



MEDICAL POLICY

Commenced 1 July 2014

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Linked legislation, regulations and/or external policies	World Rugby Regulation 10 <i>Therapeutic Goods Act 1989</i> (Cth) <i>Australian Immunisation Register Act 2015</i> (Cth)
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Introduction

Rugby AU acknowledges the importance of protecting and maintaining the health and well-being of Players and the benefits to having a safe and consistent approach across Australian Rugby.

This Medical Policy establishes a framework for the consistent and safe administration of medications, medical procedures and medical practices across all levels of Rugby in Australia.

1. OBJECTS OF THE CODE

This Policy has been developed with the objectives of:

- (a) protecting the health and wellbeing of, and encouraging safe and healthy practices for, all Players;
- (b) minimising the risk of Medications or Medical Procedures leading to an inadvertent 'doping' offence, or a Player's health or performance being compromised;
- (c) establishing protocols to ensure a safe and consistent approach to Player's health and wellbeing,
- (d) establishing protocols to ensure appropriate levels of confidentiality are maintained;
- (e) clearly setting out the responsibilities and minimum standards and qualifications of the core members of the medical and health staff within a Rugby Body; and
- (f) ensuring that the environments in which medical and health staff operate actively support and enable them to act in accordance with their professional obligations and within their scope of practice, and ensures they are never placed in situations where they are expected to do otherwise.

2. APPLICATION

2.1. WHO THE CODE APPLIES TO

This Policy applies to all Rugby Bodies, all Players and Team Management within Super Rugby Pacific clubs (**Super Rugby Clubs**) and Super Rugby AUS teams, Super Rugby Women's teams, the Australian National Sevens Teams, the Wallabies, the Wallaroos and Australian U20s (each a **Team** and together the **Teams**) for all Assembly Periods.

2.2. WHEN THE CODE APPLIES

- (a) **Assembly Period** in this Policy means any time during the relevant Team's season (such as the Super Rugby Pacific Season) or the relevant Team or Teams are assembled for the purpose of training and preparing for matches, tours, eg. such as end or out-of-season tours. This includes personal or off-days and two days after the final match of the tour or the return to Australia as relevant (which is the latter). This also includes any time Team Medical Staff provide medical services to Player during their Player Contract period.
- (b) For any other participants and Rugby Bodies¹, the purpose of this Policy is to provide guidance and education in relation to best practice Medication and Medical Procedure provision and use. Their compliance with this Policy is not required unless and until they become a Player or work within a Rugby Body.

2.3. HOW THE CODE APPLIES

- (a) Players are bound by this Policy under their Player Contract and non-compliance of the Policy may constitute a breach of their Player Contract and/or the Rugby Australia Professional Player Code of Conduct² or Rugby Australia Code of Conduct³ (as relevant).
- (b) Team Management are bound by this Policy under their employment or contractors contract and non-compliance of the Policy is a breach of their contract and/or the Rugby Australia Code of Conduct.
- (c) Players and Team Management must also comply with any other medical or health related policies notified to them by Rugby Australia and/or World Rugby from time to time including but not limited to in relation to heat, air quality and infectious diseases.

3. STAFF REQUIREMENTS

3.1. MEDICAL STAFF

- (a) Rugby Bodies must engage the following Team Management at a minimum:
 - (i) a Team Doctor for each Team;

¹ This includes teams in competitions outside of the Super Rugby Pacific, Super Rugby AUS and Super Rugby Women's competitions, other national teams not listed at clause 2.1 and community rugby.

² As notified to Players from time to time.

³ <https://australia.rugby/about/codes-and-policies/integrity/code-of-conduct>

- (ii) a Head Physiotherapist for each Team; and
 - (iii) a Sports Dietitian;(together **Medical Staff**).
- (b) The persons appointed to each of these roles must meet the minimum qualifications and continual professional education requirements set out in Schedule 2 and must not currently have a coaching, team management or other administration (including being a member of the Board) role within the Rugby Body. The Rugby Body must ensure records of these qualifications are obtained prior to appointment and monitored by the Rugby Body annually.
 - (i) The Rugby AU CMO must be involved in all processes associated with the appointment or termination of Medical Staff.
 - (ii) All other Sports Science and Sports Medicine Practitioners⁴ engaged by the Rugby Body must comply with the AIS Sports Science and Sports Medicine Practitioner Minimum Standards⁵. If there is no relevant AIS standard, practitioners must be registered with the relevant National Board for their profession to be engaged by the Rugby Body. Records of qualifications must be obtained by the Rugby Body prior to appointment and monitored by the Rugby Body annually.
 - (iii) Team Medical Staff are the preferred first-line treatment for all Player medical issues and if a Player does see another Doctor or health practitioner/professional they must notify the Team Doctor of any Medical Procedure, medical advice, diagnosis, treatment and Medication conducted or provided.

3.2. TRAVELLING WITH THE TEAM

- (a) All Teams must travel with their Team Doctor when travelling for Matches, tournaments, trials and pre- or post-season tours.
- (b) Where the Team Doctor is unavailable to travel for the whole or part of the tour, an alternate medical practitioner (meeting the requirements set out in Schedule 2) may travel in their stead and perform the role of Team Doctor for that period subject to the prior approval of the Rugby

⁴ Being those practitioners specified in the AIS Sports Science and Sports Medicine Practitioner Minimum Standards.

⁵https://www.ais.gov.au/position_statements/best_practice_content/ais_sssm_practitioner_minimum_standards

AU CMO.

- (c) In all other cases, an exemption from the requirements of clause 3.2(a) must be sought and obtained by the Rugby Body from the Rugby AU CMO.
- (d) Where an exemption is granted by the Rugby AU CMO, any conditions can be imposed or be required of the Rugby Body, including but not limited to:
 - (i) ensuring the Team Doctor is made aware of any medical practitioners that Players see while travelling;
 - (ii) prohibiting other members of the Medical Staff from carrying or supplying Prescription Medication; and
 - (iii) ensuring all record keeping, communication and other requirements are maintained by the other Medical Staff.

4. INTEGRITY & POLICY COMPLIANCE

4.1. INTERACTION WITH ANTI-DOPING CODE

- (a) Each Player must acknowledge that they are solely responsible for any substances on the current WADA Prohibited List⁶ (or traces of them) found to be present in their body and for their possession, use, attempted use, trafficking or attempted trafficking of the substances or methods on the current WADA Prohibited List.
- (b) The Rugby AU Anti-Doping Code⁷ will prevail in relation to any anti-doping matters.

4.2. INDUCTION/EDUCATION

- (a) Rugby AU will develop and implement appropriate education programs in relation to this Policy and will ensure appropriate notification if there is any change to this Policy. Rugby AU can require Players and Team Management to complete this education as and when notified.
- (b) Super Rugby Clubs and Teams will work with Rugby AU to ensure it is completed by all Players and Team Management.
- (c) Rugby Bodies will be responsible for ensuring that any medical staff

⁶ <https://www.wada-ama.org/en/prohibited-list>

⁷ <https://australia.rugby/about/codes-and-policies/integrity/anti-doping-code>

engaged with the Rugby Body, or who may provide any Medication, Medical Procedures or medical advice are aware of the requirements to comply with this Policy, the Rugby AU Sports Supplements Policy⁸, the Rugby AU Illicit Drugs Policy⁹ and the Rugby AU Anti-Doping Code.

- (d) Players, Medical Staff and other staff are required to use the Global DRO website or SIA App when determining the status of Medications and Supplements and whether Therapeutic Use Exemptions (**TUEs**) are required.

4.3. MEDICAL RECORDS & SMARTABASE

- (a) Rugby Bodies will be responsible for ensuring its Medical Staff appropriately and fully record the following in respect of Players on Smartabase¹⁰:
 - (i) Medication – any Medication provided to a Player (including when the Team Doctor has been notified that a Medication has been provided);
 - (ii) Injury or Illness - any injury or illness that may impact the Player's ability to be selected, play or train (including daily availability information); and
 - (iii) Medical Procedures - any Medical Procedure administered or conducted in relation to that Player in accordance with this Policy (including when the Team Doctor has been notified that a Medical Procedure has been administered or conducted).
- (b) Vaccinations are to be recorded on the Australian Immunisation Register as stipulated by s 10A of the *Australian Immunisation Register Act 2015* (Cth).
- (c) Rugby AU will ensure that the information recorded on Smartabase is subject to strict and appropriate access contracts in accordance with Australian privacy legislation.

4.4. CONSENT

- (a) Each Player consents to their information being:
 - (i) mutually disclosed between a Super Rugby Club / Super

⁸ <https://australia.rugby/about/codes-and-policies/integrity/sports-supplement-policy>

⁹ <https://australia.rugby/about/codes-and-policies/integrity/illicit-drugs-policy>

¹⁰ Smartabase is the electronic central database operated by Fusion Sport Pty Ltd ACN 103 526 147. Smartabase is provided to all PRB's by Rugby AU.

