



ANTI-DOPING AND SAFEGUARDING POLICY OF THE UTTAR PRADESH AMERICAN FOOTBALL ASSOCIATION (U.P.A.F.A.)

STATUS: DRAFT — V0.1 — NOT YET ADOPTED BY THE GENERAL BODY

This is a working draft prepared as a starting structure. It must be reviewed by legal counsel familiar with the Societies Registration Act / applicable registration statute and Indian sports governance norms before being placed before the General Body for adoption. The anti-doping and medical provisions in particular should be checked against NADA's and AFFI's current rules, which are periodically revised, and against whatever AFFI-specific concussion protocol AFFI issues in the future.

1. PURPOSE

1.1. This Policy implements Constitution Article 2.5 — the Association's commitment to fair play, athlete safety, anti-doping, and safeguarding — and applies to all members, athletes, coaches, referees, officials, and Standing Committee members bound by the Code of Conduct.

2. ANTI-DOPING

2.1. U.P.A.F.A. adopts, and requires compliance with, the National Anti-Doping Rules administered by the National Anti-Doping Agency of India (NADA), the World Anti-Doping Code administered by the World Anti-Doping Agency (WADA), and any applicable Anti-Doping Regulations of the American Football Federation of India (AFFI), as each is amended from time to time. Where these instruments conflict with this Policy, the NADA/WADA/AFFI rules prevail.

2.2. Zero tolerance applies to doping. A refusal or failure, without compelling justification, to provide a sample when validly requested by NADA, WADA, or an authorized testing authority is itself treated as an Anti-Doping Rule Violation.

2.3. Any suspension, disqualification, or other sanction imposed on a person by NADA, WADA, or AFFI for an Anti-Doping Rule Violation is automatically recognized and given effect by U.P.A.F.A. without a separate Association hearing on the underlying violation; the Medical & Anti-Doping Committee records the sanction and ensures it is reflected in the person's registration status.

2.4. The Medical & Anti-Doping Committee (Standing Committees Charter, Article 8) is responsible for anti-doping education for athletes and coaches, for coordinating with NADA/AFFI on testing at U.P.A.F.A.-sanctioned events, and for advising the Executive Committee on Therapeutic Use Exemption requests, which are determined under the NADA/WADA framework, not by U.P.A.F.A. itself.

2.5. A suspected Anti-Doping Rule Violation not already under NADA/WADA/AFFI jurisdiction should be reported to the Medical & Anti-Doping Committee, which refers it to NADA as appropriate.

3. CHILD PROTECTION AND SAFEGUARDING

3.1. For purposes of this Policy, a **child** or **minor** means any individual below eighteen (18) years of age, consistent with the Protection of Children from Sexual Offences (POCSO) Act, 2012.



3.2. The **ATHLETE WELFARE & SAFEGUARDING COMMITTEE** (Standing Committees Charter, Article 5) is the body responsible for implementing this Section, including receiving and triaging safeguarding concerns and reviewing screening practices for adults working with minors.

3.3. **CODE OF BEHAVIOR WITH MINORS.** A coach, referee, official, or volunteer working with minors must: avoid being alone with a single minor in a closed or private setting where reasonably avoidable; never administer discipline involving physical contact; obtain a parent's or guardian's written consent before overnight travel, and ensure appropriate adult supervision ratios on any such travel; and immediately report any disclosure or suspicion of abuse to the Athlete Welfare & Safeguarding Committee.

3.4. Photographs or video of a minor may be published on official U.P.A.F.A. or District Unit channels only with the written consent of a parent or guardian, consistent with Bye-laws Article 7.3.

3.5. **Reporting.** A concern involving a minor's safety should be reported to grievance@upafa.in, which the Athlete Welfare & Safeguarding Committee monitors for this purpose. The Executive Committee may, by resolution, establish a dedicated safeguarding-specific contact (a distinct email address or phone line) in addition to this general channel, once resourced. Any report reasonably indicating a criminal offense against a minor must also be reported to the police or Childline (1098) without waiting for the Association's own process to conclude.

