

Title: **Triathlon Australia Sports Science and Sports Medicine Best Practice Principles**

Related Documents: Triathlon Australia Integrity Framework (Appendix D)
Triathlon Australia Supplement Policy (Annexure A)
Triathlon Australia Medication Policy (Annexure B)
Triathlon Australia Injection Policy (Annexure C)

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Triathlon Australia Sports Science and Sports Medicine Best Practice Principles

The Triathlon Sports Science and Sports Medicine (SSSM) Best Practice Principles have been developed by Triathlon Australia as a practical guide to assist the Triathlon Australia Board and staff in performing their oversight function in relation to SSSM practices.

The Principles can be categorised under five key areas:

1. Staff integrity and capability
2. SSSM policy framework
3. Education
4. Detection and enforcement
5. Oversight and reporting.

The Principles are intended to operate in conjunction with, and without limitation of, the Triathlon Australia Integrity Framework.

PRINCIPLE 1: STAFF INTEGRITY AND CAPABILITY

Triathlon Australia will ensure that all SSSM staff members, contractors and consultants are:

1. Appropriately qualified and supervised
2. Subject to these principles, our Anti-Doping policy and Code of Conduct

Employment or engagement of SSSM staff, contractors and consultants will be through a well-structured process with high selection standards.

Adequate checks will be implemented to exclude individuals with current or past anti-doping rule violations or a history of inappropriate conduct in relation to supplements and/or medications.

All SSSM staff, contractors and consultants will be bound to comply with the Triathlon Australia SSSM Best Practice Principles, the Triathlon Australia Anti-Doping policy and Staff Code of Conduct.

SSSM personnel will:

- i) attain minimum standards for professional, discipline specific qualifications and, if applicable, professional accreditation,
- ii) undergo regular peer-review including annual peer-review of new and existing practices and procedures
- iii) work to written and approved protocols in relation to ethical research
- iv) adhere to industry quality assurance standards and actively engage in continual professional development,

thereby reducing:

- isolation of practitioners working in the sport of triathlon
- potential conflicts of interest for practitioners embedded within the sport of triathlon

PRINCIPLE 2: SSSM POLICY FRAMEWORK

Triathlon Australia will implement, periodically review and enforce a robust SSSM policy framework, including:

1. Supplementation Policy (including a Supplementation Panel and Supplementation Provision Protocol)
2. Medication policy
3. Injection policy

The Triathlon Australia SSSM policies will require any new SSSM procedures and practices to be subject to peer review, using the Triathlon Australia Ethics and Integrity panel or a panel of experts convened by the Ethics and Integrity Panel.

1. Dietary Supplement Policy

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

Triathlon Australia will maintain a written Dietary Supplement Policy, incorporating a Supplementation Provision Protocol approved by the Board which governs the use of supplements by athletes.

The TA Dietary Supplement policy will be based on the AIS best practice protocols for each supplement which, combined with the publicly available AIS Supplementation Group Classification System, describes best practice for the use of sports supplements.

Tiered athletes within the High Performance program are not permitted to obtain supplements from sources external to those explicitly approved by the National Performance Director (NPD) without first receiving written permission to do so from the NPD.

The Supplementation Provision Protocol will be overseen by a Supplementation Panel of at least three appropriately qualified stakeholders, including medical staff, sports nutrition staff, sports science staff, coaching and conditioning staff. The organisation's Supplementation Panel will always have at least one independent member, and seek guidance where appropriate from the AIS Supplementation Panel.

The Supplementation Provision Protocol will:

- i) utilise the AIS Supplement Group Classification System
- ii) permit the use of all supplements in Group A and Group B of the AIS Supplement Group Classification System
- iii) permit limited use of supplements in Group C of the AIS Supplement Group Classification System where there is specific approval from the Supplementation Panel
- iv) prohibit the use of all supplements in Group D of the AIS Supplement Group Classification System
- v) be based on the core principles of:
 - athlete safety
 - evidence-based science
 - compliance with the World Anti-Doping Agency (WADA) Prohibited List
- vi) be agreed upon after careful consideration by the Supplementation Panel

- vii) not be altered except by agreement with the Supplementation Panel
- viii) draw on external supplementation or anti-doping expertise, where appropriate
- ix) be applied consistently, regardless of personnel changes within the coaching, nutrition, science, medical or strength and conditioning staff.

