SCHEDULE 6: MEDICATIONS & TREATMENTS

DOCUMENT CONTROL

Name:	Medications & Treatments Policy
Version:	11.0
Effective date:	1 July 2026
Review due:	30 June 2027
Owner:	Chief Medical Officer (CMO)
File location:	AMS and AC Performance Services ZenDesk
Document type (& enforceability):	Policy (mandatory)
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

RELEVANT DOCUMENTS

Document Name	Location
Anti-Doping Code	*AC Intranet* or *ZenDesk*
WADA Prohibited Substances List	*AC Intranet* or *ZenDesk*
Illicit Substances Rule	*AC* Intranet or *ZenDesk*
The Global Drug Reference Online	*globaldro.com*
AC Supplement Register	AMS
AC Medication Register	AMS

1. PURPOSE

1.1 To establish clear principles and requirements for the safe, ethical and medically appropriate use of medications and treatments, ensuring player welfare, compliance with anti-doping obligations, and consistent application of AC medical governance and best practice care.

1.2 Under this policy, approval by an AC Medical Officer does not remove the athlete's strict liability obligations under the CA Anti-Doping Code.

2. PROCEDURES FOR MANAGING MEDICATIONS

2.1 Players should only use medications (including those available over the counter) and/or prescriptions supplied or approved by a Medical Officer (**MO**) engaged or approved by an Australian Cricket (**AC**) entity (collectively referred to as an **AC MO**). Exceptions to this principle are:

(a) In emergency situations and including whilst in hospital
(b) If consulting a general practitioner for a minor illness

(c) If consulting a medical specialist for non-cricket related conditions (e.g. fertility specialist, obstetrician)
(d) In circumstances of being prescribed a medication by a non-AC doctor, the player should always let the doctor know that they are an elite athlete subject to WADA drug testing, and let their team doctor know of the medication at the first available opportunity
(e) For medications available in supermarkets (unscheduled medication), a physiotherapist can carry and dispense, as long as in the original packaging with any instruction included, with the knowledge of the team doctor, if the team doctor is not available (for example at a domestic training session)

2.2 No medications and/or prescriptions are to be supplied, dispensed, approved or administered by any other HP staff member. Supplements and sports foods must be supplied in accordance with the AC Supplement Policy at *Schedule 5* to these SSSM Principles.

2.3 Players should report any use, or proposed use, of medications not prescribed by an AC MO, prior to taking any such medication or as soon as possible after taking them if prior reporting is not feasible. If such a report is made, the AC MO must record the information in accordance with item 1.6 below. Players should be aware of CA's Anti-Doping Policy.

2.4 Players must NOT share with or give away any prescription or other medications to any other person (including painkillers, anti-inflammatories and sleeping tablets).

2.5 Players must be issued with the general warning as part of annual education that:

a) it is likely to be illegal to share or give away their prescription medications to others;

b) they should follow the instructions of the AC MO when taking any medications;

c) failing to comply with instructions of an AC MO or obtaining medications from other individuals can attract consequences under their Player Contracts or relevant AC codes and policies (including the CA or ICC Anti-Doping Codes); and

d) use of medications containing Prohibited Substances (as listed on the WADA Prohibited List) may be subject to the Therapeutic Use Exemption (TUE) provisions in the CA Anti-Doping Code.

2.6 Any medications (both prescription and over-the-counter) prescribed, supplied, dispensed or administered to players must be documented in the Athlete Management System (**AMS**) Medication Register and/or MediRecords by the AC MO (or physiotherapist in accordance with item 2.8) within 24 hours. This is in addition to any record that a doctor may have made in private software or an E-script program.

2.7 HP staff members generally should have their own GPs and be having their medical treatment decisions made independent of SSSM staff, with the exception of emergencies including new conditions that arise when on tour. Staff are responsible for carrying their own medications. If a staff member is required to carry a medication on tour for their personal use which is banned by WADA, they should discuss this prior with the touring doctor and make sure that such medication is never available for or, for certain medications, even in sight of players. This advice varies on a case-by-case basis, with some banned medications (e.g. asthma puffers) being less sensitive than others (e.g. if legitimately prescribed an anabolic agent as part of treatment of a disease). Other banned medications/supplements (e.g. peptides obtained at a gym) would not be acceptable for a staff member to use or carry at any time.

2.8 Physiotherapists **MUST NOT** carry, supply, administer or dispense any scheduled medications (prescription or otherwise) to any AC players or staff members. This excludes unscheduled medications, which are generally medications sold in supermarkets. However, where appropriate or necessary, an AC Physiotherapist may administer medications in an emergency situation (for example, administering an EpiPen). Any unscheduled medications

supplied, administered or dispensed to a player or staff member by a physiotherapist must be documented on the AMS.

2.9 Notwithstanding item 2.8 above, physiotherapists may provide recommendations as to what medications a player may require, provided that any such recommendation only relates to matters within their scope of practice. However, a player must still obtain such medications or any necessary prescriptions from an AC MO.

