Australian Canoeing Ltd.

Medical and Medication Policy

Adopted by the Board 17th October 2015

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1. DEFINITIONS

In this Agreement, the following terms have the meanings indicated, unless the context requires otherwise:

"AC Chief Medical Officer"	means a person who has been chosen by Australian Canoeing to act as the main point of contact for medical advice for Athletes.
"AIS"	means the Australian Institute of Sport.
"AOC"	means the Australian Olympic Committee.
"AMS"	means the Athlete Management System.
"ASDMAC"	means the Australian Sports Drug Medical Advisory Committee.
"ASADA"	means the Australian Sports Anti-Doping Authority.
"Athlete"	means a person who has been chosen by the Selection Panel to be a member of the relevant squad and/or team for the relevant event or events in their Discipline as set out in the AC Selection Procedures Bylaw.
"DTE"	means the daily training environment in which the Athlete spends the majority of their time training.
"ETC"	means the AIS run European Training Centre, based in Varese Italy.
"Medical Practitioner"	means the persons whose role is to diagnose illnesses, disorders and injures and prescribe medications and treatments that promote or restore good health.
"Medical Network/ Preferred Provider Network"	means persons identified as providers for Athletes as Physicians or Physiotherapists by Australian Canoeing.
"National Team"	means the team and/or squad to which the Athlete has been selected.
"NSAID"	means non-steroidal anti-inflammatory drugs.
"Non-Medical Practitioner"	means all persons who can administer specified medications.
"Self-Injection Register"	means the register held by the AIS of Athletes declaring the need for the use of therapeutic medications,

	supplements, vitamins and any other agent to be injected by himself or herself.
"Supplementation Program"	means the Athletes individual supplement program under the guidance of the AC Supplement Policy.
"WADA"	means the World Anti-Doping Authority.

2. INTRODUCTION

The Australian Canoeing Medical & Medication Policy has been put in place to support best practice and align individuals involved with Australian Canoeing (AC) and the Australian Institute of Sport (AIS). The aim is to familiarise AC members with medication protocols regarding what is acceptable practice, the policy regarding each training environment and provide clear expectations on what is allowed to minimise the risk of any positive doping findings and within the sports ethical code of conduct.

Ultimately it is the athlete's responsibility to ensure that any medication or supplements taken are permitted under WADA guidelines. If needed for management of a medical condition, it is the athlete's responsibility to ensure that AC are always in possession of a current TUE form.

2.1 ATHLETE'S OBLIGATIONS – ILLNESS AND INJURY

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

Immediately upon becoming ill or injured, the athlete shall:

2.1.1. Take all reasonable steps to minimise any further illness or injury;

2.1.2. Notify AC's Chief Medical Officer (Dr Matt Hislop), or relevant authorised medical officer, your coach, AC Head Coach and AC Performance Support Coordinator of the facts of your illness or injury and such details about the nature and prognosis as they request;

2.1.3. Immediately book in with a preferred medical practitioner/health professional for an examination (unless it is an emergency);

2.1.4. Attend the examination making clear if you are in or out of competition and when your next competition is;

2.1.5. Follow to the best of your ability the recommended advice of the medical professional and/or allied health professional. Make sure you are clear on what is required and expected of you;

2.1.6. If medications are required, update your medications in your athlete monitoring profile then double check the prescribed medications via ASDMAC

(www.asdmac.gov.au) in the first instance, and/or ASADA (https://checksubstances.asada.gov.au) prior to taking them;

2.1.7. Report to the State Institute Head Coach, AC Head Coach and ACA Principal Medical Officer or relevant other authorised medical officer on a regular basis, as determined by either / both of them, of the status of the illness and injury;

2.1.8. After being provided with all relevant information, the AC Chief Medical Officer or other authorised medical officer will have the final say on treatment plans, and return to sport.

3. PROVISION OF MEDICATION TO ATHLETES

3.1 BY NON-MEDICAL PRACTITIONERS

3.1.1 Medications are only provided to athletes on the specific instruction of a medical practitioner. In instances where a medical practitioner is unavailable, the following medications may be issued by a registered nurse:

- Paracetamol
- Vitamin C and Zinc
- Povidone-Iodine throat gargle

3.1.2 Non-medical practitioners travelling with teams will be provided with first aid kits including the following medication:

- Paracetamol
- Mylanta
- Throat gargle
- Loperamide
- Vitamin C / Zinc

3.1.3 Non-medical practitioners do not supply analgesics other than paracetamol.

3.1.4 Non-medical practitioners cannot supply athletes with anti-inflammatory medication or strong analgesics.

3.1.5 AC approved Physiotherapists can recommend that patients seek advice about appropriate adjunct NSAIDs from pharmacists and/or medical practitioners for e.g. over the counter NSAIDs (Non-steroidal anti-inflammatory drugs) such as Voltaren 25mg or Ibuprofen, which must be documented in the Athlete Management System (AMS) stating reasons for prescription, prescribed dosage and duration of dosage.