Triathlon Australia Dietary Supplement Policy can be found at [Annexure A](#)

2. Medication Policy

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

Triathlon Australia will maintain a written Medication Policy, approved by the Triathlon Australia Chief Medical Officer (TACMO), which governs the use of prescription and over-the-counter medication by athletes.

The Medication Policy will:

- i) require athletes to only use medication as directed by the TACMO
- ii) require athletes to report to the TACMO when they have obtained or used medication from sources other than the TACMO
- iii) include appropriate protocols for the use of anti-inflammatory, pain relieving and sleep inducing medications
- iv) include appropriate protocols for handling or provision of medication by personnel other than the medical practitioner (physiotherapist, sports scientist, strength and conditioning coach etc.), in the absence of the medical practitioner.

Triathlon Australia Medication Policy can be found at [Annexure B](#)

3. Injection Policy

Triathlon Australia believes that there is no role for injection of substances as a routine part of any supplementation program.

Triathlon Australia will maintain a written Injection Policy which prohibits athletes self-injecting and prohibits individuals other than a medical practitioner administering injections to an athlete. The policy will specifically prohibit any unauthorised individual from being in possession of hypodermic needles.

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

No injectable substances should 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 (for example, diabetes, anaphylaxis-risk), in which case the medical practitioner may provide written permission for the athlete to self-inject within specific parameters.

A register will be kept of any athletes who have permission to self-inject for medical purposes.

Athletes may be provided with written permission to possess needles for medical reasons, as outlined above.

The Injection Policy forbidding possession of needles does not include acupuncture needles. Acupuncture needles are solid needles used for treatment of soft tissue injuries. They are not used for injection of substances.

Triathlon Australia Injection Policy can be found at [Annexure C](#)

PRINCIPLE 3: EDUCATION

Triathlon Australia will educate athletes, coaches and staff in relation to these SSSM Principles and supporting policies, specifically in relation to the appropriate use of prescription medications and supplements.

Triathlon Australia recognises that the most valuable integrity safeguard is to prevent incidents from occurring in the first place. We understand that this is best achieved through effective education programs to underpin strong and current SSSM policies containing highly visible consequences for their breach.

Accordingly, robust education around SSSM is included in induction policies for all new athletes, coaches, SSSM staff and other relevant staff.

Triathlon Australia 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.

PRINCIPLE 4: DETECTION AND ENFORCEMENT

Triathlon Australia will ensure that SSSM policies are enforced, including appropriate sanctions for breaches, and that confidential processes are available to allow reporting of suspected breaches.

Triathlon Australia will maintain robust processes for dealing with any alleged or suspected breaches of any of their SSSM policies. These will include formal investigation and disciplinary processes applicable to SSSM policy breaches by employees and athletes. Breaches by contractors will be addressed via the provisions of their contract.

Appropriate sanctions will be applied where an individual is found to have breached a policy. Sanctions will reflect the seriousness of the breach.

Triathlon Australia will implement and promote a confidential process to allow the reporting of a suspected breach of a SSSM policy (or anti-doping policy) or alleged unethical or inappropriate SSSM practices through the whistle-blower service provider as outlined in the Triathlon Australia Integrity Framework. The process requires the external provider to report directly to the CEO of Triathlon Australia to ensure confidentiality and to ensure that any suspected breaches of policy are raised at the most senior level within the organisation.

Investigations of alleged anti-doping violations will be covered under the Triathlon Australia Anti-Doping Policy with the guidance where necessary of the Ethics and Integrity Panel. Where applicable, Triathlon Australia will refer a matter directly to ASADA or relevant law enforcement agency.

PRINCIPLE 5: OVERSIGHT AND REPORTING

Triathlon Australia will implement a reporting framework to assist our Board and senior management to discharge their obligations to be informed about, and to oversee the Triathlon Australia's SSSM practices.

1. Responsibilities of the Board

Triathlon Australia will establish a periodic reporting system whereby the Board (through the Ethics and Integrity Committee) is provided with information detailing the use of supplements and prescription medications by athletes at least twice per year.

2. Responsibilities of Management

To facilitate the board's oversight function, Triathlon Australia will maintain an appropriate process to collect and provide relevant information to the board on a periodic reporting basis.

