

KHL REGULATIONS

SEASONS 2017/2018, 2018/2019, 2019/2020, 2020/2021

APPROVED BY

CHL LLC Board of Directors
(minutes No. 75 dated July 14, 2017)

As amended and supplemented and approved by
the CHL LLC Board of Directors

(minutes No. 85 dated July 4, 2018;
minutes No. 96 dated July 4, 2019;
minutes No. 109 dated August 7, 2020)

KHL MEDICAL REGULATIONS

Whereas the official language of the Kontinental Hockey League Championship is Russian,
in case of inconsistency between the Russian and English versions of the KHL Regulations
the Russian text shall prevail

Moscow, 2020

KHL MEDICAL REGULATIONS

TABLE OF CONTENTS

TERMS, DEFINITIONS AND ABBREVIATIONS	4
CHAPTER 1. MEDICAL SUPPORT OF KHL CLUBS	4
Article 1. General provisions.....	4
Article 2. KHL Medical Web Portal.....	4
Article 3. Medical licensing in the Club.....	4
Article 4. Club medical service	5
Article 5. Club Doctor's job description.....	5
Article 6. Requirements for medical bag composition	6
CHAPTER 2. REQUIREMENTS FOR MEDICAL STATIONS AT SPORTS FACILITIES AND EQUIPPING A CLUB'S MEDICAL ROOM.....	7
Article 7. Requirements for the organizing and equipping a Medical Station at a Sports Facility.....	7
Article 8. Requirements for equipping the Club medical room with medicines and instruments	7
Article 9. Requirements for the Doping Control Station at a Sports Facility	7
CHAPTER 3. MEDICAL EXAMINATIONS (HEALTH SCREENING) OF HOCKEY PLAYERS	7
Article 10. Scope and timing of in-depth medical examination (IDME)	7
Article 11. Decision making algorithm in case of detecting adverse changes in a Hockey Player's Health.	8
CHAPTER 4. CLUB TEAMS' MEDICAL ROSTERS	9
Article 12. Procedure for a Club Team's medical roster	9
Article 13. The Form of medical opinion on admission to training sessions and participation in the Championship 10	
CHAPTER 5. REQUIREMENTS FOR MEDICAL SUPPORT OF THE CHAMPIONSHIP GAMES AND TRAINING SESSIONS.....	10
Article 14. General requirements for medical support of the Games and training sessions	10
Article 15. Medical Team for the Game	10
Article 16. Functions of the Medical Team for the Game	11
Article 17. Location of the Medical Team for the Game at the Sports Facility	12
Article 18. Procedure for rendering medical assistance on the ice during the Game and training sessions	12
CHAPTER 5.1. DOPING CONTROL IN THE KHL.....	13
Article 18.1. General provisions.....	13
Article 18.2. Therapeutic Use Exemptions for prohibited substances and methods	14
Article 18.3. Doping Control arrangements in the KHL	15
CHAPTER 6. FINAL PROVISIONS	16
Article 19. KHL Medical Regulations effectiveness	16
<i>Appendix 1</i>	<i>17</i>
REGULATION ON THE KHL MEDICAL WEB PORTAL	17
<i>Appendix 2</i>	<i>19</i>
REQUIREMENTS FOR COMPOSITION OF MEDICINAL PRODUCTS AND MEDICAL EQUIPMENT FOR THE DOCTOR IN SPORTS MEDICINE	19
<i>Appendix 3</i>	<i>26</i>
PROGRAM OF IN-DEPTH MEDICAL EXAMINATION	26
OF KHL HOCKEY PLAYERS	26
<i>Appendix 4</i>	<i>28</i>
RECOMMENDED STANDARD FOR EQUIPPING A SPORTS FACILITY MEDICAL STATION.....	28
<i>Appendix 5</i>	<i>31</i>
MINIMUM RECOMMENDED EQUIPMENT OF A CLUB MEDICAL ROOM.....	31
<i>Appendix 6</i>	<i>33</i>
CONSOLIDATED MEDICAL OPINION ON THE HEALTH AND FUNCTIONAL STATUS OF PLAYERS (HOCKEY PLAYERS) ACCORDING TO THE IDME RESULTS	33
<i>Appendix 7</i>	<i>30</i>
MEDICAL LINEUP.....	35
<i>Appendix 8</i>	<i>36</i>
MEDICAL TEAM COMPOSITION AT THE SPORTS FACILITY.....	36
<i>Appendix 9</i>	<i>32</i>
REGULATION ON MANAGING THE WORK OF THE CHIEF PHYSICIAN OF COMPETITIONS DURING THE KHL CHAMPIONSHIP GAMES.....	37
<i>Appendix 10.....</i>	<i>33</i>

KHL MEDICAL REGULATIONS

Scheme of Providing Emergency Medical Care to an Injured Player (Hockey Player) on the Ice, As Recommended by the Russian Hockey Federation	39
<i>Appendix 11</i>	<i>34</i>
REQUIREMENTS FOR THE DOPING CONTROL STATION	40
<i>Annex 12</i>	<i>42</i>
DOPING TEST SAMPLING PROCEDURE	42
<i>Annex 13</i>	<i>47</i>
ACKNOWLEDGEMENT FORM FOR READING AND UNDERSTANDING OF ALL RUSSIAN ANTI-DOPING RULES (WADA CODE - FOR FOREIGN CLUBS).....	47

KHL MEDICAL REGULATIONS

TERMS, DEFINITIONS AND ABBREVIATIONS

Deleted.

(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)

CHAPTER 1. MEDICAL SUPPORT OF KHL CLUBS

Article 1. General provisions

1. Medical support of KHL Clubs is based on the healthcare legislation of the Russian Federation, taking into account the specific features of the national laws of the countries participating in the Championship.
Specialized medical care (including dental care) shall be provided to a Main Team Hockey Player over the lifetime of the Contract. The treatment of a Hockey Player shall be carried out only in medical organizations specified (agreed in writing) by the Club, except in cases of treatment of life-threatening conditions, diseases and injuries.
(last updated on July 4, 2019. Minutes of meeting of CHL LLC Board of Directors No. 96 dated July 4, 2019)
2. If a Hockey Player wishes to receive specialized medical (including dental) care in medical organizations that are not agreed with the Club, the Hockey Player shall pay for such treatment on his own in full.
(last updated on July 4, 2019. Minutes of meeting of CHL LLC Board of Directors No. 96 dated July 4, 2019)
3. Treatment of employment-related injuries shall be provided at the Club's expense.
4. In case the Hockey Player is injured in the course of the Game, when relocating with the team, during business trips initiated by the Club, or in the training process, the Club shall pay for his stay in hospital in the prescribed manner until complete recovery, provided that the medical organization was specified by the Club. In case the Hockey Player neglects wearing protective gear (full face mask, eye protection (visor), throat protection, mouthguard, elbow pads, gloves) or wears protective gear inconsistent with the IIHF requirements which results in an injury, treatment should be paid by the Hockey Player or according to his health insurance policy.
(last updated on July 4, 2019. Minutes of meeting of CHL LLC Board of Directors No. 96 dated July 4, 2019)
5. The Club shall be responsible for providing Hockey Players with drugs, dietary supplements, vitamin and mineral complexes, orthopedic products and other medical supplies.

Article 2. KHL Medical Web Portal

1. Medical statistical information about each Hockey Player must be entered in the KHL Medical Web Portal in accordance with the Regulation on the KHL Medical Web Portal (Appendix 1 to the KHL Medical Regulations).
(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)
2. In case of improper entry of information in the KHL Medical Web Portal, the penalties provided for by the KHL Disciplinary Regulations may be applied to the Club.

Article 3. Medical licensing in the Club

1. Medical care in the Russian Clubs must be managed under a medical practice license obtained in accordance with the laws of the Russian Federation by the Club or the administration of the Sports Facility. It is recommended to obtain a medical practice license for physical therapy and sports medicine.
Medical licensing of foreign Clubs should be subject to national healthcare laws.

KHL MEDICAL REGULATIONS

Article 4. Club medical service

1. Medical support (medical care) of a KHL Club shall be provided by the Club's medical service.
2. The staff of the Club's Main Team medical service must comprise at least one (1) doctor with a degree in «General medicine» and one (1) medical professional with vocational medical training.
3. All Club doctors are required to have a valid certificate of accreditation in «Physical therapy and sports medicine» or to be in the process of professional retraining in physical therapy and sports medicine. Copies of the certificates attested by the Club's personnel department must be transferred to the KHL Medical Authority within one (1) month after their receipt.
(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)
Club doctors are recommended to undergo a thematic advanced training in the basic course of cardiopulmonary resuscitation.
4. The Club massage therapist must be medical professional with vocational medical training and have a valid certificate of accreditation in «Medical massage» or «Physical therapy».
(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)
5. The Club Physical Therapy instructor must be medical professional with vocational medical training and have a valid certificate of accreditation in «Physical therapy».
(last updated on July 4, 2019. Minutes of meeting of CHL LLC Board of Directors No. 96 dated July 4, 2019)
- 5.1. The Club medical rehabilitation therapist must be medical professional with vocational medical training and have a valid certificate of accreditation in «Physical Medicine and Rehabilitation».
(last updated on July 4, 2019. Minutes of meeting of CHL LLC Board of Directors No. 96 dated July 4, 2019)
6. The Club medical service staff may comprise other full-time medical professionals if they have a national certificate in the relevant medical training, valid certificates of specialist accreditation, and if the Club is licensed for this type of medical care.
(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)

Article 5. Club Doctor's job description

1. Conduct continuous medical monitoring of the Hockey Players' health and tolerance to training and competition loads.
2. Provide emergency and urgent medical care to the participants of competitions: athletes, specialists working with athletes, organizers of the competitions, spectators, personnel of Sports Facilities.
(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)
3. Arrange diagnostic and treatment activities for a Hockey Player on a regular basis when corresponding changes in his health take place.
4. Keep the required medical records of Hockey Players' health encounters, health screening done, the proven diagnosis and the assigned therapy.
5. Immediately inform the Club's management and the KHL Medical Authority about any life-threatening changes in the health of Club Hockey Players, including cases of revealing an infectious disease.
(last updated on July 4, 2019. Minutes of meeting of CHL LLC Board of Directors No. 96 dated July 4, 2019)
- 5.1. Take preventive and anti-epidemic measures if a patient with suspected infectious disease is detected among Hockey Players and employees of the Club in consistence with the approved Procedure for such measures posted on the Electronic Medical Portal.
(last updated on July 4, 2019. Minutes of meeting of CHL LLC Board of Directors No. 96 dated July 4, 2019)

