

## TARGET RIFLE AUSTRALIA LIMITED

ABN 29 143 527 851

National Sporting Organisation controlling Smallbore and Air Rifle shooting in Australia Member Body of Shooting Australia Member Body of World Rimfire and Air Rifle Benchrest Federation Patron: Major General J.E. Barry AM MBE RFD ED (Retd)

# SPORT SCIENCE AND SPORT MEDICINE POLICY

Title:	Sports Science and Sports Medicine
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Approved by:	Target Rifle Australia Board
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Authority	This Policy is based on the Shooting Australia Policy of the same name. It is binding on all Members of TRA and is to be interpreted in accordance with the TRA and SA Constitutions.



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#### **PURPOSE**

As the national governing body for the sport of Smallbore Rifle Shooting, Target Rifle Australia (TRA) seeks to adopt a best practice approach to its utilization of sports science and sports medicine (SSSM) in order to ensure their health and safety.

The objective of this Policy is to establish a framework for TRA's SSSM operations and application.

#### OFFICIALS and STAFF

- 2.1 TRA will use it best endeavours to ensure that all its officials are appropriately qualified, supervised and subject to TRA's policies including its anti-doping policy and code of conduct. TRA will do this by:
  - (a) undertaking adequate checks to exclude individuals with current or past anti-doping rule violations or a history of inappropriate conduct in relation to supplements and/or medications;
  - (b) ensuring any staff employment contracts capture TRA's policies including its anti-doping policy and code of conduct so that staff are bound by these policies;
  - (c) ensuring all independent contractors engaged to provide SSSM services to and for TRA are similarly bound under a services agreement to comply with TRA's policies including its antidoping policy and code of conduct.
- 1.2 TRA will strive to ensure that its SSSM and officials (as relevant and applicable):
  - (a) attain minimum standards for professional qualifications and, if applicable, professional accreditation, that will be discipline specific (if necessary);
  - (b) undergo constant peer-review including annual peer-review of new and existing practices and procedures;
  - (c) work to written and approved protocols in relation to ethical research;
  - (d) adhere to industry quality assurance standards and actively engage in continual professional development, thereby reducing:
    - (i) isolation of practitioners working in the field; and
    - (ii) potential conflicts of interest for practitioners embedded entirely within a sport.

#### SUPPLEMENTATION POLICY

TRA acknowledges that TRA athletes are vulnerable to inadvertent anti-doping rule violations if they obtain supplements from their own sources. All athletes and officials are encouraged to make themselves familiar with the protocols as listed in the SA policy on which the TRA policy is based (available on the SA and TRA web sites).



#### 1. MEDICATION POLICY

- 4.1 TRA Athletes frequently require medication for the treatment of illness or injury. Such medications may include prescription medication or over-the-counter medication.
- 4.2 TRA Athletes must:
  - a) only use medication (including but not only anti-inflammatory, pain relieving and sleep-inducing medications) as directed by ASADA; and
- 4.3 For teams travelling without a doctor:
  - team therapists or officials should not carry or supply prescription medications for the use of other team members;
  - b) team therapists may carry a small supply of basic 'over-the-counter' medication for provision to TRA athletes in specific circumstances;
  - c) team members should have an appropriate personal supply of medications for prevention of illness and /or treatment of conditions which may be reasonably anticipated; and
  - d) medications should be carried in their original packaging, labelled with the name of the athlete. This is important, as many countries have strict customs and importation laws
- 4.4 A general medication kit should contain the following:
  - Analgesics paracetamol
  - Anti-inflammatory Voltaren, Nurofen or other, as required
  - Anti-histamine for allergies if required **Telfast**, **Zyrtec**, etc
  - Anti-diarrhoeal Loperamide (Gastrostop, Imodium)
  - Betadine throat gargle
  - Topical antiseptic cream
  - Alcoholic gel hand rub
- 4.5 Team members should ensure that their vaccinations are up to date, particularly tetanus, diphtheria, pertussis and polio. Hepatitis A is not covered on the Government schedule, but a course of two injections provides lifetime cover, and is highly recommended. Other vaccinations may be recommended for some destinations, as advised by the CMO.
- 4.6 Teams that will be away for prolonged periods, or who are travelling to destinations that do not have a high level of medical care, may also be advised to carry other prescription medications, such as antibiotics, with them.
- 4.7 If any medical issues arise when the team is touring, please contact ASADA at https://www.asada.gov.au/ then the TRA Executive Officer.
- 4.8 If unexpected, or emergency treatment is sourced from local medical providers, the athlete must ensure the local medical practitioner is aware of the requirement for adherence to the WADA code. Please inform the TRA Executive Officer, as soon as practical, of any locally sourced treatment, in case a retrospective TUE is required.

#### 5. INJECTION POLICY

5.1 There is no role for injection of substances as a routine part of any supplementation program.





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5.2 TRA Athletes may NOT self-inject and no individual other than a medical practitioner can administer an injection to an athlete. No unauthorised individual can possess hypodermic needles.

5.3 No substances can be injected into TRA athletes except where the treatment of a documented medical condition requires such injection.