This process will be communicated to athletes and relevant staff as applicable, including:

- 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 the organisation without consulting and receiving documented approval from the organisation)
- key documents required
- personnel responsible for specific signoffs and authorisation
- a reminder of the confidential reporting process provided to Triathlon Australia through *Stopline* which encourages a culture of openness and overall athlete wellbeing as a priority of the organisation.

ANNEXURE A – TRIATHLON AUSTRALIA DIETARY SUPPLEMENT POLICY

Triathlon Australia Dietary Supplement Policy

1. Overview of Triathlon Australia Dietary Supplement Policy

The Triathlon Australia Dietary Supplement Policy uses the Australian Institute of Sport (AIS) Sports Supplement Framework as its foundation. <http://www.ausport.gov.au/ais/nutrition/supplements>

The Triathlon Australia Dietary Supplement Policy is based on the core principles of:

- athlete health and safety
- evidence based science which supports the use of selected dietary supplements to enhance performance or assist in maintaining health and well-being
- compliance with the World Anti-Doping Agency (WADA) Prohibited List.

The use of dietary supplements is NOT an essential part of a triathlete's daily dietary intake or performance plan. The majority of dietary supplements have NO health or performance benefits and have potential health and inadvertent doping risks associated with their use. Dietary supplements are not controlled in the same rigorous way as prescription or over the counter medicines.

As stated within the 2015 World Anti-Doping Code and the Triathlon Australia Anti- Doping Policy:

“It is each Athlete’s personal duty to ensure that no Prohibited Substance enters his or her body. Athletes are responsible for any Prohibited Substance or its Metabolites or Markers found to be present in their Samples. Accordingly, it is not necessary that intent, fault, negligence or knowing use on the Athlete’s part be demonstrated in order to establish an Anti-doping violation under Article 2.1”.

2. Triathlon Australia Foundation Principles

Triathletes should focus on a well-planned training program that develops good technique, skill and fitness, supported by performance focused nutrition practices. Focusing on sound dietary intake strategies to promote training, recovery and competition will give triathletes a better platform for performance than the intake of dietary supplements.

Triathletes should only use approved dietary supplements (as articulated in this document) once they mitigate risk of inadvertent contamination with a prohibited substance as outlined on the WADA Prohibited List (<https://www.wada-ama.org/en/what-we-do/prohibited-list>).

3. Athlete and Staff Responsibilities

TA funded triathletes **must document their entire dietary supplement use including sports foods and fluids** in the TA Supplement Register within the TA Athlete Management System.

Treating medical officers, including the TA Chief Medical Officer (CMO) or sports dietitians, including the TA Lead Sports Dietitian, must **document any dietary supplements prescribed or provided including sports foods and fluids** in the Supplement Register within the TA Athlete Management System.

The register will be monitored regularly by the TA Dietary Supplement Panel. You will be required to make a declaration at certain time points throughout the year that the supplements on the register reflect the supplements you are currently taking at that time.

4. Definition of a Dietary Supplement

A dietary supplement is defined as any synthetic or natural chemical in the form of a formulated supplementary food, a tablet, capsule, gummy, liquid or powder that is consumed orally for the purpose of enhancing health, recovery and function including athletic performance. Specifically, for the terms of this policy dietary supplements are categorised as:

- **Sports foods and fluids** - specialised products used to provide a practical source of nutrients when it's impractical to consume everyday foods and fluids. These include sports bars, sports drinks, sports gels, liquid meal supplements including protein concentrates and isolates, sports confectionary, electrolyte rehydration formulas and drinks.
- **Medical supplements** - used to treat a known clinical issue including a nutrient deficiency. These include calcium supplements, iron supplements, vitamin D supplements, multivitamin and mineral supplements, and probiotics.
- **Performance supplements** - promoted to improve performance; assist in health maintenance and recovery; and promote desirable changes in body composition. This category of dietary supplements is broad ranging and includes a select group of products that warrant use within sport.

5. Dietary Supplement Use

The TA Dietary Supplement Policy is aligned with the AIS Sports Supplement Framework and has adopted their Group Classification System (www.ausport.gov.au/ais/supplements/classification)

Procedures outlined below are specific to the TA Dietary Supplement Policy:

Podium, Podium Potential and Developing TA Categorised Athletes are:

- Prohibited to use supplements in **Group D** of the AIS Sports Supplement Framework.
- Required to have all **medical** supplements in **Group A** of the AIS Sports Supplement Framework approved for use by the treating medical officer or TACMO.
- Required to have all **performance** supplements in **Groups A, B and C** of the AIS Sports Supplement Framework approved for use by your sports dietitian or TA Lead sports dietitian.

