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Overview

Integrity in sport is a paramount objective of Sport Australia, including its high performance arm the Australian Institute of Sport (AIS).

These Sports Science Sports Medicine (SSSM) Best Practice Principles have been developed by the AIS as a practical guide to assist boards and senior management of sporting organisations in developing their integrity frameworks in relation to SSSM practices.

The AIS SSSM Best Practice Principles are categorised into five key areas:

1. Staff integrity and capability
2. SSSM policies and position statements
3. Education
4. Detection and enforcement
5. Oversight and reporting

These Principles are intended to operate in conjunction with, and without limitation of, the other components of an organisation’s integrity framework and other relevant policies such as its privacy policy. Organisations should be aware of, and make reference to the health and wellbeing of athletes and staff when developing and adhering to SSSM policies.

Note: These Principles were first published by the AIS in May 2013. This October 2018 revision includes reference to the AIS position statement for genomics.

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1. **Staff integrity and capability**

**Principle 1**: Sporting organisations should ensure that all SSSM staff members and contractors are appropriately qualified and accredited, supervised and subject to the organisation’s SSSM policies, anti-doping policy and code of conduct.

**Commentary and guidance**

Employment of SSSM staff and engagement of SSSM contractors should be by an open and competitive process with high selection standards. There should be adequate checks to exclude individuals with current or past anti-doping rule violations or a history of inappropriate conduct.

All SSSM employees should be bound to comply with the organisation’s SSSM policies, anti-doping policy and code of conduct.

Any independent contractors engaged to provide SSSM services should be obliged under their respective contract to comply with the organisation’s SSSM policies, anti-doping policy and code of conduct.

SSSM staff members and contractors should:

- meet the mandatory requirements of the AIS SSSM Practitioner Minimum Standards which outlines discipline specific standards for professional qualifications and accreditation
- work within the scope of practice as outlined by the relevant professional accrediting body
- undergo regular peer-review including annual peer-review of new and existing practices and procedures
- work to written and approved best practice protocols
- maintain accurate, comprehensive and up to date medical records
- adhere to industry quality assurance standards and actively engage in continual professional development, thereby reducing:
  - isolation of practitioners working in the field
  - potential conflicts of interest for practitioners embedded entirely within a sport
2. SSSM framework

**Principle 2:** Sporting organisations should implement, periodically review and enforce a robust SSSM framework, including the following SSSM policies and position statements:

1. Supplement Policy
2. Medication Policy
3. Injection Policy
4. Genomics Position Statement

**Commentary and guidance**

The SSSM framework should require any new SSSM procedures and practices to be subject to peer review utilising a panel of experts and/or an ethics panel.

1. Supplement Policy

Athletes are vulnerable to inadvertent anti-doping rule violations if they obtain supplements from their own sources.

Sporting organisations should have a written Supplement Policy which governs the use of supplements by athletes, incorporating a supplement provision protocol approved and overseen by the organisation’s Supplement Panel responsible for overseeing supplement use.

An organisation’s Supplement Panel should comprise at least three appropriately qualified stakeholders, drawn from medical staff, sports nutrition staff, sports science staff, coaching and conditioning staff and should include at least one independent member from outside the sport.

It is recommended that an organisation’s Supplement Policy be aligned with the AIS Sports Supplement Framework whereby supplements are classified into groups according to their effectiveness, safety and current status on the World Anti-Doping Agency’s (WADA) Prohibited List.

Sporting organisations, within the parameters of the supplement provision protocol approved by their Supplement Panel, should wherever possible provide appropriate supplements to their athletes, to remove any requirement for athletes to obtain supplements from other sources.

Athletes should not be permitted to obtain supplements independently, without first receiving written permission to do so from their Supplement Panel. The sporting organisation must provide athletes with an appropriate record management system such as the Athlete Management System or equivalent to record the use of supplements. The sporting organisation must have clear oversight of the use of any supplements and provide a report to the board on an annual basis detailing athlete supplement use.

The AIS provides information about certain supplements which, combined with the AIS Supplement Framework, delivers world’s best practice for the use of sports supplements. Sporting organisations should consider utilising these publicly available AIS resources when developing their own approach.

An organisation’s supplement provision protocol should:

- be based on the core principles of:
  - athlete safety
  - evidence-based science
  - compliance with the WADA Prohibited List
• be implemented only after careful consideration and approval by each organisation’s Supplement Panel
• not be altered except with the approval of the organisation’s Supplement Panel
• draw on external supplement or anti-doping expertise, to assist the organisation to deliver such a protocol
• be applied consistently, regardless of personnel changes within the coaching, nutrition, science, medical or strength and conditioning staff

2. Medication Policy

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

Sporting organisations should have a written Medication Policy, approved by the organisation’s advising medical practitioner, which governs the use of prescription and over-the-counter medication by athletes.

An organisation’s Medication Policy should:

• require athletes to only use medication as directed by the organisation’s medical practitioner
• require medical practitioners to maintain accurate and up to date records of all medications dispensed
• require athletes to report to the organisation’s medical practitioner when they have obtained or used medication from sources other than the organisation’s medical practitioner
• include appropriate protocols for the use of anti-inflammatory, pain relieving and sleep inducing medications
• include appropriate guidance regarding the handling or provision of medication by personnel other than the medical practitioner (for example physiotherapists, sports scientists, strength and conditioning coaches), in the absence of a medical practitioner

3. Injection Policy

Substances are not to be injected as a routine part of any supplement program.

