

INTERNATIONAL NETBALL FEDERATION

NEEDLE POLICY

Background

WADA, the IOC and CGF are aware of an increased use of injections to administer products not designated for medical purposes and have thus developed policies to deal with such abuse.

Accordingly, following a recommendation from the INF Medical Commission, the INF has adopted a 'Needle Policy' aiming to protect athletes' health, and reduce use of prohibited substances and methods in sport. The policy prohibits using injections without a justified and acceptable medical reason.

The policy seeks to protect the sport of Netball from the culture of needles, the trivialisation of injections, and exaggerated use of pseudo-medical products administered through injections.

The banning of injections has an impact on doping practices in sport. Injection of products such as vitamins and nutritional supplements allow young athletes to become accustomed to such treatments which can serve as a gateway and be the start of a gradual acceptance of doping as they accept injections as a normal part of preparation and recovery. The introduction of a needles policy also protects athletes as they are often unaware of the nature of the product administered to them.

Furthermore, established science reveals that oral preparations are as effective in most medical situations as injectable forms. Additionally in the era of HIV/Aids the reduction of needle use is prudent.

The practice of using injections for non-medical purposes is:

- Medically unjustified and against 'good medical practice';
- Dangerous for the health of the athletes;
- Against the spirit of sport;
- A health and safety issue for employees who have to dispose of the needles (e.g. cleaning staff).

The Needle Policy is in addition to the World Anti-Doping Agency Prohibited List and INF Anti-Doping Rules.

The Needle Policy applies to all athletes, coaches, medical and support personnel.

INJECTIONS POLICY

During International Tournaments hosted by the INF (during the in-competition period) any injection to any site of an athlete's body of any substance is prohibited unless:

1. It is a permitted substance;
2. It is medically justified e.g. in the case of an athlete who suffers from diabetes. Justification includes physical examination by a certified medical doctor, a working diagnosis, a treatment plan, prescribed medication (including route of administration) and appropriate documentation;
3. Such medication is not available or tolerated orally or there is clear evidence of additional benefit through injectable forms;

4. Must be used in accordance with the approval for that specific medication given by the medicine regulatory authority;
5. There is an approved TUE if the substance is prohibited;
6. Must be administered by a certified medical professional unless authorised by the Tournament Chief Medical Officer;
7. Reported immediately and in writing not later than 24 hours afterwards to a representative of the INF Medical Commission or the Event Chief Medical Officer. The report must include the diagnosis, medication, and route of administration.
8. The disposal of used needles, syringes and other biomedical material which may affect the safety of others and shall conform to recognised safety standards.
9. Any violation of one of these principles may constitute a violation of the INF Rules and may be subject to penalties and sanction;
10. The costs of any investigations related to this rule may be charged to the member federation concerned.

Where an injection has taken place the Injection Declaration Form (Appendix 1) must be submitted no later than 24 hours after the injection was carried out to a representative of the INF Medical Commission or the Event Chief Medical Officer.

Approved by INF Board
16th May 2015



Appendix 1 INF Needles Policy Injection Declaration Form

Please complete all sections in capital letters or typing. This declaration must be submitted no later than 24 hours after the injection was carried out to a representative of the INF Medical Commission or the Event Chief Medical Officer.

Athlete Information		
Title Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Surname	Given Name (s)
Date of Birth (dd/mm/yyyy)	Team/Country	
Injection information		
Material (s) injected	Date and time of injection	
Medical Justification		
Diagnostic		
Medical History		
Justification for injection		
Administered by		
Injection administered by name		
Speciality		
Licensed to practice in (country)		
Declaration Must be by a certified medical practitioner		
<i>By my signature, I hereby confirm that the information in this form is true and accurate and that the injection was medically justified and necessary.</i>		
Signature	Date	Place