Rugby AUS Team / Super Rugby Women's Team and Rugby AU for the purposes of assessing a Player's ability to be selected, play or train and for the purposes of management of illness or injury; and

- (ii) disclosed to external or third-party medical practitioners as necessary for the treatment of the Player as determined by the relevant Medical Staff.
- (b) Where, in the opinion of the Medical Staff, it is in the Player's interests for their information to be shared with their relevant RUPA Player Development Manager, the Player's consent for such disclosure must first be obtained.
- (c) This clause does not override other consents that a Player has given and is at all times subject to clause 12.

5. HEAD INJURIES

5.1. CONCUSSION

- (a) Concussion is a brain injury that causes a disturbance of brain function.
- (b) **All concussions or suspected concussions must be taken seriously** and managed in accordance with World Rugby and Rugby AU Concussion Management Procedures, including the:
 - (i) World Rugby HIA Process (if HIA is approved for the relevant competition);
 - (ii) World Rugby SCRM App; and
 - (iii) Additional protocols or procedures recommended and approved by the Rugby AU CMO.
- (c) Concussion usually follows a head collision but can occur with a collision to other parts of the body. Symptoms can come on at any time but occur usually within 24-48 hours following a collision.

5.2. HEAD INJURY ASSESSMENT (HIA)

- (a) Temporary replacement for head injury assessment for World Rugby specified competitions/events was introduced into the Laws of the Game in August 2015. Tournament organisers wishing to utilise temporary replacement for head injury assessment (**HIA**) must apply to World Rugby for approval. Temporary replacement for head injury

assessment has been approved for use in the Super Rugby Pacific, Super Rugby AUS and Super Rugby Women's competitions, Test Matches, International U20s matches and the Sevens World Series.

- (b) In order for Rugby AU to be able to utilise the HIA process and procedures for the welfare of players, World Rugby requires Unions¹¹ to obtain consent for players to participate in World Rugby HIA research.¹² The information used in the World Rugby HIA research includes, but is not limited to, de-identified medical information relating to suspected concussions and physical information observed via video footage.
- (c) Rugby Bodies will be responsible for obtaining the consent of all Players to participate in the World Rugby HIA research¹³ and providing this consent to Rugby AU. Players reserve the right to withdraw their consent for their information to be used in the World Rugby HIA research at any time. Players that withdraw their consent will not be able to utilise the World Rugby HIA protocol and the Recognise & Remove principles will apply instead.

6. PRE-SEASON REQUIREMENTS

6.1. MEDICAL & CARDIAC SCREENING

- (a) As soon as practicable after a Player enters into a Player Contract the following evaluations and screenings must be conducted before they represent any Team:
 - (i) the World Rugby Cardiac Screening Questionnaire including a cardiovascular physical examination;
 - (ii) an electrocardiogram (ECG);
 - (iii) the Rugby AU performance health review / screening as notified by Rugby AU and as included in Smartabase;
 - (iv) concussion baseline testing in accordance with the World Rugby HIA Protocol¹⁴; and
 - (v) any other evaluation or screening required by Rugby AU

¹¹ As per the 'World Rugby Application for use of HIA and access to temporary replacements' document located:

<https://www.world.rugby/the-game/player-welfare/medical/concussion/hia-protocol>

¹² As per the 'World Rugby HIA Protocol' document located: <https://www.world.rugby/the-game/player-welfare/medical/concussion/hia-protocol>

¹³ As per Appendix 7 of the 'World Rugby HIA Protocol' document located: <https://www.world.rugby/the-game/player-welfare/medical/concussion/hia-protocol>

¹⁴ <https://www.world.rugby/the-game/player-welfare/medical/concussion/hia-protocol>

from time to time.

- (b) During a Player's involvement with any Team or Rugby Body the following evaluations and screenings must be conducted:
 - (i) repeat World Rugby Cardiac Screening Questionnaire including a cardiovascular physical examination and ECGs as stipulated by the World Rugby Cardiac Screening Guideline¹⁵;
 - (ii) repeat concussion baseline testing as stipulated by the World Rugby HIA Protocol¹⁶;
 - (iii) repeat Rugby AU performance health review / screening annually; and
 - (iv) any other evaluation or screening required by Rugby AU from time to time.
- (c) On a Player's exit from a Rugby Body, the following evaluations and screenings must be conducted:
 - (i) Rugby AU performance health review / exit medical as notified by Rugby AU; and
 - (ii) any other evaluation or screening required by Rugby AU from time to time.
- (d) For any Players that are under 18 years of age, permission from or the supervision of that Player's parent or guardian is required.

7. MATCH DAY ROLES

Rugby Bodies will be required to appoint match day staff as per their relevant competition tournament manual or as advised by Rugby AU.

8. MEDICATIONS & MEDICAL PROCEDURES

8.1. MEDICATIONS

- (a) Players must only take Over-the-Counter Medication and Prescription Medication under the direction of a Doctor.
- (b) Players and Team Management are prohibited from unlawfully possessing, providing or distributing Over-the-Counter Medication and Prescription Medication, which includes sharing of Medication.

¹⁵ <https://www.world.rugby/the-game/player-welfare/guidelines/cardiac>

¹⁶ <https://www.world.rugby/the-game/player-welfare/medical/concussion/hia-protocol>

- (c) Where kept on site, any Medication that is subject to a TUE¹⁷ must include bright alert labels and written instructions regarding appropriate use before being provided to the relevant Player in order to avoid the possibility of an offence under the Rugby AU Anti-Doping Code. It is, however, preferable that TUE medications that are Player specific are not kept on club premises and are managed by the Player themselves.
- (d) All Medications must be stored in a safe, secure, locked and clearly labelled location accessible only by the Team Doctor. Schedule 8 Medication¹⁸ must be kept under the direct control of the Team Doctor at all times and not stored on site. The Team Doctor may grant other members of the Medical Staff access to Over-the-Counter Medication but Prescription Medication must only be accessible by the Team Doctor.
- (e) Regular stocktakes (no less than 2 a year) must be conducted by the Team Doctor of all Medication. Rugby AU can require evidence that a stocktake has been conducted.
- (f) Prior to any international travel, necessary permits and licences to export or import any Medications controlled under the Australian Customs Regulations¹⁹ and/or carry, import or export Medication in the destination country must be obtained.
- (g) Players must not share Medication provided to them with other persons.
- (h) Medication provided to Players must be kept in its original packaging.
- (i) It is the Rugby Bodies' responsibility to ensure compliance with this clause 8.1. Players must also take responsibility to ensure that any Medication provided to them is approved by the Team Doctor and that it is not a breach of the Rugby AU Anti-Doping Code.

8.2. SOURCING MEDICATIONS

- (a) There are risks associated with Players using Medications that have been sourced, or whose ingredients have been sourced, from unknown or disreputable sources.
- (b) Therefore, Players must only be provided or permitted to use

¹⁷ As per the Rugby AU Anti-Doping Policy.

¹⁸ Any Medication classified as a 'schedule 8 Medication' by the TGA.

¹⁹ Customs (Prohibited Imports) Regulations 1956 and Customs (Prohibited Exports) Regulations 1958 or any successor or replacement regulations.

Medications that have been approved by the Therapeutic Goods Administration²⁰ and which are sourced from a reputable pharmacy, not a compounding pharmacy.

8.3. MEDICAL PROCEDURES

- (a) All Medical Procedures must first be approved by the Team Doctor, unless it is a Medical Emergency and prior approval is not possible or practicable.
- (b) The Team Doctor can only approve Approved Medical Procedures. Approval for any non-Approved Medical Procedures must be gained from the Rugby AU CMO who will ensure that a proper and ethical process is followed which may include documentation of the potential benefits and adverse effects of the procedure; a signed consent form from the player; and an independent medical opinion by an appropriate medical specialist independent of the Rugby Body.
- (c) Any Medical Procedures conducted by a person other than the Team Doctor must be communicated to the Team Doctor as soon as possible and recorded in accordance with clause 4.3.
- (d) It is the Rugby Bodies' responsibility to ensure compliance with this clause 8.3. Players must also take responsibility to ensure that any Medical Procedure conducted is approved by the Team Doctor and that it is not a breach of the Rugby AU Anti-Doping Code.
- (e) The Rugby AU CMO may amend the Approved Medical Procedures at any time.