Emerging TA Categorised Athletes and Developing athletes yet to achieve a top 15 finish in a WTS event are:

- Prohibited to use supplements in **Groups C and D** of the AIS Sports Supplement Framework.
- Required to have all **medical** supplements in **Group A** of the AIS Sports Supplement Framework approved for use by the treating medical officer or TACMO.
- Prohibited to use **performance** supplements in **Groups A and B** of the AIS Sports Supplement Framework.

* TA strongly advises the athlete to mitigate risk of inadvertent contamination with a prohibited substance as outlined on the WADA Prohibited List

6. Dietary Supplement Classification

Group A Supplements: are supported for use in specific evidence based situations for triathletes.

This group of supplements:

- Provide a useful and timely source of energy and nutrients in the athlete's diet; or
- Are used to treat a known nutritional deficiency; or
- Have been shown in scientific trials to benefit exercise performance, health or recovery when used according to a specific situation in sport.

Products included in AIS Group A Supplements are:

Product	TA Supplied Option
Sports Foods and Fluids	
Sports drink (carbohydrate-electrolyte drinks)	Gatorade, PowerBar
Sports Gel (highly concentrated form of carbohydrate)	PowerBar Gel, GU, Shotz
Sports Confectionary	PowerBar Blasts
Liquid Meal Supplement	Sustagen Sport
Sports Bar	PowerBar Performance Bar PowerBar Protein Plus
Whey Protein	Musashi Recover, Musashi Lean
Electrolyte Replacement	Shotz
Medical Supplements	
Multivitamin/Mineral	Centrum
Calcium Supplement	Caltrate
Vitamin D Supplement	Swisse Ultiboost Vitamin D
Iron Supplement	FerroGrad C
Probiotics	Swisse
Sick Pack (Zinc and Vitamin C)	
Performance Supplements	
Creatine	Musashi Creatine Monohydrate
Caffeine	No Doz, Caffeinated Gels
Bicarbonate	Sodi Bic
Beta-alanine	Musashi Beta Alanine
Beetroot Juice	Beet it Sport Shots

Group B Supplements: are supported for use to athletes within research or clinical monitoring situations. This group of supplements has an emerging level of evidence to indicate that they enhance performance, aid recovery or maintain health. Triathlon Australia will:

- Supervise any study or trial involving its athletes and Group B supplements to ensure the best decisions can be made for the potential use of supplements in this group.
- Carefully consider TA athlete requests for Group B supplement use.

Encourage the collection of scientific data to allow Group B supplements to be moved either in to Group A or Group C.

Product	Examples
Food polyphenols: Food chemicals which have purported bioactivity, including antioxidant and anti-inflammatory activity. May be consumed in food form or as an isolated chemical.	Quercetin Tart (Mont morency) cherry Exotic berries (acai, goji etc.) Curcumin
Other:	Anti-oxidants C and E Carnitine HMB Glutamine Fish Oils Glucosamine

Group C Supplements: have little proof of beneficial effects. In the absence of proof of benefits, Group C supplements will not be provided to TA athletes from TA budgets or other sources funded by TA. If a **Podium or Podium Potential** categorised TA athlete or their coach wishes to use a supplement from this category, they may do so providing:

- Approval has been provided by the TA Dietary Supplement Panel;
- They (athlete) are responsible for payment of this supplement;
- They are fully aware that many of these products have been produced using unknown quality control measures;
- They have carefully considered the possible inadvertent doping risks.

Group C Supplements include all dietary supplements that are not listed in Groups A, B or D.

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

Product
STIMULANTS
Ephedrine Strychnine Sibutramine Methylhexanamine (DMAA) Other herbal stimulants

PRO-HORMONES and HORMONE BOOSTERS
DHEA Androstenedione 19-norandrostenedione Other pro-hormones Tribulus terrestris and other testosterone boosters
GROWTH HORMONE RELEASERS AND “PEPTIDES”
OTHER
Glycerol Colostrum

7. Violation of the Triathlon Australia Dietary Supplement Policy

Failure to comply with the TA Dietary Supplement Policy is a breach of the TA Athlete Agreement. The National Performance Director will implement the following sanctions:

First Offence: Formal written warning from the National Performance Director which clearly outlines consequences of a further breach of the policy.

