



Australian Rugby Union Limited
(ACN 002 898 544)

Medical Policy

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Table of Contents

ARTICLE	TITLE	PAGE
Article 1	Position statement	4
Article 2	Objectives – why does this Policy exist?	4
Article 3	Application – who does this Policy apply to?	5
Article 4	Obligations – Players	5
Article 5	Obligations (general) – Professional Rugby Body	5
Article 6	Obligations (general) – ARU	6
Article 7	Core medical and health staff within a Professional Rugby Body	7
Article 8	Medical decision making	7
Article 9	Medical Procedures	8
Article 10	Medications	9
Article 11	Sourcing Medications	10
Article 12	Needles and Injections	11
Article 13	General medical and cardiac screening	12
Article 14	Approval for medical research and Medical Procedures	13
Article 15	Keeping medical records	14
Article 16	Storage and security	14
Article 17	Stocktake	15
Article 18	Travel and Medications	15
Article 19	Team Doctor travelling with the team	16
Article 20	Induction and education protocol	17
Article 21	Reporting under this Policy	17
Article 22	Confidentiality	18
Article 23	Amendment and Interpretation	19
Article 24	Definitions	19
Schedule 1	Player Obligations	23
Schedule 2	Core medical and health staff	26
Schedule 3	Painkiller Medication Guidelines	30
Schedule 4	Anti-Inflammatory Guidelines	32
Schedule 5	Sleeping Medication Guidelines	33



Medical Policy

Schedule 6

Medical Assessments and Intervention

33

Medical Policy

1. Position statement

- 1.1. The Australian Rugby Union Limited (**ARU**) acknowledges that there is a wide range of Medications, Medical Procedures and medical practices that may be required for the effective treatment of illness or injury in Rugby.
- 1.2. It is in the interests of all Players and Professional Rugby Bodies (**PRBs**) to have a safe and consistent approach to the administration of all Medications and Medical Procedures to Players.
- 1.3. The ARU acknowledges the importance of protecting and maintaining the health and well-being of Players.
- 1.4. The Wallabies and Men's Senior Representative Super Rugby Teams must travel with a Team Doctor. All other Rugby teams should travel with their Team Doctor. Where this is not required because appropriate medical support will otherwise be provided or where it is not possible, policies and procedures need to be in place to protect and maintain Player health and safety.
- 1.5. Different practitioners from many different health professions contribute to the health and well-being of Players. However, the ARU acknowledges that there is a core group of persons responsible for the minimum standard of a PRB's medical and health staff, in order to deliver an appropriate level of medical care to Players.
- 1.6. All medical and health staff within a PRB must act ethically and make decisions based on maintaining and protecting the health and well-being of Players.

2. Objectives – why does this Policy exist?

- 2.1. This Policy has been developed by the ARU with the objective of:
 - 2.1.1. protecting the health and well-being, and encouraging safe and healthy practices, for all Participants;
 - 2.1.2. minimising the risk of Medications or Medical Procedures leading to an inadvertent 'doping' offence, or a Player's health or performance being compromised;
 - 2.1.3. establishing protocols for providing and documenting (i) Medications; (ii) injury and illness that may impact the Player's ability to be selected, train or play; and (iii) Medical Procedures, and for storing Medications and equipment, to be followed by Players, PRBs and persons within PRBs (and may be used as a best practice guide by other Participants and Members), which will ensure a safe and consistent approach to Player's health and well-being, whilst maintaining appropriate levels of confidentiality; and
 - 2.1.4. clearly setting out the responsibilities and minimum standards and qualifications of the core members of the medical and health staff within a PRB.

Medical Policy

3. Application – who does this Policy apply to?

- 3.1. All Players and PRBs must comply with this Policy, and a person will also be required to comply with this Policy if they work within a PRB.
- 3.2. For any other Participant or Rugby Body, the purpose of this Policy is to provide guidance and education in relation to best practice Medication and Medical Procedure provision and use, and they are not required to comply with this Policy unless and until they become a Player or work within a PRB.
- 3.3. This Policy is effective on and from 1 July 2014.

4. Obligations – Players

- 4.1. All Players will:
 - 4.1.1. comply with Schedule 1 (*Player Obligations*); and
 - 4.1.2. acknowledge that this Policy is an ARU By-Law for the purposes of their Player Contract and non-compliance of the Policy may constitute a breach of the:
 - a) Player Contract; and/or
 - b) ARU Code of Conduct (as amended and replaced from time to time), following which sanctions may apply, including fines, suspension or termination of their Player Contract.

5. Obligations (general) – Professional Rugby Body

- 5.1. PRBs will:
 - 5.1.1. adopt, implement and comply with this Policy;
 - 5.1.2. only provide or permit the provision of any Medication or Medical Procedure to the PRB's Players in accordance with this Policy;
 - 5.1.3. record details of any Medication, illness or injury that may impact the Player's ability to be selected, train or play or Medical Procedure provided, administered or conducted in relation to the PRB's Players in accordance with this Policy;
 - 5.1.4. ensure that all members of the PRB's Team Management, or any other person engaged by the PRB, act ethically and make decisions based on maintaining and protecting the health and well-being of Players and do not cause or induce the PRB or a Player to not comply with this Policy;
 - 5.1.5. ensure that any Doctor recommended to a Player, or to whom a Player is referred by the PRB's Team Doctor, understands the ARU's Group Medical Policies and that the Player must comply with the ARU's Group Medical Policies;
 - 5.1.6. ensure that each of the PRB's Players and members of Team Management have been provided with, and acknowledge the application of, this Policy;

Medical Policy

- 5.1.7. ensure that the PRB and the PRB's Team Management comply with this Policy and discharge their obligations under this Policy in a discreet and confidential manner in accordance with Article 22 (*Confidentiality*);
- 5.1.8. provide reasonable access to the ARU to audit the PRB's compliance with this Policy, including access to records produced under Article 17 (*Stocktake*);
- 5.1.9. stay informed of any changes to this Policy (where the ARU notifies the PRB of any changes to this Policy); and
- 5.1.10. ensure a Team Doctor (including another Australian based Doctor appointed by your usual Team Doctor) at all times accompanies any Men's Senior Representative Super Rugby Teams when they are playing at a location that is not their home ground and when travelling for trials and pre and post season tours.

6. Obligations (general) – ARU

- 6.1. The ARU will:
 - 6.1.1. adopt, implement and comply with this Policy;
 - 6.1.2. ensure this Policy is made available to those bound by this Policy once it is in place;
 - 6.1.3. ensure that each Player and member of Team Management receives and attends appropriate education programs in relation to this Policy, including prior to the Policy becoming effective;
 - 6.1.4. ensure that each Player and PRB is notified of any change to this Policy;
 - 6.1.5. ensure that the information recorded on Smartabase (or such other centrally documented system as may be notified by the ARU) pursuant to this Policy, is subject to strict and appropriate access controls in accordance with Australian privacy legislation;
 - 6.1.6. discharge the ARU's obligations under this Policy in a discreet and confidential manner in accordance with Article 22 (*Confidentiality*);
 - 6.1.7. develop and implement appropriate education programs and initiatives for Rugby in relation to the key messages of this Policy;
 - 6.1.8. ensure that there are opportunities for key members of each PRB's health and medical staff to have their existing practices and procedures peer reviewed;
 - 6.1.9. consider and review the compliance of PRBs and Players with this Policy and, if considered appropriate by the ARU, conduct a compliance audit of the relevant Professional Rugby Body;
 - 6.1.10. provide reasonable access to any independent person appointed as auditor by the ARU CEO to audit the ARU's compliance with this Policy;
 - 6.1.11. remain committed to ongoing research and expert advice from recognised regulatory bodies in relation to Medication use and Medical Procedures used for high performance athletes; and

- 6.1.12. ensure a Team Doctor (including another Australian based Doctor appointed by your usual Team Doctor) at all times accompanies the Wallabies when they are playing at a location that is not their home ground and when travelling for trials and pre and post season tours.

7. Core medical and health staff within a Professional Rugby Body

7.1. The ARU:

- 7.1.1. acknowledges that a PRB may engage a range of health practitioners to assist with maintaining Player health and well-being, but may also face limitations to the number of health practitioners it may engage;
- 7.1.2. acknowledges that there is a core group of persons who work in a PRB's medical and health staff, and are responsible for delivering an appropriate level of medical care to its Players which must comply with the ARU's Group Medical Policies; and
- 7.1.3. will engage a person to be the ARU Chief Medical Officer who is responsible for the development, implementation monitoring and management of medical policies for the ARU, PRBs and Rugby in Australia, who has achieved the qualifications required by Article 1.2 of Schedule 2 (*Core medical and health staff*).

7.2. PRBs will:

- 7.2.1. engage different persons to fill each of the following roles (each of which is described in Schedule 2 (*Core medical and health staff*)):
- a) **Team staff**
a) Team Doctor;
b) Head Physiotherapist;
c) Team Sports Dietitian;
- d) **Match day staff**
d) Match Day Doctor;
e) Match Day Medical Staff; and
- 7.2.2. ensure that each person the PRB engages under Article 7.2.1 meets the minimum qualifications and continual professional education requirements set out in Schedule 2 (*Core medical and health staff*).