8.4. NEEDLES AND INJECTIONS

- (a) Injection of any substance must only occur where it is legitimately required for treatment of a medical illness or injury, investigation of a suspected medical condition or for vaccination purposes and must only be conducted by only health professionals authorised to administer injections or an authorised carer for the relevant Player. Players must not inject or permit injection except in these circumstances.
- (b) Before any injection of a substance is administered the following must be checked:
 - (i) the correct Player is receiving the Medication;

²⁰ If travelling in another country, the relevant authority in that country will apply.

- (ii) the correct Medication is being administered;
 - (iii) the correct dose is being administered;
 - (iv) the correct route of administration is being utilised; and
 - (v) the Medication meets the requirements of clause 8.2(b) and has not expired.
- (c) Any injections administered by a person other than the Team Doctor must be communicated to the Team Doctor as soon as possible and recorded in accordance with clause 4.3.
- (d) Any Player who is required to self-inject (such as for the management of diabetes and including insulin pumps) must obtain approval from the Rugby AU CMO and comply at all times with this clause.
- (e) All injectable substances and injecting/intravenous equipment must be stored in a safe, secure and clearly labelled location, with access exclusively controlled by the Team Doctor (except for substances and equipment used by a Player with approval from the Rugby AU CMO). Regular stocktakes must be conducted by the Team Doctor of all substances and equipment.
- (f) Injecting material must be disposed of through the use of sharps bins and medical waste bags as appropriate.
- (g) All Players and personnel, other than the Team Doctor, must not be in possession of hypodermic needles or injecting equipment, unless authorised by the Rugby AU CMO or Team Doctor.
- (h) It is the Rugby Bodies' responsibility to ensure compliance with this clause 8.4. Players must be also take responsibility to ensure that:
- (i) any injection is approved by the Team Doctor;
 - (ii) injections are only permitted when it is legitimately requirement for treatment of a medical illness or injury or for vaccination purposes;
 - (iii) only Doctors or nurses conduct any injections; and
 - (iv) it is not a breach of the Rugby AU Anti-Doping Code.

9. INJURY SURVEILLANCE & RESEARCH

9.1. INJURY SURVEILLANCE

- (a) Injury surveillance programs are mandatory in the Super Rugby

Pacific, Super Rugby AUS and Super Rugby Women's competitions, Test Matches, International U20s Matches, Sevens World Series and other competitions as determined by Rugby AU and/or World Rugby from time-to-time.²¹

- (b) Injury surveillance is an important part of monitoring trends and informing future decision making on policies, processes and management of injuries. Additionally, Rugby AU shall coordinate the production of an annual professional Player injury surveillance study and report.²²
- (c) Rugby Bodies must arrange for the consent of all Players to have their de-identified injury data made available for the annual professional Player injury surveillance study and report coordinated by Rugby AU.²³

9.2. RESEARCH

- (a) All medical research and Medical Procedures conducted in relation to Players must be conducted ethically, with informed consent directly from participants and according to best practice principles, particularly where the efficacy of the relevant Medical Procedure or product is yet to be established.
- (b) Rugby Bodies must not permit any research to be conducted in relation to their Players which relates to any Medical Procedure, supplement use, or Player health or well-being, unless they have first received written approval from Rugby AU's nominated research group through its nominated research procedure.

10. MEDICAL DECISION MAKING & COMMUNICATION

10.1. MEDICAL DECISION MAKING RESPONSIBILITY

- (a) Without limiting clause 10.2., if there is any difference of opinion between members of the Team's Medical Staff regarding a Player's health, medical condition, fitness to be selected, play or train or the appropriate Medical Procedure for that Player, the Team Doctor has the final decision on this matter.
- (b) All Players that are known or suspected of having sustained an injury,

²¹ As per the 'World Rugby Application for use of HIA and access to temporary replacements' document located: https://playerwelfare.worldrugby.org/content/getfile.php?h=2fd92f45932d1aabf9024b22589a14ba&p=downloads/concussion/World_Rugby_Application_To_Access_HIA_2020_EN.pdf

²² As per the *High Performance Agreement*.

²³ As per the *High Performance Agreement*.

including having undertaken a HIA, must be cleared by the Team Doctor (whose decision is final) before they undertake any media commitments.

- (c) In a game situation where a Match Day Doctor is appointed, it is the Match Day Doctor who has the final decision on the fitness of a Player from either team to remain on the field of play on account of injury, in accordance with the World Rugby Regulations.
- (d) Where a Player is unable to give consent but requires life-saving treatment, emergency medical protocols will apply. Anyone performing any life-saving treatment will not be in breach of this Policy.

10.2. MEDICAL DECISIONS & COMMUNICATION

- (a) Medical decisions in respect of the Wallabies and Wallaroos Managed Player Groups will be as per the medical communication and decision-making policy as amended and distributed from time to time. Compliance with the medical communication and decision making policy is a requirement for compliance with this Policy. The medical communication and decision making policy will, at all times, meet the following principles:
 - (i) The principal concern in respect of medical issues is the welfare of Players. This being the case, Super Rugby Clubs, Super Rugby AUS Teams, Super Rugby Women's Teams and Rugby AU Team Management will work collaboratively in relation to all issues relating to the welfare of relevant Players.
 - (ii) The medical communication and decision-making policy aims to implement clear, consultative, appropriately confidential and effective processes for the management of Wallabies and Wallaroos Managed Player Groups from diagnosis to treatment and through to return to play decision making.
 - (iii) Players will be involved in all decision-making about their health and medical issues.
 - (iv) When a Player is injured, all relevant Medical Staff from the relevant Super Rugby Club, Super Rugby AUS Team, Super Rugby Women's Team and/or national team will be notified regardless of where the Player sustains the injury.

- (v) The relevant national Team Doctor must be consulted and approve any procedures. In the event of the national Team Doctor seeking any procedure this (including the timing and surgeon for any surgery) must be jointly agreed with Team Doctor of the Super Rugby Clubs, Super Rugby AUS Team or Super Rugby Women's Team.
- (vi) Treatment plans for relevant Players will be agreed between national and Super Rugby Clubs, Super Rugby AUS Team or Super Rugby Women's Team Medical Staff.
- (vii) If there are significant differences of opinion or other issues regarding the medical management of relevant Players the Rugby AU CMO will act as the ultimate decision maker.

11. REPORTING & MANAGEMENT OF ALLEGED POLICY BREACHES

- (a) Any actual or suspected breach of this Policy must be reported to Rugby AU and failure to do so may be considered a breach.
- (b) Players and Team Management must report to Rugby AU if they are interviewed, charged, or arrested by police or a government body in respect of conduct that may be a breach of this Policy.
- (c) Player breaches will be dealt with under the Rugby AU Professional Player Code of Conduct.
- (d) Referrals to external bodies as relevant, including AHPRA, may be made.
- (e) Reports under this Policy may be made in writing via Rugby AU's website (<https://australia.rugby/about/codes-and-policies/reporting-a-concern>).
- (f) Rugby AU may conduct audits or reviews with Teams and Super Rugby Clubs in relation to compliance with the requirements of the Policy, recruitment of Medical Staff and any actual or suspected breaches of the Policy.

12. CONFIDENTIALITY & PRIVACY

- (a) Medical issues that impact on a Player's ability to play, train or be selected, as determined by the Team Doctor, may be discussed with other Medical Staff, Team Management and national team staff as

appropriate. Medical information that does not have an impact on a Player's ability to play, train or be selected must be treated with appropriate medical confidentiality.²⁴

- (b) Information about Players (and Team Management as may be the case, for instance in a tour scenario) provided under this Policy must not be disclosed or caused to be disclosed unless:
 - (i) expressly authorised and required in accordance with this Policy, for clarity express consent and/or authorisation for each particular disclosure must be current;
 - (ii) permitted under the Rugby AU Privacy Policy²⁵;
 - (iii) contemplated in a Player Contract; or
 - (iv) required by law.
- (c) The identity of persons who make a report about an actual or suspected breach of the Policy will remain confidential and will not be disclosed to the individual(s) subject to the report, unless and subject at all times to clause 12(d):
 - (i) those persons consent in writing to the disclosure;
 - (ii) the disclosure of their identity is required as part of a disciplinary procedure in accordance with the Rugby AU Professional Player Code of Conduct or Rugby Australia Code of Conduct (as applicable) (as amended and replaced from time to time); or
 - (iii) the disclosure of their identity is strictly required by law (e.g. by a court order or subpoena).
- (d) Rugby Bodies, Team Management, and Players must not engage in, or threaten to engage in, conduct that causes detriment to a person because they have made, or propose to make, a report under this Policy. Detrimental conduct includes dismissal, demotion, harassment, discrimination, or disciplinary action. Any retaliation taken against a person who has made a report is a separate and serious breach of this Policy and the relevant Rugby Australia Code of Conduct.
- (e) If a person has not complied with this Policy and as a consequence of any disciplinary action taken, it is impractical or impossible to maintain

²⁴ Guidance on appropriate medical confidentiality and when matters can or should be discussed with other Medical Staff or Team Management can be sought from the Rugby AU CMO.

