

Title: Triathlon Australia Elite Medication Policy
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Implementation Date: January 2017

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Overview

The Triathlon Australia (TA) Medication Policy conforms with the Australian Institute of Sports Medicine Best Practice Principles and aligns with medical and allied health staff working with TA athletes. The aim is to familiarise staff and athletes with medical and medication protocols specific to training and competition environments as well as provide clear expectations with regards to anti-doping.

Ultimately it is the athlete's responsibility to ensure that any medication or supplements they take are permitted under WADA guidelines. If medications are needed for the management of a medical condition, it is the athlete's responsibility to ensure that the Triathlon Australia Chief Medical Officer (CMO) is aware and for selected medications a Therapeutic Use Exemption (TUE) is completed.

1.0 Injections Policy

- 1.1 There is no role for injection of athletes as part of a supplementation programme unless it is discussed with the TA CMO in advance and approved in writing.
- 1.2 Athletes will only be injected for:
 - treatment of a documented injury or illness
 - for vaccination purposes, or
 - for research purposes with the prior approval of a Human Research Ethics Committee registered with the National Health and Medical Research Council.
- 1.3 Athletes will only be injected by a medical practitioner or another suitably qualified person (e.g. registered nurse) acting on the instruction of a registered medical practitioner.

2.0 No Needles Policy

- 2.1 No individual (athlete or TA representative) shall be in possession of injection equipment at any time, apart from TA's CMO, or approved registered medical practitioners working as the TA CMO's delegate, or individuals listed on the Self-Injection Register.
- 2.2 No individual shall be permitted to self-inject unless they have written permission to do so by the TA CMO, for the treatment of a documented medical condition.
- 2.3 Any individual with permission to self-inject must be registered on the Self-Injection Register.
- 2.4 The TA CMO administers the TA Self-Injection register, and all applications for registration should be made prospectively. Medical confidentiality applies. Failure to apply to the CMO, and being found in possession of hypodermic needles will be regarded as a breach of this policy.

3.0 Analgesic Use

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

- 3.1 For mild to moderate pain the use of regular paracetamol without opiates is the treatment of first choice.
- 3.2 If there is clinical evidence of inflammation at the first presentation, a NSAID may be preferred over paracetamol.
- 3.3 NSAIDs should be used for the shortest duration possible with a view to switching across to paracetamol.
- 3.4 Where paracetamol alone or a NSAID alone fails to control pain, paracetamol and codeine is an appropriate next option.
- 3.5 Where there is severe inflammatory pain, it may be appropriate to combine an NSAID with codeine.
- 3.6 Where the pain is strongly associated with muscle spasm, orphenadrine is an appropriate first drug of choice.
- 3.7 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.
- 3.8 Where there is strong evidence of significant neuropathic contribution to the pain, use of amitriptyline HCl, gabapentin or pregabalin should be considered.
- 3.9 Amitriptyline HCl can be efficacious in situations of chronic pain and / or where there is evidence of pain centralisation.
- 3.10 Oxycodone can be used for severe pain, often in the post-operative period. **OXYCODONE IS NOT PERMITTED DURING COMPETITION.**
- 3.11 Intramuscular ketorolac can be used in acute severe pain (fractures, acute spinal pain) where there is need for immediate strong pain relief.
- 3.12 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.**

4.0 Non-steroidal anti-inflammatory drug (NSAID) Use

- 4.1 Regular paracetamol should be the primary baseline treatment for most musculoskeletal injuries. NSAID's should be used when there is clinical evidence of an inflammatory component to the pain aetiology.
- 4.2 Medical practitioners should take a detailed history of previous adverse drug reactions, history of gastrointestinal symptoms, hypertension, renal disease, asthma and urticarial reactions.
- 4.3 Athletes should be asked about their prior experience of NSAIDs in terms of efficacy and side effects.
- 4.4 Athletes at high risk for gastrointestinal complications from NSAIDs should be offered:
 - Regular paracetamol before a NSAID
 - Celecoxib as the preferred NSAID

- Ibuprofen as the preferred non-selective NSAID, where Cox 2 coverage is deemed not appropriate
 - PPI cover while taking an NSAID.
- 4.5 Athletes considered at high risk for cardiovascular complications should be offered ibuprofen or naproxen.
- 4.6 Prolonged ingestion of NSAIDs should be avoided.
- 4.7 NSAIDs should be prescribed at the minimal efficacious dose.
- 4.8 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.

5.0 Domestic Daily Training Environment (DTE)

In the athlete's Australian home DTE, all medications should be prescribed by a local sports medicine practitioner or registered medical officer, preferably a practitioner in the TA preferred provider network (See Appendix One). It is the athlete's responsibility to let the medical practitioner know if they are in or out of competition. Athletes who see a practitioner outside of the TA preferred provider network should check any prescribed medications with ASADA (<https://www.asada.gov.au/substances>), and must inform the CMO so that medical records can be updated.

6.0 International DTE

When travelling internationally with a team, the sports physician should assemble a medical kit deemed suitable for the destination of travel. The medical officer should:

- Create a detailed inventory of medications carried
- Obtain Licence and Permission to Export and/or Import Controlled Drug Substances (www.health.gov.au/treaties)
- Maintain comprehensive records of all medications dispensed on the TA Medications Register
- 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.

TA will assess medical resources at the tour destination(s) and have such resources documented before departure. It is also noted that the team physiotherapist or soft tissue 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.

