PROCESSES FOR MANAGEMENT OF RETURN TO PLAY OF PLAYERS WITH DE

The following table details process' that must be adhered to in cases where DE is known (or suspected) in a player. The information contained below aligns with the Australian Cricket (AC) Disordered Eating Guidelines (and will be included as an Appendix in these Guidelines).

Concerning Behaviours Related to DE or Body Image

- Any staff member, coach or player that notices physical, behavioural or psychological changes that could be warning signs of DE, should share these concerns with either the AC Dietitian, Psychologist or Medical Officer (MO).
- The Dietitian, Psychologist or MO should then investigate the concern and speak with the player / relevant stakeholders as appropriate.
- When raised concerns are valid, the case details are then shared (with player consent) with the AC Sports Dietitian, MO and Psychologist. A decision is made by these staff as to whether a Case Manager is necessary.

Selection of the Case Manager and Core Management Team

- The Case Manager selected must be an AC Psychologist or AC Medical Officer designated to the team the player is contracted, and must have the approval of the player.
- Core Multidisciplinary Team (CMT):
    - The CMT will be appointed by the Case Manager with the approval of the player and the CA Senior Manager – Mental Health.
    - The CMT must include:
        - a medical practitioner (treating doctor, team doctor, State Medical Officer etc..), sports dietitian and psychologist. The CMT can include any other appropriate health professionals.
        - these providers can include AC staff and from external to AC, based on the preference of the player and the expertise available to manage DE / ED within the AC program.

Responsibilities of the Case Manager:

- Coordination of communication channels:
    - within the CMT
    - from the CMT to the broader support team, including external treatment providers. Noting that, any communication outside the CMT must be conducted with the documented informed consent of the player.
- The Case Manager must communicate:
    - To the CA Head Coach and Head of Performance, and to both the CA and State SSSM team's that a Case Manager exists, and details of the CMT.
- The Case Manager must explain to the player the communication process of information to the CMT, SSSM team, State Association counterparts and the Senior coach and selectors.
    - The Case Manager must navigate consent with the player as to the level of detail appropriate to share with every intervention.
- State and CA SSSM teams must communicate with the Case Manager as to which SSSM staff are working with the player, and in what capacity. This also needs to be recorded in the AMS (consultation notes).

Selection

- The ultimate decision to select a player for a match or tour sits with the Head of Performance (Selector) and Head Coach unless the Medical Officer or Psychologist deems them unsafe to play or tour.
- To assist the Head of Performance (Selector) and Head Coach with informed decision making, the SSSM team and CMT must provide information and recommendations including but not limited to:
    - **Medical Officer**- recommendations around training and match availability, including degree of risk
    - **Physiotherapist and Strength & Conditioning Coach-** degree of risk associated with undertaking / not undertaking training sessions (modified or otherwise) and/or physical testing (modified or otherwise)
    - **Psychologist:** liaise with medical officer and wider SSSM staff regarding psychosocial protective factors and barriers to selection and impact on availability

Process When a Player is Unavailable for Selection

- If a player is deemed unfit to play by AC medical staff (or of their own volition), they will be unavailable for selection, and this will be reflected in the AMS.
- When a player is unavailable for selection, the Case Manager must inform the Head Coach and Head of Performance (Selector).
- The Head Coach and Head of Performance must notify the player that to become available for selection in the future, they will have to meet specific criteria that will be detailed in their Return to Play plan.

Communication Process

- Any communication or enquiries about the player from AC SSSM staff during this time must be directed to the Case Manager.
- Any communication or enquiries about the player from outside the AC SSSM group (including but not limited to CA executive and AC media teams) must be directed to the Head of Performance.

Return to Play (RTP) Process

- The CMT should work together, and with any external ED treatment team, to ensure the return to play of a player is appropriate for their individual case.
- A player may need training modifications or exclusions to minimise the risk of potential injury and/or illness.
- The CMT should work together with coaches and other SSSM team members to ensure an individual approach is taken to the player's training regime.

Development of a RTP Plan

- The Case Manager must collate information from the following stakeholders and document within a specific, individualised RTP plan:
    - Head of Performance and Senior Coach- what they would ideally like the player to be able to return to regarding team meetings / activities, skills and performance requirements, training obligations, other contractual obligations (i.e. media & marketing), and communication processes
    - Medical Officer- medical requirements and expectations
    - CMT- relevant expectations and recommendations

- SSSM – screening, testing, and performance recommendations

Timeline

- The RTP Plan entries must include specific start, review and end dates.

RTP Plan Approval

The AC Medical Officer involved in the CMT must approve all RTP measures included in the RTP Plan, before they discussed with the player. If the AC Medical Officer feels that any of the measures represent a risk of exacerbation of the ED or will hamper recovery from an ED, then the measures must not be included in the RTP plan.

The ultimate decision to allow a player to return to play sits with the AC Medical Officer (SMO / CMO) after consultation with the Case Manager and the CMT.

Duty of Care

- When a player with an existing DE issue presents in a manner that presents duty of care issues within an individual discipline area (including coaching/skills), the staff member must contact the Case Manager to discuss concerns.
- If there is immediate risk of significant harm within that individual discipline area, the staff member may intervene within the normal scope of their role/discipline.

Role of High Performance and SSSM staff in Body Composition

- When a player is suspected (or confirmed) of having DE or ED, only the Sports Dietitian, and/or an AC Medical Officer are permitted to provide nutritional advice, conduct anthropometry assessments or implement programs to alter the player's body shape/size.
- The coach, selectors or any other SSSM staff must not take an active role in the management or assessment strategies outlined above unless they are working under the strict standing orders of the Sports Dietitian, and/or AC Medical Officer.

On Tour

- When a player with known DE is selected for a tour or match a plan must be developed and documented by the CMT (with input and consent from the player) indicating which staff members are to perform player measures on tour / match
- Ideally the Case Manager should be on tour. If this is not possible the Case Manager should appoint a staff member who will be their primary conduit.
    - The conduit must keep the Case Manager up to date with player management on tour.