information that is necessary to his/her whereabouts that occur within the specific quarter period.

15.6 Whereabouts Filing Requirements

1. Before the last day of each quarter and prior to the first day of the following quarter (i.e. 1 October, 1 January, 1 April, and 1 July) a Player in the IIHF RTP must file a Whereabouts Filing with the IIHF via ADAMS that contains the following information:

a) A complete mailing address where correspondence may be sent to the Player. Any notice or other items sent by courier or register post to that address will be deemed received by the Player when proof of actual receipt is provided by the delivery service;
b) For each day during the following quarter, the full address of the place where the Player will be residing (e.g. home, hotel, holiday location, etc.);
c) For each day during the following quarter, the name and address of each location where the Player will (i) train individually or as part of a team activity including both his/her club and national team schedules and (ii) will work or conduct any regular activity (university, study, etc.), as well as the usual time frames for such regular activity (and/or similarly relevant information for off-season quarters);
d) The Player's competition schedule for the following quarter, including the name and address of each location where the Player is scheduled to compete during the quarter and the date(s) on which he/she is scheduled to compete at such location(s) (club and national team schedules) (no competition schedule is required for off-season quarters); and
e) For each day during the following quarter, one specific 60-minute slot between 6:00 and 23:00 (11 pm) each day where the Player will be available and accessible for Testing at the a specific location.

(Note: A Player in the IIHF RTP who incurs and injury and/or illness during the season which results in him/her not being present at scheduled team and/or individual activities

shall be required to be available and accessible for Testing at his/her nominated residence.)

2. When making whereabouts filings Players are responsible for ensuring that they provide all the required information accurately and in sufficient detail to enable the IIHF, its nominee or NADO to locate the Player for Testing on any given day in the quarter.

3. Any Player who provides fraudulent information in his/her whereabouts filing commits an anti-doping rule violation under Regulation 2.3 or Regulation 2.5.

4. The Player has the ultimate responsibility to provide whereabouts information and be available for testing at all time in accordance with his/her whereabouts information declared on his Whereabouts Filing. However, each Member National Association shall use its best efforts to assist the IIHF in the implementation of its Out-Of-Competition Testing Program when requested to do so by the IIHF.

15.7 Filing Failure Pre-Conditions

A Player will only be declared to have committed a Filing Failure where the IIHF can establish:

1. That the Player was duly notified that he/she was designated for inclusion in the IIHF RTP and that he/she must make and update accurate whereabouts filings;
2. That the Player was informed of the consequences of any failure to comply with whereabouts filing requirements;
3. That the Player failed to comply with any or all of the requirements to make and update accurate Whereabouts Filings by the applicable deadline;
4. That in the case of a second and/or third Filing Failure in the same quarter, the Player was given notice of the previous Filing Failure;
5. That the Player's failure to comply was at least negligent (a Player will be presumed to have committed the failure negligently upon proof that he/she was notified of the filing requirement yet failed to comply).

15.8 Results Management for Filing Failures

1. If a Players meets all of the pre-conditions for a filing failure, then no later than 14 days after the date of the discovery of the filing failure, the IIHF shall send notice to the Player in writing of the filing failure. The notice shall explain: (a) that unless the Player establishes to the satisfaction of the IIHF that there has not been a filing failure, a Whereabouts Failure will be recorded against the Player, (b) if there are other Whereabouts Failure recorded against the Player and (c) of the consequence the Player will incur for the Whereabouts Filing Failure.

2. If a Player wishes to dispute the Whereabouts Filing Failure, the Player has 14 days from the date the Player receives the notice from the IIHF of the Whereabouts Filing Failure to respond to the IIHF regarding his/her dispute with the Whereabouts Filing Failure (such response must include the reasons disputing the Whereabouts Filing Failure together with

supporting evidence/documentation). The IIHF will advise the Player within 14 days after receiving the Player's objection, whether or not it maintains the Filing Failure against the Player.

3. If no response is received from the Player by the relevant deadline, or the IIHF maintains that there has been a Filing Failure, the IIHF shall send notice to the Player that a Filing Failure is recorded against him/her.