Second Offence: The National Performance Director may apply a range of sanctions which include withholding funding to domestic and international races and training camps; denying access to TA funded coaching staff, facilities and services; and, suspension from Continental Cups, World Cups or World Triathlon Series events (including World Championships) for 1-6 months. The athlete will then be placed on official probation for 12- months, in which time if they re-offend, are no longer eligible for TA national team selection for a period of time determined by the National Performance Director.

8. Prescription Medications and Injections

The TA Dietary Supplement Policy does not include prescription medications. Such medications MUST be reported to the TA Chief Medical Officer.

There is no role for injection of athletes as part of a supplementation programme unless it is discussed with the TA Chief Medical Officer.

Refer to the Triathlon Australia Medicine and Injection Policy in Annexure B and Annexure C of the Triathlon Australia Sports Science and Sports Medicine Best Practice Principles Policy.

9. Individual Athlete Supplement Sponsorships

Athletes who already have an individual supplement sponsorship or intend to have an individual supplement sponsorship with a Supplement Company must provide the details of sponsorship to the TA Dietary Supplement Panel (Email: greg.cox@ausport.gov.au).

Information required should include:

- Company
- Supplements provided

- Length of contract
- Endorsement Requirements

There is not guarantee that the TA Dietary Supplement Panel will approve current sponsorships or intended sponsorships. The TA Dietary Supplement Panel will not approve a sponsorship with a company that does not have a third party audited products and/or are considered low risk of causing an inadvertent doping offence.

10. Supplement Company Affiliations

- All TA High Performance Employees, Contracted Staff and State Institute and Academy staff (coaches and support staff) working with the TA categorised athletes are not permitted to sell network marketed supplements or recommend their use.
- All TA High Performance Employees, Contracted Staff and State Institute and Academy staff (coaches and support staff) working with the TA categorised athletes must disclose any commercial affiliations with Dietary Supplement Companies.
- Any affiliations with Dietary Supplement Companies should be reported to the TA Dietary Supplement Panel (Email: greg.cox@ausport.gov.au).

11. Dietary Supplement Provision

Goals for the provision of dietary supplements to TA funded triathletes:

- Ensure that dietary supplements, including sports foods and fluids are used correctly and appropriately to optimise daily training and competition performance, promote desired adaptations to daily training, and deliver maximum benefits to the immune system and recovery.
- Give TA funded triathletes the confidence that they receive 'cutting edge' advice and achieve 'state of the art' nutrition practice from TA sports dietitians.
- Minimise the risk of dietary supplement use leading to an inadvertent doping offence.

Medical and performance supplements categorised as **Category A and B supplements** within the AIS Supplement Framework are only to be provided to TA funded triathletes in the following ways:

11.1 Individualised nutrition program

- Dietary supplement provision is based on individual athlete 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
- Prior to any dietary supplement being prescribed or provided to a TA funded triathlete, the athlete must have undertaken an initial nutritional assessment to establish the reason for use
- TA funded triathletes are to be educated by the TA Lead Sports Dietitian or SIS/SAS Sports Dietitian regarding the appropriate use, potential benefits and any possible side effects of the dietary supplement prior to provision
- Any sports foods provided or prescribed to TA funded triathletes by SIS/SAS sports dietitians for use in daily training, must adhere to the TA Dietary Supplement Policy and subsequently be entered into the TA Supplement Register within the TA Athlete Management System (AMS).

- TA categorised **developing** triathletes yet to achieve a top 15 finish in a WTS event, are not permitted to use performance supplements as defined above

11.2 Medical plan to address a diagnosed nutrient deficiency

- Prescription is based on results obtained via appropriate testing as directed by the TA CMO or appointed state based medical officers
- Medical supplements can be prescribed by the treating medical officer and/or by the TA Lead Sports Dietitian or their respective SIS/SAS Sports Dietitian following consultation with the treating medical officer.