²⁵ <https://australia.rugby/privacy>

confidentiality, there is no requirement to keep the information regarding that person's non-compliance with this Policy confidential.

13. LIFE SAVING TREATMENT

- (a) Where a Player is unable to give consent but requires life-saving treatment, emergency medical protocols will apply. Anyone performing any life-saving treatment will not be in breach of this Policy.
- (b) In the event that a Player requires life saving treatment by an appropriately trained and qualified medical staff, it will not constitute a breach of this Policy.

14. DEFINITIONS

Approved Medical Procedures means:

- (a) provision of standard medications or procedures by a medical doctor in accordance with the WADA Code;²⁶
- (b) standard physiotherapy including assessment, screening and standard treatment procedures;
- (c) standard physical therapies including the use of appliances such as strapping, ice and heat packs;
- (d) specialist physiotherapy (Australian Physiotherapy Association approved);
- (e) dentistry and dental procedures;
- (f) consultation with a doctor;
- (g) psychology (practitioners registered with the Psychology Board of Australia);
- (h) physical recovery and conditioning sessions;
- (i) exercise prescribed by a standard exercise physiologist;
- (j) Pilates;
- (k) yoga;
- (l) sprint training;

²⁶ The World Anti-Doping Code produced by the World Anti-Doping Agency (as amended or replaced from time to time by the World Anti-Doping Agency).

- (m) altitude training, including when undertaken overseas;
- (n) massage therapy;
- (o) podiatry;
- (p) orthotics;
- (q) dry needling;
- (r) acupuncture;
- (s) phonophoresis;
- (t) vaccinations against specific infectious diseases as per the Australian Immunisation Handbook;
- (u) surgery to treat a documented medical condition, illness or injury;
- (v) hypoxic treatment;
- (w) iontophoresis;
- (x) extracorporeal shock wave therapy;
- (y) any standard medical investigation conducted by the Team Doctor to investigate a documented or suspected medical condition, illness or injury (such as a blood or pathology tests, x-ray, MRI, CT scan, diagnostic ultrasound, nuclear medicine tests, vascular studies and echocardiography); and
- (z) subject to clause 8.3, any Medical Procedure or Investigation prescribed or ordered by a doctor who is a specialist, where the Player has been referred to that specialist by the Team Doctor.

Doctor means a medical practitioner registered in Australia with the Medical Board of Australia.

Head Physiotherapist means the member of Medical Staff appointed under clause 3.1(a) whose responsibilities, minimum qualifications and continuing education requirements are set out in Schedule 2.

Match means any Rugby match or game in which a Player is required to participate pursuant to the terms of an Australian Rugby Player Contract.

Medical Emergency means any urgent and/or life-threatening medical condition such that the absence of immediate medical attention could result in serious impairment to bodily functions or serious dysfunction of any bodily organ or part.

Medical Procedure means any, medical procedure, treatment, test or investigation conducted in relation to a Player.

Medical Staff means the Team Doctor, Head Physiotherapist and Sports Dietitian.

Medications means Over-the-Counter Medications, Prescription Medications and any other substance that would commonly be referred to as a medication including substances that are classified by the Therapeutic Goods Administration (TGA) as a therapeutic good (listed under Schedules 1-8 of the current Commonwealth Poisons Standard), which are ingested, infused, inhaled, injected, inserted or absorbed by the human body.

National Board means the national board for each of the 16 health professions that is part of the National Registration and Accreditation Scheme established under the Health Practitioner Regulation National Law in each State and Territory.

Nurse means a nurse registered with the Nursing & Midwifery Board of Australia.

Over-the-Counter Medications means any medication sold directly to a consumer, without the requirement to have a prescription from a healthcare professional in the relevant jurisdiction and includes 'pharmacist only'/ behind-the-counter medications that do not require a prescription from a healthcare professional.

Player means any player contracted by way of the Player Contract under the Professional Rugby Collective Bargaining Agreement as amended from time to time to participate in a Super Rugby Pacific, Super Rugby AUS, Super Rugby Women's, Australia National Sevens, Wallabies, Wallaroos or Australian U20s team.

Player Contract has the meaning given to the term 'Australian Rugby Player Contract' in the Professional Rugby Collective Bargaining Agreement as amended from time to time.

Prescription Medication means any medication that needs written prescription from a Doctor or other prescriber before a pharmacist can supply that medication.

Rugby Body or **Rugby Bodies** means any or all of Rugby AU, the Waratahs, the Reds, the Brumbies and the Western Force or their nominated successors.

Rugby AU Chief Medical Officer or **CMO** means the person appointed to be the Chief Medical Officer of Rugby AU.

Sports Dietitian means the member the Medical Staff appointed under clause 3.1(a) whose responsibilities, minimum qualifications and continuing education requirements are set out in Schedule 2.

Super Rugby Clubs means any club or entity that has an agreement with Rugby AU to participate in the Super Rugby Pacific, Super Rugby AUS and/or Super Rugby Women's competitions.

Team means each of Super Rugby Pacific, Super Rugby AUS and Super Rugby Women's teams, the Australian National Sevens Teams, the Wallabies, the Wallaroos and Australian U20s.

Team Management means head coach, assistant coaches, trainers, strength conditioners, physiotherapists, team managers, doctors and dietitians.

Team Doctor means the member of the Medical Staff appointed under clause 3.1(a) whose responsibilities, minimum qualifications and continuing education requirements are set out in Schedule 2.

Test Match means a Match between the Wallabies or Wallaroos and the senior representative team of another National Union or which is an "International Match" under the World Rugby Regulations;

Wallabies Managed Player Group means Players identified by Wallaby Management and notified to the Super Rugby Club in accordance with the terms of the High Performance Agreement.

Wallaroos Managed Player Group means Player identified by Wallaroos Management and notified to the Super Rugby Club.

World Rugby Regulations mean the Regulations relating to Rugby as issued by World Rugby from time to time.

SCHEDULE 1 – PLAYER OBLIGATIONS

1. You must comply with this Rugby AU Medical Policy (**Policy**).

External medical providers

2. You will acknowledge that the preferred first-line treatment for all your medical issues is for you to see your Team Doctor (or a Doctor approved by your Team Doctor).
3. If you must see another Doctor or health professional before seeking approval from your Team Doctor, you must do so subject to the terms of this Policy which includes notifying your Team Doctor of:
 - (a) any Medical Procedure conducted in relation to you;
 - (b) any medical advice, diagnosis or treatment given by a Doctor with respect to an injury or illness that may impact your (and/or another Player's) ability to be selected, train or play; and
 - (c) any Medication prescribed to you or advice to change or cease medication that has been prescribed by your Team Doctor.
4. You will ensure that any Doctor that prescribes, conducts or recommends to you any Medical Procedure or Medication, understands that you must comply with the current Rugby AU Group Medical Policies.

Medical Procedures

5. Do not participate in or permit any Medical Procedure be performed on you (which includes any medical treatment, procedure, test or investigation), that you know or suspect has not been approved in advance by your Team Doctor (such as blood tests, intravenous treatments, scans, hyperbaric therapy or overseas treatments) unless the treatment is for a Medical Emergency and the treating medical practitioner at the time advised you that you had no option but to undergo that particular Medical Procedure.
6. You will notify your Team Doctor of any Medical Procedure conducted in relation to you.
7. You will notify your Team Doctor of any injury or illness you have that may impact your (and/or another Player's) ability to be selected, train or play.

Medications

8. You will only use Medications (including Over-the-Counter Medication) as directed by a Doctor and in accordance with this Policy.
9. You will notify your Team Doctor of any Over-the-Counter Medications that you are using or propose to use.
10. You will not take any Medication prescribed to you by anyone other than your Team Doctor without the prior approval of your Team Doctor, unless the Prescription is required for a Medical Emergency or you are unable to contact your Team Doctor for approval. If Prescription Medication has been prescribed to you by anyone other than your Team

Doctor, you will advise your Team Doctor of the prescription within 24 hours and ensure that all the medical information surrounding the prescription is provided directly to your Team Doctor by the Doctor authorising the prescription.

11. Only use Medications that have been approved by the Therapeutic Goods Administration (TGA) (or if travelling overseas, the equivalent authority) and which has been sourced from a reputable pharmacy. Do not use any medication that *has been prepared* in a compounding pharmacy (where they create the pharmaceutical product in the pharmacy) or *has been prepared* by a compounding pharmacist unless approval is received from the Rugby AU CMO in writing. The Rugby AU CMO may require further testing of the product before use.
12. Do not share any Medication that has been provided to you with any other person, or otherwise distribute them to any other person.
13. Do not remove any Medication provided to you under this Policy from its original packaging (ie removing tablets from their blister packaging).
14. Do not use a Prohibited Medication, which includes all substances on the WADA Prohibited List, for example the various peptides listed in Article 10.1.9.