2.10 Any TUE that is required under the CA or ICC Anti-Doping Codes for the consumption of a particular medication, must be arranged by the player (with assistance of AC MO) prior to dispensation and/or consumption of that medication, if this is required by ASDMAC prospectively (e.g. if a player is in a registered testing pool). Emergency use allows any player to request a retroactive TUE. For players not in a registered testing pools, any enquiry about medications that require a TUE (for example ADHD medication) should receive the advice that the player needs to have available adequate medical/clinical documentation justifying the medication in the event that they are tested.

2.11 The AC MO accompanying a team travelling overseas must arrange any certification required for export and import of medications or treatment products. Any such medications must be securely stored in a locked and/or anti-sabotage bag/container under the control of the AC MO when travelling. If the bag/container has been tampered with at any time, the medications must be discarded.

3. ANTI-INFLAMMATORY MEDICATIONS AND PAINKILLERS

3.1 The use of **ANY** anti-inflammatory medications or painkillers **must strictly comply** with the procedures specified in item 1 of this policy, regardless of whether they are classified as being over-the-counter or prescription-only.

4. SLEEPING TABLETS

4.1 Sleeping tablets are prescription-only medications and hence are to be supplied to a player only with the approval of an AC MO and after appropriate medical consultation. The use of **ANY** sleeping tablets **must strictly comply** with the procedures specified in item 1 of this schedule.

4.2 Sleeping tablets should generally be used for short periods at a time.

4.3 The use of sleeping tablets on a longer-term basis should only be recommended by an AC MO after consideration of non-medical approaches (e.g. counselling, non-medication sleep strategies).

4.4 The specific sleeping tablet “Stilnox” (also known as Ambien, Zolpidem) has been associated with a high rate of both:

a) side effects (e.g. sleepwalking); and

b) medication abuse in elite athletes.

For this reason, the prescription of Stilnox (Zolpidem) is strongly discouraged and, if absolutely necessary, must only be on the recommendation and prescription of an AC MO. Alternative sleeping tablet options should be preferred because of the lower risk of both potential side effects and athlete abuse.

5. GENERAL PRINCIPLES AND PROCEDURES FOR TREATMENTS

5.1 Evidence-based practice should ideally be adhered to as a principle when choosing optimal treatment for injuries and illnesses. It is recognised that the evidence-base for sports

medicine is limited and that some decisions need to be based on known "best practice" rather than scientific evidence.

5.2 It is beyond the scope of this Policy to list ideal treatments (medical or non-medical) for the many different injuries and illnesses that players can present to SSSM staff.

5.3 Any treatments (both medical and non-medical) recommended or administered to a player must be documented in the player's AMS file.

5.4 The general and accepted AC principles for initiating and the ongoing management of any medical or non-medical treatments are as follows:

a) Relevant AC MO/s / Physiotherapist/s and/or Psychologist/s are ultimately:

(I) the primary decision-makers for choosing appropriate treatment/s; and

(II) responsible for determining a player's fitness; and/or

(III) responsible for determining availability of a player's ability to play in particular matches (insofar as that decision needs to be made due to a medical or treatment consideration).

b) Coaching, management and any other SSSM staff must NOT be the ultimate decision maker/s with respect to the fitness of a player to play (insofar as that decision is based on a medical or treatment consideration);

c) Coaching, management and other SSSM staff must NOT be part of the decision making process unless otherwise requested by an AC MO / Physiotherapist / Psychologist with respect to choosing appropriate treatment/s for injuries or illnesses;

d) Coaching, management and other SSSM staff must not advise or encourage players regarding the persons from whom to seek medical or non-medical treatment/s unless it is a recommendation to see an AC SSSM medical staff member;

e) Bearing in mind the provisions of player contracts relating to medical treatments, players retain the right to obtain external, independent second opinions if they disagree with or want an extra opinion about any proposed treatment/s;

f) Players must inform relevant SSSM staff about external opinion/s that they seek and must include them on correspondence regarding any recommendations made in the independent second opinions (noting that player contracts contain detailed provisions regarding medical treatments via State Association/CA approved medical practitioners and other medical practitioners);

g) External opinion should be evidence-based or "best practice" (subject to item 4.1 above), and the person providing the external opinion should, ideally, be approved by the relevant AC MO, Physiotherapist or Psychologist proposing to administer treatments;

h) Players must be offered informed consent for invasive treatment (e.g. surgical operations). Hospital standard recording procedures should be used for procedures such as surgery which require hospital admission. It is also the responsibility of the relevant AC MO to source hospital records/correspondence (where possible) and update a player's medical records on the AMS;

i) In the event of emergency situations, principles such as informed consent and second opinions may not be practical when weighed against timely emergency management. That said, the AC MO, Psychologist or Physiotherapist administering treatment should act diligently, with due care and skill, promptly and within the bounds of the law when administering any treatments in emergency situations; and

j) If an AC MO becomes aware that a player has a condition that places him/her at a higher risk of serious injury or illness, the AC MO should discuss the matter with the player. The AC MO should determine if further tests are required or assessment by a specialist before a determination can be made whether the player will continue playing or training.

5.5 For the avoidance of doubt, the general principles specified at item 5.4 apply to any medical or non-medical treatments being administered to a player and are not limited to treatments being administered for injury or illness diagnosis or response.