3.2 DOMESTIC DAILY TRAINING ENVIRONMENT

3.2.1 In the athlete's Australian home daily training environment, all medications should be prescribed by a local practitioner, preferably a practitioner in the AC's provider network.

3.2.2 It is the athlete's responsibility to let the medical practitioner know if they are in or out of competition.

3.2.3 Athletes who see a practitioner outside of the Australian Canoeing preferred provider network should check any prescribed medications against the WADA prohibited list (https://checksubstances.asada.gov.au).

3.3 INTERNATIONAL TEAM TRAVEL

3.3.1 When travelling internationally with a team, the following procedure should be followed:

a) Obtain Licence and Permission to Export and/or Import Controlled Drug Substances (www.health.gov.au/treaties);

b) Create a detailed inventory of medications carried;

c) Maintain comprehensive records of all medications dispensed;

d) Prepare appropriately including an understanding of regulations pertaining to carriage/import of medications in country of destination;

e) Reconciliation of medication usage on completion of tour.

3.3.2 Where there is no doctor accompanying a travelling team, it is the athlete's responsibility to make an appointment with a doctor, prior to the commencement of the tour. At this appointment, the athlete can be provided with an appropriate personal supply of medications and relevant advice for prevention of illness and /or treatment of conditions which may be reasonably anticipated.

3.3.3 AC will assess medical resources at the tour destination(s) and have such resources documented prior to departure. It is also noted that the team therapist is not a doctor and should not be put in the position of having to behave as a 'pseudo-doctor' and will not carry or supply prescription medication for athletes.

3.3.4 If an injury or illness occurs outside of Australia the athlete should communicate where possible with the relevant AC Medical Officer or a Medical Officer from the AIS's European Training Centre (ETC) via Skype, e-mail or telephone (if in Europe). If none of the above-mentioned medical officers are available, a local medical provider should be sourced.

3.3.5 Emergency Prescription medication is provided as part of a travel medication kit for the elite *Open AC National Team* travelling overseas. If an athlete succumbs to an illness or injury whilst travelling overseas, and if provision of treatment from a local medical officer are not available, then an appointed provider will contact the Chief Medical officer for advice, ideally in conjunction with the athlete, and ideally via video Skype. In appropriate cases, the Chief Medical Officer may prescribe prescription medications available in the travel kit for initial management or until a local medical provider can be accessed. Please note that this is not ideal, and should not be used to replace a face to face medical assessment where this is accessible. *Athletes must be responsible for notifying treating practitioners of any drug allergies, or prior adverse reactions that they have experienced.*

3.3.6 For any medication not carried by AC, prescription medication should be sourced from local medical providers, in collaboration with NSO/AIS medical staff. When sourcing

treatment from a local medical practitioner, the athlete must ensure the local medical practitioner is aware of the requirement for adherence to the WADA Code.

3.4 INJECTIONS

3.4.1 There is no role for injection of athletes as part of a supplementation program;

3.4.2 Athletes will only be injected for treatment of a documented injury, illness or in iron compromised athletes;

3.4.3 Athletes will only be injected by a medical practitioner or another suitably qualified person (e.g. registered nurse) acting on the instruction of a medical practitioner.

3.5 NO NEEDLES

3.5.1 No individual shall be in possession of injection equipment apart from AC's Chief Medical Officer and medical practitioners working in the AIS Department of Sports Medicine and individuals listed on the Self-Injection Register;

3.5.2 No individual shall be permitted to self-inject unless they have written permission to do so by the relevant Medical Officer, for the treatment of a documented medical condition;

3.5.3 Any individual with permission to self-inject must be registered on the Self-Injection Register.

3.5.4 The Self-Injection Register is available via the AMS.

4. TUE MEDICATIONS

Athletes prescribed such medications must be given written instructions by the relevant Medical Officer regarding appropriate use to avoid the possibility of an anti-doping rule violation.

4.1 CHECKING MEDICATIONS

All medication should always be checked prior to use via ASDMAC (as outlined below) and against the WADA Prohibited Substance List via the website: (https://checksubstances.asada.gov.au)

Each athlete is solely responsible for any substance on the World Anti-Doping Code Prohibited List (or traces of them) found to be present in their body or possession and for their use, attempted use, trafficking or attempted trafficking of the substances or methods on the World Anti-Doping Code Prohibited List.