Rugby AU Anti-Doping Code and WADA Prohibited List

15. You will acknowledge that you are solely responsible for any substances on the current WADA Prohibited List (or traces of them) found to be present in your body and for your possession, use, attempted use, trafficking or attempted trafficking of the substances or methods on the current WADA Prohibited List.

Sleeping Medications

16. You will acknowledge that good sleeping habits are the basis for ensuring normal sleeping patterns.
17. You will only obtain sleeping Medications from your Team Doctor (or a Doctor approved by your Team Doctor), and you will notify your Team Doctor of the details of any sleeping Medication that was prescribed to you by another Doctor.
18. You will only take any sleeping Medication as directed by your Team Doctor (or a Doctor approved by your Team Doctor) and in accordance with Schedule 5 (*Sleeping Medication*) of this Policy.
19. You will acknowledge that sleeping Medication is not a long-term solution to sleep difficulty.
20. You will acknowledge that some sleeping Medication is addictive and you may experience withdrawal effects after using sleeping tablets regularly (for as little as one week).
21. If you propose to take any sleeping Medication, you will only take it to assist with sleeping difficulty and for short periods of time (not more than a few days in succession).

22. Do not take sleeping Medication in conjunction with other sedative Medication such as strong painkilling Medication, muscle relaxants, antidepressant Medication or psychoactive substances (which are substances that alter mood, perception or consciousness as a result of changes in the way the central nervous system functions).
23. Do not take sleeping Medication in conjunction with alcohol or caffeine drinks.

Therapeutic Use Exemption (TUE) Medications

24. You will store any Therapeutic Use Exemption (TUE) Medication you may have obtained in accordance with the Rugby AU Anti-Doping Code in an appropriate and secure environment, not provide your TUE Medication to other Players and not remove any labelling from your TUE Medication.

Needles and Injections

25. Do not inject or permit the injection of any substance into you, except when the injection is legitimately required for treatment of a medical illness or injury, or for vaccination purposes.
26. Do not permit any other person to inject a substance into you except for a Doctor or Nurse acting on the instructions of your Team Doctor or with the discretion to take such action expressly delegated to them by your Team Doctor.
27. If applicable, you will apply to be registered on the Rugby AU Self-Injection Register by written application to your Team Doctor (who will then seek authorisation from the Rugby AU CMO).
28. Do not self-inject any substance unless you have a documented medical condition that requires self-injection of that substance and you have received written confirmation of your registration on the Rugby AU Self-Injection Register in relation to that substance from your Team Doctor and that registration remains current.
29. Do not order or possess any injection equipment unless you are registered on the Rugby AU Self-Injection Register, and in which case you only order or possess the equipment required to self-inject in accordance with this Policy.

Travelling without your Team Doctor

30. Where your Team Doctor cannot travel with you, you will be notified as soon as practicable and you will be responsible for making an appointment with your Team Doctor (or a Doctor approved by your Team Doctor) to receive any supply of Medications and relevant medical advice that is reasonably anticipated to be required.
31. You will only seek and receive medical advice or Medical Procedure, whilst travelling unaccompanied by your Team Doctor, from the official Match Day Doctor and Match Day Medical Staff of the relevant match, event or competition, or from an Approved Doctor who you will be notified of prior to departing for travel. (You should also ask your Team Management which Doctors at your destination location are Approved Doctors).

32. You will acknowledge that your team physical therapists (such as physiotherapists and soft-tissue therapists) are not doctors and should not be put in a position of having to behave as a 'pseudo-doctor'.

Reporting

33. You will promptly report to your Team Doctor or the Rugby AU Integrity Manager, any person's conduct (including your own conduct or an approach to engage in conduct) that you know or reasonably suspect may be a breach of this Policy and your identity in relation to this report will be kept confidential in accordance with Article 24 (*Confidentiality*) of this Policy.

34. You will promptly notify your Team Doctor or the Rugby AU Integrity Manager if you are interviewed, charged, or arrested by police or a government body in respect of conduct that may be a breach of this Policy.

35. You will disclose to Rugby AU or your PRB, if requested, all details in your knowledge relating to publicly available information that indicates your apparent or suspected non-compliance with this Policy.

General

36. You consent to the provision and recording of information about you in accordance with this Policy and acknowledge the application of clause 12 (*Confidentiality & Privacy*) of the Policy.

37. You will use your influence to support and reinforce the education messages regarding Medications and medical practices that are promoted by Rugby AU, including in this Policy.

38. You will make yourself available for, and actively engage in, education programs in relation to this Policy.

39. You will stay informed of any changes to this Policy (where Rugby AU notifies you of any changes to this Policy).

40. You will acknowledge that this Policy is a Rugby AU By-Law for the purposes of your Player Contract and not complying with this Policy is a breach of your Player Contract and may be a breach of the Rugby AU Professional Player Code of Conduct or Rugby AU Code of Conduct, as applicable (as amended and replaced from time to time) and sanctions may follow including fines, suspension or termination of your Player Contract.

SCHEDULE 2 – CORE MEDICAL AND HEALTH STAFF

Team staff

1. Team Doctor

- (a) **Role:** The Team Doctor is responsible for the day-to-day management of the medical issues of teams and Players within the PRB.
- (b) The minimum responsibilities and recommended time requirements for the Team Doctor are stipulated in the PRB Team Doctor Position Description.
- (c) **Minimum qualifications:** Immediately prior to their appointment as Team Doctor, the person proposed to be Team Doctor must have achieved the following qualifications:
 - (i) obtained a medical degree that is recognised by the Australian Health Practitioner Regulation Agency;
 - (ii) current registration in Australia with Australian Health Practitioner Regulation Agency; and
 - (iii) current World Rugby or Rugby AU level 2 or level 3 immediate care accreditation,

and for the purposes of paragraph 1(c)(iii) of this Schedule 2 will require the successful completion of the current version of the following online education modules:

- (i) the World Rugby Rugby Ready module;
- (ii) the World Rugby First Aid in Rugby module;
- (iii) the World Rugby Advanced Immediate Care in Rugby or Immediate Care in Rugby module;
- (iv) the World Rugby Concussion Management (for doctors and healthcare professionals) module;
- (v) the World Rugby Match Day Medical Staff module;
- (vi) the World Rugby Concussion Management for Elite Match Day Medical Staff module;
- (vii) the World Rugby Keep Rugby Clean (anti-doping) module;
- (viii) the World Rugby Keep Rugby Fair module;
- (ix) the World Rugby Mindset – A Mental Health Resource for Team Doctors; and
- (x) any other education requirements as determined by Rugby AU.

- (d) **Recommended qualifications:** Rugby AU recommends that the person appointed as the Team Doctor has achieved the following qualifications and experience:
 - (i) current registration in Australia with Australian Health Practitioner Regulation Agency;
 - (ii) post graduate qualifications in sports and exercise medicine, either as a specialty or as general practitioner with further training (e.g. through Sports Doctors Australia); and
 - (iii) experience in pitch-side medical coverage (preferably in Rugby).
- (e) **Continual professional development:** The Team Doctor must actively engage in continual professional development.

2. Head Physiotherapist

- (a) **Role:** The Head Physiotherapist is a physiotherapist, or other practitioner approved by the Rugby AU CMO and is responsible for the day to day management of all physiotherapy and related therapies for Players within the PRB. The Head Physiotherapist is to be engaged by the PRB on a full-time basis.
- (b) **Minimum responsibilities:**
 - (i) oversee and manage Physiotherapy team;
 - (ii) provide best practice Physiotherapy through the Super Rugby franchise including rehab planning and implementation of programs to injures and rehab players;
 - (iii) oversee and manage the appropriate physiotherapy and medical equipment;
 - (iv) maintain all professional registration requirements including appropriate CPD;
 - (v) maintain a robust and proactive team relationship with all members of the High Performance Team;
 - (vi) communicate and collaborate with Rugby AU staff in relation to the Wallabies Managed Player Group, and other National Squad (e.g. Australia 7s and Junior Wallabies) players; and
 - (vii) excel at communication pathways for all internal stakeholders.