KHL MEDICAL REGULATIONS

6. Provide the requested medical information to the KHL Medical Authority within 24 hours of receiving the official request from the KHL.
7. Comply with the principles of confidentiality and using individual cipher codes assigned to each Hockey Player for entering information in the KHL Medical Web Portal.
8. Promptly fill out the individual medical record of a Hockey Player in accordance with the Regulation on the KHL Medical Web Portal over the lifetime of the Hockey Player's Contract with the Club (Appendix 1 to the KHL Medical Regulations).
9. At the request of a Hockey Player provide copies of the results of preseason tests and the preseason (precontract) in-depth medical examination (IDME) and other medical documents.
10. Arrange for the Hockey Players eligible to play for the Club's Main Team a mandatory preseason (precontract) in-depth medical examination (IDME), and another IDME before the start of the Second Stage of the Championship (play-off), taking into account the program recommended by the KHL Medical Authority (Appendix 3 to the KHL Medical Regulations), but at least once per six (6) months.
(last updated on July 4, 2019. Minutes of meeting of CHL LLC Board of Directors No. 96 dated July 4, 2019)
11. Attend all Games and training sessions of the Club's Main Team, carrying the medicines and medical equipment required for providing emergency medical care (Appendix 2 to the KHL Medical Regulations).
12. When providing medical care to Hockey Players, use only the medicines and methods that are officially registered in the Russian Federation (with the exception of foreign Clubs).
13. Use, if necessary for life saving, the substances and methods included in the WADA Prohibited List, in accordance with the International Standard for Therapeutic Use, assist the Hockey Player in immediate preparation of a retroactive request for 'therapeutic use' to RUSADA or another national anti-doping organization and immediately inform the Club's management and the KHL Medical Authority thereof.
(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)
14. Inform Hockey Players and other Club employees about the main provisions of the anti-doping rules and amendments thereto.
 - 14.1. Control RUSADA/WADA website training of the new Hockey Player who arrived to the Club's location and has no anti-doping certificate, before the Hockey player is added to the roster for participating in the Championship.
(last updated on August 7, 2020. Minutes of meeting of CHL LLC Board of Directors No. 109 dated August 7, 2020)
15. Carry out professional activities as part of the Medical Team during the Game.
16. Improve professional skills, attend awareness-raising, tutorial and training workshops, academic conferences and symposia on sports medicine and anti-doping support, including those held by the KHL, also including distance learning and testing.
(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)
- 16.1 Annually undergo anti-doping online training on RUSADA/WADA website not later than January 31 of the current year and receive the respective certificate.
(last updated on August 7, 2020. Minutes of meeting of CHL LLC Board of Directors No. 109 dated August 7, 2020)
17. Submit to the KHL Medical Authority the requested information about education, work experience, other professional information, as well as personal information (such as telephone number and e-mail).

Article 6. Requirements for medical bag composition

1. During the Championship Games, the Club doctors should always have medicines and medical equipment (including an automatic defibrillator) at their disposal to deliver emergency and urgent medical care (Appendix 2 to the KHL Medical Regulations).

KHL MEDICAL REGULATIONS

(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)

2. All medicines included in medical bags must be officially registered in the Russian Federation (with the exception of foreign Clubs).

CHAPTER 2. REQUIREMENTS FOR MEDICAL STATIONS AT SPORTS FACILITIES AND EQUIPPING A CLUB'S MEDICAL ROOM

Article 7. Requirements for the organizing and equipping a Medical Station at a Sports Facility

1. In order to provide medical support during the KHL Championship Games, a Sports Facility must comprise at least one (1) properly licensed Medical Station.
2. The Medical Station at a Sports Facility is intended to provide medical care to the participants of competitions: athletes, specialists working with athletes, organizers of the competitions, spectators, personnel of Sports Facilities.
3. There should be a direct, clearly marked, unhindered access to the Sports Facility Medical Station.
4. Employees of Clubs and the Sports Facility, spectators and other Game participants should be able to visit the Medical Station unassisted, without the need to contact third parties.
5. It is recommended to equip the Sports Facility Medical Station with medicines, property, instruments and hardware in accordance with Appendix 4 to the KHL Medical Regulations.
6. If the Sports Facility has more than 3,000 spectator seats, it is recommended to have one (1) additional Medical Station for every 6,000 spectators.

Article 8. Requirements for equipping the Club medical room with medicines and instruments

1. In addition to the Sports Facility Medical Station, a medical room can be established in order to effectively arrange medical support by the Club, which should be licensed to provide medical care.
2. The minimum recommended equipment of the Club medical room is listed in Appendix 5 to the KHL Medical Regulations.
3. Medicinal equipment of Clubs' medical rooms is recommended by the KHL Medical Authority in accordance with Appendix 4 to the KHL Medical Regulations.
4. It is recommended to allocate separate rooms in the Sports Facility, in direct proximity to the visiting team dressing room, so that the visiting team's doctor could arrange a massage room there.

Article 9. Requirements for the Doping Control Station at a Sports Facility

Deleted.

(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)

CHAPTER 3. MEDICAL EXAMINATIONS (HEALTH SCREENING) OF HOCKEY PLAYERS

Article 10. Scope and timing of in-depth medical examination (IDME)

1. Hockey Players of KHL Clubs are at the stage of top sport performance, therefore an in-depth medical examination (IDME) shall be performed at least once per six (6) months.
(last updated on August 7, 2020. Minutes of meeting of CHL LLC Board of Directors No. 109 dated August 7, 2020)
2. IDME shall take place only at specialized healthcare facilities (exercise therapy centers) properly licensed to provide health care.
(last updated on August 7, 2020. Minutes of meeting of CHL LLC Board of Directors No. 109 dated August 7, 2020)
3. The IDME program is set out in Appendix 3 to the KHL Medical Regulations.
4. The IDME results should be submitted to the KHL Medical Authority as the original copy of a medical opinion on the admission to training sessions and participation in sports competitions

KHL MEDICAL REGULATIONS

prepared by the healthcare facility conducting the IDME. The recommended medical opinion forms are presented in Appendixes 6, 7 to the KHL Medical Regulations. A copy of the medical opinion must be posted on the KHL Medical Web Portal two (2) business days before the Club files an application to participate in the KHL Championship. For more information on medical opinion, see Chapter 4.

5. The preseason (precontract) IDME shall be conducted annually early in the season upon the Hockey Player's arrival to the Club premises (or within five days before the start date of the Club's Preseason Practice Session) or before entering into a Contract between the Club and the Hockey Player (including during the season), prior to the commencement of participation in any Games and training sessions associated with physical activity. If the Hockey Player has undergone the preseason (precontract) IDME and was included in the Club's roster before the season start, then in case of transfer to another KHL Club during the same season, no extra medical permission shall be issued for him.
6. A Contract between a Club and a Hockey Player shall become effective only if the results of the preseason (precontract) IDME prove that the Hockey Player has no diseases (injuries) that would prevent him from playing ice hockey.
7. The second IDME of Hockey Players must be conducted in six (6) months after a preseason (precontract) IDME.
(last updated on July 4, 2019. Minutes of meeting of CHL LLC Board of Directors No. 96 dated July 4, 2019)
8. All the Club's Hockey Players who have valid Contracts by the close of the First Stage of the Championship must undergo the second IDME.
9. The results of a second IDME should be submitted to the KHL Medical Authority within five (5) business days after the examination.
(last updated on July 4, 2019. Minutes of meeting of CHL LLC Board of Directors No. 96 dated July 4, 2019)
10. IDME may be omitted by those athletes who have diseases with temporary contraindications to physical activity and by Hockey Players who play for the national team and who were called in such team's premises or who participate in international competitions during the specified period as part of the national team.
In order to determine the individual dates for their IDME Hockey Players need to contact the KHL Medical Authority.
11. If, on the results of the IDME, a Hockey Player receives no admission to the training sessions and to participation in sports competitions the Club shall add such Hockey Player to the List of injured players.
(last updated on July 4, 2019. Minutes of meeting of CHL LLC Board of Directors No. 96 dated July 4, 2019)

Article 11. Decision making algorithm in case of detecting adverse changes in a Hockey Player's Health

1. In case of obtaining data on pathological changes that significantly impair the health of a Hockey Player, or arising suspicion of a poorly conducted IDME, the KHL Medical Authority shall be entitled to solicit the KHL executives to conduct additional health screening of that Hockey Player involving subject matter medical experts.
2. The decision to exclude a Hockey Player from the training sessions and/or the competitive process for medical reasons shall be made by the chairperson of the medical commission of the medical organization that conducted the preseason (precontract) IDME.
(last updated on July 4, 2019. Minutes of meeting of CHL LLC Board of Directors No. 96 dated July 4, 2019)
3. In the event of injury and detection of diseases as a result of the IDME that prevent engagement in professional sport (ice hockey), the Contract between the Club and the Hockey Player may be terminated in the manner prescribed by the KHL Legal Regulations and the Hockey Player's Contract.

KHL MEDICAL REGULATIONS

CHAPTER 4. CLUB TEAMS' MEDICAL ROSTERS

Article 12. Procedure for a Club Team's medical roster

1. A Club team's Medical Roster precedes the submission of the roster files to the KHL Department of Competitions.
2. A Club team's Medical Roster shall be drawn up by the KHL Medical Authority and shall include the submission of documents by the Club and filling out the KHL Medical Web Portal.
The documents required for the Club team's Medical Roster are following:
 - 1) the Medical Lineup (Appendix 7 to the KHL Medical Regulations) or the Consolidated Medical Opinion on the Health and Functional Status of Players according to the IDME results (Appendix 6 to the KHL Medical Regulations);
(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)
 - 2) the medical license of the Sports Facility Medical Station;
 - 3) the medical license of the Hockey Club;
 - 4) a list of the Club's medical staff (specifying their educational background, work experience, date of birth and contact details: telephone number, e-mail);
 - 5) copies of academic credentials (certificates) of the Club's medical staff certified by the Club's personnel department;
 - 5.1) copies of valid RUSADA/WADA certificates of the team's doctor and an employee who is responsible for anti-doping activity in the Club, and Hockey Players;
(last updated on August 7, 2020. Minutes of meeting of CHL LLC Board of Directors No. 109 dated August 7, 2020)
 - 6) the Medical Team composition for the Game in the approved form (Appendix 8 to the KHL Medical Regulations);
 - 7) a copy of the agreement for the support of the Games by at least 2 (two) medical crews;
 - 8) a color photo or video report on the results of the Medical Team's trainings for the evacuation of a purportedly injured Hockey Player with a spinal injury or head injury from an ice rink and according to the cardiopulmonary resuscitation protocol (at least five photographs);
 - 9) a list of healthcare facilities providing medical care to the Hockey Players, or an agreement with an insurer under a voluntary health insurance scheme;
 - 10) the plan of evacuating a purportedly injured Hockey Player from ice;
 - 10.1) the order appointing an employee among the executives who is responsible for arrangement of the Club's work on doping prevention in sport and for communications with anti-doping organizations and the KHL on anti-doping support issues;
(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)
 - 10.2) An acknowledgement form for reading and understanding of All-Russian Anti-Doping Rules (WADA Code - for foreign Clubs) by Hockey Players and the Club's staff (Appendix 13 to the KHL Medical Regulations).
(last updated on July 4, 2019. Minutes of meeting of CHL LLC Board of Directors No. 96 dated July 4, 2019)
 - 11) additional documents (if necessary).
3. The documents referred to in paragraph 2 hereof must be uploaded to the KHL Medical Web Portal. The original medical opinions on the admission of Hockey Players in two (2) copies (Appendixes 6, 7 to the KHL Medical Regulations) shall be submitted to the KHL Medical Authority on the date of filing the Club's roster.
4. The Hockey Players' IDME results must be uploaded to the KHL Medical Web Portal no later than two (2) business days before the official date of the Club's competition entry for participation in the Championship.
(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)

KHL MEDICAL REGULATIONS

5. In case of failure to provide the documents specified in paragraph 2 hereof, or any mistakes in their completion, or inadequate filling in of the Hockey Players' electronic cards on the KHL Medical Web Portal, the Hockey Player's lineup shall not be accepted.

