SCHEDULE 7: INJECTIONS & INVASIVE PROCEDURES

DOCUMENT CONTROL

Name:	Injections & Invasive Procedures Policy
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Owner:	Chief Medical Officer (CMO)
File location:	AMS and AC Performance Services ZenDesk
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Responsible parties:	CA Doctors, State Medical Officers
Beneficiaries:	All players participating in match and training as a part of an AC program
Applicable setting:	HP training, competition, and clinical environments

1. PURPOSE

To establish clear principles, controls and documentation requirements for injections and invasive procedures, ensuring they are clinically justified, safely administered, and compliant with AC medical governance and anti-doping obligations.

2. ADMINISTRATION OF INJECTIONS

2.1 There is no role for the injection of substances as part of any SSSM supplements program.

2.2 No injectable substance should be administered to a player except where the treatment is:

a) for a documented medical condition; or

b) to prevent a medical condition (e.g. immunisation/vaccination),

and should only be administered under the direct supervision of an AC MO or an appropriately qualified medical practitioner (e.g. acting on the AC MO's standing orders in the case of a medical treatment being managed by an AC MO, such as an injection at a radiology clinic; or in hospital as part of emergency treatment or elective surgery). For immunisation/vaccinations, players can receive these independently from GPs or pharmacists.

2.3 AC SSSM staff, other than an AC MO, must not inject players with the exception of any medical emergencies (e.g. EpiPen).

2.4 AC SSSM staff other than an AC MO cannot carry:

a) any object or material used for an injection; or

b) any injectable substance without the prior written approval of the AC MO

excluding objects or materials to be used for personal medical reasons. Injectable substances for personal medical reasons should not be made visible to or discussed with players.

2.5 Players must not:

a) possess any object or material used for an injection (e.g. hyperdermic needle or injecting equipment) unless authorized by a medical practitioner; or

b) self-inject any substance without medical authorization; or

c) allow themselves to be injected by any person who is not authorised to do so.

2.6 For the purposes of these SSSM Principles, dry needling is a minimally invasive procedure and not an injection and must be dealt with in accordance with item 5 below.

3. INJECTION REGISTER

3.1 The Injection Register is located on the 'Medication / Injection' tab of the medical module of the AMS.

3.2 Injections administered or prescribed to a player by an AC MO or under the supervision or knowledge of the AC MO must be recorded and documented on the Injection Register by the AC MO within 48 hours of the injection. This includes self-injections outlined in section 3 below. Where relevant, a reference to the injection including justification of its clinical use should be included in the medical consultation notes on the AMS.

3.3 Vaccinations and dry needling procedures are not required to be included in the Injection Register but should be documented in the Vaccinations tab or the relevant medical consultation notes on the AMS. Vaccinations provided by AC MOs should also be uploaded to the Australian Immunisation Register (via PRODA/MediRecords).

3.4 Injections performed at an external medical facility are required to be included in the Injection Register by the referring AC MO or when the AC MO becomes aware of such procedure. This particularly includes, but is not limited to, injections completed at radiology clinics. Pragmatically it is not a requirement to list anaesthetic and immediate post-procedure injectable medications that were only provided in hospital and will not be continued after discharge. It is acknowledged that it is impractical for the AC MO to attain full detail in these circumstances. Post operative medications (including opiate painkillers) that are to be taken after hospital discharge do need to be recorded.

4. AUTHORISED SELF-INJECTIONS

4.1 Players who need to self-inject for a documented medical condition must:

a) have the approval of the AC MO to self-inject for a documented medical condition;

b) if required, have a TUE issued in accordance with the CA or ICC Anti-Doping Codes;

c) be appropriately trained by an AC MO (or an appropriately qualified medical practitioner acting on the AC MO's standing orders) on how to properly self-inject; and

d) have the reasons for the need to self-inject clearly documented in their AMS profile.

4.2 Players **MUST NOT** be permitted to self-inject unless the requirements of item 4.1 are met.

4.3 AC MOs are required to assist players with obtaining any TUEs required by this item, noting that TUE application is ultimately the responsibility of the player.

5. LOCAL ANAESTHETIC INJECTIONS

5.1 If local anaesthetic injections are used to allow a player to continue participating in a match, the decision to proceed should be discussed as soon as practicable with other relevant parties, including:

a) the CA Chief MO or the Australian Team Doctor for a nationally contracted player being injected by any State Association or W/BBL MO;

b) the relevant home State Association MO for a player being injected by an away State Association MO;

c) the relevant home State Association MO for a player being injected by a W/BBL Team MO; or any and all other relevant MOs (e.g. W/BBL Team MO if an injection is being performed in the lead up to these tournaments and Away Team MOs if an injection is expected to be repeated by an Away Team doctor when initiated by a home team MO).

6. INVASIVE PROCEDURES

6.1 Invasive procedures (e.g. blood tests, endocrinological tests, biopsies, dry needling) that fall outside the scope of "treatments" as managed in the Medications and Treatments Policy should only be:

a) authorised by; and

b) administered under the direct supervision of,

an AC MO or an appropriately qualified medical practitioner acting on the AC MO's standing order/s (excluding dry needling, which can be administered by appropriately qualified and authorised AC SSSM staff as determined by the State Association or CA Head of Performance Services).

6.2 The requirements of item 6.1 must be followed regardless of the reason for the invasive procedure/s.

6.3 Every instance of an invasive procedure must be recorded and documented in the AMS including repeat injections on every occasion that this is done.

AC SSSM staff, other than an AC MO, are not permitted to authorise or administer invasive procedures, excluding medical emergencies and dry needling (as per item 6.1).