EFINITIONS

1. PURPOSE

This appendix establishes a comprehensive and standardised set of definitions for all terms used throughout the SSSM Principles, including all Policies, Schedules and Appendices.

These definitions are intended to:

a) ensure consistency across AC Entities

b) support safe, ethical and evidence-based practice

c) align with the Sport Integrity Australia (SIA) National Integrity Framework (NIF)

d) reflect obligations under Australian privacy legislation, including the *Privacy Act 1988 (Cth)*

2. PARTICIPANTS, ROLES AND ENVIRONMENT

AC Entity
Cricket Australia and all State and Territory Associations, including affiliated High Performance programs and domestic franchise teams.

Participant
Any individual engaged in, or bound by, the SSSM Principles, including:

a) Players

b) Player Support Personnel

c) Coaches and HP staff

d) SSSM Personnel

e) Match Officials

f) Contractors and volunteers

Player
Any athlete involved in an AC program (contracted, pathway, domestic, or national level).

Player Support Personnel (PSP)
Any person working with, treating, or supporting a Player in a professional capacity.

High Performance (HP) Environment
Any structured training, competition or preparation setting delivered by an AC Entity.

SSSM (Sports Science & Sports Medicine)
The integrated system responsible for player health, wellbeing and performance services.

SSSM Personnel
Any practitioner delivering SSSM services, including:

a) Medical practitioners

b) Physiotherapists

c) Dietitians

d) Psychologists

e) Strength & Conditioning coaches

f) Sports scientists

Performance Services
Qualified, expert professionals working with coaches and players to enhance player health and player and team performances.

3. MEDICAL, HEALTH AND CLINICAL CARE

Medical Officer (MO)
A registered medical practitioner appointed by an AC Entity responsible for:

a) clinical governance

b) prescribing and approving treatments

c) athlete safety and medical risk management

Treatment
Any intervention intended to prevent, diagnose or manage a condition, including:

a) medical care

b) rehabilitation

c) psychological support

d) physical therapy

Clinical Decision-Making
The process by which a qualified practitioner determines appropriate treatment based on:

a) evidence-based practice

b) clinical expertise

c) athlete-specific context

Informed Consent
A voluntary agreement by a Player to a treatment or procedure after being fully informed of:

a) risks

b) benefits

c) alternatives

Players should be aware that their consent to particular assessments, treatments, or health and physical monitoring practices may be withdrawn at any time.

4. SUBSTANCES: MEDICATION, SUPPLEMENTS AND INJECTIONS

4.1 Medication

Medication
Any substance used to treat or prevent illness or injury, including prescription and non-prescription medicines.

Prescribing
The formal authorisation by a Medical Officer for use of a medication.

4.2 Supplements and Nutrition

Supplement
Any product consumed in addition to normal dietary intake for performance, recovery or health.

Performance Supplement
Used to enhance performance or training adaptation.

Medical Supplement
Used to treat or prevent a clinically identified deficiency.

Sports Food
A specialised food product used for convenience (e.g. gels, sports drinks).

4.3 Injections and Procedures

Injection
Administration of a substance into the body via needle or similar mechanism.

Intravenous (IV) Infusion
Delivery of fluids or substances directly into a vein.

Invasive Procedure
Any procedure involving entry into the body (e.g. injections, IV therapy).

5. SCREENING, MONITORING AND PERFORMANCE SCIENCE

Screening
The systematic assessment of a Player's health or performance characteristics (e.g. cardiac, iron, skin).

Monitoring
Ongoing tracking of physiological, medical or performance data.

Return to Play (RTP)
A structured process for returning a Player to participation following injury or illness.

Graduated Return to Play (GRTP)
A staged protocol progressing activity levels safely.

Clinical Pathway
A structured plan guiding management of a condition.

Body Composition Assessment
Measurement of body metrics (e.g. fat mass, lean mass) used to inform performance decisions.

DXA (Dual-Energy X-ray Absorptiometry)
A medical imaging technique used to assess bone density and body composition.