8. Medical decision making

8.1. Medical decisions in respect of Players within a PRB

- 8.1.1. PRBs will ensure that medical decisions made by or within that organisation, and not when there is a difference of opinion in respect of a PONI, are made according to the following guidelines:
- a) subject to Articles 8.1.1.d) and 8.1.1.e), if there is any difference of opinion between members of the PRB's Team Medical Staff or other health professionals within the PRB, regarding a Player's health, medical condition, fitness to be selected, play or train or the appropriate Medical Procedure for that Player, the PRB's Team Doctor has the final decision

on this matter, and if they are not available, the PRB's Head Physiotherapist has the final decision on this matter;

- b) subject to Articles 8.1.1.d) and 8.1.1.e), the PRB's Team Doctor is responsible for the final decision in relation to the fitness of a Player to play or remain on the field for training and games;
- c) if the PRB has engaged a person to co-ordinate or facilitate a Medical Procedure and provide information to Players, the final decision around a Player's fitness to train or play remains with the PRB's Team Doctor and if the Team Doctor is not available at a training session, this decision remains with the PRB's Head Physiotherapist;
- d) in a game situation for matches between national representative teams (defined by the World Rugby regulations as 'International Matches'), the Match Day Doctor has the final decision on the fitness of a Player from either team to remain on the field of play on account of injury, in accordance with World Rugby Regulation 15.2.1; and
- e) in a game situation in the Super Rugby Competition, the Match Day Doctor has the final decision on the fitness of a Player from either team to remain on the field of play in respect of concussion injuries and bleeding control, in accordance with the current Super Rugby Tournament Manual.

8.2. Medical decisions in respect of Players of National Interest

This Article 8.2 applies only to medical decision making in respect of a PONI.

Schedule 6 describes the process by which medical assessments and intervention are conducted by the ARU and the Super Rugby Licensee in respect of a PONI and in accordance with the High Performance Agreement.

9. Medical Procedures

9.1. PRBs will:

- 9.1.1. not permit any Medical Procedure in relation to any of the PRB's Players that has not been approved in advance by the PRB's Team Doctor (such as blood tests, intravenous procedures, scans, hyperbaric therapy or overseas treatments) unless the therapy is a Medical Emergency and prior approval by your Team Doctor is not possible or not practicable;
- 9.1.2. not permit the PRB's Team Doctor to approve any Medical Procedure in relation to any of the PRB's Players other than the following:
 - a) provision of standard medications in accordance with the WADA Code;
 - b) standard physiotherapy;
 - c) standard physical therapies including the use of appliances such as strapping, ice and heat packs;
 - d) specialist physiotherapy (Australian Physiotherapy Association approved);
 - e) dentistry and dental procedures;
 - f) consultation with a Doctor;
 - g) psychology (practitioners registered with Psychology Board of Australia);
 - h) physical recovery and conditioning sessions;
 - i) standard exercise physiologist;
 - j) pilates;

- k) yoga;
- l) sprint training;
- m) altitude training, including when undertaken overseas;
- n) massage therapy;
- o) podiatry;
- p) orthotics;
- q) dry needling;
- r) acupuncture;
- s) phonophoresis;
- t) vaccinations against specific infectious diseases;
- u) surgery to treat a documented medical condition, illness or injury;
- v) hypoxic treatment;
- w) iontophoresis;
- x) extracorporeal shock wave therapy;
- y) any standard Medical Investigation conducted by the Team Doctor to investigate a documented or suspected medical condition, illness or injury (such as a blood or pathology tests, x-ray, MRI, CT scan, diagnostic ultrasound, nuclear medicine tests, vascular studies and echocardiography);
- z) subject to Article 5.1.5, any Medical Procedure or Investigation prescribed or ordered by a Doctor who is a specialist, where the Player has been referred to that specialist by the Team Doctor; and
- aa) any Medical Procedure approved under Article 9.1.3,

(each an **Approved Medical Procedure**);

- 9.1.3. only permit the PRB's Team Doctor to approve a Medical Procedure that is not an Approved Medical Procedure in relation to any of the PRB's Players, if the Team Doctor has first received written approval to do so from the ARU Chief Medical Officer. As part of the approval process, the ARU Chief Medical Officer will ensure that a proper and ethical process is followed which may include documentation of the potential benefits and adverse effects of the procedure; a signed consent form from the player; and an independent medical opinion by an appropriate medical specialist independent of the PRB; and
- 9.1.4. ensure that after any Medical Procedure is conducted in relation to any of the PRB's Players by a person other than the PRB's Team Doctor, then to the extent it is practical and possible, those details are required to be recorded under Article 15 (*Keeping medical records*) are communicated to the PRB's Team Doctor.

10. Medications

10.1. PRBs will:

- 10.1.1. only permit a Player to take Over-the-Counter Medication under the direction of a Doctor recommended by the PRB, and for any Over-the-Counter Medication the PRB proposes to provide to a Player, only provide it through the PRB's Team Doctor or a member of the PRB's Team Medical Staff nominated by, and acting under the direction of, the PRB's Team Doctor;
- 10.1.2. ensure that, the only persons who are permitted to provide any of the PRB's Players with Prescription Medication is a Doctor recommended by the PRB;

Medical Policy

- 10.1.3. ensure that any painkiller Medication provided to any of the PRB's Players is provided in accordance with the Painkiller Medication Guidelines in Schedule 3 (*Painkiller Medication Guidelines*);
- 10.1.4. ensure that any Anti-Inflammatory provided to any of the PRB's Players is provided in accordance with the Anti-Inflammatory Guidelines in Schedule 4 (*Anti-Inflammatory Guidelines*);
- 10.1.5. ensure that any sleeping Medication provided to any of the PRB's Players is provided in accordance with the Sleeping Medication Guidelines in Schedule 5 (*Sleeping Medication Guidelines*);
- 10.1.6. place bright alert labels on any Medication that is subject to a TUE before providing that Medication to any of the PRB's Players and give that Player written instructions regarding the appropriate use of that Medication, in order to avoid the possibility of an offence under the ARU Anti-Doping Code;
- 10.1.7. ensure that before any Over-the-Counter Medication is provided to any of the PRB's Players by a member of the PRB's Team Medical Staff nominated by, and acting under the direction of, the PRB's Team Doctor will ensure:
 - a) that the member of Team Medical Staff has examined the Player and taken basic medical observations including, as applicable, resting pulse rate, respiratory rate and temperature;
 - b) the Player does not have a fever; and
 - c) the Player does not have any known allergies that would prevent the Medication being provided;
- 10.1.8. ensure that after any Medications are provided to any of the PRB's Players by a member of the PRB's Team Medical Staff nominated by the PRB's Team Doctor and, to the extent it is practical and possible, by any Doctor who is not the Team Doctor, that member of Team Medical Staff or Doctor notifies the PRB's Team Doctor of the details required to be recorded in Article 15 (*Keeping medical records*); and
- 10.1.9. ensure that no Player is provided with any of the following (and if there is any doubt regarding the status of a peptide, approval from the ARU Chief Medical Officer should be sought):
 - a) any substance on the World Anti-Doping Agency Prohibited List; and
 - b) Peptides GHRP-2, GHRP-6, CJC 1295, AOD 9604, Hexarelin, Ipamorelin, Sermorelin and related substances,

(each a **Prohibited Medication**).

11. Sourcing Medications

- 11.1. The ARU acknowledges the risks associated with Players using Medications that have been sourced, or whose ingredients have been sourced, from unknown or disreputable sources.
- 11.2. PRBs will:
 - 11.2.1. only provide to the PRB's Players, or permit the PRB's Players to use, Medications that have been approved by the Therapeutic Goods

Administration (TGA) (or if travelling in another country, the relevant authority in that country) and which are sourced from a reputable pharmacy; and

- 11.2.2. not provide to the PRB's Players, or permit the PRB's Players to use, Medications that have been prepared in a compounding pharmacy or by a compounding pharmacist unless the PRB's Team Doctor receives written approval to do so from the ARU Chief Medical Officer.

12. Needles and Injections

12.1. The ARU will:

- 12.1.1. ensure that the ARU Chief Medical Officer responds to all applications sent to them by any Team Doctor for the registration of a Player on the ARU Self-Injection Register; and
- 12.1.2. ensure that the ARU Self-Injection Register is kept up-to-date and is accessible by each Team Doctor.

12.2. PRBs will:

- 12.2.1. ensure that any injection of a substance into any of the PRB's Players complies with Articles 26 to 30 of Schedule 1 (*Player Obligations*);
- 12.2.2. ensure that, before any injection of a substance is administered to any of the PRB's Players by a Doctor or Nurse, that Doctor or Nurse checks:
 - a) the correct Player is receiving the Medication;
 - b) the correct Medication is being administered;
 - c) the correct dose is being administered;
 - d) the correct route of administration is being utilised; and
 - e) the Medication has not expired;
- 12.2.3. ensure that any Doctor or Nurse who injects a substance into any of the PRB's Players, complies with, or notifies the PRB's Team Doctor for the purposes of complying with Article 15 (*Keeping medical records*);
- 12.2.4. ensure that any written confirmation from the PRB's Team Doctor to any of the PRB's Players, confirming that Player's registration on the ARU Self-Injection register, is not provided unless and until the application to which the confirmation relates has been approved in writing by the ARU Chief Medical Officer;
- 12.2.5. ensure that the PRB has an appropriate amount of injection equipment on hand at all times to meet the medical requirements of the PRB's Players that are reasonably anticipated;
- 12.2.6. ensure that all injectable substances and injecting equipment are stored in a safe and secure environment, and access to which is exclusively controlled by the PRB's Team Doctor (except for substances and equipment used by a Player registered on the ARU Self-Injection List); and
- 12.2.7. only access the information on the ARU Self-Injection Register through the PRB's Team Doctor.