(c) **Minimum qualifications:** Immediately prior to their appointment as Head Physiotherapist, the person proposed to be Head Physiotherapist has achieved the following qualifications and experience (unless the Rugby AU CMO has approved a non-physiotherapist practitioner for this role):

- (i) university qualified in Applied Science in Physiotherapy or equivalent;
- (ii) current registration with the Australian Health Practitioner Regulation Agency; and
- (iii) current World Rugby or Rugby AU level 2 or level 3 immediate care accreditation,

and for the purposes of paragraph 2(c)(iii) of this Schedule 2 will require the successful completion of the following online education modules:

- (iv) the World Rugby Rugby Ready module;
- (v) the World Rugby First Aid in Rugby module;
- (vi) the World Rugby Advanced Immediate Care in Rugby or Immediate Care in Rugby module;
- (vii) the World Rugby Concussion Management (for doctors and healthcare professionals) module;
- (viii) the World Rugby Match Day Medical Staff module;
- (ix) the World Rugby Concussion Management for Elite Match Day Medical Staff module;
- (x) the World Rugby Keep Rugby Clean (anti-doping) module;
- (xi) the World Rugby Keep Rugby Fair module;
- (xii) the World Rugby Mindset – A Mental Health Resource for Team Doctors module; and
- (xiii) any other education requirements as determined by Rugby AU.

(d) **Recommended qualifications:** Rugby AU recommends that the person appointed as the Head Physiotherapist has achieved the following qualifications and experience:

- (i) postgraduate qualifications in sports physiotherapy, manipulative therapy, or exercise rehabilitation or hold the title of 'APA Sports Physiotherapist';
- (ii) 5 years postgraduate physiotherapy experience; and

- (iii) practising experience in elite level or professional sport.
- (e) **Continual professional development:** The Head Physiotherapist must actively engage in continual professional development.

3. Team Sports Dietitian

- (a) **Role:** The Team Sports Dietitian may also be the Team Sports Dietitian under the Rugby AU Sports Supplements Policy and is responsible for providing a range of 'best practice' performance nutrition services and expertise to Players within the PRB. It is recommended that the Team Sports Dietitian is engaged by the PRB for 2 days per week to manage the minimum responsibilities of the Super Rugby squad, and additional days if they are assisting with academies and/or Super W.
- (b) **Minimum responsibilities:**
 - (i) Nutritional screening of Players prior to each season;
 - (ii) Development and submission of Supplement Provision Plan to the Rugby AU Supplement Advisory Group and entering supplement log into Smartabase;
 - (iii) Supplementation plan for team and individuals where required;
 - (iv) Group and individual education and consultation for nutrition competency, performance and body composition; and
 - (v) Hotel menu development for specific performance requirements, including the review of any existing hotel menus.
- (c) **Minimum qualifications:** Immediately prior to their appointment as Team Sports Dietitian, the person proposed to be Team Sports Dietitian has achieved the following qualifications and experience:
 - (i) university-qualified to provide nutrition and dietary advice;
 - (ii) eligible for membership with the Dietitians Association of Australia as an Accredited Practising Dietitian;
 - (iii) current 'Advanced Sports Dietitian' or 'Accredited Sports Dietitian' membership with Sports Dietitians Australia; and
 - (iv) completed any education requirements as determined by Rugby AU.

- (d) **Recommended qualifications:** Rugby AU recommends that the person appointed as the Team Sports Dietitian has achieved the following qualifications and experience:
 - (i) completed the International Olympic Committee (IOC) Diploma in Sports Nutrition;
 - (ii) completed the Sports Dietitians Australia 4-day sports nutrition course;
 - (iii) current accreditation from the International Society for the Advancement of Kinanthropometry as a Level 1 Anthropometrist; and
 - (iv) five-years' experience in an elite sport environment managing a performance-focused nutrition program, including clinical counselling.
- (e) **Continual professional development:** The Team Sports Dietitian must actively engage in continual professional development.

Match day staff

4. Match Day Doctor

- (a) **Role:** The Match Day Doctor must be engaged by the PRB when required by the Super Rugby Tournament Manual or the World Rugby Regulations (as applicable). The Match Day Doctor is one or more persons, none of which is the Team Doctor, who is responsible for the following:
 - (i) organising the match day medical room and the provision of emergency services for injuries or illness on match day for both teams;
 - (ii) providing an independent medical opinion on the management of injuries, and specifically for concussion when the pitch-side suspected concussion assessment is performed; and
 - (v) making the final decision regarding whether a player is medically fit to remain on the field of play in accordance with clause 10.1(c) of the Policy.
- (b) **Minimum qualifications:** Immediately prior to their appointment as Match Day Doctor, the person(s) proposed to be Match Day Doctor have achieved the qualifications required by paragraph 1(c) of this Schedule 2.
- (c) **Recommended qualifications:** Rugby AU recommends that the

person(s) appointed as the Match Day Doctor have achieved the following qualifications and experience:

- (i) post graduate training in sports and exercise medicine, either as a specialty or as general practitioner with further training (eg through Sports Doctors Australia); and
 - (ii) experience in pitch-side medical coverage, specifically in Rugby at an elite level.
- (d) **Continual professional development:** The Match Day Doctor must actively engage in continual professional development.

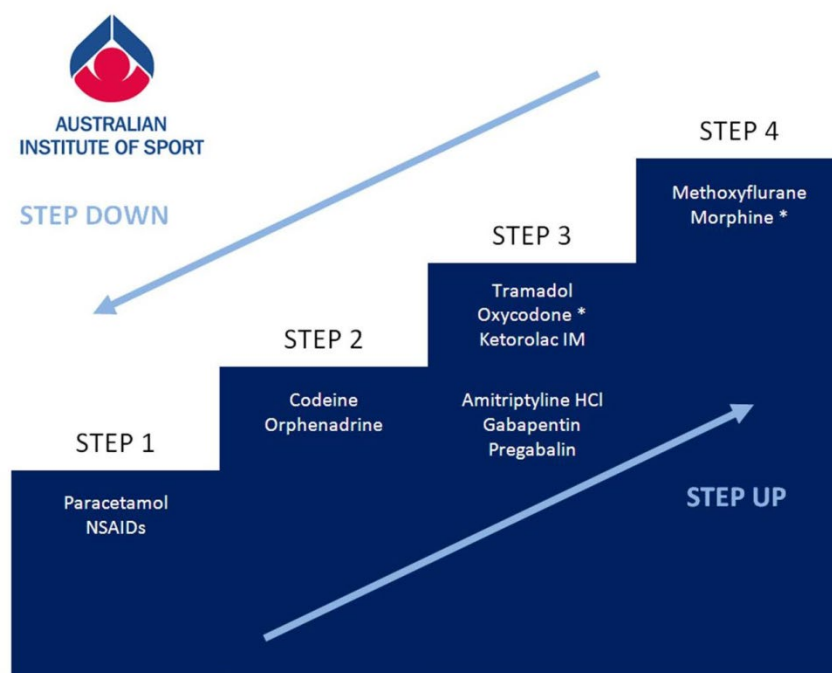
5. Match Day Medical Staff

- (a) **Role:** The Match Day Medical Staff must be engaged by the PRB and consist of those match day medical staff (or Match Day Personnel), as and when required by the Super Rugby Tournament Manual or the World Rugby Regulations (as applicable). The Match Day Medical Staff are responsible for assisting with the provision of medical services on game days.
- (b) **Minimum qualifications:** Immediately prior to their appointment as Match Day Medical Staff, the persons proposed to be Match Day Medical Staff have achieved any qualifications required by the relevant Super Rugby Tournament Manual or World Rugby Regulation.
- (c) **Recommended qualification:**
 - (i) the World Rugby Rugby Ready module;
 - (ii) the World Rugby First Aid in Rugby module;
 - (iii) the World Rugby Advanced Immediate Care in Rugby or Immediate Care in Rugby module;
 - (iv) the World Rugby Concussion Management (for doctors and healthcare professionals) module;
 - (v) the World Rugby Match Day Medical Staff module;
 - (vi) the World Rugby Concussion Management for Elite Match Day Medical Staff module;
 - (vii) the World Rugby Keep Rugby Clean (anti-doping) module;
 - (viii) the World Rugby Keep Rugby Fair module;
 - (ix) the World Rugby Mindset – A Mental Health Resource for Team Doctors module; and
 - (x) any other education requirements as determined by Rugby AU.

- (d) ***Continual professional development:*** The Match Day Medical Staff must actively engage in continual professional development.