11.3 Sports Foods and Fluids provided for Group Use

- Only **Group A** Sports Foods and Fluids are to be provided through Group Supplement Orders.
- Approved sports foods and fluids (including sports drinks, liquid meal supplements, sports gels, sports bars and sports confectionary) may be available for use to TA funded triathletes for daily training within their daily training environment, during TA supported camps (domestic and international), World Triathlon Series events including the Grand Final and selected World Cup competitions.
- For overseas, group supplement orders (sports foods and fluids) are to be placed by the TA Lead Sports Dietitian who will order these through the approved supplier in Europe (PowerBar Europe).
- For use within Australia, group supplement orders (sports foods and fluids) are to be placed by the TA Lead Sports Dietitian or SIS/SAS Sports Dietitian who regularly services the group.
- Any sports foods provided or prescribed to TA funded triathletes by SIS/SAS sports dietitians for use in daily training, must adhere to the TA Dietary Supplement Policy and subsequently be entered into the TA Supplement Register within the TA Athlete Management System (AMS).

12. Education on Dietary Supplements

- All TA categorised athletes are to be educated on the TA Supplement Policy annually by either the TA Lead Sports Dietitian, SIS/SAS Sports Dietitian or the TA Chief Medical Officer.
- The TA Dietary Supplement Policy is to be available on the TA website and provided in the Athlete Performance Plans/Contracts.
- TA funded athletes must sign a register to ensure they have sighted, read and fully understand the TA Dietary Supplement Policy.
- Education programs for emerging TA athletes will focus on the development of knowledge and lifestyle skills needed to optimise their dietary intake to promote daily performance, recovery and well-being. Specific education will target competition nutrition strategies to optimise performance on race day.
- Education programs for Podium, Podium Potential and Developing TA athletes will also focus on the development of knowledge and lifestyle skills needed to optimise their dietary intake to promote daily performance, recovery and well-being. Specific education will target the use of dietary supplements in daily training and competition to further optimise performance.
- All TA High Performance Employees, Contracted Staff and State Institute and Academy staff (coaches and support staff) must be educated on the TA Dietary

Supplement Policy as part of their induction process.

12.1 Important points for dietary supplement use:

1. Athletes must check all listed contents of a dietary supplement on the ASADA “check your substances” website.
2. Not all contents are likely to be listed in the list of ingredients. The risk of this occurring is greater in products that are made overseas, although Australian made supplements are not foolproof.
3. Athletes should store dietary supplements safely and securely. Dietary supplements should not be left in public areas unattended.
4. There are organisations that provide “third party checks” on the contents of supplements which can be a reassurance but is **NOT** a guarantee.
5. Dietary supplements will not be considered for use by the TA Dietary Supplement Panel if not third party audited or the manufacturing processes undertaken by the company are deemed to provide low risk of inadvertent doping. This includes sports foods and fluids including sports drinks, sports gels, and selected liquid meal supplements and whey protein supplements.
6. Dietary supplements should only be used from companies with well documented control processes and/or have third party auditing. However due to poor regulation and rules in the supplement industry in Australia and overseas, **NO** supplement can be guaranteed as safe from an anti-doping perspective.
7. Meat products from China and Mexico are at risk of contamination from Clenbuterol.

13. Triathlon Australia Dietary Supplement Panel

The TA Dietary Supplement Policy is governed by the TA Dietary Supplement Panel. The Dietary Supplement Panel is to be comprised of appropriately qualified stakeholders, including an independent member, and the following Triathlon Australia staff and support staff personnel.

- National Performance Director
- Chief Medical Officer
- Sport Science Sport Medicine Co-ordinator
- Lead Sports Dietitian
- Lead Exercise Physiologist

The independent member must have a history working in elite sport, and have a strong knowledge of the WADA code and the efficacy of dietary supplements use in sport. The TA Dietary Supplement Panel is to meet annually (in person or remotely) to review the Dietary Supplement documentation and provision protocols. No alterations to the Dietary Supplement Provision Protocol are to be permitted except by agreement with the TA Dietary Supplement Panel.

The panel’s purpose is to assist TA in the implementation and continual review of its Dietary Supplement Policy to ensure TA funded triathletes use dietary supplements to optimise performance and recovery in a safe and ethical manner.

Any questions (from an athlete or staff member) regarding a new dietary supplement that falls outside of A or B Categories within the AIS Sports Supplement Framework should first be directed to the TA Lead Sports

Dietician who will disseminate information to the TA Dietary Supplement Panel for consideration.