Athletes must check any medication they intend to take via the Australian Sports Drug Medical Advisory Committee (ASDMAC) to determine if a therapeutic use exemption (TUE) is required.

ASDMAC is Australia's National Therapeutic Use Exemption Committee responsible for administering TUE's.

A TUE is an exemption provided by a TUE committee to allow an athlete to use a substance (or method) on the WADA Prohibited List for legitimate therapeutic purposes.

From 1st January 2015 (due to the new 2015 WADA Code and International Standard for Therapeutic Use Exemptions - ISTUE) the type of TUE needed for athletes competing below International and National level of competition has changed. There are no major changes for National and International level athletes.

To understand whether you require a TUE and what type of TUE you require please follow the steps below:-

Are you taking a medication or using a method that is on the WADA prohibited list? (*To check on your medication or method, search using ASADA's online Check Your Substances (CYS) tool, https://checksubstances.asada.gov.au/ and/or on WADA's Prohibited List, http://list.wada-ama.org/*

If yes then, contact ASDMAC www.asdmac.gov.au/.

5. ANALGESIC

5.1 Athletes should be asked to rate pain out of 10 as per a visual analogue score for all pain presentations.

5.2 Australian Canoeing/Australian Institute of Sport has adapted the World Health Organisation Analgesic Ladder to guide a step up, step down approach to treatment of pain. The analgesic ladder is based on the principle that medical practitioners should use the lowest dose and the safest medication to achieve pain relief. Where the medication is not efficacious, the medical practitioner should 'step up' the analgesic intervention. As soon as the symptoms begin to abate, the medical practitioner should 'step down' the analgesic intervention.

5.3 For mild to moderate pain the use of regular paracetamol without opiates is the treatment of first choice.

5.4 If there is clinical evidence of inflammation at the first presentation, an NSAID may be preferred over paracetamol.

5.5 NSAIDs should be used for the shortest duration possible with a view to switching across to paracetamol.

5.6 Where paracetamol alone or an NSAID alone fails to control pain, paracetamol and codeine is an appropriate next option.

5.7 Where there is severe inflammatory pain, it may be appropriate to combine an NSAID with codeine.

5.8 Where the pain is strongly associated with muscle spasm, orphenadrine is an appropriate first drug of choice.

5.9 Tramadol must be used with caution. The analgesic effect of Tramadol is unlikely to be superior to paracetamol/codeine but the side effect profile is significantly worse. Tramadol should only be used in those who are intolerant of codeine.

5.10 Where there is strong evidence of significant neuropathic contribution to the pain, use of amitriptyline HCl, gabapentin or pregabalin should be considered.

5.11 Amitriptyline HCl can be efficacious in situations of chronic pain and / or where there is evidence of pain centralisation.

5.12 Oxycodone can be used for severe pain, often in the post-operative period. *OXYCODONE IS NOT PERMITTED DURING COMPETITION.*

5.13 Intramuscular ketorolac can be used in acute severe pain (fractures, acute spinal pain) where there is need for immediate strong pain relief.

5.14 Methoxyflurane and / or morphine can be used in situations of emergency analgesia for severe pain where the athlete requires relief for transportation to hospital. *MORPHINE IS NOT PERMITTED DURING COMPETITION.*

6. NSAID

6.1 Regular paracetamol should be the primary baseline treatment for most musculoskeletal injuries. NSAID (Non-Steroidal Anti-Inflammatory Drug) medication should be used when there is good clinical evidence of an inflammatory component to the pain aetiology.

6.2 Medical practitioners should take a detailed history of previous adverse drug reactions, history of gastrointestinal symptoms, hypertension, renal disease, asthma and urticarial reactions.

6.3 Athletes should be asked about their prior experience of NSAIDs in terms of efficacy and side effects.

6.4 Athletes at high risk for gastrointestinal complications from NSAIDs should be offered:

a) Regular paracetamol before an NSAID;

b) Celecoxib as the preferred NSAID;

c) Ibuprofen as the preferred non-selective NSAID, where Cox 2 coverage is deemed not appropriate;

d) PPI cover while taking an NSAID.

6.5 Athletes considered at high risk for cardiovascular complications should be offered ibuprofen or naproxen.

6.6 Prolonged ingestion of NSAIDs should be avoided.

6.7 NSAIDs should be prescribed at the minimal efficacious dose.

6.8 Where it is deemed appropriate to treat an acute injury with NSAIDs, medical practitioners should aim to use the NSAIDs for about five days before switching to regular Paracetamol.