SCHEDULE 3 – PAINKILLER MEDICATION GUIDELINES

1. Rugby AU supports and has adopted the Australian Institute of Sport painkiller policy, as set out in this Schedule 3.
2. Professional Rugby Bodies (PRBs) will ensure that the provision of painkiller Medication to any of the PRB's Players will be guided by the following principles:
 - (a) the general approach to pain relief will be based on the 'step-up, step-down' method, set out in the World Health Organisation Analgesic Ladder as adapted by the Australian Institute of Sport as follows:



- (b) for mild to moderate pain the use of regular paracetamol without opiates is the treatment of first choice;
- (c) if there is clinical evidence of inflammation at the first presentation, an Anti-Inflammatory may be preferred over paracetamol;
- (d) Anti-Inflammatories should be used for the shortest duration possible with a view to switching across to paracetamol;
- (e) where paracetamol or an Anti-Inflammatory alone fails to control pain, paracetamol and codeine is an appropriate next option;
- (f) where there is severe inflammatory pain, it may be appropriate to combine an Anti-Inflammatory with codeine;
- (g) where the pain is strongly associated with muscle spasm, orphenadrine is an appropriate first drug of choice;
- (h) Tramadol must be used with caution and should only be used in those who are intolerant of codeine (the analgesic effect of Tramadol is

unlikely to be superior to paracetamol/codeine but the side effect profile is significantly worse);

- (i) where there is strong evidence of significant neuropathic contribution to the pain, use of amitriptyline HCl, gabapentin or pregabalin should be considered;
- (j) Amitriptyline HCl can be efficacious in situations of chronic pain, or where there is evidence of pain centralisation, or both;
- (k) Oxycodone can be used for severe pain, often in the post-operative period. Oxycodone is not permitted in Competition;
- (l) Intramuscular ketorolac can be used in acute severe pain (fractures, acute spinal pain) where there is need for immediate strong pain relief; and
- (m) Methoxyflurane or morphine, or both, can be used in situations of emergency pain relief for severe pain where the Player requires relief for transportation to hospital. Morphine is not permitted in Competition.

SCHEDULE 4 – ANTI-INFLAMMATORY GUIDELINES

1. Rugby AU supports and has adopted the Australian Institute of Sport Anti-Inflammatory policy, as set out in this Schedule 4.
2. Professional Rugby Bodies (**PRBs**) will ensure that the provision of Anti-Inflammatories to any of the PRB's Players will be guided by the following principles:
 - (a) regular paracetamol should be the primary baseline treatment for most musculoskeletal injuries. Anti-Inflammatories should be used when there is good clinical evidence of an inflammatory component to the pain aetiology;
 - (b) Doctors should take a detailed history of a Player's previous adverse drug reactions, history of gastrointestinal symptoms, hypertension, renal disease, asthma and urticarial reactions;
 - (c) a Player should be asked about their prior experience with using Anti-Inflammatories in terms of efficacy and side effects;
 - (d) a Player at high risk for gastrointestinal complications from Anti-Inflammatories should be offered:
 - (xi) regular paracetamol before an Anti-Inflammatory;
 - (xii) Celecoxib as the preferred Anti-Inflammatory;
 - (xiii) Ibuprofen as the preferred non-selective Anti-Inflammatory, where Cox 2 coverage is deemed not appropriate; and
 - (xiv) proton pump inhibitor cover while taking an Anti-Inflammatory;
 - (e) a Player considered at high risk for cardiovascular complications should be offered ibuprofen or naproxen;
 - (f) prolonged ingestion of Anti-Inflammatories should be avoided;
 - (g) Anti-Inflammatories should be prescribed at the minimal efficacious dose; and
 - (h) where it is deemed appropriate to treat a Player's acute injury with an Anti-Inflammatory, Doctors should aim to use the Anti-Inflammatory for about five days before switching to regular paracetamol.

SCHEDULE 5 – SLEEPING MEDICATION GUIDELINES

1. Rugby AU supports the Australian Institute of Sport Sleeping Medication policy and has adapted that policy for Rugby as set out in this Schedule 5.
2. Rugby AU acknowledges that, in some circumstances, it may be appropriate to provide sleeping Medication to a Player who:
 - (a) is travelling, in order to assist them to adjust to a different time zone;
or
 - (b) in the short term, is having difficulty with sleeping for non-travel related reasons.
3. Professional Rugby Bodies (**PRBs**) will ensure that the provision of sleeping Medications to any of the PRB's Players will be guided by the following principles:
 - (a) not all travelling Players require sleeping Medication;
 - (b) good sleep habits (also known as sleep hygiene) is the basis for obtaining normal sleep patterns as set out in this fact sheet from the Australian Institute of Sport:
<https://www.clearinghouseforsport.gov.au/kb?a=815707>;
 - (c) any sleeping Medication prescribed to a Player, must be done by the PRB's Team Doctor or by a Doctor approved by the PRB's Team Doctor;
 - (d) any sleeping Medication prescribed by the PRB's Team Doctor or a Doctor approved by the PRB's Team Doctor is prescribed for short duration use unless an individual's medical circumstances require otherwise;
 - (e) melatonin or temazepam should be utilised as the first line treatment;
 - (f) other Medications can be used if medically appropriate and deemed necessary for an individual's medical circumstances; and
 - (g) the PRB's Team Doctor or a Doctor approved by the PRB's Team Doctor will warn Players being provided with sleeping Medications, of potential adverse effects (including warning against inappropriate use such as mixing with alcoholic or caffeinated drinks).

SCHEDULE 6 – MEDICAL ASSESSMENTS AND INTERVENTION – WALLABIES MANAGED PLAYER GROUP

1. The Super Rugby Licensee and Rugby AU acknowledge that the principal concern in respect of medical issues is the welfare of Players. This being the case, during the Term, Wallaby team management (**Wallaby Management**) and Super Rugby Licensee Management will work collaboratively in relation to all issues relating to the welfare of the Wallabies Managed Player Group, including circumstances where there is a difference of medical opinion with respect to a Player in the Wallabies Managed Player Group between the Super Rugby Licensee and Wallaby Management.
2. The aim of this Schedule 6 is to implement a clear, consultative and effective process to manage the medical care of the Wallabies Managed Player Group from diagnosis to treatment and through to return to play decision making.
3. The intent of Wallaby Management and Super Rugby Licensee Management is to reach agreement through this collaborative approach on all medical matters relating to the Wallabies Managed Player Group, including but not limited to, the type/ timing of surgical intervention; timing of return to play; and treatment and rehabilitation methods and plans.
4. If a Player in the Wallabies Managed Player Group is injured the following process is to be followed:
 - (a) If the Player is injured while undertaking duties for their Super Rugby Licensee, the Wallabies Team Doctor (or Rugby AU CMO if no Wallabies Team Doctor has been appointed) and Wallabies Head Physiotherapist will be informed of the injury as soon as practicable (by phone and/or text) by the Super Team Doctor or Super Team Physiotherapist. Within 48 hours, the injury is to be entered into Smartabase by the Super Team Medical Staff. Injury information will also be entered into the post-match medical report template available on Smartabase.
 - (b) If the Player is injured while undertaking duties as part of the Wallabies, the Super Team Doctor and Super Team Physiotherapist will be informed as soon as practicable by the Wallabies Team Doctor (or Rugby AU CMO if no Wallabies Team Doctor has been appointed) or Wallabies Team Physiotherapist. Within 48 hours the injury is to be entered into Smartabase by the Wallabies Medical Staff. Injury information will also be entered into the post-match medical report template available on Smartabase.
 - (c) The Wallabies Team Doctor (or Rugby AU CMO if no Wallabies Team Doctor has been appointed) must be consulted and approve any invasive procedures. In the event of the Wallabies Team Doctor (or

Rugby AU CMO if no Wallabies Team Doctor has been appointed) seeking any invasive procedure this must be jointly agreed with the Super Team Doctor.

- (d) The Wallabies Team Doctor (or Rugby AU CMO if no Wallabies Team Doctor has been appointed) or Wallabies Head Physiotherapist must be consulted by the Super Team Doctor or Super Team Head Physiotherapist to approve the requirement of any scans immediately post injury and will be provided access to electronic viewing of the images.
- (e) The Wallabies Team Doctor (or Rugby AU CMO if no Wallabies Team Doctor has been appointed) will consult with the Super Team Doctor to assess scans, any associated reports and where required physically view the player.
- (f) The treatment plan will be agreed upon between the Wallabies Team Doctor (or Rugby AU CMO if no Wallabies Team Doctor has been appointed) and Super Team Doctor and will then be communicated to the player by the Doctor with the program that the Player is currently undertaking duties.
- (g) If surgical opinion is required, the Wallabies Team Doctor (or Rugby AU CMO if no Wallabies Team Doctor has been appointed) will consult with the Super Team Doctor to decide on the surgeon as well as the timing of any surgery.
- (h) The Wallabies Team Doctor (or Rugby AU CMO if no Wallabies Team Doctor has been appointed) and Wallabies Head Physiotherapist will consult with the Super Team Doctor and Super Team Head Physiotherapist on the medium- and long-term rehabilitation plan for injured Players. This includes the programming of type of training, training loads and progressions leading up to return to play. The final decision to return to play will sit with the Wallabies Team Doctor (or Rugby AU CMO if no Wallabies Team Doctor has been appointed).
- (i) Any communication directly with player regarding the injury, reports and course of action when in Super Rugby Season will be done by the Wallabies Team Doctor (or Rugby AU CMO if no Wallabies Team Doctor has been appointed) through the Super Team Doctor or Super Team Head Physiotherapist after consultation. Any communication directly with a player when in Wallabies season will be done by the Wallabies Team Doctor (or Rugby AU CMO if no Wallabies Team Doctor has been appointed) or Wallabies Head Physiotherapist following consultation with the Super Team Doctor or Super Team Head Physiotherapist. There will be no communication directly with

the player without consultation/communication through the relevant Team Doctor or Head Physiotherapist – this includes direct communication by surgeons and specialists.