Sporting organisations should have a written Injection Policy which should:

• prohibit individuals other than registered medical practitioners from administering injections to an athlete, with such injections only permitted:
  – in the treatment of a documented medical condition
  – for vaccination purposes
  – for research purposes with the prior approval of a Human Research Ethics Committee registered with the National Health and Medical Research Council
• prohibit athletes from self-injecting, unless authorised in writing to do so by a registered medical practitioner for the treatment of a documented medical condition (for example, diabetes, anaphylaxis-risk)
• prohibit individuals from possessing any hypodermic needles, except registered medical practitioners or individuals authorised by a registered medical practitioner for the treatment of a documented medical condition

An organisation should keep a register of any athletes who have been given permission by a medical practitioner to self-inject.

The Injection Policy is not intended to prohibit acupuncture needles. Acupuncture needles are solid needles used for treatment of soft tissue injuries and are not used for injection of substances.
4. Genomics Position Statement

In recent times, direct-to-consumer genetic testing companies have begun targeting athletes and sporting organisations, asserting that genetic testing will enhance athlete training and claiming a role for this testing in talent identification.

The AIS has developed a Position Statement to address the ethical and practical issues relating to genetic testing of athletes: *Ethics of genetic testing and research in sport: a position statement from the Australian Institute of Sport*. This statement is freely available through the [British Journal of Sports Medicine](https://www.bjsm.com/).

Sporting organisations should not become involved in routine genetic testing or genetic research unless the proposal to do so has been rigorously assessed by a medical practitioner or other independent professional with appropriate training in genetic science/medicine.

Sporting organisations should have a written policy which governs the use of genetic testing or may choose to adopt or endorse the AIS position statement to ensure that any activity relating to genetic testing and inclusion in genetic research is both legal and ethical.
3. Education

**Principle 3:** Sporting organisations should educate athletes, coaches, staff and contractors in relation to the organisation’s SSSM Framework

**Commentary and guidance**

The most valuable integrity safeguard is to prevent incidents from occurring in the first place. This is best achieved through effective education measures to underpin robust SSSM framework.

Sporting organisations should provide athletes, coaches, SSSM staff and contractors and other relevant staff with education regarding the organisation’s SSSM policies and position statements, particularly in relation to the appropriate use of prescription medications, and supplements. Sporting organisations need to ensure its members have access to resources which can assist to better understand sport related concussion and increase awareness of the genomics industry and potential misguidance.

In particular, sporting organisations should include education regarding SSSM policies as part of the induction procedures for all new athletes, coaches, SSSM staff and contractors and other relevant staff.

Sporting organisations should maintain a record of all athletes, coaches, staff and contractors who have been provided with such education.
4. Detection and enforcement

**Principle 4:** Sporting organisations should ensure that SSSM policies are enforced, including appropriate sanctions for breaches, and that confidential processes are available to allow reporting of suspected breaches.

**Commentary and guidance**

Sporting organisations should ensure that they have in place robust processes for dealing with any alleged or suspected breaches of their SSSM policies.

An organisation should have formal investigation and disciplinary processes applicable to SSSM policy breaches by employees and athletes (for example, under the organisation's code of conduct). Breaches by contractors should be addressed via the provisions detailed in the respective contract.

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

Sporting organisations should implement and promote a confidential process to allow the reporting of an alleged or suspected breach of a SSSM policy or alleged or suspected unethical or inappropriate SSSM practices (for example, under a whistle-blower procedure). Such process might include direct reporting to the Chief Executive Officer of the organisation.

Reporting and investigations of alleged or suspected anti-doping violations will be governed by the organisation’s anti-doping policy.

Where applicable, the organisation must refer a matter directly to ASADA or a relevant law enforcement agency as appropriate.
5. Oversight and reporting

Principle 5: Sporting organisations should implement a reporting framework to assist their board and senior management to be properly informed about, and to oversee, the organisation’s SSSM policies, position statements and practices.

Commentary and guidance

The board and senior management of a sporting organisation have a responsibility to inform themselves about, and to oversee, the SSSM policies, position statements and practices of the organisation, including ensuring that they meet standards set out in this document, promote a culture of integrity and comply with legislative and regulatory requirements.

Oversight of SSSM policies, position statements and practices should form part of the organisation’s risk management process - specifically, understanding the risks to the organisation and to the health of athletes and developing appropriate integrity safeguards to mitigate such risks.

The board and senior management should ensure that the organisation has appropriate reporting processes in place in order for their respective responsibilities to be discharged.

The board should ensure that a periodic reporting system is established whereby the board (possibly through its audit and risk committee) is provided with updated information detailing the organisation’s SSSM activities and issues. The reporting period may vary based on the size and risk profile of the organisation, but should be least annually for smaller and/or lower-risk organisations.

To facilitate reporting to the board and to discharge their own responsibilities, senior management should also have an appropriate process in place to regularly collect and review information regarding SSSM activities and issues.