13. General medical and cardiac screening

13.1. The ARU acknowledges that:

- 13.1.1. it is important to conduct medical screening on each Player in order to identify any unrecognised medical issues and ensure any future Medical Procedure or Medication that is provided to a Player, is provided in the context of their full and accurate medical history;
- 13.1.2. there is an increasing awareness of sudden cardiac death in young people and especially in sport, with some studies indicating an increased risk faced by competitive athletes compared with non-athletes; and
- 13.1.3. the provisions of this Policy relating to cardiac screening are based on the recommendations of the IRB.

13.2. PRBs will:

General medical screening

- 13.2.1. ensure that as soon as practicable after a Player joins a PRB and before any Player represents the PRB by playing Rugby, a general medical screening has been conducted in relation to that Player by the PRB's Team Doctor, which includes:
 - a) taking a general medical history of the Player, including injuries and Medical Procedures undertaken;
 - b) conducting a physical examination of the Player;
 - c) advising Players of the need to maintain good skin and oral health and, where appropriate, recommending that Players seek external skin and/or dental expertise for examination and advice;
 - d) conducting any additional examinations or investigations that the PRB's Team Doctor believes are necessary or prudent to protect the health and well-being of that Player;
 - e) recording the details obtained from each step of the general medical screening outlined in paragraphs a) to d) above, in Smartabase (or such other centrally documented system as may be notified by the ARU) referred to in Article 15 (*Keeping medical records*);
 - f) reminding the Player that their medical information may be disclosed in accordance clause 22 of this Policy;
- 13.2.2. acknowledge that the ARU recommends that the PRB's Team Doctor conduct a general medical screening outlined in Article 13.2.1, for each of the PRB's Players, every year; and
- 13.2.3. ensure that immediately prior to a Player ceasing to be employed by the PRB:
 - a) a general medical screening outlined in Article 13.2.1 is carried out; and
 - b) following the general medical screening in 13.2.3.a), the Player signs a form (prepared by the Team Doctor in consultation with the Player) that acknowledges the results of the medical screening conducted in accordance with 13.2.3.a) and records any and all injuries, illness and Medical Procedures occurring during the term that the Player was contracted with the PRB

Cardiac screening

- 13.2.4. ensure that as soon as practical after any of the PRB's Players become a Player, the PRB's Team Doctor conducts a cardiac screening in relation to that Player, which includes:
- requiring that Player to sign the ARU Cardiac Screening consent form prior to undergoing the cardiac screening evaluation;
 - requiring that Player to complete the ARU Cardiac Questionnaire;
 - conducting a cardiovascular physical examination on the Player;
 - conducting an electrocardiogram (**ECG**) for that Player;
 - conducting an echocardiograph or other additional investigations for that Player if considered necessary or prudent by the Team Doctor, taking into account the Player's symptoms, family history of cardiac problems or any relevant abnormality on the ECG; and
 - recording the details obtained from each step of the cardiac screening outlined in paragraphs a) to e) above, in Smartabase (or such other centrally documented system as may be notified by the ARU) referred to in Article 15 (*Keeping medical records*);
- 13.2.5. ensure that the PRB's Team Doctor conducts the same cardiac screening outlined in Article 13.2.4:
- for each of the PRB's Players that are 25 years of age or younger, at least every 2 years after the original cardiac screening referred to in Article 13.2.4; and
 - for each of the PRB's Players that are 26 years of age or older, if any cardiac symptoms develop or become evident at any time and at least every 5 years after their last cardiac screening conducted by any PRB which has been recorded in accordance with in Article 15 (*Keeping medical records*); and

Consent

- 13.2.6. ensure that for any of the PRB's Players that are less than 18 years of age, in respect of any of the steps outlined in this Article 13.2, those steps are completed with the permission or under the supervision of that Player's parent or guardian.

14. Approval for medical research and Medical Procedures

- 14.1.** The ARU acknowledges that all medical research and Medical Procedures conducted in relation to Players should be conducted ethically and according to best practice principles, particularly where the efficacy of the relevant Medical Procedure or product is yet to be established.
- 14.2.** PRBs will not permit any research to be conducted in relation to the PRB's Players which relates to any Medical Procedure or supplement use, or Player health or Player well-being, unless the PRB has first received written approval to do so from the ARU Chief Medical Officer.
- 14.3.** The ARU will ensure that before any written approval is given to a PRB's Team Doctor by the ARU Chief Medical Officer under Article 14.2 in respect of any research proposals the ARU Chief Medical Officer will first submit the proposal to, and receive approval from, a Human Research Ethics Committee registered with the National Health and Medical Research Council.

15. Keeping medical records

- 15.1. PRBs will ensure the following details are recorded in respect of any of the PRB's Players on Smartabase (or such other centrally documented system as may be notified by the ARU) :
- 15.1.1. (**Medications**) those details listed as required fields on Smartabase (or such other centrally documented system as may be notified by the ARU) regarding any Medication provided to that Player in accordance with this Policy (including when the PRB's Team Doctor has been notified that a Medication has been provided), which will include:
- a) Player's name;
 - b) date of provision;
 - c) date of sign-off by Doctor (if applicable);
 - d) Medication name;
 - e) strength;
 - f) amount of Medication provided;
 - g) dosage instructions;
 - h) route of administration;
 - i) batch number (for injections);
 - j) expiry date of Medication (for injections);
 - k) any known allergies; and
 - l) any adverse reactions;
- 15.1.2. (**Injury or Illness**) those details listed as required details on Smartabase regarding any injury or illness that may impact the Player's ability to be selected, play or train; and
- 15.1.3. (**Medical Procedure**) those details listed as required fields on Smartabase (or such other centrally documented system as may be notified by the ARU) regarding any Medical Procedure administered or conducted in relation to that Player in accordance with this Policy (including when the PRB's Team Doctor has been notified that a Medical Procedure has been administered or conducted).

16. Storage and security

- 16.1. PRBs will:
- 16.1.1. store all Over-the-Counter Medications, injection equipment and intravenous equipment that have not yet been provided to an individual in a safe, secure and locked environment, such as a Medication cabinet;
- 16.1.2. ensure that access to all Over-the-Counter Medications, injection equipment and intravenous equipment stored by the PRB is restricted to appropriate members of the PRB's Team Medical Staff who have been granted access by the PRB's Team Doctor and the PRB keeps a register of these persons;
- 16.1.3. display clear signage on the Over-the-Counter Medications, injection equipment and intravenous equipment storage area which includes the nature of the storage area and the persons who have access to it;
- 16.1.4. ensure that if any Prescription Medication is stored on site, it is stored in a safe, secure and locked environment that is under the exclusive control of, and is only accessible by, the PRB's Team Doctor; and

- 16.1.5. not store on site any Schedule 8 Medication, this Medication will be kept under the direct control of the PRB's Team Doctor at all times.

17. Stocktake

- 17.1. PRBs will:

- 17.1.1. ensure that the PRB's Team Doctor and one other person within the PRB conduct at least 3 stock takes in each calendar year, with at least 3 months between each stock take, of all the Medications, injection equipment and intravenous equipment held by the PRB and not yet provided to an individual;
- 17.1.2. ensure that any inconsistencies revealed by the monthly stocktake are reported to the PRB's CEO and the ARU Integrity Manager; and
- 17.1.3. allow an independent auditor appointed by the ARU to review your stocktake no more than two (2) times per calendar year as notified by the ARU at its absolute discretion by giving 2 weeks written notice to you.

18. Travel and Medications

- 18.1. When a team of Players representing a PRB travel for the purposes of training for or playing Rugby, that PRB will:
 - 18.1.1. for international travel, obtain any necessary permits and licenses to export or import any substances controlled under the Australian Customs Regulations (see www.health.gov.au/treaties);
 - 18.1.2. prepare appropriately, and for international travel this will include developing an understanding of, and obtaining any necessary approvals under, regulations pertaining to carriage, import and export of Medications for the country or countries of destination;
 - 18.1.3. create a detailed inventory of Medications carried;
 - 18.1.4. not travel with any Medication that has passed its expiry date;
 - 18.1.5. record all details required under Article 15 (*Keeping medical records*) in relation to any Medications provided to the PRB's Players, and update Smartabase (or such other centrally documented system as may be notified by the ARU) referred to in Article 15 (*Keeping medical records*) at a time that is practical;
 - 18.1.6. conduct a reconciliation of the Medication carried and dispensed on completion of the travel;
 - 18.1.7. keep any Medications which have not yet been provided to an individual in a locked container under the direct control of the PRB's Team Doctor, or if the Team Doctor is not accompanying the Players, under the direct control of a member of the PRB's Team Medical Staff that has been nominated by the Team Doctor (usually, the PRB's Head Physiotherapist);
 - 18.1.8. store the locked container of Medications referred to in Article 18.1.7 in the room of the person who has direct control of those Medications under Article 18.1.7, and not in the treatment room, physiotherapy room or team room;

- 18.1.9. not permit any of the PRB's Players or other individuals within the PRB (including any member of the PRB's Team Medical Staff appointed under Article 18.1.7), excluding the Team Doctor, to travel with any Prescription Medication that is not for their personal use;
- 18.1.10. for international travel, ensure that any Medication that is taken with the team can be lawfully used and, if required, distributed (as the PRB anticipates may be required), in the destination country; and
- 18.1.11. store any Schedule 8 Medications in a locked container which remains, at all times, under the direct control of the Doctor that is accompanying the Players (if there is no Doctor accompanying the Players, then no Schedule 8 Medications will be taken).

