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## Affiliations

World Squash Federation  
Australian Commonwealth Games Association  
Oceania Squash Federation  
Confederation of Australian Sport  
Australian Olympic Committee

# SPORTS SCIENCE AND SPORTS MEDICINE POLICY

*(Regulation 14 – Sports Science and Sports Medicine Policy)*



## VERSION CONTROL

Version 1.0	August 2018
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Principal Partner



Official Ball



# SQUASH AUSTRALIA POLICY

<b>Title:</b>	Sports Science and Sports Medicine
<b>Document Number:</b>	Regulation 14
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<b>Responsible Person:</b>	CEO
<b>Authority</b>	This Policy is made under clauses 11 and 19 of the SA Constitution. It is binding on all Members of SA and is to be interpreted in accordance with the SA Constitution.

## 1. Purpose

As the national governing body for the sport of Squash, Squash Australia Limited (SA) seeks to adopt a best practice approach to its utilization of sports science and sports medicine (SSSM) so as to maximize the experience for players and to ensure their health and safety.

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

## 2. Staff

2.1 SA will use its best endeavours to ensure that all its SSSM staff members are appropriately qualified, supervised and subject to SA's policies including its anti-doping policy and code of conduct. SA will do this by:

- (a) employing SSSM staff through an open and competitive process with high selection standards;
- (b) 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;
- (c) ensuring all staff employment contracts capture SA's policies including its anti-doping policy and code of conduct so that staff are bound by these policies;
- (d) ensuring all independent contractors engaged to provide SSSM services to and for SA are similarly bound under a services agreement to comply with SA's policies including its anti-doping policy and code of conduct.

2.2 SA will strive to ensure that its SSSM staff (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.

### 3. Supplementation Policy

SA acknowledges that athletes are vulnerable to inadvertent anti-doping rule violations if they obtain supplements from their own sources.

#### 3.1 Supplement Panel

The SA Supplement Panel governs the SA Supplement Policy. The Supplement Panel will comprise:

- SA National Performance Director
- SA National Performance Services Coordinator
- AIS Sports Dietitian
- SA Sports Medicine representative/s and
- SA Coaching representative/s.

The Supplement Panel will:

- meet at least twice per year either in person or electronically to review the Supplement Provision Protocol. No alterations to the Supplement Provision Protocol are permitted except by agreement with the SA Supplement Panel; and
- report to the SA Board on an annual basis in relation to the operation of the Panel, and the information provided under, this Policy.

#### 3.2 Supplement Protocol

(a) The goals of this protocol are to:

- allow SA athletes to focus on sound use of supplements and special sports foods as part of their specific nutrition plans;
- ensure that supplements and sports foods are used correctly and appropriately to deliver maximum benefits for the immune system, recovery and performance;
- give athletes the confidence that they receive 'cutting edge' advice and achieve 'state of the art' nutrition practice;
- minimise the risk of an inadvertent doping offence; and
- provide the foundation for SA's High-Performance Programs to adopt a consistent supplement policy.

(b) This Supplement Protocol is based on the core principles of:

- athlete safety;
- evidence-based science; and
- compliance with the World Anti-Doping Agency (WADA) Prohibited List.

- (c) The Supplement Provision Protocol will be applied consistently, regardless of personnel changes within the coaching, nutrition, science, medical or administrative staff.
- (d) Any questions (from an athlete or staff member) regarding a new supplement or product should first be directed to the AIS Sports Dietitian who will disseminate information to the Supplement Panel.

### **3.3 Individualised Programs**

- (a) Supplements and sports foods are only to be provided to athletes as part of their individualised nutrition programs.
- (b) Prescription is based on individual requirements. It is acknowledged that these requirements change over time based on many factors (training status, training load, competition schedule, body composition goals, injury status, blood markers, dietary adequacy etc.) and as such supplement prescription will change accordingly.
- (c) Athletes are to be educated by the AIS Sports Dietitian or Sports Dietician involved with their local High-Performance Program, regarding the appropriate use, potential benefits and any possible side effects of the product prior to provision.
- (d) Use of supplements must only occur on recommendation from a Sports Dietician or Medical Practitioner involved with their local High-Performance Program, or an AIS Sports Dietitian.
- (e) SA prohibits athletes from obtaining supplement recommendations from sources external to SA or their local High-Performance program staff.

### **3.4 Record Keeping**

- (a) Any supplement provided to an athlete must be recorded in the Supplement Register section of the Athlete Management System (AMS).
- (b) The register must record: supplement name, brand, reason for use, dose, date of commencement and anticipated finish date.

### **3.5 Education**

- (a) All SA athletes categorised as National Squash Player must be educated on the SA Supplement Policy annually.
- (b) All High-Performance staff involved with direct athlete performance must be educated on this Supplements Policy annually. This includes, but is not limited to:
  - Coaches;
  - Performance Services personnel; and
  - SA and HPC High Performance Managers and administrators.
- (c) Education sessions will take place at athlete camps at the AIS in Canberra, or via approved education sessions within HPC's as approved by the Supplements Panel.
- (d) All athletes must sign the attendance document to indicate they have attended, heard, seen and understood the policy. Attendance will be recorded on the AMS.