4. A Player shall have 14 days from the date the Player receives notice that a Filing Failure has been recorded against the Player to appeal such decision to the IIHF Council.

15.9 Availability for Testing

1. A Player in the IIHF RTP must specifically be present and available for Testing on any given day in the relevant quarter for the 60-minute time slot specified for that day in his Whereabouts Filing, at the location that the Player has specified for that time slot in such filing. If a Player fails to remain at the nominated location for the full 60-minutes period, he/she runs the risk of a potential Missed Test if the Doping Control Officer arrives during the 60-minute period but after the Player's departure.

2. It is the responsibility of a Player in the IIHF RTP to ensure that the whereabouts information provided in his Whereabouts Filing is sufficient to enable the IIHF to locate him/her for Testing within the 60-minute specified period. If any change in circumstance make the original whereabouts information inaccurate as to the Player's location, then the Player must update his/her Whereabouts Filing prior to his/her specified 60-minute time slot so that the information on file becomes accurate and complete. A failure shall have the following consequences:

a) If the IIHF attempts to test the Players during the 60-minute time slot, and due to the failure, the Player is not available for testing, the unsuccessful attempt shall be a Missed Test in accordance with 15.10;
b) If the circumstances so warrant, the failure may be pursued as evasion of Sample collection and/or Tampering or Attempted Tamper with Doping Control.

15. 10 Missed Test

A Player in the IIHF RTP may only be declared to have committee a Missed Test where the IIHF can establish:

1) That the Player was duly notified that he/she was designated for inclusion in the IIHF RTP and that he/she was advised of his/her liability for a Missed Test if he/she was unavailable for Testing during the 60-minute time slot specified in his Whereabouts Filing at the location specified for that time slot;
2) That the IIHF attempted to test the Player in the IIHF RTP during the 60-minute time slot specified by the Player in his/her Whereabouts Filing for that day;

3) That during the specified 60-minute time slot, the IIHF did what was reasonable in the circumstances to try to locate the Player, short of giving the Player any advance notice of the test;
4) That if the attempted testing would result in the Player's second missed test, the IIHF gave proper notice to the Player concerning the Player's first missed test;
5) That the Player's failure to be available for Testing at the specified location during the specified 60-minute time slot was at least negligent (a Player will be presumed to be negligent upon proof that 1 through 4 of this Regulation are met).

15.11 Results Management for Missed Tests

1. The IIHF designated Doping Control Officer shall notify the IIHF that an unsuccessful attempt has occurred. Such notice shall set out the details of the attempted sample collection including the exact date and time of the attempt, the names of all location(s) visited, the exact arrival and departure times at each of the location(s), the step(s) taken at the location(s) to try to find the Player, including details of any contact made with third parties (names, relation to Player, information on possible location of the Player if the Player is not present), and any other relevant details about the attempted sample collection.

2. If the IIHF determines that all of the requirements to record a Missed Test have been satisfied, then within 14 days after the date of the unsuccessful attempt, the IIHF must send notice to the Player of the Missed Test. The notice shall warn the Player: (a) that unless the Player establishes to the satisfaction of the IIHF that there has not been a Missed Test, a Missed Test will be recorded against the Player, (b) if there are other Missed Test and/or Whereabouts Failure recorded against the Player and (c) of the consequence the Player will incur for the Missed Test.

3. If a Player wishes to dispute the Missed Test, the Player has 14 days from the date the Player receives notice from the IIHF regarding the Missed Test to respond to the IIHF regarding his/her dispute with the Missed Test (such response must include the reasons disputing the Missed Test together with supporting evidence/documentation). The IIHF will advise the Player within 14 days after receiving the Player's response, whether or not it maintains the Missed Test.

4. If no response is received from the Player by the relevant deadline, or the IIHF maintains that there has been a Missed Test, the IIHF shall send notice to the Player that a Missed Test is recorded against him/her.

5. A Player shall have 14 days from the Player receives notice from the IIHF that a Missed Test has been recorded against him/her to appeal such decision to the IIHF Council.