19. Team Doctor travelling with the team

- 19.1. A Team Doctor (including another Doctor appointed by your usual Team Doctor) must at all times accompany the Wallabies and the Men's Senior Representative Super Rugby Team when they are playing at a location that is not their home ground and when travelling for trials and pre and post season tours.
- 19.2. All Rugby Bodies are advised to travel with their Team Doctor. The ARU acknowledges that when Rugby teams from PRBs do not travel with their Team Doctors, it can have the following effects:
 - 19.2.1. the safety of Players can be put at risk as well as an increased risk of committing an inadvertent 'doping' offence, because of Players' limited access to medical advice and treatment or Players' access to medical advice and treatment from individuals who do not have specific training in the relevant field of practice;
 - 19.2.2. therapists travelling with the team, such as physiotherapists and soft-tissue therapists, may feel pressured to overstep the boundaries of their professional training and provide advice on matters outside their scope of practice and as such, may be placed in a position of reputational, professional, ethical and legal risk; and
 - 19.2.3. the relevant PRB can be put at risk in the event of an adverse health outcome, particularly where a Player has received medical advice or treatment by an individual acting outside the scope of their training.
- 19.3. Subject to Article 19.3 below, when a team of Players representing a PRB travel for the purposes of playing Rugby, that PRB will use its best efforts to ensure that the PRB's Team Doctor accompanies that team (this includes another Doctor appointed to be the Team Doctor by the PRB's usual Team Doctor), unless in the opinion of the PRB's Team Doctor, their presence during travel will not be required because those Players will be provided with appropriate medical support. If it is not possible for the PRB's Team Doctor to accompany a team of the PRB's Players during travel, that PRB will:
 - 19.3.1. ensure that the only practitioners seen by the PRB's Players, for the purposes of Medical Procedure and medical advice, are the official Match Day Doctor and Match Day Medical Staff of the relevant match, event or competition; IRB tournament Doctor; and World Rugby match day Doctor and medical Staff; or Approved Doctors (being those medical practitioners listed on the ARU List of Approved Doctors);

Medical Policy

- 19.3.2. not permit any member of the PRB's Team Medical Staff (apart from the Team Doctor) or any other person within the PRB to carry or supply Prescription Medication;
- 19.3.3. educate the PRB's Players and Team Management that the team physical therapists (such as physiotherapists and soft-tissue therapists):
 - a) are not doctors and should not be put in a position of having to behave as a 'pseudo-doctor';
 - b) will not carry or supply Prescription Medication;
 - c) may carry a limited supply of basic Over-the-Counter Medication for provision to Players in specific circumstances and must receive written instructions around such Medication provision by the PRB's Team Doctor, prior to departure;
 - d) will not supply any painkiller Medication other than paracetamol, panadeine and low dose Over-the-Counter Anti-Inflammatories;
 - e) should communicate via Skype, e-mail, telephone or other means with the PRB's Team Doctor or other appropriate Doctor, if medical matters of a more serious nature arise;
 - f) should keep the PRB's Team Doctor informed of all medical issues, including illness, injury and medical conditions;
 - g) will refer Medical Procedure that they are not qualified to provide, to a local Approved Doctor; and
 - h) will source Prescription Medication from a local Approved Doctor, in consultation with the PRB's Team Doctor, in situations where Prescription Medications are unexpectedly required.

20. Induction and education protocol

20.1. PRBs will:

- 20.1.1. work with the ARU to ensure that each of the PRB's Players receive and attend appropriate education programs in relation to this Policy, including prior to the Policy becoming effective; and
- 20.1.2. ensure that all members of the PRB's Team Medical Staff and any other person within the PRB who may provide any Medication, Medical Procedure or medical advice to any of the PRB's Players (including a Doctor temporarily appointed as the PRB's Team Doctor), follows an induction and education protocol that systematically takes that person through the PRB's policies and protocols relating to the provision of Medical Procedures and Medications and storage of Medications and equipment, including this Policy.

21. Reporting under this Policy

21.1. PRBs will:

- 21.1.1. ensure that any person within the PRB promptly reports to the PRB's Team Doctor or the ARU Integrity Manager if they know or reasonably suspect that any person has engaged in conduct, or has been approached to engage in conduct, that may be in breach of this Policy;
- 21.1.2. ensure that the identity of a person that makes a report under Article 21.1.1 is kept confidential in accordance with Article 22 (*Confidentiality*);

Medical Policy

- 21.1.3. ensure that any person within the PRB promptly notifies the PRB's Team Doctor or the ARU Integrity Manager if they are interviewed, charged, or arrested by police or a government body in respect of conduct that may be a breach of this Policy;
- 21.1.4. ensure that any activity reported to the PRB's Team Doctor under Articles 21.1.1 and 21.1.3 is promptly reported to the ARU Integrity Manager;
- 21.1.5. ensure that the PRB board conducts an annual review of the following matters:
 - a) has there been any breach of this Policy within the PRB;
 - b) what action has management taken to deal with reports of breach and suspected breach of this Policy;
 - c) how many people have been engaged by the PRB as a member of the PRB's Team Medical Staff or as any other health or medical practitioner over the year, whether they have appropriate qualifications and accreditations, what induction practices they have undergone and whether their contracts bind them to comply with this Policy;
 - d) how many consultants have been engaged to assist the health and medical practitioners within the PRB and in what capacity have they assisted;
 - e) have there been any changes in key personnel within the PRB's Team Medical Staff;
 - f) whether a background check has been conducted on each health and medical practitioner engaged by the PRB (including consultants);
 - g) what Medications have been provided to, and taken by, the PRB's Players and a comparison of this information to previous years;
 - h) a financial analysis of the PRB's expenditure on Medications;
 - i) is this Policy available to the PRB's Players and staff;
 - j) whether all Players to whom this Policy applies have received education about the Policy and the manner in which the education was delivered;
 - k) a summary of any Therapeutic Use Exemption administered during the year, including the circumstances of its use, sign-off by the PRB Team Doctor and identification of variances in year-to-year TUE usage; and
 - l) any additional questions for management required by the PRB board for independent assurance on integrity in relation to Medication and Medical Procedure use and provision;

and the report on each matter listed above is to be signed off by management as true and accurate accompanied by an assurance from management that except as otherwise disclosed, the Policy has been complied with;

- 21.1.6. provide the results of the review described in Article 21.1.5 to the ARU Integrity Manager, who will make a copy available to RUPA upon their request within 14 days of the request being made; and
- 21.1.7. have access, through the PRB's Team Doctor and for the purposes of reporting to the PRB's board, to the information recorded on Smartabase (or such other centrally documented system as may be notified by the ARU) pursuant to this Policy, in respect of the PRB's Players.

22. Confidentiality

- 22.1.** Without limitation to ARU's Group Medical Policies, information about a Player or other person within a PRB that is provided under this Policy must not be disclosed or caused to be disclosed unless expressly authorised and required in accordance with this Policy, allowed for in an ARU privacy policy, contemplated in a Player Contract, required by law or that person otherwise consents.
- 22.2.** Each Player is deemed to have consented to their information I being:
 - 22.2.1. mutually disclosed between a PRB and ARU for the purposes of assessing a Player's ability to be selected, play or train; and
 - 22.2.2. disclosed to third party medical practitioners as necessary for the treatment of the Player.
- 22.3.** For the purposes of Articles 21.1.1 and 21.1.2, and Article 34 of Schedule 1 (*Player Obligations*), persons who report information to a PRB's Team Doctor or the ARU Integrity Manager about another persons' breach of this Policy will have their identity in relation to that report kept confidential unless:
 - 22.3.1. their identity is required to be disclosed as part of a disciplinary procedure in accordance with the ARU Code of Conduct (as amended and replaced from time to time); or
 - 22.3.2. their identity is required to be disclosed by law.
- 22.4.** If a person has not complied with this Policy and as a consequence of any disciplinary action taken by a PRB (limited to suspension and termination of a Player's contract) or the ARU, it is impractical or impossible for that PRB or the ARU to maintain confidentiality (as determined by those organisations), there is no requirement to keep the information regarding that person's non-compliance with this Policy confidential.
- 22.5.** If a Player has provided information to a PRB or the ARU under Article 36 of Schedule 1 (*Player Obligations*), that PRB and the ARU are not required to keep that information confidential.
- 22.6.** The ARU may disclose statistical information recorded under this Policy to persons outside the PRBs and the ARU, if it does not include personal information that identifies an individual Player.

