

POLICY OBJECTIVE

This Policy provides guidelines for appropriate use of injections. Its purpose is to ensure:

- Injections are only used when required for treatment of a documented medical condition
- That the risk of an inadvertent anti-doping rule violation is minimised
- That the health and safety of athletes remain paramount

WHO THE POLICY APPLIES TO

The OWIA injection policy applies to all contracted athletes, coaches and support staff (employees and contractors, including doctors, physiotherapists, strength & conditioning coaches, exercise scientists, sport psychologists, dietitians) and other personnel selected to OWIA teams. It also provides a framework for development programs and clubs to safeguard the integrity of winter sport in Australia.

POLICY STATEMENT

1. There is no role for injection of substances as a routine part of any supplementation program
2. Possession of hypodermic needles by any unapproved individual is prohibited. The possession of acupuncture (solid) needles used for treatment of soft tissue injuries, is not prohibited.
3. Injections are only permitted in the following circumstances:
 - 3.1. The injection is medically justified and prescribed by a qualified medical practitioner
 - 3.2. Medical justification is provided in writing, including assessment findings, diagnosis, any investigation results, and specific details of the medication injected, dosage and route of administration (refer [Appendix 1: OWIA Injection Declaration Form](#))
 - 3.2.1. Note: It is the athlete's responsibility to ensure that the [OWIA Injection Declaration Form](#) is submitted as soon as possible and within 48 hours of the injection.
 - 3.3. Administration of the injection is performed by the prescribing medical practitioner.
 - 3.4. In some circumstances, administration may be delegated by the medical practitioner:
 - 3.4.1. to a nurse (e.g. in case of vaccination)
 - 3.4.2. to the athlete for self-injection (e.g. in cases of urgent or repeated injection, such as EpiPen for anaphylaxis, insulin for diabetes, anticoagulant for travel, etc.)
 - a. The prescribing medical practitioner needs to certify, on the [OWIA Injection Declaration Form](#), that the athlete has been instructed and is competent to self-administer the injection, and to safely transport, store and dispose of materials.
 - b. The athlete will be notified of approval to self-inject, with any special conditions (e.g. support personnel approved to transport/store materials)
 - c. The athlete can commence self-injection after approval by the OWIA CMO (except in cases of emergency such as use of EpiPen where approval may be given retrospectively).
 - d. The period for approval of self-injection must be indicated on the OWIA Injection Declaration Form, up to a maximum of 6 months. The OWIA CMO may have the discretion to extend that as he/she sees fit (e.g. for insulin in diabetics)
 - 3.4.3. to another medical practitioner
 - 3.5. Compliance with applicable doping-control regulations, including TUE requirements
 - 3.6. Compliance with applicable local legal requirements for prescription and administration
 - 3.7. Compliance with safety standards for disposal of used needles, syringes and biomaterial

SANCTIONS

Failure to abide by this policy, including failure to submit an [OWIA Injection Declaration Form](#) to the OWIA CMO, will expose athletes and support personnel to disciplinary action or sanctions as determined by the OWIA Board, including:

- A warning
- Suspension from competition for a specified period
- Suspension from OWIA-organised training
- Suspension or termination of Contract

CHANGES TO THIS POLICY

The OWIA may modify this policy at any time by posting changes on the [OWIA website](#). It is the responsibility of all athletes and personnel to be informed of the latest version of this policy. Please refer to the [OWIA website](#) as printed or electronic (PDF) versions could be out of date.

REFERENCES

1. [IOC No Needles Policy](#)
2. [Australian Sports Commission No Needles Policy](#)

DOCUMENT HISTORY

Version	Adopted by OWIA	Content reviewed / purpose
One	16/12/2015	
Two	13/01/2016	<ul style="list-style-type: none"> ▪ Addition of Injection declaration form
Three	22/10/2025	<ul style="list-style-type: none"> ▪ Updated Injection declaration form to include provision for self-injection ▪ Updated link to IOC No Needles Policy ▪ Updated link to OWIA website



APPENDIX 1 | OWIA INJECTION DECLARATION FORM (To be uploaded by athlete to AMS portal)

ATHLETE DETAILS			
Athlete Surname		First name(s)	
Date of birth			
Sport		Discipline	
Coach Name			
Current Residential Address			
Mobile Number		Alternate no.	
Email			
CLINICAL NOTES			
History			
Examination Findings			
Further Investigations			
Diagnosis			
<i>Please attach additional/supporting evidence</i>			
Are there any appropriate non-injectable alternative medications			
If yes, please provide details			
INJECTION DETAILS			
Date of single Injection			
Medication Injected (commercial & generic names)			
Dosage and Volume of Medication			
Route of Injection			
For a series of injections: Beginning & End dates (max 6 months)			
For a series of injections: Frequency of administration			
For a series of injections: Does the athlete have adequate supplies or prescriptions?			
<i>Please note intravenous infusion >100ml requires a TUE (Banned Method) and FIS &/or ASDMAC TUE should be sought by the treating Physician.</i>			
PRESCRIBING PHYSICIAN DETAILS			
Doctor's Surname		First name(s)	
Clinic Address			
Clinic Phone Number		Mobile no.	
Email of Treating Doctor Prescribing the Injection			
Injection to be Administered by	<input type="checkbox"/> Prescribing Physician <input type="checkbox"/> Other Health Care Worker <input type="checkbox"/> Athlete Self-Administration		
For administration by anyone other than the prescribing physician, including self-injection, are you satisfied that they have been adequately instructed and are competent to safely operate, transport, store, administer and dispose of medication/needles/syringes/bio-material?			
Confirmation By my signature, I hereby confirm that the information in this form is true and accurate. The injection is medically justified and necessary, in accordance with the OWIA injection policy. Please forward to the OWIA CMO for approval			
Signed by the prescribing Doctor		Approved by the OWIA CMO	
_____ <i>Signature of prescribing Doctor</i>		_____ <i>Signature of CMO</i>	
_____ <i>Name of prescribing Doctor (print) and date</i>		_____ <i>Name of CMO) and date</i>	