Article 13. The Form of medical opinion on admission to training sessions and participation in the Championship

1. A medical opinion on admission to training sessions and participation in the Championship shall be completed for all the Hockey Players who have undergone IDME in accordance with the approved program (Appendix 3 to the KHL Medical Regulations). The medical opinion can be drawn up in the form of a Medical Lineup (Appendix 7 to the KHL Medical Regulations) or a Consolidated Medical Opinion (Appendix 6 to the KHL Medical Regulations).
(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)
2. The medical opinion on admission must contain the nominal game roster of the Club team, certified by the 'Admitted' mark in front of each Hockey Player's name and by the sports medicine doctor's signature and personal seal.
The medical opinion on admission shall be signed by the sports medicine doctor deciphering the last name, first name and patronymic (if any) in print and certified by the seal of the healthcare facility licensed to provide medical care, and the license should encompass work (services) on physical therapy and sports medicine (by the Club doctor and Club manager — on the Medical Lineup).
3. In case of a roster addition of a new Hockey Player in whose regard no lineup has been previously submitted by another Club, the Club must submit to the KHL Medical Authority a separate medical opinion on the admission of this Hockey Player.
4. In case if more than one page is used for drawing up the medical opinion on admission, duplex printing must be applied, or the sheets must be bound and numbered.

CHAPTER 5. REQUIREMENTS FOR MEDICAL SUPPORT OF THE CHAMPIONSHIP GAMES AND TRAINING SESSIONS

Article 14. General requirements for medical support of the Games and training sessions

1. Medical support for all competitions organized by the KHL shall be provided by forming a Medical Team for the Game.
2. In foreign Clubs, the medical support of the Games is based on the effective healthcare laws of the countries participating in the Championship.
3. It is strictly prohibited to hold Championship Games without the participation of a Medical Team.
4. It is not allowed to conduct trainings on the ice without a functioning Medical Station at the Sports Facility and with no immobilization devices (gurney, cervical collar, spinal board, scoop stretcher) and no medical equipment (including an automatic defibrillator) directly at the ice rink.
5. The evacuation of an injured Hockey Player shall be performed according to the pre-approved evacuation plans. The evacuation routes must never be blocked.

Article 15. Medical Team for the Game

1. Medical Team to support the Championship Games shall be formed jointly by the Club and the administration of the Sports Facility prior to the season start.
2. Information about the Medical Team composition shall be provided to the KHL Medical Authority in the approved form (Appendix 8 to the KHL Medical Regulations) and within the deadline for submitting the Club's medical roster for participation in the Championship. In case of any changes in the composition of the Medical Team for the Game during the Championship, relevant information must be provided to the KHL Medical Authority in the approved form (Appendix 8 to the KHL Medical Regulations) within three (3) days.
3. The permanent composition of the Medical Team for the entire game season is represented by:
 - 1) Chief Physician of Competitions;

KHL MEDICAL REGULATIONS

- 2) the sports medicine doctor of the Sports Facility Medical Station;
 - 3) the home team doctor.
4. In addition to the permanent Medical Team composition, each Game must be attended by ad hoc members:
- 1) Two (2) mobile medical crews: one (1) class B EMS, one (1) specialized EMS (class C resuscitation team);
(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)
 - 2) the visiting team doctor.
5. The staff of the Medical Team for the Game must have clear distinctive badges on their clothes.
(last updated on July 4, 2019. Minutes of meeting of CHL LLC Board of Directors No. 96 dated July 4, 2019)
6. In case of failure to comply with the requirements for the formation of the Medical Team working at the Championship Games, the KHL may, in the prescribed manner, apply the penalties provided for by the KHL Disciplinary Regulations.

Article 16. Functions of the Medical Team for the Game

1. The Medical Team is responsible for medical support during the preparation for the Game, during the Game itself and upon completion of the Game during the time period specified in paragraph 6 hereof.
(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)
2. The Chief Physician of Competitions shall perform his functions in accordance with the Regulation on managing the work of the Chief Physician of Competitions during the Championship Games (Appendix 9 to the KHL Medical Regulations).
3. Responsibilities of the Medical Team at the preliminary stage (preparation for the Game):
 - 1) identifying the medical evacuation routes from the competition venues and spectator grandstands;
 - 2) conducting joint trainings with the medical staff of mobile medical crews to evacuate the injured and sick persons to medical organizations, as well as to cooperate in cases of emergencies of a natural, man-made and terrorist nature;
(last updated on August 7, 2020. Minutes of meeting of CHL LLC Board of Directors No. 109 dated August 7, 2020)
 - 3) in case if certain circumstances occur that prevent holding the Game (for example, inability to arrange evacuation to a medical organization or difficulties in providing effective medical care at the Sports Facility Medical Center), the Chief Physician of Competitions must inform the Chief Referee of Competitions and the Clubs' executives thereof before the Game;
(last updated on August 7, 2020. Minutes of meeting of CHL LLC Board of Directors No. 109 dated August 7, 2020)
 - 4) in case if any medical, sanitary and epidemiological risks to the life and health of the Game participants and spectators are detected, the Chief Physician of Competitions may recommend in writing to the Chief Referee that the Game be canceled or postponed.
4. During the Game the Medical Team in cooperation with the mobile medical crews shall provide medical care to the Hockey Players, including on the ice rink, to the spectators and other Game participants.
5. Upon completion of the Game, the teams' doctors shall enter information about the injuries of the Hockey Players into the electronic journal of the Chief Physician of Competitions through the Chief Physician of Competitions and in the Official Game Report through the secretary.
(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated 04.07.2018).

KHL MEDICAL REGULATIONS

6. Representatives of the Medical Team must be at the Sports Facility and in close proximity to the ice rink from the beginning of admission spectators in the Sports Facility but at least one hour before the start of the Game, during the Game, and also within 30 minutes after the end of the Game.
(last updated on July 4, 2019. Minutes of meeting of CHL LLC Board of Directors No. 96 dated July 4, 2019)

Article 17. Location of the Medical Team for the Game at the Sports Facility

1. At the Sports Facility, six (6) seats should be provided to accommodate representatives of the Medical Team for the Game, and also parking spaces for two ambulance cars for the entire duration of the Game.
(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)
2. The seats for representatives of the Medical Team for the Game should be located in the immediate vicinity of the rink, close to the storage space of the evacuation/transport medical equipment and technological gates for ice-resurfacing machines, not higher than the second row of the ice arena grandstands.
3. The seats for representatives of the Medical Team for the Game must be marked with a sign (at least 30 × 40 cm in size, white background, red cross in the center), which should be visible from all points of the ice rink and spectator grandstands.

Article 18. Procedure for rendering medical assistance on the ice during the Game and training sessions

1. Medical assistance to a Hockey Player in the event of injury shall be provided by the Medical Team for the Game on the spot of injury and in strict accordance with the following protocol:
 - 1) when a Hockey Player gets an injury requiring medical intervention directly on the ice rink, the Club doctor shall be the first to enter the ice to provide medical assistance, with the permission of the Referee;
 - 2) if this amount of medical care is insufficient, the Club doctor must give a pre-agreed signal (for example, a raised fist) for the Medical Team to enter the ice rink;
 - 3) when evacuating the injured Hockey Player from the ice rink, the Medical Team must act in strict accordance with the requirements of the IIHF Medical Regulations (training video “Rescue on the Ice”) and the FHR Medical Regulations (Appendix 10 to the KHL Medical Regulations);
(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)
 - 4) it is strongly prohibited to attempt moving, lifting, or any other manipulations with the injured Hockey Player lying on the ice before the arrival of the Club doctor;
 - 5) in the event if a Hockey Player is injured during a training session, the Club doctor shall independently decide to come on the ice.
2. After being evacuated from the rink, the injured Hockey Player shall be immediately transported by a mobile ambulance team to a healthcare facility to receive specialized medical care (in case of appropriate medical indications).
(last updated on August 7, 2020. Minutes of meeting of CHL LLC Board of Directors No. 109 dated August 7, 2020)
3. The decision on medical evacuation of the Hockey Player to a healthcare facility shall be made by the EMS doctor in consultation with the Club doctor and the Chief Physician of Competitions. If the health condition of the Hockey Player is not life-threatening, but evacuation to a healthcare facility is required, the EMS crew shall call for an additional local EMS crew, unless otherwise provided for by the EMS attendance service agreement.
(last updated on July 4, 2019. Minutes of meeting of CHL LLC Board of Directors No. 96 dated July 4, 2019)
4. Information about the Hockey Player being admitted to hospital should be immediately communicated by the Chief Physician of Competitions to the KHL Medical Authority via the Electronic Journal of the Chief Physician of Competitions.

KHL MEDICAL REGULATIONS

5. The ambulance car that has left must immediately be replaced by the second ambulance team car, and an additional ambulance car must be called in to provide the required number of ambulance cars at the Sports Facility during the Game.
6. All cases of providing medical care to the Game participants and the spectators, as well as information about admissions to hospital, must be recorded by the Chief Physician of Competitions in the Outpatient Admission Log of the Sports Facility Medical Station and in the Weblog of the Chief Physician of Competitions.
(last updated on July 4, 2019. Minutes of meeting of CHL LLC Board of Directors No. 96 dated July 4, 2019)
7. The Outpatient Admission Log of the Sports Facility Medical Station shall be set up by the administration of the Sports Facility or the Club before each season start; its pages should be numbered and bound.
8. Complaints about medical support of the Game shall be accepted by the Chief Physician of Competitions only in writing and within 30 minutes after the end of the Game.