23. Amendment and Interpretation

- 23.1.** The ARU may amend this Policy from time to time.
- 23.2.** The headings used in this Policy are for convenience only and do not affect the interpretation of this Policy.
- 23.3.** Words importing the singular include the plural and vice versa.
- 23.4.** Words used to denote persons generally or importing a natural person include any company, organisation or other entity (whether or not the body is incorporated).
- 23.5.** Reference to "including" and similar words are not words of limitation.
- 23.6.** This Policy includes any schedule.

24. Definitions

Medical Policy

AIS means the Australian Institute of Sport.

ASADA means the Australian Sports Anti-Doping Authority.

Anti-Inflammatory means nonsteroidal anti-inflammatory Medication.

Approved Doctor means a medical practitioner practising within or outside of Australia, listed on the ARU List of Approved Doctors (which can be provided and updated by the ARU Chief Medical Officer), who have agreed to comply with this Policy and are aware of the requirement for Players to adhere to the ARU's Group Medical Policies.

Approved Treatment means any treatment, procedure, test or investigation listed in Article 9.1.2.

ARU means the Australian Rugby Union Limited ACN 002 898 544.

ARU Chief Medical Officer means the person appointed to be the Chief Medical Officer of the ARU.

ARU Sports Supplement Policy means the Sports Supplement Policy issued by the ARU and effective from 1 March 2014.

ARU's Group Medical Policies means this Policy, the WADA Code, the ARU Anti-Doping Code, the ARU Sports Supplements Policy and the ARU's Illicit Drug Policy all as amended and replaced from time to time.

ARU Integrity Manager means the Integrity Manager at the ARU, who is contactable at integrity@rugby.com.au.

Australian Customs Regulations means the *Customs (Prohibited Imports) Regulations 1956* and *Customs (Prohibited Exports) Regulations 1958* or any successor or replacement regulations.

Competition means during any playing or training periods pursuant to or in association with a Player's professional obligations under their playing contract.

Doctor means a medical practitioner registered in Australia with the Australian Health Practitioner Regulation Agency or an Approved Doctor.

Head Physiotherapist means the member of Team Medical Staff whose responsibilities, minimum qualifications and continuing education requirements are set out in Article 2 of Schedule 2 (*Core medical and health staff*).

High Performance Agreement means any High Performance Agreement between the ARU and a Super Rugby Licensee.

Match Day Doctor means a person engaged by a PRB whose responsibilities, minimum qualifications and continuing education requirements are set out in Article 4 of Schedule 2 (*Core medical and health staff*).

Match Day Medical Staff means the persons engaged by a PRB whose responsibilities, minimum qualifications and continuing education requirements are set out in Article 5 of Schedule 2 (*Core medical and health staff*).

Medical Emergency means a medical condition that is acute and poses an immediate risk to the Player's health.

Medical Procedure means any, medical procedure, treatment, test or investigation conducted in relation to a Player.

Medical Policy

Medications means Over-the-Counter Medications, Prescription Medications and any other substance that would commonly be referred to as a medication.

Member means a union in membership of the ARU as set out in the ARU constitution.

Men's Senior Representative Super Rugby Team means a professional men's teams that competes in the annual Super Rugby Competition or their nominated successors.

Nurse means a nurse registered with the Australian Health Practitioner Regulation Agency.

Over-the-Counter Medications means any medication sold directly to a consumer, without the requirement to have a prescription from a healthcare professional in the relevant jurisdiction, and includes 'pharmacist only' / behind-the-counter medications that do not require a prescription from a healthcare professional.

Participant means any person that by way of an ARU Registration Form, or other instrument, has agreed to be bound by the constitution of the ARU, ARU policies, ARU Code of Conduct By-Laws and any laws, regulations and By-Laws of the World Rugby applying from time to time. For the avoidance of doubt, a Participant includes any ARU player (including an amateur or non-contracted player), referee, touch judge or other match official, selector, coach, trainer, manager or other team official, any individual involved in the organisation, administration or promotion of Rugby including a director, other officer or employee of a Rugby Body.

Player means any Participant who has entered into a Player Contract.

Player Contract means a current contract of employment to play Rugby entered into by a Player and a PRB. A Player Contract does not include a contract to play Rugby entered into by a Participant and the ARU solely for the purpose of that Participant taking part in the National Rugby Championship (or similar competition).

Policy means this Medical Policy of the ARU.

Player of National Interest or **PONI** mean Players identified by Wallaby Management and notified to the Super Rugby Licensee in accordance with the terms of the High Performance Agreement.

Prescription Medication means any medication that needs written prescription from a Doctor or other prescriber before a pharmacist can supply that medication.

Prohibited Medication means those substances described in Article 10.1.9.

Professional Rugby Body or **PRB** means either the ARU or any Super Rugby Licensee which at any point in time employs the Player under a Player Contract.

Rugby means the game of rugby football.

Rugby Body means the ARU, any Voting Member and Affiliated Union (as those terms are defined in the ARU Constitution) and any Rugby club or other body in membership with or affiliated to a Voting Member or Affiliated Union.

RUPA means the Rugby Union Players' Association.

Schedule 8 Medication means any Medication classified as a 'schedule 8 Medication' by the TGA.

Smartabase means the electronic central database known as 'Smartabase' operated by Fusion Sport Pty Ltd CAN 103 526 147.

Medical Policy

Super Rugby Competition means the international provincial rugby competition conducted by the ARU, New Zealand Rugby Union Inc. and South African Rugby Union, which in 2012 was known as Super Rugby, and any equivalent successor professional competition.

Super Rugby Licensee means a future or present entity that has an agreement with the ARU that permits it to field a team in the Super Rugby Competition.

Team Management means any person engaged by the ARU or a PRB to work directly with any Players' squad or team (includes, without limitation, the Team Medical Staff, dietitians, sports scientists, trainers, coaches and team managers).

Team Doctor means the senior Doctor of a PRB, whose responsibilities, minimum qualifications and continuing education requirements are set out in Article 1 of Schedule 2 (*Core medical and health staff*) and includes a person appointed by the Team Doctor to temporarily carry out this role (eg a Doctor appointed by the Team Doctor to travel with a Rugby team).

Team Medical Staff means any Doctor, Nurse, physiotherapist or other physical therapist engaged by a PRB.

Team Sports Dietitian means the person appointed by a PRB whose responsibilities, minimum qualifications and continuing education requirements are set out in Article 3 of Schedule 2 (*Core medical and health staff*).

Therapeutic Use Exemption or **TUE** has the meaning given to that term in the ARU Anti-Doping Policy.

TGA means the Therapeutic Goods Administration of Australia.

WADA Code means the World Anti-Doping Code produced by the World Anti-Doping Agency (as amended or replaced from time to time by the World Anti-Doping Agency).

WADA Prohibited List means the World Anti-Doping Agency List of Prohibited Substances and Methods (as amended or replaced from time to time by the World Anti-Doping Agency).

Wallabies means the senior representative Rugby team of the ARU.

World Rugby means the association of unions or associations, in membership of World Rugby, formerly known as International Rugby Board.

World Rugby Regulations mean the Regulations relating to Rugby as issued by World Rugby from time to time.

Medical Policy

Schedule 1 Player Obligations

1. You will comply with this ARU Medical Policy (**Policy**).

External medical providers

2. You will acknowledge that the preferred first-line treatment for all your medical issues, for you to see your Team Doctor or a Doctor approved by your Team Doctor.
3. If you see other Doctors or health professionals before speaking to your Team Doctor, you must do so subject to the terms of this Policy which includes notifying your Team Doctor of:
 - 3.1. any Medical Procedure conducted in relation to you;
 - 3.2. any medical advice, diagnosis or treatment given by a Doctor with respect to an injury or illness that may impact your (and/or another Player's) ability to be selected, train or play;
 - 3.3. and any Medication prescribed to you.
4. You will ensure that any Doctor that prescribes, conducts or recommends to you any Medical Procedure or Medication, understands that you must comply with the current ARU's Group Medical Policies.

Medical Procedures

5. Do not participate in or permit any Medical Procedure (which includes any medical treatment, procedure, test or investigation) in relation to you, that you know or suspect has not been approved in advance by your Team Doctor (such as blood tests, intravenous treatments, scans, hyperbaric therapy or overseas treatments) unless the treatment is for a Medical Emergency and the treating medical practitioner at the time advised you that you had no option but to undergo that particular Medical Procedure.
6. You will notify your Team Doctor of any Medical Procedure conducted in relation to you.
7. You will notify your Team Doctor of any injury or illness you have that may impact your (and/or another Player's) ability to be selected, train or play.