14. Further Information

AIS Sport Supplement Framework <http://www.ausport.gov.au/ais/nutrition/supplements> ASADA
education on supplements <http://www.asada.gov.au/education/>
ASADA Check Your Substances <http://checksubstances.asada.gov.au/>

ANNEXURE B – TRIATHLON AUSTRALIA MEDICATION POLICY

Triathlon Australia Medication Policy

The Australian Institute of Sport is a world leader in regards to sports science and sports medicine best practice principles. Triathlon Australia has closely followed the lead of the Australian Institute of Sport in regard to the Triathlon Australia Medication Policy. The Australian Institute of Sport Medication Policy can be found

http://www.ausport.gov.au/_data/assets/pdf_file/0005/652208/AIS_Medication_Policy.pdf

1. General Considerations

Storage and Security protocols are to be followed to ensure that all medication is secured and access to the medication is restricted to approved personnel only. This particularly applies to Schedule 8 medications. Such medications required two witnesses for all handling, administration, stocktaking and destruction of expired stock.

An induction protocol will be followed to ensure that any new individuals coming to Triathlon Australia are systematically taken through policies and protocols relating to the storage and supply of medication, ASADA Education Module.

2. Therapeutic Use Exemption Medications (TUE's)

TUE Medications Bright alert labels are placed on any medications which are restricted for use by athletes under the WADA Code. Athletes prescribed such medications must be given written instructions regarding appropriate use to avoid the possibility of an anti-doping rule violation.

3. Provision of medication to athletes by non-medical practitioners

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

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

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

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

Non-medical practitioners do not supply analgesics other than paracetamol. Non-medical practitioners do not supply athletes with anti-inflammatory medication or strong analgesics.

4. Team travel

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

- Obtain Licence and Permission to Export and/or Import Controlled Drug Substances (www.health.gov.au/treaties)
- Create a detailed inventory of medications carried
- Maintain comprehensive records of all medications dispensed
- Prepare appropriately including an understanding of regulations pertaining to carriage/import of medications in country of destination
- Reconciliation of medication usage on completion of tour

5. Teams travelling without a doctor

Where possible, it is preferable that a doctor travels with athletes on tour. This is particularly important when travelling to destinations where;

- Access to quality medical care is tenuous
- The environment increases the likelihood of significant medical issues
- The nature of the sport (contact, collision) increases the likelihood of significant medical issues

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.

Triathlon Australia should assess medical resources at the tour destination(s) and have such resources documented and provided to the therapist prior to departure, to minimise time and energy expended by the therapist in sourcing medical assistance on tour.

Athletes, coaches, managers and therapists should receive education on the role of the therapist in the absence of a doctor. In particular, such education should remind staff that the team therapist;

- Is not a doctor and should not be put in the position of having to behave as a 'pseudo-doctor'
- Will not carry or supply prescription medication for athletes
- May carry a small supply of basic 'over-the-counter' medication for provision to athletes in specific circumstances. Written instructions around such medication provision must be provided to the therapist by AIS/NSO medical personnel (Attachment A), prior to departure.
- Should communicate via Skype, e-mail or telephone with appropriate medical staff (Triathlon Australia Chief Medical Doctor), should medical matters of a more serious nature arise. Should keep all relevant parties informed, e.g. if communicating primarily with NSO CMO, copy in AIS CMO and Head of Discipline, Physical Therapies as responsible officers for ASC staff.
- Should source medical treatment from local medical providers, where access to Triathlon Australia medical staff is not possible.

- Should source prescription medication from local medical providers, in collaboration with Triathlon Australia medical staff, in situations where prescription medications are unexpectedly required.
- 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.

6. Injections

- There is no role for injection of athletes as part of a supplementation programme
- Athletes will only be injected for treatment of a documented injury or illness
- 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

7. No Needles Policy

- No individual shall be in possession of injection equipment apart from individuals listed on the Self-Injection Register
- No individual shall be permitted to self-inject unless they have written permission to do so by the Triathlon Australia Chief Medical Officer, for the treatment of a documented medical condition
- Any individual with permission to self-inject must be registered on the Self Injection Register

8. Analgesic Policy

Athletes should be asked to rate pain out of 10 at all pain presentations. 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.

1. For mild to moderate pain the use of regular paracetamol without opiates is the treatment of first choice.
2. If there is clinical evidence of inflammation at the first presentation, an NSAID may be preferred over paracetamol.
3. NSAIDs should be used for the shortest duration possible with a view to switching across to paracetamol
4. Where paracetamol alone or an NSAID alone fails to control pain, paracetamol and codeine is an appropriate next option.
5. Where there is severe inflammatory pain, it may be appropriate to combine an NSAID with codeine
6. Where the pain is strongly associated with muscle spasm, orphenadrine is an appropriate first drug of choice.