CHAPTER 5.1. DOPING CONTROL IN THE KHL

(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)

Article 18.1. General provisions

(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)

1. The KHL implements a number of measures to prevent and fight against doping in sport, based on the effective Russian and international laws and regulations in the field of countering the spread of doping in sport, including Doping control at the Championship Games.
2. The Club Hockey Players, Coaches, medical staff are personally responsible for violation of anti-doping rules.
 - 2.1. An employee responsible for arrangement of the anti-doping activity, the Club's doctor and Hockey Players shall annually, by January 31 at the latest, complete an on-line anti-doping training course on the RUSADA/WADA web site.
(last updated on July 4, 2019. Minutes of meeting of CHL LLC Board of Directors No. 96 dated July 4, 2019)
3. The following actions and circumstances are considered to be a violation of the anti-doping rule:
 - 3.1. Presence of a prohibited substance or its metabolites or markers in an athlete's test taken during the Competition or out-of-competition period;
 - 3.2. Use or attempted use by an athlete of a prohibited substance or a prohibited method;
 - 3.3. Evasion of passing a test, or refusal without a valid reason, or failure to appear at the test passing procedure after being informed thereof in accordance with applicable anti-doping rules;
 - 3.4. Violation of the procedure for providing information on the location:
 - any combination of three (3) missed tests and/or failure to provide information on the location of the Hockey Player included in the Registered Testing Pool within twelve (12) months is a violation of the anti-doping rule and results in disqualification for 2 (two) years or more (the World Anti-Doping Code);
 - if a Hockey Player misses the deadline for providing information on his location, he shall be subject to 12 months of monitoring. The monitoring period cannot be reduced even if the results of doping tests passed by the Hockey Player during this period are negative. If

KHL MEDICAL REGULATIONS

the Hockey Player does not make two more refusals to provide location information within the 12-month period, the monitoring shall be terminated after this period;

- refusal to provide information on the location shall be deemed to have occurred on the first day of the quarter for which the Hockey Player did not enter the required data or in the event of any subsequent refusal to provide data during the same quarter after notification of the anti-doping organization when the Hockey Player failed to provide information by the deadline;
- should a Hockey Player skip a doping test, the 12-month monitoring shall commence from the date when the sample failed to be taken.

3.5. A falsification or attempted falsification in any component of Doping control.

3.6. Possession of a prohibited substance or a prohibited method.

3.7. Distribution or attempted distribution of a prohibited substance or a prohibited method.

3.8. Administration or attempted administration to any athlete during the competition period of any prohibited substance or prohibited method, or administration or attempted administration to any athlete during the out-of-competition period of a prohibited substance or a prohibited method that are prohibited during the out-of-competition period.

3.9. Complicity.

3.10. Prohibited cooperation.

4. The actions specified in clauses 3.1, 3.2, 3.6, 3.8 hereof shall not constitute a violation of the anti-doping rules if, at the time of their performance, there was a Therapeutic Use Exemption for the prohibited substance and/or the prohibited method (TUE) issued in accordance with the International Standard for Therapeutic Use Exemptions, or there were circumstances stipulated by this International Standard, allowing for such an exemption after said actions were performed.

Article 18.2. Therapeutic Use Exemptions for prohibited substances and methods

(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)

1. A Hockey Player in need of taking medicines prescribed by a doctor but included in the Prohibited List must obtain a Therapeutic Use Exemption (TUE).
2. In order to obtain a TUE for substances and/or methods that are prohibited only during the competition period, a Hockey Player should apply at least 30 days before the start of the Competition.
3. In case of emergency medical care or a sharp deterioration of health, a Hockey Player may apply for a retroactive TUE.
4. An application for a TUE may be submitted to the national anti-doping organization, the International Ice Hockey Federation or another anti-doping organization in the manner prescribed by the anti-doping organization.
5. A TUE that meets the requirements of the International Standard for Therapeutic Use Exemptions granted by the national anti-doping organization shall be recognized by the International Ice Hockey Federation. In the event that the IIHF refuses to recognize a TUE, the Hockey Player and the national anti-doping organization should be immediately informed thereof.
6. An application for a TUE shall be submitted in the prescribed form and must be accompanied by the following documents:
 - a statement from a qualified physician certifying that the Hockey Player is in need of using a prohibited substance or a prohibited method for therapeutic purposes (included in the form for a TUE);
 - a detailed clinical record, including documents from the doctors who originally diagnosed the disease (when possible), the results of laboratory and clinical studies, and the imaging studies

KHL MEDICAL REGULATIONS

(ultrasonography, MRI, CT, X-ray, echocardiography, electrocardiography, electroencephalography, etc.).

7. For complete information on the TUE granting procedure, see the International Standard for Therapeutic Use Exemptions.

Article 18.3. Doping Control arrangements in the KHL

(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)

1. Each Sports Facility selected for the Championship Games must comprise Doping control facilities. Requirements for the equipment of the Doping Control Station are set forth in Appendix 11 to the KHL Medical Regulations. In case of failure to comply with the requirements for the equipment of the Doping Control Station, the KHL may, in the prescribed manner, apply the penalties provided for by the KHL Disciplinary Regulations.
2. The Club must appoint an employee among the executives who is responsible for arrangement of the Club's work on doping prevention in sport and for communications with anti-doping organizations and the KHL on anti-doping support issues. The contact details of the designated person must be communicated to the KHL Medical Authority along with the Club team roster for participation in the KHL Championship.

(last updated on July 4, 2019. Minutes of meeting of CHL LLC Board of Directors No. 96 dated July 4, 2019)

3. Hockey Players can be subjected to Doping control at any time, both during the competition period, starting 12 hours before the start of the Game, and during the out-of-competition period.
4. Out-of-competition tests shall be conducted without prior notice to Hockey Players.
5. Urine samples may be collected for Doping control. The procedure for taking doping samples is described in Appendix 12 of the KHL Medical Regulations.
6. Doping testing can be targeted or random. In random testing, Hockey Players shall be selected for Doping control by drawing of lots, which takes place in the second intermission of the Game witnessed by representatives of both teams.
7. During the season, a Hockey Player may receive a Doping control notification an unlimited number of times.
8. The planning, sampling, transporting and obtaining the sample analysis results as part of the Doping control of Championship Games and out-of-competition doping control shall be carried out by the anti-doping agency that signed the WADA Code (RUSADA, IIHF, etc.), or a certified doping sample collection agency.
9. The Hockey Players' competition doping testing procedure can be monitored by the IIHF auditors or another organization authorized by the KHL.
10. When conducting Doping control at the Game, the host Club must ensure the presence of four (4) chaperones, whose duties include notifying a Hockey Player that he is selected to take the test, escorting the athlete to the Doping Control Station, surveillance over the athlete from the moment of notification to him being registered at the Control Station, and monitoring the athlete inside or outside the Doping Control Station. The chaperones must be of the same sex as the athletes and meet the following requirements:
 - aged 18 or older;
 - able to communicate easily in English and Russian (verbally and in writing);
 - have no conflict of interest in this kind of sport (hockey) and/or with the athletes (Hockey Players) at any of the following levels:
 - the Game (e.g., an opponent, Coach, Official, official team representative);
 - the organization (the district, national or international level);
 - personal and professional contacts (e.g., a relative, friend, acquaintance or client).
11. The cases of violation of anti-doping rules shall be considered and decided on by the anti-doping organization in the prescribed manner, in accordance with the laws of the Russian Federation and the WADA Code.

KHL MEDICAL REGULATIONS

12. In case of disagreement with the decision made by the anti-doping organization, a Hockey Player may appeal to the Court of Arbitration for Sport at the Arbitration Chamber for Sports Autonomous Non-profit Organization (CAS).

CHAPTER 6. FINAL PROVISIONS

Article 19. KHL Medical Regulations effectiveness

The KHL Medical Regulations come into effect from the moment they are approved by the CHL LLC Board of Directors and shall remain effective until the approval of the new KHL Medical Regulations.

KHL MEDICAL REGULATIONS

Appendix 1

REGULATION ON THE KHL MEDICAL WEB PORTAL

Article 1. General provisions

1. The Medical Web Portal (MWP) is an information resource of the KHL that contains information about the Hockey Players' health.
2. The MWP functioning is based on the principles of medical ethics, medical secrecy and confidentiality.
3. The Legitimacy of the MWP is based on the laws of the Russian Federation and local regulations of the KHL.

Article 2. Goals, objectives and functions of the Medical Web Portal

1. The KHL Medical Web Portal was set up with the purpose of automated statistical analysis of the morbidity and injury patterns in the Clubs (in particular) and in the KHL (in general) in order to continuously improve the quality of medical care in the KHL, to preserve health and the sports "longevity" of the Hockey Players.
2. Objectives of the KHL Medical Web Portal:
 - 1) to collect, store and statistically analyze the data on the state of health of Hockey Players, traumas, acute and chronic diseases;
 - 2) promptly submit to the KHL's executives unbiased information on the morbidity and injury patterns in the KHL;
 - 3) to form, maintain, update, and store medical and statistical information to simplify the transfer of information about a Hockey Player to the Clubs upon the decision of the KHL's executives.

Article 3. Personal data and medical information about state of health of Hockey Players and the forms of statistical medical reporting contained on the MWP

1. Medical information is entered in the MWP by a Club doctor or an employee authorized by him and represents information regarding the state of health of a Hockey Player in the medical record obtained as a result of each IDME of the Hockey Player or cases of providing medical aid. In case of a disease, the diagnosis is entered in accordance with the current International Classification of Diseases (ICD).
(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)
2. Statistical analysis of personal medical information about the state of health of KHL Hockey Players, morbidity and injuries is carried out by the Head of the KHL Medical Authority personally using the Medical Reporting Forms and within the timeframe approved by the KHL's executives.
3. Medical information about the state of health of Russian KHL Hockey Players can be presented by the KHL Medical Authority to the Head Coach and the doctor of the national team of the Russian Federation for the benefit of composing the team, if there is an official request from the Russian Hockey Federation and if agreed with the KHL's executives.
(last updated on July 4, 2019. Minutes of meeting of CHL LLC Board of Directors No. 96 dated July 4, 2019)

Article 4. Principles of ensuring the safety of storage and transmission of medical information on the Medical Web Portal

1. Personal data and medical information about a Hockey Player that is uploaded to the MWP is strictly confidential and cannot be disclosed.
2. All parties who have obtained access to personal medical information about Hockey Players, when using it, are obliged to observe the Federal Law No. 152-FZ "On Personal Data" dd. July 27, 2006

KHL MEDICAL REGULATIONS

and be responsible for disclosing this information in accordance with the effective laws of the Russian Federation on personal data protection.

3. One can log on the MWP using a login and a password which are only at the Club doctor's disposal and cannot be disclosed to third parties.
4. Personal medical information about KHL Hockey Players is stored on a dedicated server with periodic backups of the entire pool of the medical data.

Article 5. Access to the Medical Web Portal

1. Unlimited access to the MWP is granted to:
 - 1) the head of the KHL Medical Authority;
 - 2) authorized employees of the KHL Medical Authority.
2. Restricted access to the MWP is granted to:
 - 1) the Club doctors (access only to the medical records of the Hockey Players of their Club);
 - 2) the doctors of the national hockey teams of the Russian Federation only with the written permission of the KHL Vice President (access to the medical records of the Hockey Players of the extended list of national hockey teams of the Russian Federation);
 - 3) in order to gain access to the MWP with a purpose of obtaining personal medical information about an Unrestricted Free Agent, a Club doctor must submit a written request from the Club's executives to the KHL Vice President;
 - 4) if it is necessary to sign up a new user or restore the login (password), one must submit to the KHL Vice President for Hockey Operations a written request from the Club's executives.