6. MENTAL HEALTH AND WELLBEING

Mental Health
A Player's psychological and emotional wellbeing.

Mental Illness
A diagnosable clinical condition affecting mental health.

Psychological Support
Clinical assistance provided to support wellbeing.

Clinical Management Team (CMT)
A multidisciplinary team responsible for managing complex health presentations.

Support Around Care
Non-clinical support activities that facilitate engagement with care, without delivering treatment.

7. DATA, PRIVACY AND INFORMATION GOVERNANCE

7.1 General Data Definitions

Data
Any information collected, stored or processed relating to Players or Participants.

Personal Information
Information that identifies or could reasonably identify an individual.

7.2 Sensitive Information (Critical for Compliance)

Sensitive Information (Health Information)
As defined under the *Privacy Act 1988 (Cth)*, includes:

a) information about a Player's physical or mental health
b) medical history
c) injury status
d) test results (e.g. bloods, imaging)
e) biometric data
f) genetic information
g) psychological assessments

This information requires higher protections, including:

a) stricter access controls
b) explicit consent requirements
c) secure storage and handling

7.3 Systems and Governance

Athlete Management System (AMS)
The central system used by Performance Services personnel to securely store and manage:

a) medical records
b) treatments and interventions
c) supplement and medication logs
d) screening and monitoring data

Data Governance
The framework ensuring data is:

a) accurate

b) secure

c) appropriately accessed

d) compliant with legislation

Data Custodian
The AC Entity responsible for managing and protecting Player data.

Data Access Control
Restrictions applied to ensure only authorised personnel can access specific data.

Confidentiality
The obligation to protect information from unauthorised disclosure.

8. INTEGRITY, ANTI-DOPING AND NIF ALIGNMENT

Sport Integrity Australia (SIA)
The national body responsible for sport integrity in Australia.

National Integrity Framework (NIF)
The set of policies governing integrity in sport.

WADA (World Anti-Doping Agency)
The global anti-doping authority.

Prohibited List
The WADA list of banned substances and methods.

Therapeutic Use Exemption (TUE)
Approval to use a prohibited substance for medical reasons.

Strict Liability
Players are responsible for substances found in their body.

9. IMPROPER USE OF DRUGS AND MEDICINES

Improper Use
Any use of a substance that:

a) lacks clinical justification

b) is unauthorised

c) is inconsistent with policy or evidence-based practice

d) poses a health or integrity risk

Misuse
Incorrect use of a substance (dose, timing, method).

Unauthorised Use
Use without required approval.

High-Risk Substance
A substance with elevated anti-doping or health risk.

10. GOVERNANCE, COMPLIANCE AND EDUCATION

Policy
A mandatory requirement.

Guideline / Framework
Recommended practice.

Schedule / Appendix
Supporting operational detail.

Approval
Formal authorisation by an appropriate authority.

Recording Requirement
Mandatory documentation in AMS.

Supplement Panel
A governance body overseeing supplement classification and use.

Breach
A serious failure to comply with policy that risks:

a) athlete health

b) anti-doping violations

c) organisational integrity

Non-Compliance
Failure to meet administrative or procedural requirements.

Education (Mandatory Education)
Required learning activities to ensure Participants understand:

a) anti-doping

b) supplement and medication risks

c) integrity obligations

11. DUTY OF CARE, RISK AND ETHICS

Duty of Care
The obligation to prioritise Player safety and wellbeing.

Evidence-Based Practice
Use of best available research and clinical expertise.

Player-Centred Care
Care that prioritises the Player's:

a) health

b) autonomy

c) informed decision-making

Risk Management
Identification and mitigation of risks to:

a) health

b) performance

c) integrity

12. INTERPRETATION AND HIERARCHY

Definitions must be interpreted consistently with:

a) WADA Code (anti-doping matters)

b) Sport Integrity Australia National Integrity Framework policies (integrity matters)

c) SSSM Principles (operational delivery)

d) Australian legislation, including privacy laws