Medications

8. You will only use a Medication as directed by a Doctor and in accordance with this Policy.
9. You will notify your Team Doctor of any Over-the-Counter Medications that you are using or propose to use.
10. You will not take any Medication prescribed to you by anyone other than your Team Doctor without the prior approval of your Team Doctor, unless the Prescription is required for a Medical Emergency or you are unable to contact your Team Doctor for approval. If Prescription Medication has been prescribed to you by anyone other than your Team Doctor, you will advise your Team Doctor of the prescription within 24 hours and ensure that all the medical information surrounding the prescription is provided directly to your Team Doctor by the Doctor authorising the prescription.
11. Do not use or source any Medication that *is not* from a pharmacy that is widely considered as reputable, *has not* been approved by the Therapeutic Goods Administration (or if travelling overseas, the equivalent authority), *has been prepared* in a compounding pharmacy (where they create the pharmaceutical product in the pharmacy) or *has been prepared* by a compounding pharmacist unless approval is received from the ARU Chief Medical Officer.
12. Do not share any Medication that has been provided to you with any other person, or otherwise distribute them to any other person.
13. Do not remove any Medication provided to you under this Policy from its original packaging (ie removing tablets from their blister packaging).
14. Do not use a Prohibited Medication, which includes substances on the WADA Prohibited List and various peptides listed in Article 10.1.9.

WADA Code

15. You will acknowledge that you are solely responsible for any substances on the current WADA Prohibited List (or traces of them) found to be present in your body and for your possession, use, attempted use, trafficking or attempted trafficking of the substances or methods on the current WADA Prohibited List.

Sleeping Medications

16. You will acknowledge that good sleeping habits are the basis for ensuring healthy sleeping patterns.
17. You will only obtain sleeping Medications from your Team Doctor or a Doctor approved by your Team Doctor, and notify your Team Doctor of the details of any sleeping Medication that was prescribed to you by another Doctor.
18. You will only take any sleeping Medication as directed by your Team Doctor or a Doctor approved by your Team Doctor.
19. You will acknowledge that sleeping tablets are not a long-term solution to sleep difficulty.

Medical Policy



- 20.** You will acknowledge that some sleeping tablets are addictive and you may experience withdrawal effects after using sleeping tablets regularly (for as little as one week).
- 21.** If you propose to take any sleeping tablets, you will only take them to assist with sleeping difficulty and for short periods of time (not more than a few days in succession).

Medical Policy

22. Do not take sleeping tablets in conjunction with other sedative Medication such as other sleep Medication, strong painkilling Medication, muscle relaxants, antidepressant Medication or psychoactive substances (which are substances that alter mood, perception or consciousness as a result of changes in the way the central nervous system functions).

23. Take sleeping Medication in accordance with Schedule 5 of this Policy.

24. Do not take sleeping Medication in conjunction with alcohol or caffeine drinks.

Therapeutic Use Exemption (TUE) Medications

25. You will store any Therapeutic Use Exemption (TUE) Medication you may have obtained in accordance with the ARU Anti-Doping Policy in an appropriate and secure environment, not provide your TUE Medication to other Players and not remove any labelling from your TUE Medication.

Needles and Injections

26. Do not inject or permit the injection of any substance into you, except when the injection is legitimately required for treatment of a medical illness or injury, or for vaccination purposes.

27. Do not self-inject any substance unless you have a documented medical condition that requires self-injection of that substance and you have received written confirmation of your registration on the ARU Self-Injection Register in relation to that substance from your Team Doctor and that registration remains current.

28. Do not permit any other person to inject a substance into you except for a Doctor or Nurse acting on the instructions of your Team Doctor or with the discretion to take such action expressly delegated to them by your Team Doctor.

29. If applicable, you will apply to be registered on the ARU Self-Injection Register by written application to your Team Doctor (who will then seek authorisation from the ARU Chief Medical Officer).

30. Do not order or possess any injection equipment unless you are registered on the ARU Self-Injection Register, and in which case you only order or possess the equipment required to self-inject in accordance with this Policy.

Travelling without your Team Doctor

31. Where your Team Doctor cannot travel with you, you will be notified as soon as practicable and you will be responsible for making an appointment with your Team Doctor or a Doctor approved by your Team Doctor prior to any travel for which you will be unaccompanied by your Team Doctor (this includes another Doctor appointed by your usual Team Doctor) and you are responsible for receiving any supply of Medications and relevant medical advice that is reasonably anticipated to be required.

32. You will only seek and receive medical advice or Medical Procedure, whilst travelling unaccompanied by your Team Doctor, from the official match day doctor and match day medical staff of the relevant match, event or competition, or from an Approved Doctor who you will be notified of prior to departing for travel. (You should also ask your Team Management which Doctors at your destination location are Approved Doctors).

33. You will acknowledge that your team physical therapists (such as physiotherapists and soft-tissue therapists) are not doctors and should not be put in a position of having to behave as a 'pseudo-doctor'.

Reporting

34. You will promptly report to your Team Doctor or the ARU Integrity Manager, any person's conduct (including your own conduct or an approach to engage in conduct) that you know or reasonably suspect may be a breach of this Policy and your identity in relation to this report will be kept confidential in accordance with Article 22 (*Confidentiality*) of this Policy.

35. You will promptly notify your Team Doctor or the ARU Integrity Manager if you are interviewed, charged, or arrested by police or a government body in respect of conduct that may be a breach of this Policy.

36. You will disclose to the ARU or your PRB, if requested, all details in your knowledge relating to publically available information that indicates your apparent or suspected non-compliance with this Policy.

General

37. You consent to the provision and recording of information about you in accordance with this Policy and acknowledge the application of Article 22 (*Confidentiality*) of the Policy.

38. You will use your influence to support and reinforce the education messages regarding Medications and medical practices that are promoted by the ARU, including in this Policy.

39. You will make yourself available for, and actively engage in, education programs in relation to this Policy.

40. You will stay informed of any changes to this Policy (where the ARU notifies you of any changes to this Policy).

41. You will acknowledge that this Policy is an ARU By-Law for the purposes of your Player Contract and not complying with this Policy is a breach of your Player Contract and may be a breach of the ARU Code of Conduct (as amended and replaced from time to time) and sanctions may follow including fines, suspension or termination of your Player Contract.

Schedule 2

Core medical and health staff

Team staff

1. Team Doctor

- 1.1. **Role:** The Team Doctor is responsible for the day to day management of the medical issues of teams and Players within the PRB.
- 1.2. **Minimum qualifications:** Immediately prior to their appointment as Team Doctor, the person proposed to be Team Doctor must have achieved the following qualifications:
 - 1.2.1. obtained a medical degree that is recognised by the Australian Health Practitioner Regulation Agency;
 - 1.2.2. current registration in Australia with Australian Health Practitioner Regulation Agency;
 - 1.2.3. completed the World Rugby match day medical staff education module; and
 - 1.2.4. completed the World Rugby/ARU level 2 or level 3 pitch-side education course,

and for the purposes of Articles 1.2.3 and 1.2.4 of this Schedule 2 will be satisfied by the successful completion of the following online education modules:

- 1.2.5. the World Rugby First Aid in Rugby module;
 - 1.2.6. the World Rugby Immediate Care in Rugby module;
 - 1.2.7. the World Rugby concussion modules;
 - 1.2.8. the World Rugby anti-doping (Keep Rugby Clean) module; and
 - 1.2.9. the ASADA anti-doping module.
- 1.3. **Recommended qualifications:** The ARU recommends that the person appointed as the Team Doctor has achieved the following qualifications and experience:
 - 1.3.1. current registration in Australia with Australian Health Practitioner Regulation Agency;
 - 1.3.2. post graduate qualifications in sports and exercise medicine, either as a specialty or as general practitioner with further training (eg through Sports Doctors Australia); and
 - 1.3.3. experience in pitch-side medical coverage (preferably in Rugby).
 - 1.4. **Continual professional development:** The Team Doctor must actively engage in continual professional development.

2. Head Physiotherapist

- 2.1. **Role:** The Head Physiotherapist is a physiotherapist, or other practitioner approved by the ARU Chief Medical Officer, and is responsible for the day to day management of all physiotherapy and related therapies for Players within the PRB.
- 2.2. **Minimum qualifications:** Immediately prior to their appointment as Head Physiotherapist, the person proposed to be Head Physiotherapist has achieved the following qualifications and experience (unless the ARU Chief Medical Officer has approved a non-physiotherapist practitioner for this role):
- 2.2.1. university qualified in Applied Science in Physiotherapy or equivalent;
 - 2.2.2. current registration with the Australian Health Practitioner Regulation Agency; and
 - 2.2.3. completion of the World Rugby pitch-side education level 2 course; and for the purposes of 2014, Article 2.2.3 of this Schedule 2 will be satisfied by the achievement of the following qualifications and experience:
 - 2.2.4. current CPR and First Aid certificate; and
 - 2.2.5. head and spinal injury assessment skills.
- 2.3. **Recommended qualifications:** The ARU recommends that the person appointed as the Head Physiotherapist has achieved the following qualifications and experience:
- 2.3.1. postgraduate qualifications in sports physiotherapy, manipulative therapy, or exercise rehabilitation or hold the title of 'APA Sports Physiotherapist';
 - 2.3.2. 5 years postgraduate physiotherapy experience;
 - 2.3.3. practising experience in elite level or professional sport; and
 - 2.3.4. completed the IRB/ARU level 2 or level 3 pitch-side education course.
- 2.4. **Continual professional development:** The Head Physiotherapist must actively engage in continual professional development.