5. If the Wallabies, Super Team or Player have any significant issues regarding medical management of a Player in the Wallabies Managed Player Group then notice will be provided to the Rugby AU Director of Rugby via the Super Rugby General Manager, High Performance (or vice versa). The Rugby AU Director of Rugby will communicate with the Super Rugby General Manager and consult other key personnel including Rugby AU's CMO on the significant issue before confirming the final decision.
6. Where a Player is moving from one Super Rugby Licensee to another and there is a difference in medical opinion (including in relation to the type/ timing of surgical intervention, the timing of return to play, the method of treatment or rehabilitation, or in relation to the injury which caused the need for medical treatment) between the Team Doctor of the Super Rugby Licensee from which the Player is transferring (**TD 1**) and the Team Doctor of the Super Rugby Licensee to which the Player is transferring (**TD 2**) notice will be provided to the Rugby AU Director of Rugby via the Super Rugby General Manager High Performance who will consult other key personnel including Rugby AU's CMO on the different of opinion before confirming the final decision.
7. For the avoidance of doubt, the Player Contracting Rules require the medical costs of a transferring Player to be borne by the Super Rugby Licensee which is the Player's employer at the time the relevant injury occurred.

SCHEDULE 7 – WALLAROOS MANAGED PLAYER GROUP

1. The Super W Team and Rugby AU acknowledge that the principal concern in respect of medical issues is the welfare of Players. This being the case, Wallaroos team management (**Wallaroos Management**) and Super W Team Management will work collaboratively in relation to all issues relating to the welfare of the Wallaroos Managed Player Group, including circumstances where there is a difference of medical opinion with respect to a Player in the Wallaroos Managed Player Group between the Super W Team and Wallaroo Management.
2. The aim of this Schedule 7 is to implement a clear, consultative and effective process to manage the medical care of the Wallaroos Managed Player Group from diagnosis to treatment and through to return to play decision making.
3. The intent of Wallaroos Management and Super W Team Management is to reach agreement through this collaborative approach on all medical matters relating to the Wallaroos Managed Player Group, including but not limited to, the type/ timing of surgical intervention; timing of return to play; and treatment and rehabilitation methods and plans.
4. Players in the Wallaroos Managed Player Group must be seeking treatment from their Super W Team Doctor and/or Super W Team Physiotherapist for all injuries sustained, regardless of whether it is sustained during the Super W season or not.
5. If a Player in the Wallaroos Managed Player Group is injured the following process is to be followed:
 - a) The Wallaroos Team Doctor and Wallaroos Head Physiotherapist will be informed of the injury as soon as practicable (by phone and/or text) from the Super W Team Doctor or Super W Team Physiotherapist. Within 48 hours the injury is to be entered into Smartabase by the Super W Team Medical Staff. Injury information will also be entered into the post-match medical report template available on Smartabase.
 - b) If the Player is injured while undertaking duties as part of the Wallaroos, the Super W Doctor and Super W Team Physiotherapist will be informed as soon as practicable from the Wallaroos Team Doctor or Wallaroos Team Physiotherapist. Within 48 hours the injury is to be entered into Smartabase by the Wallaroos Team Medical Staff. Injury information will also be entered into the post-match medical report template available on Smartabase.
 - c) The Wallaroos Team Doctor must be consulted and approve any invasive procedures. In the event of the Wallaroos Team Doctor seeking any invasive procedure this must be discussed with the Super W Team Doctor.
 - d) The Wallaroos Team Doctor or the Wallaroos Head Physiotherapist must be contacted by the Super W Team Doctor or Super W Team Physiotherapist to approve any scans

immediately following an injury. The Wallaroos Team Doctor or Wallaroos Head Physiotherapist must be provided with access to the images.

- e) The Wallaroos Team Doctor will consult with the Super W Team Doctor to assess scans, reports and, where required, physically assess the Player.
 - f) The treatment plan will be discussed between the Wallaroos Team Doctor and Super W Team Doctor. The Wallaroos Team Doctor will communicate and decide the final plan with the Player's consent.
 - g) If surgical opinion is required, the Wallaroos Team Doctor will consult with the Super W Team Doctor before making the decision on the surgeon and timing of any surgery.
 - h) The Wallaroos Team Doctor and Wallaroos Head Physiotherapist will consult with the Super W Team Doctor and Super W Team Physiotherapist on the medium and long-term treatment and rehabilitation plan for injured Players. This includes the type of training loads and progressions leading up to return to play. As per the Participation Agreement, in circumstances where the Player will be training or returning to play outside of their Super W team (e.g. with their Club or Aon University 7s Team) the Player must do so as per the plan determined by the Wallaroos and Super W Doctors and Physiotherapists and the Super W Doctor or Super W Team Physiotherapist will consult with the Club/Team where required. The final decision on the rehabilitation plan and returning to play will sit with the Wallaroos Team Doctor.
 - i) Any communication directly with a Player regarding the injury and treatment/rehabilitation plan during the Super W season (or otherwise outside of when the Player is undertaking their duties as part of the Wallaroos) will be done by the Wallaroos Team Doctor through the Super W Team Doctor or Super W Team Physiotherapist. Any communication directly with a Player regarding the injury and treatment/rehabilitation plan when undertaking duties as part of the Wallaroos will be done by the Wallaroos Team Doctor or Wallaroos Head Physiotherapist following consultation with the Super W Team Doctor or Super W Head Physiotherapist. There will be no communication directly with the player without consultation/ communication through the relevant Team Doctor or Head Physiotherapist – this includes direct communication by surgeons and specialists.
6. If the Wallaroos, Super W team or Player have significant issues regarding medical management of a Player in the Wallaroos Managed Player Group then notice will be provided to the Rugby AU Head of National Teams via the State Union CEO or General Manager, High Performance or similar (or vice versa). The Rugby AU Head of National Teams will communicate with the State Union CEO and/or GM High Performance (or similar) and consult other key personnel including Rugby AU's CMO on the significant issue before confirming the final decision.
7. Rugby AU's CMO will hold the ultimate decision-making position for any medical decisions.

8. Where a Player is moving from one Super W Team to another and there is a difference in medical opinion (including in relation to the type/ timing of surgical intervention, the timing of return to play, the method of treatment or rehabilitation, or in relation to the injury which caused the need for medical treatment) between the Super W Team Doctor of the Super W Team which the Player is transferring (**TD 1**) and the Super W Team Doctor of the Super W Team to which the Player is transferring (**TD 2**) notice will be provided to the Rugby AU Head of National Teams via the State Union CEO or General Manager, High Performance or similar who will consult other key personnel including Rugby AU's CMO on the different of opinion before confirming the final decision.

SCHEDULE 8 – NEW PLAYER CHECK LIST

Prior to a player playing for any Professional Rugby Body (Wallabies, Wallaroos, Super Rugby Team, Australian Sevens) the following check list must be completed.

1. Has a general medical history (including injuries and medical procedures undertaken) been conducted in the relevant season?
 - a. If the Team Doctor did not conduct this (i.e. it was conducted by another PRB Team Doctor that season) do they have access to the relevant information via Smartabase?
2. Has a physical examination been conducted in the relevant season?
 - a. If the Team Doctor did not conduct this (i.e. it was conducted by another PRB Team Doctor that season) do they have access to the relevant information via Smartabase?
3. Has a concussion baseline screening been conducted in the relevant season?
 - a. If the Team Doctor did not conduct this (i.e. it was conducted by another PRB Team Doctor that season) do they have access to the relevant information via Smartabase?
4. Has a cardiac questionnaire and cardiovascular physical examination been conducted in the relevant time frame outlined in clause 6 of the Policy?
 - a. If the Team Doctor did not conduct this (i.e. it was conducted by another PRB Team Doctor that season) do they have access to the relevant information via Smartabase?
5. Has an ECG been conducted in the relevant time frame outlined in clause 6 of the Policy?
 - a. If the Team Doctor did not conduct this (i.e. it was conducted by another PRB Team Doctor that season) do they have access to the relevant information via Smartabase?