KHL MEDICAL REGULATIONS

Appendix 2

(last updated on August 7, 2020. Minutes of meeting of CHL LLC Board of Directors No. 109 dated August 7, 2020)

REQUIREMENTS FOR COMPOSITION OF MEDICINAL PRODUCTS AND MEDICAL EQUIPMENT FOR THE DOCTOR IN SPORTS MEDICINE (in accordance with the Order of the Ministry of Health of Russia No. 134n dd March 1, 2016)

1. Medicinal Products			
N	ATC Code	Medicinal Product	Dosage Form
1.1	Antacids		
1.1.1	A02AB03	Aluminum phosphate	gel for oral administration
1.2	Antispasmodic drugs		
1.2.1	A03AA04	Mebeverine	capsules
1.2.2	A03AD02	Drotaverine	tablets, solution for injection <*>
1.3	Agents for treatment of functional bowel disorders		
1.3.1	A03BA01	Atropine	solution for injection <*>
1.4	Other agents for functional gastrointestinal disorders		
1.4.1	A03AX13	Simethicone	granules, capsules, chewable tablets, oral drops, oral suspension, oral emulsion
1.5	Prokinetic agents for motility of the gastrointestinal tract		
1.5.1	A03FA01	Metoclopramide	tablets
1.6	Antiemetic drugs		
1.6.1	A04AA01	Ondansetron	solution for intravenous <*> and intramuscular administration
1.7	Purgatives		
1.7.1	A06AB02	Bisacodyl	tablets
1.8	Intestinal adsorbents		
1.8.1	A07BA01	Absorbent carbon	tablets, capsules
1.8.2	A07BC05	Diocahedral smectite	powder for oral suspension
1.9	Drugs for depressing motility of the gastrointestinal tract		
1.9.1	A07DA03	Loperamide	tablets, capsules
1.10	Digestants (including enzyme preparations)		
1.10.1	A09AA02	Pancreatin	pills, capsules

KHL MEDICAL REGULATIONS

1.11	Vitamins		
1.11.1	A11DA01	Thiamine	solution for intramuscular administration
1.11.2	A11GA01	Ascorbic acid	solution for intravenous <*> and intramuscular administration
1.11.3	A11HA02	Pyridoxine	solution for injection <*>
1.13	Anticoagulants		
1.13.1	B01AB01	Sodium heparin	ointment
1.14	Solutions affecting water and electrolyte balance		
1.14.1	B05BB01	Sodium chloride	solution for injection <*>
1.15	Admixtures to solutions for intravenous administration		
1.15.1	B05XA30	Potassium & magnesium aspartate	tablets
1.16	Cardiotonic drugs		
1.16.1	C01CA04	Dopamine	solution for injection <*>
1.17	Beta adrenergic receptor blocking agents		
1.17.1	C07AA05	Propranolol <*>	solution for intravenous administration, tablets
1.17.2	C07AB02	Metoprolol <*>	solution for intravenous administration, tablets
1.17.3	C07AB03	Atenolol <*>	tablets
1.18	Selective calcium channel blockers with predominant effects on vessels		
1.18.1	C08CA05	Nifedipine	coated tablets
1.19	Selective calcium channel blockers with direct effects on the heart		
1.19.1	C08DA01	Verapamil	solution for intravenous administration <*>
1.20	Drugs affecting the renin-angiotensin system		
1.20.1	C09AA01	Captopril	tablets
1.20.2	C09AA02	Enalapril	tablets
1.21	Antiseptics and disinfectants		
1.21.1	D08AC02	Chlorhexidine	solution for topical and external application
1.21.2	D08AG02	Povidone-iodine	solution for topical and external application
1.21.3	D08AX01	Hydrogen peroxide	solution for topical and external application
1.23	Antimicrobials for systemic use		
1.23.1	J01CA04	Amoxicillin	tablets
1.23.2	J01MA02	Ciprofloxacin	coated tablets solution for infusion

KHL MEDICAL REGULATIONS

1.24	Drugs for musculoskeletal disorders		
1.24.1	M01AB15	Ketorolac	tablets, solution for intravenous <*> and intramuscular administration
1.24.2	M01AE01	Ibuprofen	tablets, solution for intravenous <*> and intramuscular administration
1.24.3	M01AE03	Ketoprofen	tablets, solution for intravenous <*> and intramuscular administration
1.24.4	M02AA15	Diclofenac	tablets, solution for intravenous <*> and intramuscular administration
1.24.5	M03AC01	Pancuronium bromide	lyophilisate for solution for intravenous administration <*>
1.25	Topical anesthetics		
1.25.1	N01BA02	Procaine	solution for injection <*>
1.25.2	N01BB01	Bupivacaine	solution for injection <*>
1.25.3	D04AB01	Lidocaine	metered-dose topical spray or topical spray
1.26	Other analgesics and antipyretics		
1.26.1	N02BE01	Paracetamol	tablets
1.27	Nasal preparations		
1.27.1	R01AD05	Budesonide	powder inhaler metered-dose inhaler dry powder metered-dose inhaler suspension
1.27.2	R01AX	Other topical nasal drugs	nasal drops
1.28	Medications for wheezing illnesses		
1.28.2	R03DA05	Aminophylline	solution for intravenous administration <*> solution for intramuscular administration
1.29	Antitussives and medications for cold-related illnesses		
1.29.1	R05CB01	Acetylcysteine	powder for oral solution
1.30	Antihistamine for systemic use		
1.30.1	R06AA02	Diphenhydramine	solution for intravenous <*> and intramuscular administration
1.30.2	R06AC03	Chloropyramine	solution for intravenous <*> and intramuscular administration
1.30.3	R06AE07	Cetirizine	tablets
1.30.4	R06AX13	Loratadine	tablets
1.31	Eye disease drugs		

KHL MEDICAL REGULATIONS

1.31.1	S01XA20	Artificial tears and other indifferent preparation	eye drops
1.32	Heart disease drugs		
1.32.1	C01DA02	Nitroglycerin	Metered-dose sublingual aerosol or solution for intravenous injections or concentrate for solution for infusion
1.32.2	C01BB01	Lidocaine	solution for intravenous <*> and intramuscular administration
1.33	Tissue regeneration promoters		
1.33.1	D03AX03	Dexpanthenol	aerosol for external use, ointment for external use
1.34	Nonsteroidal anti-inflammatory drugs for external use		
1.34.1	M02AA15	Diclofenac sodium	gel for external use, ointment for external use
1.35	Other skin disease drugs		
1.35.1	D11AX	Actovegin, Solcoseryl	gel for external use, cream for external use, ointment for external use
1.36	Antibacterial drugs		
1.36.1	D06AX07	Gentamycine	ointment for external use
1.36.2	D08AH	Dioxidine	ointment for external use
2. Medical products			
N	Medical Product Name		Q-ty, no less than
2.1	Medical nonsterile gauze bandage (14 cm × 7 m), (7 cm × 5 m), sterile (10 cm × 5 m)		5 pcs. each
2.2	Medical plaster, adhesive plaster (1 cm × 5 m), (2 cm × 5 m), (5 cm × 5 m)		2 pcs. each
2.3	Medical plaster, antiseptic band-aid		a set
2.4	Sterile dressing wipe (3 cm × 6 cm), (45 cm × 29 cm)		5 pcs. each
2.5	Sterile dressing wipe (16 cm × 14 cm)		10 pcs.
2.6	Dressings fixing and compression		a set
2.7	Hygienic cotton wool		100 g pack
2.8	Injection syringe disposable 5.0 ml, 2.0 ml		5 pcs. each
2.9	Tourniquet		2 pcs.
2.10	Disposable medical nonsterile examination gloves		10 pairs
2.11	Sterile disposable surgical gloves		10 pairs

KHL MEDICAL REGULATIONS

2.12	Tongue spatula, disposable	10 pcs.
2.13	Mechanical sphygmomanometer (blood pressure gauge) with aneroid manometer and with adult and pediatric blood pressure cuffs	1 pc.
2.14	Phonendoscope	1 pc.
2.15	Mouth gag	1 pc.
2.16	Surgical tweezers	2 pcs.
2.17	Surgical scissors	2 pcs.
2.18	Surgical forceps	2 pcs.
2.19	Automatic external defibrillator	1 pc.
2.20	Extremity splint set	1 pc.
2.21	Artificial manual breathing unit	1 pc.
2.22	Neurological reflex hammer	1 pc.
2.23	Bandage (a set of neck collars of various sizes)	1 pc.
2.24	Ice bag	2 pcs.
2.25	Medical thermometer in a case	1 pc.
2.26	Endothermic cold pack	2 pcs.
2.27	Cold spray	2 pcs.
2.28	Cooling gel bandage	3 pcs.
2.29	Pipette	2 pcs.
2.30	Alcohol wipes	20
2.31	Hand disinfection gel	1
2.32	Diagnostic flashlight with a battery	1
2.33	Intravenous infusion tourniquet	1
2.34	Medical non-sterile 3-ply non-woven face earloop or tie-on face mask	6 pcs.

3. Other devices

3.1	Sports medicine doctor's bag (box, backpack), with a shoulder carrying strap	1
3.2	Ampoule holder or a device specifically designed for storage (use) of ampouled drugs in the sports medicine doctor's bag (box, backpack)	1
3.3	Tool case	1

4. Emergency drugs <i>

N	ATC Code	Medicinal Product	Dosage Form
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4.1. Blood substitutes and perfusion solutions <*>

KHL MEDICAL REGULATIONS

4.1.1	B05BA03	Dextrose	solution for intravenous administration and solution for infusion
4.1.2	B05BB01	Compound solution of sodium chloride [potassium chloride + calcium chloride + sodium chloride]	solution for infusion
4.2. Heart disease drugs <*>			
4.2.1	C01CA24	Epinephrine	solution for injection
4.3. Systemic corticosteroids <*>			
4.3.1	H02AB02	Dexamethasone	solution for intravenous and intramuscular administration or solution for injection
4.3.2	H02AB06	Prednisolone	solution for intravenous and intramuscular administration or solution for injection
4.4. Medications for wheezing illnesses <*>			
4.4.1	R03AK03	Ipratropium bromide + Fenoterol	metered-dose inhaler or solution for inhalation
4.4.2	R03AC02	Salbutamol	metered-dose inhaler or solution for inhalation
4.5 Medicinal gases			
4.5.1	V03AN01	Oxygen	compressed gas
4.6 Solvents and diluents including irrigating solutions			
4.6.1	V07AB	Water	solvent for injection
5. Emergency medical supplies <ii>			
N	Medical Product Name		Q-ty, no less than
5.1	Single-use laryngeal mask airway (size 3, 4, 5)		1 pc. each
5.2	Infusion bottle hangers <*> (with a support arm, for 400 ml)		1 pc.
5.3	Curved hemostatic medical forceps		1 pc.
5.4	Catheter (cannula) for peripheral veins <*> (of various sizes) including infusion device for small veins		6 pcs.
5.5	Class A medical waste bag (capacity at least 10 l)		1 pc.
5.6	Class B medical waste bag (capacity at least 10 l)		1 pc.
5.7	Isothermal emergency blanket (at least 150 cm × 200 cm)		1 pc.
5.8	Antiseptic alcohol nonwoven wipe (at least 12.5 cm × 11.0 cm)		20 pcs.
5.9	Antiseptic drug with hydrogen peroxide		3 pcs.
5.10	Respiratory stimulant with ammonia solution		3 pcs.