3. Team Sports Dietitian

- 3.1. **Role:** The Team Sports Dietitian may also be the Team Sports Dietitian under the ARU Sports Supplements Policy, and is responsible for providing a range of 'best practice' performance nutrition services and expertise to Players within the PRB.
- 3.2. **Minimum qualifications:** Immediately prior to their appointment as Team Sports Dietitian, the person proposed to be Team Sports Dietitian has achieved the following qualifications and experience:
- 3.2.1. university-qualified to provide nutrition and dietary advice;
 - 3.2.2. eligible for membership with the Dietitians Association of Australia as an Accredited Practising Dietitian; and
 - 3.2.3. current 'Advanced Sports Dietitian' or 'Accredited Sports Dietitian' membership with Sports Dietitians Australia.

- 3.3. **Recommended qualifications:** The ARU recommends that the person appointed as the Team Sports Dietitian has achieved the following qualifications and experience:
- 3.3.1. completed the International Olympic Committee (IOC) Diploma in Sports Nutrition;
 - 3.3.2. completed the Sports Dietitians Australia 4-day sports nutrition course;
 - 3.3.3. current accreditation from the International Society for the Advancement of Kinanthropometry as a Level 1 Anthropometrist; and
 - 3.3.4. five years experience in an elite sport environment managing a performance-focused nutrition program, including clinical counselling.
- 3.4. **Continual professional development:** The Team Sports Dietitian must actively engage in continual professional development.

Match day staff

4. Match Day Doctor

- 4.1. **Role:** The Match Day Doctor must be engaged by the PRB when required by the Super Rugby Tournament Manual or the World Rugby Regulations (as applicable). The Match Day Doctor is one or more persons, none of which is the Team Doctor, who is responsible for the following:
- 4.1.1. organising the match day medical room and the provision of emergency services for injuries or illness on match day for both teams;
 - 4.1.2. providing an independent medical opinion on the management of injuries, and specifically for concussion when the pitch-side suspected concussion assessment is performed; and
 - 4.1.3. making the final decision regarding whether a player is medically fit to remain on the field of play in accordance with Articles 8.1.1.d) and 8.1.1.e) of the Policy.
- 4.2. **Minimum qualifications:** Immediately prior to their appointment as Match Day Doctor, the person(s) proposed to be Match Day Doctor have achieved the qualifications required by Article 1.2 of this Schedule 2.
- 4.3. **Recommended qualifications:** The ARU recommends that the person(s) appointed as the Match Day Doctor have achieved the following qualifications and experience:
- 4.3.1. post graduate training in sports and exercise medicine, either as a specialty or as general practitioner with further training (eg through Sports Doctors Australia); and
 - 4.3.2. experience in pitch-side medical coverage, specifically in Rugby at an elite level.
- 4.4. **Continual professional development:** The Match Day Doctor must actively engage in continual professional development.

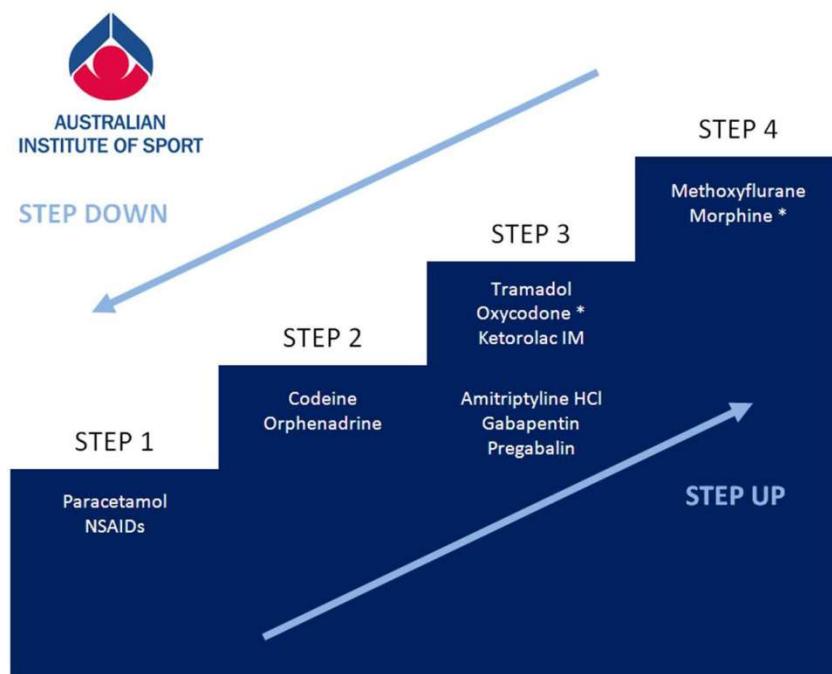
5. Match Day Medical Staff

- 5.1. **Role:** The Match Day Medical Staff must be engaged by the PRB, and consist of those match day medical staff (or Match Day Personnel), as and when required by the Super Rugby Tournament Manual or the World Rugby Regulations (as applicable). The Match Day Medical Staff are responsible for assisting with the provision of medical services on game days.
- 5.2. **Minimum qualifications:** Immediately prior to their appointment as Match Day Medical Staff, the persons proposed to be Match Day Medical Staff have achieved any qualifications required by the relevant Super Rugby Tournament Manual or World Rugby Regulation.
- 5.3. **Continual professional development:** The Match Day Medical Staff must actively engage in continual professional development.

Schedule 3

Painkiller Medication Guidelines

1. The ARU supports and has adopted the Australian Institute of Sport painkiller policy, as set out in this Schedule 3.
2. Professional Rugby Bodies (PRBs) will ensure that the provision of painkiller Medication to any of the PRB's Players will be guided by the following principles:
 - 2.1. the general approach to pain relief will be based on the 'step-up, step-down' method, set out in the World Health Organisation Analgesic Ladder as adapted by the Australian Institute of Sport as follows:



- 2.2. for mild to moderate pain the use of regular paracetamol without opiates is the treatment of first choice;
- 2.3. if there is clinical evidence of inflammation at the first presentation, an Anti-Inflammatory may be preferred over paracetamol;
- 2.4. Anti-Inflammatories should be used for the shortest duration possible with a view to switching across to paracetamol;
- 2.5. where paracetamol or an Anti-Inflammatory alone fails to control pain, paracetamol and codeine is an appropriate next option;
- 2.6. where there is severe inflammatory pain, it may be appropriate to combine an Anti-Inflammatory with codeine;
- 2.7. where the pain is strongly associated with muscle spasm, orphenadrine is an appropriate first drug of choice;

Medical Policy

- 2.8.** Tramadol must be used with caution and should only be used in those who are intolerant of codeine (the analgesic effect of Tramadol is unlikely to be superior to paracetamol/codeine but the side effect profile is significantly worse);
- 2.9.** where there is strong evidence of significant neuropathic contribution to the pain, use of amitriptyline HCl, gabapentin or pregabalin should be considered;
- 2.10.** Amitriptyline HCl can be efficacious in situations of chronic pain, or where there is evidence of pain centralisation, or both;
- 2.11.** Oxycodone can be used for severe pain, often in the post-operative period. *Oxycodone is not permitted in Competition;*
- 2.12.** Intramuscular ketorolac can be used in acute severe pain (fractures, acute spinal pain) where there is need for immediate strong pain relief; and
- 2.13.** Methoxyflurane or morphine, or both, can be used in situations of emergency pain relief for severe pain where the Player requires relief for transportation to hospital. *Morphine is not permitted in Competition.*

Schedule 4

Anti-Inflammatory Medication Guidelines

1. The ARU supports and has adopted the Australian Institute of Sport Anti-Inflammatory policy, as set out in this Schedule 4.
2. Professional Rugby Bodies (PRBs) will ensure that the provision of Anti-Inflammatories to any of the PRB's Players will be guided by the following principles:
 - 2.1. regular paracetamol should be the primary baseline treatment for most musculoskeletal injuries. Anti-Inflammatories should be used when there is good clinical evidence of an inflammatory component to the pain aetiology;
 - 2.2. Doctors should take a detailed history of a Player's previous adverse drug reactions, history of gastrointestinal symptoms, hypertension, renal disease, asthma and urticarial reactions;
 - 2.3. a Player should be asked about their prior experience with using Anti-Inflammatories in terms of efficacy and side effects;
 - 2.4. a Player at high risk for gastrointestinal complications from Anti-Inflammatories should be offered:
 - 2.4.1. regular paracetamol before an Anti-Inflammatory;
 - 2.4.2. Celecoxib as the preferred Anti-Inflammatory;
 - 2.4.3. Ibuprofen as the preferred non-selective Anti-Inflammatory, where Cox 2 coverage is deemed not appropriate; and
 - 2.4.4. proton pump inhibitor cover while taking an Anti-Inflammatory;
 - 2.5. a Player considered at high risk for cardiovascular complications should be offered ibuprofen or naproxen;
 - 2.6. prolonged ingestion of Anti-Inflammatories should be avoided;
 - 2.7. Anti-Inflammatories should be prescribed at the minimal efficacious dose; and
 - 2.8. where it is deemed appropriate to treat a Player's acute injury with an Anti-Inflammatory, Doctors should aim to use the Anti-Inflammatory for about five days before switching to regular paracetamol.