If Physiotherapist are prescribing NSAID's the check list needs to be followed.

- Check for any known drug allergies, or adverse reactions
- Specifically ask about allergies or adverse reactions to the agent being prescribed- in the case of NSAIDs check for any known history of gastro-oesophageal reflux, cardiac conditions, or renal conditions
- Check with dosage recommendations as on the packet, and prescribe accordingly- never exceed the recommended dose
- Advise the patient of potential adverse reactions (likely for NSAIDs include reflux or indigestion)
- Advise to seek medical advice immediately if *any* adverse effects are experienced
- If there are any concerns seek medical advice
- Update the AMS Medications History Log.

7. SLEEPING MEDICATION

7.1 Medical practitioners should not assume that all travelling athletes require sleeping medication. Many individuals will cope with travelling and performing at the destination without any requirement for sleeping medication. Medical practitioners need to be aware of this when discussing medication with or in front of athletes. Indicating that a particular medication will 'work wonders' for one athlete could be construed as 'promotion' of the medication, by other athletes observing the interaction.

7.1.1 Sleeping medication may be appropriate to assist some athletes adjust to variation in time zones, associated with travel.

7.1.2 Sleeping medication can also be used in the short term, to assist athletes who are having difficulty with sleeping for non-travel related reasons.

7.1.3 Sleeping medication is not a long-term solution for insomnia.

7.1.4 When an athlete presents with difficulty sleeping, the medical practitioner should discuss sleep hygiene with the athlete and provide the athlete with written material regarding sleep hygiene (https://secure.ausport.gov.au/__data/assets/pdf_file/0008/545858/Sleep_fact_sheet_060313.pdf).

7.1.5 Depending on the causation of the sleep difficulty, a referral to Performance Psychology may be appropriate.

7.1.6 The options for use of sleep medication include melatonin, benzodiazepines (temazepam, diazepam), Z-drugs (zolpidem) and low dose tricyclic antidepressants such as amitriptyline hydrochloride. Benzodiazepines and Z-drugs have addictive qualities and can lead to dependence.

7.1.7 There have been reports in the media and in the medical literature of individuals having hallucinations, amnesia, unusual behaviour and/or inappropriate behaviour after taking Z-drugs. The cases officially reported are relatively few in number and did not indicate a significant difference in the risk profile between Z-drugs and benzodiazepines. Doctors however must keep in mind the potential for such reactions.

7.1.8 Melatonin, benzodiazepines and Z-drugs should not be used for long periods of time and certainly not for more than a couple of weeks in extreme circumstances. The usual procedure for provision of sleeping medication associated with travel should be one dose to assist with sleep while travelling and two doses to assist with sleep on arrival at destination. Similarly, one dose can be provided on the return trip and two doses to assist with sleep when arriving back at home base. This should mean that for a standard travel trip, athletes will be provided with not more than six doses of a sleeping medication.

7.1.9 Tricyclic antidepressants can be used to assist with attaining stable sleep patterns over a more prolonged period of time. The use of such medication should not however replace advice regarding sleep hygiene strategies.

7.1.10 Athletes will be provided with the following information in writing, at time of supply of sleeping medication:

- Sleeping tablets are not a long-term solution to sleep difficulty;
- Good sleep hygiene is the basis for ensuring healthy sleeping patterns (https://secure.ausport.gov.au/__data/assets/pdf_file/0008/545858/Sleep_fact_sheet_060313.pdf);
- Sleeping tablets are addictive and some individuals will experience withdrawal effects, after using sleeping tablets regularly for as little as one week;
- Sleeping tablets should only be taken for short periods of time to assist with sleeping difficulty. Ideally this would not be for more than a few days in succession;
- Sleeping tablets should only be taken once you are in bed, not on your way to bed;
- Sleeping tablets should not be taken in conjunction with other sedative medication such as other sleep medication, strong pain-killing or antidepressant medication;
- Sleeping medication should not be taken in conjunction with alcohol, caffeine drinks or any other psychoactive substances.

7.2 STILNOX AND THE AOC

7.2.1 While there is debate about the scientific evidence of increased adverse side-effects from the Z-drugs as opposed to using benzodiazepines, medical practitioners need to be aware of the Australian Olympic Committee ruling regarding Stilnox.