7.0 International or domestic travel by non-medical practitioners

Non-medical practitioners travelling with teams will be provided with first aid kits including (but not limited to) the following medication:

- Paracetamol
- Povidone-Iodine throat gargle
- SDwisse Immune (Vitamin C and Zinc)
- Mylanta
- Loperamide
- Buscopan
- Voltaren 25mg
- Ibuprofen 200mg
- Voltaren Gel
- Antiseptic solutions
- Hydralyte or electrolyte equivalent
- Wound dressings & Band Aids.

TA Approved Physiotherapists can prescribe over the counter NSAIDs such as Voltaren 25mg or Ibuprofen 200mg, which should be discussed (if timely) in advance with the CMO, and documented on the TA Medications Register within the TA Athlete Management System (AMS), including the reasons for prescription, dosage and duration of medication.

Emergency medication is provided as part of a TA first aid kit for TA athletes and staff travelling overseas (as listed above). If an athlete (staff) succumbs to an illness or injury whilst travelling overseas, and if provision of treatment from a local medical officer is not available immediately, then a TA Approved Physiotherapist or nominated allied health staff should contact the CMO for advice, ideally in conjunction with the athlete (staff), and ideally via video Skype. In appropriate cases, the CMO may recommend medications available in the TA first aid 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.*

For any medication not carried by TA personnel, prescription medication should be sourced from local medical providers, in collaboration with the CMO. 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. (Details can be sourced from the ASADA website (<https://www.asada.gov.au/substances>)). Details of any prescription medication sourced from local medical providers must be provided to the CMO in a timely manner and preferably before commencement of the medication.

8.0 International travel by an athlete travelling alone

Where there is no TA doctor or TA Appointed Physiotherapist accompanying an athlete travelling overseas, it is the athlete's responsibility to make an appointment with a doctor (within TA approved medical network preferred) before travel. 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. All medications carried by TA athletes overseas should be listed and communicated to the CMO prior to departure.

If an injury or illness occurs outside of Australia the athlete (coach) should, in the first instance, communicate with the physiotherapist travelling with the team. In the case, the athlete/s are travelling without any medical support, they should contact the CMO via Skype, e-mail or telephone. If the CMO cannot be contacted a local medical provider should be sourced.

9.0 Tue Medications

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

10.0 Sleeping Medication Use

Medical practitioners should not assume that all travelling athletes require sleeping medication. Many athletes will cope with travelling and performing at the destination without any requirement for sleeping medication. Medical practitioners should 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 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. Depending on the causation of the sleep difficulty, a referral to a sports psychologist may be appropriate.

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.

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 (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.

11.0 Stilnox and the Australian Olympic Committee (AOC)

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 AOC 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.

12.0 Sleep Medication Use Summary

- Sleep hygiene will be promoted as the basis for obtaining normal sleep patterns.
- Sleeping medication will be prescribed for short duration use, and no longer than three days in succession.
- *Melatonin* or *temazepam* will be utilised as the first line treatment.
- *Z-drugs* will be the second line treatment, where temazepam is deemed not appropriate by the medical practitioner.
- 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.
- Doctors will warn the athlete of potential adverse effects and provide written information on sleeping medication at each episode of prescription.

13.0 Supplement Policy

Please refer to Triathlon Australia's Supplement Policy – (See Schedule 6)

14.0 General Considerations

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.

All staff (Administrative, coaches, performance support staff) should be familiar with the TA Medical and Medication policy and have undertaken selected ASADA Education Modules. ASADA education modules to be completed are:

- Level 1 Anti-doping Course
- Level 2 Anti-doping Course (annually)
- Medical Practitioners and athlete support personnel Course

Administrative staff should undertake Level 1 and Level 2 courses.

All performance support staff should undertake Level 1, Level 2 and the Medical practitioners and athlete support personnel course.

15.0 Medical Reimbursement and Private Health Insurance Policy

Please refer to Triathlon Australia's Athlete Support - Medical Reimbursement (See Schedule 1), outlining when reimbursements will be considered and recommendations relating to private health insurance.

16.0 General Medical Obligations of all TA athletes

Immediately upon becoming ill or injured, the athlete shall:

- Take all reasonable steps to minimise any further illness or injury
- Take all appropriate precautions to avoid infecting other team members, if suffering from a potentially infectious illness
- Immediately notify your coach of the illness or injury
- In the case of injury and with supervision from your coach, you should immediately schedule an appointment with either a physiotherapist or sports medicine provider (preferably within the TA approved network). In the case the physiotherapist or sports medicine provider is not within the TA approved network, it's the athletes responsibility to contact the CMO
- In the case of an illness and with the supervision of your coach, you should immediately schedule an appointment with a medical officer (preferably within the TA appointed network). In the case the medical officer is not within the TA approved network, it's the athletes responsibility to contact the CMO
- Follow to the best of your ability the recommended advice of the medical professional. Make sure you are clear on what is required and expected of you
- If medications are required please ensure that the CMO is made informed. Check any prescribed medications with ASADA (<https://www.asada.gov.au/substances>)
- Report to the CMO, on a regular basis as status of the illness and injury
- After being provided with all relevant information, agree that the CMO will have the final say on treatment plans, and return to sport
- Be aware that there are extra medical obligations required by any athlete selected for any TA team which. These are described in Schedule 1.

17.0 TA Approved Medical Network

Medical practitioners and other health professionals have been selected to be part of the TA Approved 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.

All information supplied will remain confidential to the TA CMO and members of the relevant athlete medical support team. Where relevant to National Selection, the NPD and 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.