KHL MEDICAL REGULATIONS

5.11	Disposable sterile scalpel	2 pcs.
5.12	Sterile hemostatic dressing on the basis of zeolites or sodium calcium aluminosilicates or calcium silicate hydrates (at least 50 g)	2 pcs.
5.13	Sterile hemostatic dressing with aminocaproic acid (at least 6 cm × 10 cm)	2 pcs.
5.14	Sterile hydrogel burn dressing (alliloxxyethanol and lidocaine-based)	2 pcs.
5.15	Sterile wipe or drape (at least 70 cm × 140 cm)	1 pc.
5.16	Infusion device <*>	3 pcs.
5.17	Hemostatic sterile dressing agent based on chitosan	2 pcs.
6. Other devices		
6.1	Ampoule holder or a device specifically designed for storage (use) of ampouled drugs in the sports medicine doctor's bag (box, backpack) for emergency medical care	1 pc.

(*). Drugs and/or methods of administration shall be used in accordance with the requirements of the laws of the Russian Federation on the prevention of and fighting against doping in sport, along with such international standards as the Prohibited List and the World Anti-Doping Code International Standard for Therapeutic Use Exemptions (ISTUE).

The packaging of drugs included in the World Anti-Doping Agency Prohibited List is pasted with appropriate warning stickers "Prohibited by WADA".

<i> Order of the Ministry of Health of the Russian Federation No. 36n dated January 22, 2016 On Approval of Requirements for Composition of Medications and Medical Products in Emergency Kits (registered by the Ministry of Justice of the Russian Federation on February 24, 2016, Registration No. 41191).

KHL MEDICAL REGULATIONS

Appendix 3 PROGRAM OF IN-DEPTH MEDICAL EXAMINATION OF KHL HOCKEY PLAYERS

The purpose of the in-depth medical examination of Hockey Players of KHL Clubs is to determine whether they should be admitted to training sessions and competitions based on assessing their state of health, fitness level and functional capacity.

(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)

All Hockey Players of KHL Clubs are at the stage of top sport performance, therefore an in-depth medical examination (IDME) shall be carried out at least two (2) times a year.

The IDME program of Hockey Players of KHL Clubs should include the following:

(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)

Examination by medical specialists:

1. Physical therapy and sports medicine doctor;
2. Physician;
3. Neurologist;
4. Trauma orthopedist;
5. ENT specialist;
6. Ophthalmologist;
7. Dentist;
8. Cardiologist;
9. STD and skin specialist;
10. Surgeon;
11. Urologist;
12. Other specialists (based on medical necessity).

Instrumental diagnostic methods:

13. Anthropometry (height, weight);
14. Spirography;
15. Abdominal ultrasonography;
16. Pelvic ultrasonography;
17. Thyroid ultrasonography;
18. Chest X-ray (once per year, before the season start);
19. ECG at rest (12-lead);
20. Echocardiography;
21. Treadmill test or bicycle ergometer test with achievement of maximum heart rate or maximum exercise load;
22. Analysis of the psycho-emotional status examination by SCAT (in the recent version);
(last updated on July 4, 2019. Minutes of meeting of CHL LLC Board of Directors No. 96 dated July 4, 2019)
23. Magnetic resonance imaging of the brain.
Mandatory for the Hockey Players diagnosed with brain concussion during the previous season of the Championship, and for the Hockey Players for whom no information is available as for such a diagnosis during the previous season of the Championship.
The rest of the team — if medically required;
24. Other specialized functional studies (based on medical necessity): duplex scanning of cerebral vessels, computed tomography, magnetic resonance imaging, electroneuromyography, cardiointervalography, rheovasography; electroencephalography; reaction speed test.

Laboratory diagnostic methods:

KHL MEDICAL REGULATIONS

25. CBC + DIFF;
26. Clinical urinalysis;
27. Serological assay for infections (HIV Ag/Ab, RW, Anti-HBs, Anti-HCV);
(last updated on July 4, 2019. Minutes of meeting of CHL LLC Board of Directors No. 96 dated July 4, 2019)
28. Blood biochemistry (minimum volume: total bilirubin, ALT, AST, creatinine, urea, alkaline phosphatase, glucose, cholesterol, triglycerides, phosphorus, sodium, calcium, potassium, magnesium, chlorides, iron cortisol, testosterone, triiodothyronine T₃ total, thyroxine T₄ total, thyroid stimulating hormone (TSH));
29. Other diagnostic methods (based on medical necessity).

This in-depth medical examination program results in:

- 1) detection of diseases and pathological conditions that impede engagement in sports;
- 2) detection of risk factors for pathological conditions (including life-threatening);
- 3) identification of the features of physical development at the time of screening;
- 4) evaluation of changes in the parameters of physical development depending on the focus of the training process, sports skills and the stage of the training process;
- 5) evaluation of the functional state of the body;
- 6) drafting of health maintenance recommendations;
- 7) drafting of proposals for the adjustments to the training process depending on the detected changes.

The obtained IDME results are entered into the athlete's regular medical checkup card and the KHL Medical Web Portal.

The results of each IDME are used to draw up the Consolidated Medical Opinion on the Health and Functional Status of Players (Hockey Players) (Appendix 6 to the KHL Medical Regulations) or the Medical Lineup (Appendix 7 to the KHL Medical Regulations).

(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)

KHL MEDICAL REGULATIONS

Appendix 4 RECOMMENDED STANDARD FOR EQUIPPING A SPORTS FACILITY MEDICAL STATION

Item No.	Name of types of medical devices, furniture, medicines	Required quantity, pcs.
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I. Drugs and dressings

	First aid kit for the prevention of infection of healthcare professionals with blood borne infections; anti-shock first-aid kit; analgesics; nonsteroidal anti-inflammatory drugs; antihistamines; heart disease drugs; hemostatic agents; blood substitutes and perfusion solutions; synthetic antibacterial agents; vitamins; mineral supplements; antidiarrheal, intestinal anti-inflammatory (antimicrobial) drugs; drugs for functional gastrointestinal disorders; digestants, including enzyme preparations; diabetes drugs; medications for respiratory diseases (including anti-asthma drugs); topical medications for muscle and joint pain; topical anesthetics; immune sera (tetanus toxoid, anti-tetanic serum); dressings; antiseptics.	On demand
	WADA Prohibited List	1

- The packaging of drugs included in the World Anti-Doping Agency Prohibited List is pasted with appropriate warning stickers “Prohibited by WADA”.
- The list of drugs included in the World Anti-Doping Agency Prohibited List must be publicly available at the Medical Station (on the wall, on the desktop, etc.).

II. Furniture and equipment

1.	Examination table	2
2.	Massage couch	2
3.	Medical cabinet	2
4.	Wardrobe for clothes	1
5.	Wardrobe for linens	1
6.	Medical privacy screen	1

KHL MEDICAL REGULATIONS

7.	Medical refrigerator	1
8.	Instrument table	2
9.	Doctor's workplace	2
10.	Nurse's workplace	2
11.	Clothes hanger	2
12.	Pedal bucket	2
13.	Bedside table, cabinet	3
14.	Waste container	2
15.	Disinfection container (tub)	3

III. Textile products and disinfectants

16.	Disinfectants	On demand
17.	Waste container	For each workplace
18.	Red container for especially hazardous waste (B)	1
19.	Disposable medical linen	2 per couch
20.	Draw sheet	According to the number of couches
21.	Rubber mat	1
22.	Protective face mask	100

IV. Medical products

23.	Sphygmomanometer (blood pressure gauge), membrane	1
24.	Medical utensils and laboratory consumables	On demand
25.	Medical eye bath	2
26.	Heating pad	1
27.	Tourniquet	3
28.	Rubber, latex, polymer catheter	3
29.	Crutches	2 pairs
30.	Emesis basin	5
31.	Wheelchair or Hormone manual hospital stretcher 1 pc. of each <i>(last updated on July 4, 2019. Minutes of meeting of CHL LLC Board of Directors No. 96 dated July 4, 2019)</i>	2
32.	Scoop stretcher	2
33.	Stirring rod	10
34.	Eye pipette	20
35.	Disposable gloves	10 pairs
36.	Rubber ice bag	5
37.	Phonendoscope	2
38.	Bedpan	1
39.	Medical mercury thermometer	5
40.	Limb immobilization splint	5 sets
41.	Spinal board with head support <i>(last updated on July 4, 2019. Minutes of meeting of CHL LLC Board of Directors No. 96 dated July 4, 2019)</i>	1
42.	Medical scales	1
43.	Stadiometer	1

KHL MEDICAL REGULATIONS

44.	Stopwatch	1
45.	Manual medical ventilator (bag valve mask type) with a set of face masks	1
46.	Neurological reflex hammer	1
47.	Orthopedic bandage	5
48.	Neoprene knees bandages in different sizes	5
49.	Ice in cellophane or zippered packs	10
50.	Inflatable air splints for adults and children	1 set
51.	Hard cervical immobilization collar (all sizes)	2 sets

V. Apparatus and devices

52.	Blood glucose analyzer (blood glucose meter), portable analyzer	1
53.	Test kit, strips for biochemical analysis	On demand
54.	Ultraviolet bactericidal irradiator (for indoor use)	1
55.	Ultraviolet air recirculation irradiator	1
56.	Alcometer, breathalyzer, breath ethanol/alcohol tester	1
57.	Air dry heat sterilizer	1
58.	Single channel, three-channel portable ECG recorder	1
59.	Battery-powered automated external defibrillator for naive users <i>(last updated on July 4, 2019. Minutes of meeting of CHL LLC Board of Directors No. 96 dated July 4, 2019)</i>	2

VI. Medical instruments

60.	Sterilization box (dressing box) for storing sterile instruments and material	3
61.	Container (tank) for pre-sterilization cleaning, disinfection and sterilization of medical devices	8
62.	Airway, breathing tube (set)	2
63.	Otoscope	4
64.	Hemostat	3
65.	Sponge forceps	Not less than 3
66.	Scissors (straight and curved)	5 of each kind
67.	Rhinoscope	3
68.	Dissection forceps	3
69.	Surgical forceps	3
70.	Blood transfusion and fluid transfer system (device)	10
71.	Mouth gag	2
72.	Tongue forceps	2
73.	Disposable scalpel	4
74.	Tongue spatula	100
75.	Laboratory stand	2
76.	Disposable injection syringes (including insulin syringes)	40