15.12 Consequences of Whereabouts Failures

1. Any Player in the IIHF RTP who commits a total of three Whereabouts Failure (which may be any combination of Filing Failures and/or Missed Tests adding up to a total of three) within an 18-month period (irrespective of the doping organization(s) has/have

declared the Whereabouts Failures) shall be considered to have committed an anti-doping rule violation in accordance with IIHF Medical Regulation Section 2.

2. The 18-month period starts to run on the date the Player commits his/her first Whereabouts Failures. The 18-month period is not effected by any successful sample collection conducted with respect to the Player during the 18-month period. If a Player who has committed a Whereabouts Failure does not go on to commit a further two Whereabouts failures within 18-month period, at the end of that 18-month period, the first Whereabouts Failure expires for the purposes of these Regulations. For the purposes of determining whether a Whereabouts Failure has occurred within the 18-month period:

a) A Filing Failure shall be deemed to have occurred on the first day of the quarter for which the Player fails to make the required filing, or in the case of any subsequent Filing Failure in the same quarter following notice of the previous Filing Failure where the Player failed to rectify the Filing Failure by the deadline indicated by the IIHF;
b) A Missed Test will be deemed to have occurred on the date that the sample collection was unsuccessful.

15. 13 Member National Association Non-Compliance

Any Member National Association who fails to assist the IIHF in the implementation of its Out-Of-Competition Testing Program may be subject to disciplinary action in according to the IIHF Disciplinary Regulations.

15.14 Confidentiality

1. When the IIHF receives notice of a Whereabouts Failure with respect to a Player it shall not disclose that information beyond those persons who need to know, unless and until that Player is found to have committed an anti-doping rule violation (the IIHF shall ensure that such persons who need to know also maintain the same level of confidentiality).

2. Whereabouts information provided pursuant to Regulation 15 shall be shared with WADA and other Anti-Doping Organizations having jurisdiction to test players in accordance with the International Standard for Testing, including the strict condition that the whereabouts information is only used for doping control purposes.

16. Expenses for Doping Control

1. IIHF World Championship

The IIHF is responsible for the travel of the assigned IIHF Medical Supervisor(s) to the designated airport for the event. All other expenses including meals and accommodation for the IIHF Medical Supervisor, sampling materials, the sample taking procedure, the sample analysis and transport of samples, will be at the expense of the organizing member national association.

2. Other IIHF Competitions:

The IIHF is responsible for the travel to and from at the event of the assigned IIHF Medical Supervisor(s) and all costs for sample analysis at the selected laboratory. All other expenses including doping control personnel, sample collection, courier of the samples to the WADA laboratory, local travel, meals and accommodation will be at the expense of the organizing member national association.

3. Out-of-Competition or Out-of-Season Testing

All expenses will be paid by the IIHF.

Should additional testing be required because of a player's previous adverse findings, the costs of this additional testing will be at the expense of the player's member national association.

17. Technical IIHF Doping Control Protocols:

1. The DCSO shall arrange for the transportation of players tested and his/her team physician or his/her representative to their respective hotels following the DC sample taking procedure.

2. The OC shall supply sufficient hot meals and beverages for each player tested and his/her team physician or his/her representative after completing the DC sample taking procedure.

3. The DCSO shall attend the Team Medical Personnel Meeting held prior to the start of the IIHF competition.

4. The OC shall accredit the IIHF Medical Supervisor and DCSO to allow full and unlimited access to all facilities.

5. The IIHF Medical Supervisor shall be accommodated at the same hotel as the IIHF Directorate.

6. The OC shall provide a car and driver for the IIHF Medical Supervisor to be on 24 hour call for the entire period of the competition.

III

GLOSSARY

CMO	Chief Medical Officer
IIHF	International Ice Hockey Federation
IOC	International Olympic Committee
MC	Medical Committee
DC	Doping Control
DCA	Doping Control Assistant
DCC	Doping Control Committee
DCR	Doping Control Regulations
DCS	Doping Control Station
DCSup	Doping Control Supervisor
DCSO	Doping Control Station Official
DCSP	Doping Control Station Physician
(M) NA	(Member) National Association
OC	Organizing Committee

Note: All terms relating to anti-doping are as defined in the IIHF Disciplinary Regulations and the World Anti Doping Code.