7.2.2 The position of the AOC is that Stilnox will not be permitted at any Olympic events. Given that the Olympics represent the peak performance goal for many athletes, it is questionable whether athletes who are planning to attend the Olympics should be using a medication for sleep adjustment purposes which they will be unable to use at their peak event.

7.3 SLEEPING MEDICATION SUMMARY

7.3.1. Sleep hygiene will be promoted as the basis for obtaining normal sleep patterns.

7.3.2. Sleeping medication will be prescribed for short duration use, not longer than three days in succession.

7.3.3. Melatonin or temazepam will be utilised as the first line treatment.

7.3.4. Z-drugs will be the second line treatment, where temazepam is deemed not appropriate by the medical practitioner.

7.3.5. Where appropriate, amitriptyline hydrochloride may be utilised where the medical practitioner believes this is the most appropriate treatment. This medication may be utilised for longer periods of time where medical conditions other than insomnia warrant such treatment.

7.3.6. Doctors will warn the athlete of potential adverse effects and provide written information on sleeping medication at each episode of prescription.

8. SUPPLEMENTS

Please refer to AC's separate Supplement Policy.

9. GENERAL CONSIDERATIONS

9.1 Storage and Security protocols are to be followed to confirm that all medication is secured and access to the medication is restricted to approved personnel only.

9.2 An induction protocol will be followed to ensure that any new staff/service providers coming to the organisation are systematically taken through policies and protocols relating to the storage and supply of medication, ASADA Education Module.

9.3 Stock-takes of medication are conducted three monthly and a major stock take is done at the beginning and end of each International Tour. A printed report of the stock take report is provided to the CMO.

10. PRIVATE HEALTH INSURANCE

10.1 All AC athletes and staff are strongly advised to take out private health insurance (Including 'Top Hospital' cover, and in the case of athletes, 'Extras' cover).

10.2 Those who do not carry Private Health Insurance will be responsible for any medical expenses incurred during the season. AC will not pay any medical expenses incurred by an athlete, support member or coach outside of a tour, unless it is specifically covered under the Athlete Funding Guidelines or agreed to in the athletes' personal agreement.

11. VIOLATION OF THE AC MEDICAL & MEDICATIONS POLICY

11.1 Failure to comply with the AC Medical & Medications Policy may incur sanctions in accordance with the AC Disciplinary By-law.

11.2 This Disciplinary By-Law sets out the procedures for dealing with disciplinary actions and matters under Rule 13.1 of the Australian Canoeing Constitution.

11.3 Depending on the nature of the breach, AC may apply a range of sanctions/penalties available for first or subsequent offences, as outlined in the AC Disciplinary Bylaw.

11.4 Athletes and coaches that nominate for selection to Australian Canoeing Teams are also bound by, the AC Anti-Doping Policy (available on the Australian Canoeing website), amongst other AC policies; and must ensure that they comply with these policies at all times.

11.5 In addition to the sanctions which may be imposed by AC or ASADA, it is important to understand that there are various laws concerning the use of and acquisition of certain medical substances and any breach of these laws may result in investigation and action by the relevant authorities under that legislation.

12. PREFERRED PROVIDER NETWORK

12.1 Medical practitioners and other health professionals have been selected to be part of the Medical Network on the basis of their relevant qualifications and experience in working with elite athletes. It is therefore highly recommended that athletes attend these practitioners.

12.2 All information supplied will remain confidential to the Australian Canoeing Chief Medical Officer and members of the Medical Networks. Where relevant to National Selection, the High Performance Director, Head Coaches, Selection Panel and relevant medical support staff may be informed as necessary, and the Athlete provides informed consent to the sharing of this relevant medical history.

Physician

Gold Coast/Brisbane	Dr Matt Hislop	07 5500 9830 / 3899 0659
Gold Coast	Dr Nicci Drew	07 5574 9111
Sydney	Dr Stuart Watson	02 9971 1188
Sydney (Slalom)	Dr David Abraham	0405 822 480
Adelaide	Dr Geoff Verrall	08 8362 8111
Perth	Dr Peter Steele	08 9382 9600

Physiotherapist

Gold Coast	Britt Cailing	07 5500 6470
Gold Coast	Myles Burfield	07 5500 6470
Sunshine Coast	Dean Sullivan	07 5491 9116
Sydney	Katie Ryan	02 9981 4099
Sydney (Slalom)	Patrick Weston	02 4271 5567
Sydney (Slalom)	Eimear Craddock	02 4271 5567
Sydney (Slalom)	Brett Dwyer	0414 349 625
Adelaide	James Trotter	08 8364 6800 / 8159 1300
Perth	Brett Slocombe	08 9286 1000