KHL MEDICAL REGULATIONS

Appendix 5 MINIMUM RECOMMENDED EQUIPMENT OF A CLUB MEDICAL ROOM

Item No.	Name	Qty
1.	Laptop with Internet access, printer / scanner / copier	1
2.	Refrigerator	1
3.	Hot air sterilizer	1
4.	Ultraviolet air recirculation irradiator	1
5.	Aspirator	1
6.	Body composition measuring device (caliper, bio-impedance or infrared analyzer)	1
7.	Scales	1
8.	Stadiometer	1
9.	Phonendoscope	2
10.	Blood pressure gauge	1
11.	Thermometer	1
12.	Wrist dynamometer	1
13.	Spirometer	1
14.	Neurological reflex hammer	1
15.	Rubber ice bag	2
16.	ECG apparatus	1
17.	Automatic portable defibrillator	1
18.	Bag valve mask (manual resuscitator)	1
19.	Limb transport immobilization splints	1 set
20.	Hard cervical collar (sizes S, L, XL)	3
21.	Tourniquet	1
22.	Cricothyrotomy set	1
23.	Laryngeal mask (3 sizes)	3
24.	Emergency intubation tube	2
25.	Scoop stretcher and gurney <i>(last updated on July 4, 2019. Minutes of meeting of CHL LLC Board of Directors No. 96 dated July 4, 2019)</i>	1
26.	Spinal board with a head immobilizer <i>(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)</i>	1
27.	Intravenous infusion stand*	1
28.	Intravenous infusion systems*	5
29.	Antishock solutions <i>(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)</i>	0.5 l (5 pcs. of 100 ml)

(*) Drug administration methods shall be used in accordance with the requirements of the laws of the Russian Federation on the prevention of and fighting against doping in sport, along with such international standards as the Prohibited List and the World Anti-Doping Code International Standard for Therapeutic Use Exemptions (ISTUE).

It is necessary to equip the Club medical room with copies of all-Russian and international regulations against doping in sport:

(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)

- the World Anti-Doping Agency Prohibited List;

KHL MEDICAL REGULATIONS

- the WADA International Standard for Therapeutic Use Exemptions (ISTUE);
- All-Russian Anti-Doping Rules;
(last updated on July 4, 2019. Minutes of meeting of CHL LLC Board of Directors No. 96 dated July 4, 2019)
- TUE application templates.

The Club medical room shall be additionally equipped with medicines necessary to provide emergency medical care in life-threatening conditions (Order of the Ministry of Health of the Russian Federation No. 36n dd. January 22, 2016 “On Approval of Requirements for Completing Doctor’s Bags and Emergency Ambulance Kits with Drugs and Medical Products”), taking into account their use in accordance with the requirements of the anti-doping laws of the Russian Federation, the WADA Prohibited List and the World Anti-Doping Agency International Standard for Therapeutic Use Exemptions.

(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)

Equipping foreign Clubs with medicines should be subject to national healthcare laws.

KHL MEDICAL REGULATIONS

Appendix 6

(last updated on August 7, 2020. Minutes of meeting of CHL LLC Board of Directors No. 109 dated August 7, 2020)

Name of the medical organization

CONSOLIDATED MEDICAL OPINION ON THE HEALTH AND FUNCTIONAL STATUS OF PLAYERS (HOCKEY PLAYERS) ACCORDING TO THE IDME RESULTS

The IDME was held on _____, 20__

Subject to examination:

Examined:

Examination functional load types:

Team doctor:

mob. tel.

Item No.	Player's (Hockey Player's) full name	Date of birth	Health group	Diagnosis according to ICD	Abnormalities detected during examination	Recommendations for preventive and curative interventions and rehabilitation measures	Functional status assessment	Admission to training sessions and competitions	Doctor's signature and personal seal

Statistics

Health group	Q-ty
Medically fit	
Medically unfit	

Functional status assessment	Q-ty
Excellent	
Good	

Admittance	Q-ty
Admitted	
Not admitted for health reasons	

KHL MEDICAL REGULATIONS

Satisfactory	
Poor	
Undefined	

Not admitted due to insufficient examination	
--	--

Date of opinion

_____, 20__

Head of Medical organization/Head of Medical Board _____

(signature) (full name)

L.S.

KHL MEDICAL REGULATIONS

Appendix 7

(last updated on August 7, 2020. Minutes of meeting of CHL LLC Board of Directors No. 109 dated August 7, 2020)

**MEDICAL LINEUP
for the 20 / 20 season**

HOCKEY CLUB

_____ (name)
 _____ (date)
 _____, 20__

Item No.	Family, given and patronymic name	Date, month, year of birth	Height, cm	Weight, kg	Signature and stamp of the doctor of the medical organization with mark «admitted» / «non-admitted»
1					
...					
...					
25					

Hockey Club Head

Hockey Club doctor

_____/_____/_____
 (signature) (printed name)

_____/_____/_____
 (signature) (printed name)

L.S.

KHL Medical Authority

Medical organization

Data on the admission of _____ Hockey
 Players are submitted to the Medical
 Authority

_____ Hockey Players are
 admitted
 (qty)

 _____/_____/_____
 (signature) (printed name)

Chief Physician

_____/_____/_____
 (signature) (printed name)
 L.S.

KHL MEDICAL REGULATIONS

Appendix 8

MEDICAL TEAM COMPOSITION AT THE SPORTS FACILITY

" _____ " _____
(address)

during the KHL Championship Games of the 20__ / 20__ season

The Medical Team for the KHL Championship Games is formed and approved by order of the Head of the Sports Facility/ Club No. ____ dated _____, 20__

Position	Family, given and patronymic name	Telephone, e-mail*
Chief Physician of Competitions		Tel.: e-mail: Signature:
Doctor of the Sports Facility Medical Station		Tel.: e-mail: Signature:
Club doctor		Tel.: e-mail: Signature:
Club massage therapist		Tel.: e-mail: Signature:
Mobile medical crews	Involved in the Medical Team composition based on the Contract No. _____ dd. _____, 20__**	

Note: * — required field; ** — Contract copy to be attached.

Club Head _____ / _____ /
(signature) (printed name)

L.S.

_____, 20__

REGULATION ON MANAGING THE WORK OF THE CHIEF PHYSICIAN OF COMPETITIONS DURING THE KHL CHAMPIONSHIP GAMES

1. This Regulation governs the aspects of work of the Chief Physician of Competitions during the KHL Championship Games.
2. The Chief Physician of Competitions is appointed by order of the Head of the Sports Facility or Club for the entire Game season.
3. The Chief Physician of Competitions can be a specialist who meets the Qualification Requirements for specialists with a graduate and postgraduate medical and pharmaceutical degree in Physical Training and Sports Medicine and (or) Public Health and Health Management.
4. The working conditions of the Chief Physician of Competitions are determined by the labor legislation of the Russian Federation or the country participating in the KHL Championship.
5. The Chief Physician of Competitions is subordinate to the Chief Referee of the Game and shall perform the following functions:
 - 1) arrange medical support of any “home” Game of a Club and, if required, other Games arranged by KHL on the Club arena;
(last updated on July 4, 2019. Minutes of meeting of CHL LLC Board of Directors No. 96 dated July 4, 2019)
 - 2) determine the number of medical personnel for the Game, the schedule of their work at the Sports Facility during the pregame training sessions and competitions;
 - 3) determine the list of healthcare facilities involved in the provision of medical care during the KHL Championship Games;
 - 4) control the arrival of mobile medical crews and their operating procedures;
 - 5) give instructions to the Medical Team one hour before the start of the Game and manage its operations during the Game;
 - 6) arrange and hold trainings with the Medical Team to provide medical assistance and evacuate participants of the competitions from the ice rink and spectator grandstands;
 - 7) assess the sanitary and hygienic state of the competition and training venues; sign a Game readiness certificate and an operational and technical inspection report;
 - 8) control the organization of work of the Sports Facility medical stations and their maintenance and medicine supplies;
 - 9) manage work on the collection and removal of medical waste in accordance with the sanitary norms and rules;
 - 10) receive and duly consider complaints about the provision of medical assistance during the Game;
 - 11) supervise the keeping of the Outpatient Admission Log of the Sports Facility Medical Station;
 - 12) recommend the Chief Officials of the Game to cancel or postpone the Game in the event of a threat to the life and health of Hockey Players and (or) spectators;
(last updated on July 4, 2019. Minutes of meeting of CHL LLC Board of Directors No. 96 dated July 4, 2019)
 - 13) recommend the Chief Officials of the Game to suspend a Hockey Player from participating in the Game for medical reasons;
(last updated on July 4, 2019. Minutes of meeting of CHL LLC Board of Directors No. 96 dated July 4, 2019)
 - 14) keep accounting records and reporting documents in the form established by the KHL Medical Authority, including in the Electronic Journal of the Chief Physician of Competitions;
 - 15) send a report on the provision of medical assistance during the Game, evacuation and hospitalization to the Chief Officials of the Game;

KHL MEDICAL REGULATIONS

(last updated on July 4, 2019. Minutes of meeting of CHL LLC Board of Directors No. 96 dated July 4, 2019)

- 16) be personally responsible for the Medical Team's failure to comply with the rules, regulations and requirements for medical support of the KHL Championship Games.

**Scheme of Providing Emergency Medical Care to
an Injured Player (Hockey Player) on the Ice,
As Recommended by the Russian Hockey Federation**

The medical team consisting of three people (including a critical care team doctor) and carrying a gurney, a vacuum mattress (if such equipment is available), a spinal board with a head immobilizer, a scoop stretcher, a hard cervical immobilizer (Philadelphia type), a bag valve mask, dressing material, a tourniquet, and transportation splints (for leg and arm) shall come to the rink (ice) immediately after the Club (Team) doctor has given a predetermined signal (for example, a raised fist or arms crossed above the head).

1. Lower the gurney on the ice in the immediate vicinity of the injured Player (Hockey Player).
2. Turn the athlete on his back, if he lies face down, firmly fixing his head, neck and shoulders with hands in order to avoid damage to the integrity of the spinal cord with damaged cervical vertebrae.
3. Undo the safety visor (if any) and put a hard cervical immobilizer on the athlete (for Hockey Players, it is usually size XL).
4. If the athlete does not breathe independently, then it is necessary to insert an S-shaped air duct into his mouth and begin artificial respiration using a bag valve mask.
5. In case of bleeding, apply a tourniquet on the injured limb and/or pack the wound.
6. In case of fracture of the bones of the upper or lower limbs or visible damage to the elbow or knee joints, immobilize the damaged limb with a transportation splint.
7. Open the scoop stretcher and bring it under the Player (Hockey Player).
8. Close the scoop stretcher and tighten the straps.
9. Lift and shift the Player (Hockey Player) on the scoop stretcher to the spinal board located on top of the vacuum mattress (if such equipment is available) on the gurney.
10. Undo the straps on the scoop stretcher, disconnect the “scoops” and remove them from under the Player (Hockey Player).
11. Secure the Player’s (Hockey Player’s) head on the spinal board with an immobilizer, and the body with straps.
12. Lift the gurney and roll it out of the ice arena directly to the ambulance car (mobile ICU) or to its parking lot.
13. In the event of clinical death, cardiac arrest or fibrillation, perform cardiopulmonary resuscitation according to the ABC algorithm (A – air open the way; B – breath of victim; C – circulation of blood) immediately after the injured Player (Hockey Player) is evacuated to the space under the grandstands.
(last updated on July 4, 2019. Minutes of meeting of CHL LLC Board of Directors No. 96 dated July 4, 2019)
14. If a vacuum mattress is available (if medically required), carry out additional immobilization of the Player (Hockey Player) on the lowered gurney.
15. Roll the gurney with the athlete into the ambulance car and start evacuating the Player (Hockey Player).
16. If a gurney of the Sport Ice Arena and (or) the Club (team) was used, the Player (Hockey Player) immobilized on the spinal board (in a vacuum mattress) should first be moved to the ambulance gurney; then proceed as described in paragraph 15.