5.4 No injectable substances can be administered to an athlete by any individual other than a qualified medical practitioner. An exception to this rule may be made where the athlete has a well-documented medical condition (e.g. diabetes, anaphylaxis-risk), in which case the medical practitioner may provide written permission for the athlete to self-inject within specific parameters. TRA Athletes may also be provided with written permission to possess needles for medical reasons, as outlined above.

5.5 TRA will keep a register of any TRA athletes who have permission to self-inject for medical purposes.

#### 6. EDUCATION

TRA will educate TRA athletes, coaches and staff in relation to this policy, specifically in relation to the appropriate use of prescription medications and supplements.

6.2 Education on this policy will be included in induction policies for all new TRA athletes, coaches, SSSM staff and other relevant TRA staff.

6.3 TRA will maintain an accurate register of all TRA athletes, coaches and relevant staff that have/have not been provided with appropriate education, and an appropriate induction process, including familiarisation with relevant policies.

#### 7. ENFORCEMENT

#### **7.1** TRA will:

- (a) investigate any alleged or suspected breaches of this Policy by employees, contractors and TRA athletes, for example under TRA's code of conduct;
- (b) enforce compliance with this policy; and
- (c) impose appropriate sanctions for breaches; and

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(d) ensure confidentiality is maintained to allow reporting and investigation of suspected breaches.

#### 8. GOVERNANCE

- 8.1 The TRA board and senior management will regularly inform themselves as to SSSM practices of TRA, to:
  - (a) ensure they are best practice; and
  - (b) promote a culture of integrity; and
  - (c) comply with legislative and regulatory requirements.

The TRA Board acknowledges that "Don't ask, don't tell" is not an acceptable position.

- 8.2 The Executive Officer will report to the Board and provide it with information at least once a year detailing the use of supplements and prescription medications by TRA athletes over the preceding 12 months. The report will include the following minimum information from management:
  - (a) How many new board members, employees, coaches and TRA athletes have commenced with TRA over the reporting period and of those, how many have undergone an induction process including familiarisation with SA's SSSM and anti-doping policies.
  - (b) If any policy breaches have been detected in the reporting period.
  - (c) Identification of any reports of suspected breaches and subsequent management action taken during the period.
  - (d) If current information on the SSSM policies is up to date and available.
  - (e) How many TRA athletes are currently listed on TRA's self-injection register.
  - (f) If information on the Supplementation Protocol is accurate and up to date.
  - (g) A summary of any Therapeutic Use Exemption (TUE) administered during the reporting period, including the circumstances of their use and sign-off by the administering doctor, and identification of variances in year to year TUE usage.

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(h) Any other matters of known or suspected issues in relation to SA's SSSM policies, anti-doping policy and/or reported misuse of prescription medication.

TRA management will sign off on this report as true and accurate on the same basis as financial reporting, with an assurance that all SSSM practices during the period have complied with TRA's SSSM policies and anti-doping policy.

- 8.3 To facilitate the board's oversight function, TRA management will collect and provide all relevant information as required above to the board on an annual reporting basis.
- 8.4 TRA will communicate the following to TRA athletes and relevant staff as applicable:
  - a reminder of supplement/medication program principles and goals
  - expected practice (including a statement reminding all TRA athletes and staff not to engage in the process of taking or acquiring supplements/medications from sources external to TRA without consulting and receiving documented approval from TRA)
  - key documents required from each tier of TRA
- personnel responsible for specific signoffs and authorisation at each tier of TRA
- the confidential reporting process that encourages a culture of openness and overall athlete wellbeing as a top priority of TRA.



# APPENDIX A: AIS SUPPLEMENT GROUP CLASSIFICATION SYSTEM

In the Australian Institute of Sport (AIS) Sports Supplement Program, supplements are classified into four groups according to their effectiveness and safety.

#### a) Group A

Supplements are supported for use in specific situations in sport and provided to AIS athletes for evidence-based uses. These sports foods and supplements:

- 1. provide a useful and timely source of energy or nutrients in the athlete's diet
- 2. have been shown in scientific trials to benefit performance, when used according to a specific protocol in a specific situation in sport.
  - b) Group B

Supplements are deserving of further research and considered for provision to AIS athletes only under a research protocol or clinical monitoring activity. These sports foods and supplements:

- 1. have received some scientific attention, sometimes in populations other than athletes, or have preliminary data which suggest possible benefits to performance
- 2. are of particular interest to athletes and coaches.
  - c) Group C

Supplements have little proof of beneficial effects and are not provided to AIS athletes.

This category includes the majority of supplements and sports products promoted to athletes. These supplements, despite enjoying a cyclical pattern of popularity and widespread use, have not been proven to provide a worthwhile enhancement of sports performance.

Although we can't categorically state that they don't "work", current scientific evidence shows that either the likelihood of benefits is very small or that any benefits that occur are too small to be useful. In fact, in some cases, these supplements have been shown to impair sports performance, with a clear mechanism to explain these results. We have named many of the products that belong in this category, but others that have not been named in our supplement system more than likely belong here.

#### d) Group D

Supplements should not be used by AIS athletes. These supplements are banned or are at high risk of being contaminated with substances that could lead to a positive drug test.

For further information on the classification system visit <a href="mailto:ausport.gov.au/ais/nutrition/supplements">ausport.gov.au/ais/nutrition/supplements</a>