Schedule 5

Sleeping Medication Guidelines

1. The ARU supports the Australian Institute of Sport sleeping Medication policy and has adapted that policy for Rugby as set out in this Schedule 5.
2. The ARU acknowledges that, in some circumstances, it may be appropriate to provide sleeping Medication to a Player who:
 - 2.1. is travelling, in order to assist them to adjust to a different time zone; or
 - 2.2. in the short term, is having difficulty with sleeping for non-travel related reasons.
3. Professional Rugby Bodies (PRBs) will ensure that the provision of sleeping Medications to any of the PRB's Players will be guided by the following principles:
 - 3.1. not all travelling Players require sleeping Medication;
 - 3.2. good sleep habits (also known as sleep hygiene) is the basis for obtaining normal sleep patterns as set out in this fact sheet from the Australian Institute of Sport:
https://secure.ausport.gov.au/_data/assets/pdf_file/0008/545858/Sleep_fact_sheet_060313.pdf;
 - 3.3. any sleeping Medication prescribed to a Player, must be done by the PRB's Team Doctor or by a Doctor approved by the PRB's Team Doctor;
 - 3.4. any sleeping Medication prescribed by the PRB's Team Doctor or a Doctor approved by the PRB's Team Doctor is prescribed for short duration use unless an individual's medical circumstances require otherwise;
 - 3.5. melatonin or temazepam should be utilised as the first line treatment;
 - 3.6. other Medications can be used if medically appropriate and deemed necessary for an individual's medical circumstances; and
 - 3.7. the PRB's Team Doctor or a Doctor approved by the PRB's Team Doctor will warn Players being provided with sleeping Medications, of potential adverse effects (including warning against inappropriate use such as mixing with alcoholic or caffeinated drinks).

Schedule 6

Medical Assessments and Intervention

1. The Super Rugby Licensee and ARU acknowledge that the principal concern in respect of medical issues is the welfare of Players. This being the case, during the Term, Wallaby team management (**Wallaby Management**) and Super Rugby Licensee Management will work collaboratively in relation to all issues relating to the welfare of the PONI (as defined in the High Performance Agreement between ARU and the Super Rugby Licensee), including circumstances where there is a difference of medical opinion with respect to the PONI between the Super Rugby Licensee and Wallaby Management.
2. The intent of Wallaby Management and Super Rugby Licensee Management is to reach agreement through this collaborative approach on all medical matters relating to the PONI, including but not limited to, the type/ timing of surgical intervention; timing of return to play; and treatment and rehabilitation methods and plans.
3. In the event of a difference of opinion between the Super Rugby Licensee Team Doctor and Wallaby Team Doctor and/or the ARU National Sports Physician on any medical issue relating to the PONI, this paragraph 3, including its subparagraphs, describes the procedure to be followed by the Super Rugby Licensee Management and Wallaby Management.
 - 3.1. The ARU Chief Medical Officer (**ARU CMO**) will be notified by the Wallaby Team Doctor, ARU National Sports Physician or PRB Team Doctor that there is a difference of opinion in respect to a medical issue concerning the PONI as a matter of priority, and each Team Doctor and the ARU National Sports Physician (as applicable) will have an ongoing obligation to update the ARU CMO of the developments of the matter until the matter is resolved or the matter is referred to the ARU CMO for a decision.
 - 3.2. The Super Rugby Licensee Team Doctor, Wallaby Team Doctor and ARU National Sports Physician (as applicable) shall ensure all information relating to the relevant medical issue is shared with each other.
 - 3.3. Where practicable, the Super Rugby Licensee Team Doctor, Wallaby Team Doctor and/or ARU National Sports Physician shall be given the opportunity to examine the PONI. If examination by the Super Rugby Licensee and/or Wallaby Team Doctor and/or ARU National Sports Physician is not possible, the Wallaby Team Doctor or the ARU National Sports Physician, through consultation with the Super Rugby Licensee Team Doctor, may elect an alternative Doctor of its choice to examine the PONI and direct the PONI to be examined by the alternative Doctor.
 - 3.4. In the event that the PONI is examined by an alternative Doctor in accordance with section (e)(iii) (or 3.3) above, the Wallaby Team Doctor/ ARU National Sports Physician and the Super Rugby Licensee Team Doctor will be notified by the alternative Doctor either via teleconference between the parties, or by way of email correspondence copied to the parties, describing the alternative Doctor's medical opinion of the PONI.
 - 3.5. The PONI shall be kept fully informed by the Super Rugby Licensee Team Doctor of the discussions between the Wallaby Team Doctor, ARU National Sports Physician, Super Rugby Licensee Team Doctor and any Doctor in respect of the relevant medical issue. The Wallaby Team Doctor, ARU National Sports Physician and the Super Rugby Licensee Team Doctor shall provide their medical opinions of the PONI in writing to one another, together with the reasons supporting their opinion and shall work together in good faith to try to reach agreement on the issue.
 - 3.6. If the Wallaby Team Doctor, ARU National Sports Physician and the Super Rugby Licensee Team Doctor are unable to reach agreement between themselves, any one of them shall

Medical Policy

notify the ARU CMO of the updated position of the matter and the ARU CMO will be formally involved in all aspects of the matter including decision making.

- 3.7.** At this point, the PONI will be notified by the ARU CMO as a matter of priority that there is a difference of opinion in respect of the relevant medical issue between the Super Rugby Licensee Team Doctor and Wallaby Team Doctor or ARU National Sports Physician and that the following process is being followed:

3.7.1. The ARU CMO, Wallaby Team Doctor and/or ARU National Sports Physician and Super Rugby Licensee Team Doctor will continue to confer in respect of the relevant medical issues of the PONI. The ARU CMO and each of the above parties may also confer with any specialist who has examined the PONI, and/or any other specialist in the field elected by the ARU CMO which the ARU CMO believes may contribute to the decision making process.

3.7.2. If, following conferral between the ARU CMO, the Wallaby Team Doctor and/or ARU National Sports Physician and the Super Rugby Licensee Team Doctor, these Doctors are unable to reach agreement, the matter shall be referred to the ARU CEO and the Super Rugby Licensee CEO. The respective medical opinions shall be provided in writing to ARU CEO and to the Super Rugby Licensee CEO by the ARU CMO.

3.7.3. If, following conferral between the ARU CEO and Super Rugby Licensee CEO, the respective CEOs are unable to reach agreement, a final decision in respect of the relevant medical issue of the PONI will be made by the ARU CMO (the “**Decision**”).

3.7.4. The ARU CMO will notify the Wallaby Team Doctor, the ARU National Sports Physician, the Super Rugby Licensee Team Doctor and the PONI, of the Decision.

- 3.8.** Following the Decision, the ARU CMO, the Wallaby Team Doctor and/or ARU National Sports Physician and the Super Rugby Licensee Team Doctor must agree in writing on the next steps in the management of the player to the satisfaction of the ARU CMO.

- 4.** Where a Player is moving from one Super Rugby Licensee to another and there is a difference in medical opinion (including in relation to the type/ timing of surgical intervention, the timing of return to play, the method of treatment or rehabilitation, or in relation to the injury which caused the need for medical treatment) between the Team Doctor of the Super Rugby Licensee from which the Player is transferring (**TD 1**) and the Team Doctor of the Super Rugby Licensee to which the Player is transferring (**TD 2**), the following procedure will apply:

- 4.1.** The ARU Chief Medical Officer (**ARU CMO**) will be notified of the difference of opinion by TD1 and TD2. TD1 and TD2 will each have an ongoing obligation to update the ARU CMO of the developments of the matter until the matter is resolved or the matter is referred to the ARU CMO for a decision.
- 4.2.** TD1 and TD2 will ensure all information relating to the relevant medical issue is shared with the other, and with the ARU CMO, as appropriate.
- 4.3.** The Player shall be kept fully informed by the CMO of the difference of opinion and the discussions between the TD1 and TD2.
- 4.4.** If TD1 and TD2 are unable to reach agreement between themselves, TD1 and TD2 shall notify the ARU CMO of the updated position of the matter and the ARU CMO will be formally involved in all aspects of the matter, including decision making.
- 4.5.** The ARU CMO may confer with any specialist who has examined the Player, and/or any other specialist in the field elected by the ARU CMO which the ARU CMO believes may

Medical Policy

contribute to the decision making process.

- 4.6. If, following conferral between the ARU CMO, TD1 and TD2, these Doctors are unable to reach agreement, the matter shall be referred to the ARU CEO and the respective Super Rugby Licensee CEOs. The different medical opinions shall be provided by the ARU CMO, in writing, to the ARU CEO and to the respective Super Rugby Licensee CEOs.
- 4.7. If, following conferral between the ARU CEO and Super Rugby Licensee CEOs, the CEOs are unable to reach agreement, a final decision in respect of the relevant medical issue of the Player will be made by the ARU CMO (the "**Decision**").
- 4.8. The ARU CMO will notify TD1, TD2 and the Player of the Decision.
- 4.9. For the avoidance of doubt, the Player Contracting Rules require the medical costs of a transferring Player to be borne by the Super Rugby Licensee which is the Player's employer at the time the relevant injury occurred.