### **3.6 Supplement Classification**

- (a) SA will utilise the AIS Supplement Group Classification System, (SGCC) (In Appendix A) which:
- permits use of all supplements in Group A and Group B of the SGCC;
  - permits use of supplements in Group C of the SGCC only where there is specific approval from the Supplement Panel; and
  - Prohibits the use of all supplements in Group D of the SGCC.
- (b) Supplement list and classification:
- The list in Appendix A is not comprehensive, but rather a list that should be particularly noted based on common supplements and potential for inadvertent doping. Athletes should continue to refer to the WADA Prohibited List <http://list.wada-ama.org>

### 3.7 Development Athletes

- (a) The provision of sports foods and supplements can only be made to athletes under 18 years of age if 'real food' options cannot be used to meet their specific nutrient or energy needs at specific times.
- (b) Development age athletes can only be offered use of sports foods and supplements as per their individual program (clause 3.3) if:
- they have shown diligence in following a nutritious meal plan (meals, snacks and fluids) suitable for development, performance and health; or
  - specific supplementation is necessary to treat a medically diagnosed nutrient deficiency.

### 3.8 Supplement Cautions

- (a) Network Marketing Companies
- Network marketed supplements are not recommended for use.
  - It is our recommendation that athletes, coaches and other staff members avoid contact with the distributors of these companies and their products.
  - We will not accept products to test on our players.
- (b) Poly-supplements
- Athletes should avoid using 'poly-supplements' (i.e. those with numerous ingredients) where single ingredient supplements are available.
  - It is acknowledged that poly-supplements usually do not contain the required amounts of the stated 'active ingredients' per serve to provide a true benefit.
  - The greater the number of ingredients in a supplement the higher likelihood of inadvertent contamination due to ingredients being sourced from various locations.
  - Single ingredient supplements are a more effective way of ensuring players are obtaining specific amounts of the desired element. Ingredients in poly-supplements are not always evenly dispersed throughout the product, thereby resulting in the actual quantity of an ingredient per serve not guaranteed.
- (c) Pre-workout Supplements

- The use of pre-workout supplements is not advised given the high risk of contamination leading to inadvertent doping offences.

#### 4. Medication Policy

4.1 Athletes frequently require medication for the treatment of illness or injury. Such medications may include prescription medication or over-the-counter medication.

4.2 Athletes must:

- (a) only use medication (including but not only anti-inflammatory, pain relieving and sleep-inducing medications) as directed by SA's Chief Medical Officer (CMO); and
- (b) require athletes to report to the CMO when they have obtained or used medication from sources other than the CMO.

4.3 For teams travelling without a doctor:

- (a) 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 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 The general medication kit should contain the following:

- Analgesics – **paracetamol**
- Anti-inflammatory – **Voltaren, Nurofen** or other, as required
- Anti-histamine for allergies if required – **Telfast, Claratyne, 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 \_\_\_\_\_ :

Phone

Email

- 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 Dr Kathy Yu, 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.
- 5.2 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 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. Athletes may also be provided with written permission to possess needles for medical reasons, as outlined above.
- 5.5 SA through the CMO will keep a register of any athletes in SA who have permission to self-inject for medical purposes.

## **6. Education**

- 6.1 SA will educate 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 athletes, coaches, SSSM staff and other relevant SA staff.
- 6.3 SA will maintain an accurate register of all 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 SA will:
- (a) investigate any alleged or suspected breaches of this Policy by employees, contractors and athletes, for example under SA's code of conduct;
  - (b) enforce compliance with this policy; and
  - (c) impose appropriate sanctions for breaches; and



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

## **8. Governance**

8.1 The SA board and senior management will regularly inform themselves as to SSSM practices of SA, to:

- (a) ensure they are best practice; and
- (b) promote a culture of integrity; and
- (c) comply with legislative and regulatory requirements.

The SA Board acknowledges that “Don’t ask, don’t tell” is not an acceptable position.

8.2 The CMO will report to the Board and provide it with information on a quarterly basis detailing the use of supplements and prescription medications by 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 athletes have commenced with SA 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) Any change in key personnel involved in SA’s SSSM program.
- (c) If all SSSM staff, including consultants, have had full background checks before being hiring.
- (d) If all SSSM staff are appropriately qualified and, if applicable, accredited by an industry accreditation body.
- (e) If all SSSM staff are employed on either employment agreements making them bound by SA’s SSSM policies, or engaged under contracts requiring them to comply with the SSSM policies and including a right of termination in the event of breach.
- (f) If any external SSSM consultants have been engaged, and if so in what capacity.
- (g) Where a search program exists, how many searches have been conducted over the reporting period on athlete accommodation.
- (h) If any policy breaches been detected in the reporting period.
- (i) Identification of any reports of suspected breaches and subsequent management action taken during the period.
- (j) If current information on the SSSM policies is up to date and available.
- (k) How many athletes are currently listed on SA’s self-injection register.



- (l) If information on the Supplementation Protocol is accurate and up to date.
- (m) A list of supplements/medication being overseen and distributed by SA during the reporting period, and identification of variances in year to year usage.
- (n) 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.
- (o) Financial analysis of SA expenditure on supplements/medication.
- (p) 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.

SA 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 SA's SSSM policies and anti-doping policy.

8.3 To facilitate the board's oversight function, SA management will collect and provide all relevant information as required above to the board on a periodic reporting basis.

8.4 SA will communicate the following to athletes and relevant staff as applicable:

- a reminder of supplement/medication program principles and goals
- expected practice (including a statement reminding all athletes and staff not to engage in the process of taking or acquiring supplements/medications from sources external to SA without consulting and receiving documented approval from SA)
- key documents required from each tier of SA
- personnel responsible for specific signoffs and authorisation at each tier of SA
- the confidential reporting process that encourages a culture of openness and overall athlete wellbeing as a top priority of SA.

## **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.

### **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.

### **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.

### **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.

### **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 [ausport.gov.au/ais/nutrition/supplements](http://ausport.gov.au/ais/nutrition/supplements)