Note. All manipulations should be carried out wearing medical gloves and must be coordinated (if necessary, through an interpreter) with the Club (team) representative accompanying the injured Player. It is advisable not to carry out resuscitation on the ice in the presence of spectators, journalists and photographers.

REQUIREMENTS FOR THE DOPING CONTROL STATION

1. In order to conduct in-competition testing, the Doping Control Station must meet the following criteria:
 - 1.1. During the Game, the rooms of the Doping Control Station shall be used exclusively for the purpose of doping control.
 - 1.2. The Doping Control Station should be located directly on the territory of the Sports Facility and be easily accessible to a Hockey Player; be clearly identified and have the «No Entry» inscription on the door; the corridor to the Doping Control Station and the floor in the waiting room must be lined with a special coating that protects the skates from damage.
 - 1.3. The rooms of the Doping Control Station should be closed and interconnected.
 - 1.4. The rooms of the Doping Control Station should provide for the safe storage of sampling equipment.
 - 1.5. A security officer must be present outside the Doping Control Station.
 - 1.6. Only authorized persons shall have access to the Doping Control Station:
 - 1.6.1. For the purpose of drawing lots (after the second Game period):
 - Chief Physician of Competitions;
 - Doping Control Officer (hereinafter referred to as the DCO);
(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)
 - one representative from each team;
 - Game Commissioner;
 - an employee of the KHL Medical Authority.
 - 1.6.2. In order to carry out the doping control procedure:
 - Doping Control Officer and (or) an accompanying person (chaperone);
 - the Hockey Player summoned for doping control, having in hand a notice of passing the doping control. The Hockey Player must appear within five minutes after the Game end.
A Hockey Player may leave the Doping Control Station only upon presentation of a pink copy of the doping control protocol or accompanied by the Doping Control Officer or a chaperone;
 - a representative of the Hockey Player (must be represented personally by the athlete);
 - a translator (must be represented personally by the athlete);
 - deleted;
(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)
 - deleted.
(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)
2. Requirements for the rooms and equipment of the Doping Control Station:
 - 2.1. The Doping Control Station should consist of a waiting room (at least 18 m²) with the possibility of separating the working area (partition or screen separation) and a toilet.
 - 2.2. The waiting room must be equipped with:
 - chairs or armchairs — 10 pcs (2 chairs for each athlete, 1 chair for each DCO);
(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)
 - table for registration of documents — 2–3 pcs (one table at the entrance to the Doping Control Station for the registration of incoming and outgoing athletes and personnel, one table for each DCO);

KHL MEDICAL REGULATIONS

(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)

- wardrobe for outerwear, bags, equipment — 1 pc;
- refrigerator for storing samples with a locking device — 1 pc;
(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)
- clothes hanger — 1 pc;
- waste bin — 2 pcs;
(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)
- a screen broadcasting the current Game — 1 pc;
(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)
- plasma display panel with TV channels (recommended) — 1 pc;
- telephone (landline) and Internet access;
(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)
- information board — 1 pc;
- wall promotional materials (posters with instructions for athletes on the doping testing rules);
- coffee table;
(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)
- magazines, booklets, newspapers;
- drinking water and drinks for athletes in closed bottles.
(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)

2.3. Toilet room (recommended size 1.5×1.5 m):

- flush toilet — 1 pc;
- sink — 1 pc;
- vertical mirror (1200 × 60 cm) — 3 pcs.
Mirrors should provide a three-sided reflection of the toilet and washbasin areas;
- waste bin — 1 pc.

KHL MEDICAL REGULATIONS

Annex 12

(last updated on July 4, 2018. Minutes of meeting of CHL LLC Board of Directors No. 85 dated July 4, 2018)

DOPING TEST SAMPLING PROCEDURE

Urine sample

The doping test sampling procedure determines the following sequence of actions:

1. Informing the athlete of the need to submit to a test

The Doping Control Officer (DCO) or a chaperone should introduce himself to the athlete and inform him of the following:

- that he was selected for the test sampling procedure;
- the organization on whose behalf the samples are being taken;
- the type of sample to be submitted;
- any mandatory requirements that must be met before the sample is taken;
- implications of refusal to submit to the test;
- the need to go immediately to the Doping Control Station.

If a notification form is used, the DCO or chaperone should ask the athlete to complete and sign it.

The athlete must:

- follow the DCO's or chaperone's instructions;
- be continuously supervised by the DCO or chaperone until the end of the procedure;
- refrain from actions that may compromise the integrity of the doping control procedure;
- show a photo ID.

The athlete has the right to:

- ask the DCO or chaperone to show an ID confirming his authority;
- request the presence of a representative (minor athletes);
- request the presence of an interpreter (if possible);
- ask for further clarification on the procedure if something is unclear;
- request a delay in arrival at the Doping Control Station (shall be granted if there are enough personnel available to ensure the athlete is monitored during the delay).

Grounds for the delay

In-competition testing:

- participation in a medal ceremony;
- performance of commitments to the media;
- participation in further competitions;
- performing cool down exercises;
- receiving the necessary medical care;
- looking for a representative and/ (or) translator;
- looking for a photo ID.

Out-of-competition testing:

- looking for a representative;
- completing the training or performing cool down exercises;
- receiving the necessary medical care;
- looking for a photo ID.

KHL MEDICAL REGULATIONS

2. Arrival at the Doping Control Station

The athlete must arrive at the Doping Control Station immediately after the notification and remain there until the completion of the entire sampling collection procedure. Upon arrival at the Doping Control Station, the athlete may be asked to register in the entry-exit log.

The athlete may leave the Doping Control Station before the procedure is completed only with the permission of the DCO and only for the above reasons stated for delaying the arrival at the Doping Control Station. Such permission can only be granted if there are enough personnel available to ensure the athlete is monitored during his absence.

While waiting for the sample to be collected, the athlete may consume food and drinks, in which case the responsibility for the ingredients of food and drinks rests with the athlete. The athlete should avoid excessive fluid intake, as this may lead to insufficient gravity of the urine sample, and an additional sample collection will be required.

3. Selecting the sample container

- The athlete shall be given a choice of three sample containers;
- the athlete must check that the containers are clean and the seals are intact, and select an acceptable kit;
- in case if the athlete is not satisfied with any of the kits, but the DCO considers them satisfactory, the athlete can record his objections in the protocol, but the procedure should be continued.

After the athlete has selected a sample container, it must be held and controlled by the athlete until the sample (or intermediate sample) is sealed.

4. Sample collection

- The DCO who will monitor the urine collection by an athlete must be of the same gender as the athlete;
- the DCO shall accompany the athlete to the toilet room for direct observation of the sample collection;
- the athlete must ensure that the DCO has an unobstructed view of the sample collection process.

The athlete must provide at least 90 ml of urine, but it is recommended to provide a greater volume if possible. If it is impossible to provide 90 ml of urine, an intermediate sample will be taken.

5. Selecting the sample storage kit

- The DCO shall record the total urine volume in the doping control protocol;
- the DCO shall offer the athlete at least three sample storage kits;
- the athlete shall check that all seals are intact and have not been forged;
- the athlete and the DCO together shall check that all the items in the selected kit are clean, intact and have the same number.

6. Splitting the samples in the A and B vials

- The athlete shall open the «B» vial, take out the red ring and pour at least 30 ml of urine into the «B» vial;
- the athlete shall open the «A» vial, take out the red ring and pour at least 60 ml of urine into the «A» vial;
- if more than the minimum volume was collected, the athlete shall fill the «A» vial to the maximum mark;
- If some amount of urine remains after that, the athlete shall fill the «B» vial to the maximum mark.

Do not fill the vial above the maximum line (or the vial “shoulder”). After splitting the sample in vials, some urine should be left in the urine bottle to measure the specific gravity.

7. Sealing the sample

KHL MEDICAL REGULATIONS

- The athlete shall tightly screw the caps of both vials until the distinctive clicks stop;
- the DCO shall check if the caps are tightly screwed and if the vials are leak-proof;
- the DCO shall record the time taken to seal the sample in the doping control protocol.

No one except the athlete (or his representative) should touch the vials until the athlete (or his representative) closes them.

8. Checking the specific gravity

The DCO shall measure the specific gravity. If it is below 1.005, an additional sampling procedure shall be carried out.

If the urine gravity is normal, the excess urine shall be disposed of.

The procedure for the selection of additional samples shall be carried out at the request of the Doping Control Officer in case if the specific gravity of the first sample is insufficient, or when the Officer has other grounds for such a request, including violations during the procedure of collecting the first sample. The procedure is similar to the standard urine collection procedure.

9. Filling in the doping control protocol and checking the entered data

- The DCO shall record all necessary information in the protocol;
- the athlete shall record in the protocol information about the medications used by him, as well as all his comments and observations on the procedure;
- if there is not enough space, the DCO shall provide the athlete with an additional report form;
- after the protocol has been filled in, the DCO and the athlete shall check if the entered data are correct.

10. Completion of the doping control procedure

- The DCO shall sign the doping control protocol;
- the athlete shall sign the doping control protocol;
- the DCO shall give to the athlete a copy of the protocol, along with additional protocols and the blood passport application form, if they were used;
- the athlete shall sign in the entry-exit log and leave the Doping Control Station.

KHL MEDICAL REGULATIONS

Appendix 13

(last updated on August 7, 2020. Minutes of meeting of CHL LLC Board of Directors No. 109 dated August 7, 2020)

ACKNOWLEDGEMENT FORM

**for reading and understanding of All-Russian Anti-Doping Rules
(WADA Code - for foreign Clubs)
in the 20____/20____ season**

No.	Surname, patronymic, name of a Hockey Player / employee of the Hockey Club	I have read and understood the All-Russian Anti-Doping Rules (WADA Code - for foreign Clubs)		
		personal signature	printed name	date of acknowledgement

_____, 20____

name of the manager's position

_____/_____
signature / printed name

L.S.