7. 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.
8. Where there is strong evidence of significant neuropathic contribution to the pain, use of amitriptyline HCl, gabapentin or pregabalin should be considered.
9. Amitriptyline HCl can be efficacious in situations of chronic pain and / or where there is evidence of pain centralisation.
10. Oxycodone can be used for severe pain, often in the post-operative period. OXYCODONE IS NOT PERMITTED DURING COMPETITION.
11. Intramuscular ketorolac can be used in acute severe pain (fractures, acute spinal pain) where there is need for immediate strong pain relief.
12. 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 IN COMPETITION.

9. NSAID Policy

1. Regular paracetamol should be the primary baseline treatment for most musculoskeletal injuries. NSAID medication should be used when there is good clinical evidence of an inflammatory component to the pain aetiology.
2. Medical practitioners should take a detailed history of previous adverse drug reactions, history of gastrointestinal symptoms, hypertension, renal disease, asthma and urticarial reactions.
3. Athletes should be asked about their prior experience of NSAIDs in terms of efficacy and side effects.
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
5. Athletes considered at high risk for cardiovascular complications should be offered ibuprofen or naproxen
6. Prolonged ingestion of NSAIDs should be avoided.
7. NSAIDs should be prescribed at the minimal efficacious dose.
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.

10. Sleeping Medication Policy

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. Sleeping medication may be appropriate to assist some athletes adjust to variation in time zones, associated with travel. Sleeping medication can also be used in the short term, to assist athletes who are having difficulty with sleeping for non-travel related reasons. Sleeping medication is not a long-term solution for insomnia. When 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).

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 Zdrugs have addictive qualities and can lead to dependence.

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.

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.

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.

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
- 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.

11. Stilnox and the Australian Olympic Committee

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. 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.

12. Policy Summary

1. Sleep hygiene will be promoted as the basis for obtaining normal sleep patterns
2. Sleeping medication will be prescribed for short duration use, not longer than three days in succession
3. Melatonin or temazepam will be utilised as the first line treatment
4. Z-drugs will be the second line treatment, where temazepam is deemed not appropriate by the medical practitioner
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.
6. Doctors will warn the athlete of potential adverse effects and provide written information on sleeping medication at each episode of prescription.

ANNEXURE C – TRIATHLON AUSTRALIA INJECTION POLICY

Triathlon Australia Injection Policy

Purpose and Scope

The purpose of this policy is to ensure that no Triathlon Australia staff or other individuals using Triathlon Australia facilities possess injection equipment or administer injections, other than those individuals authorised to do so.

The Australian Institute of Sport is a world leader in regards to sports science and sports medicine best practice principles. Triathlon Australia has closely followed the lead of the Australian Institute of Sport in regard to the Triathlon Australia Injection Policy. The Australian Institute of Sport Injection Policy can be found

http://www.ausport.gov.au/data/assets/pdf_file/0006/652209/AIS_No_Needles_Policy.pdf

Policy Obligations applicable to all individuals

1. Any individual with a documented medical condition (e.g. diabetes, anaphylaxis susceptibility) requiring the possession of injection equipment must notify the Triathlon Australia Chief Medical Officer of their condition and request listing on the Triathlon Australia Self-Injection Register.
2. Individuals must not be in possession of any hypodermic needles or other injection equipment, unless: (a) the individual is a registered medical practitioner; or (b) the individual's possession has been authorised by the Triathlon Australia Chief Medical Officer or other registered medical practitioner and has requested listing on the Triathlon Australia Self-Injection Register.
3. Individuals must not self-inject any substance, unless authorised to do so by the Triathlon Australia Chief Medical Officer or other registered medical practitioner for the treatment of a documented medical condition.
4. Individuals must not allow any person other than the Triathlon Australia Chief Medical Officer or other registered medical practitioner to administer an injection to them, such injection only to be administered by the medical practitioner for a purpose permitted by this policy.

Obligations applicable to medical practitioners

5. Medical practitioners must take all appropriate steps to ensure that access to injectable materials is restricted to registered medical practitioners.
6. Medical practitioners must not perform any injections, except: (a) where medically required for vaccination purposes; or (b) where medically required for treatment of a documented medical condition; or (c) with the prior approval of the Triathlon Australia Chief Medical Officer for research purposes.