3.6. A safeguarding concern is investigated and sanctioned under the Code of Conduct's complaint and disciplinary process (Code of Conduct, Sections 9–10), applied with particular urgency where a minor's ongoing safety is at risk — including interim suspension of the person concerned from contact with minors pending investigation, which the Executive Committee may order at any stage.

4. WOMEN'S SAFETY

4.1. The **WOMEN'S COMMISSION** (Standing Committees Charter, Article 6) is responsible for implementing this Section.

4.2. U.P.A.F.A. is committed to a safe environment for women and girls as athletes, coaches, officials, and administrators, including: appropriate changing and accommodation arrangements at sanctioned events; a female point of contact made available at events with women's competitions, where practicable; and application of the Code of Conduct's anti-harassment and equal opportunity provisions (Code of Conduct, Section 4) without exception.

4.3. A safety concern specific to women or girls may be raised with the Women's Commission or under the general Code of Conduct complaint process; the two channels are not exclusive of each other.

5. MEDICAL SAFETY, CONCUSSION, AND SUBSTANCE ABUSE

5.1. **CONCUSSION.** Until AFFI issues its own concussion protocol, U.P.A.F.A. adopts the latest international return-to-play guidelines for concussion in contact sport (e.g., the concussion protocols published by IFAF, World Rugby, or the U.S. CDC, whichever is most current) as its interim standard. Under this standard: a player diagnosed with, or reasonably suspected of having, a concussion is immediately removed from play and may not return to play on the same day, regardless of how the symptoms appear to resolve; return to play at any later date requires written clearance from a registered medical practitioner holding at least an MBBS qualification, with a Sports Medicine physician (MD Sports Medicine, or a qualified Orthopedic or Neurology



specialist) preferred where one is available — recognizing that such specialists are not available in every part of Uttar Pradesh. The Medical & Anti-Doping Committee oversees compliance with this Article and shall adopt AFFI's protocol in its place once AFFI issues one.

5.2. SUBSTANCE ABUSE. Alcohol and recreational drug use are addressed separately from doping under this Article. Consumption of alcohol is prohibited at Association events involving minors and prohibited for anyone in a coaching, officiating, or supervisory role while on duty. Suspected substance abuse affecting a person's fitness to participate or officiate is referred to the Medical & Anti-Doping Committee, which may recommend welfare support in addition to, or instead of, disciplinary action under the Code of Conduct, depending on the circumstances.

6. MEDICAL AND EMERGENCY CARE AT EVENTS

6.1. Every U.P.A.F.A.-sanctioned competition, camp, or clinic must have, appropriate to the scale of the event and as set by the Competition & Events Committee in consultation with the Medical & Anti-Doping Committee:

- a stocked first aid kit;
- at least one certified first aider on site for the duration of the event;
- a documented emergency action plan, including the on-site chain of command for a medical emergency;
- the nearest hospital capable of emergency care identified in advance, with directions available to on-site staff;
- an ambulance on standby for major competitions (as designated by the Competition & Events Committee based on expected attendance and level of play);
- a heat-illness protocol (recognition, hydration breaks, and suspension of play in extreme heat);
- a lightning/severe-weather suspension protocol, requiring play to stop and participants to seek safe shelter; and
- the concussion protocol in Article 5.1.

6.2. A serious injury occurring at a sanctioned event (any injury requiring hospital treatment, or any suspected concussion) must be reported by the event organizer to the Medical & Anti-Doping Committee within 48 hours, using a written incident report. The Committee reviews serious injury reports at least annually to identify any pattern requiring a change to event safety standards.

6.3. A District Unit or Club organizing a U.P.A.F.A.-sanctioned event must also complete a basic venue risk assessment (playing surface, spectator areas, and emergency vehicle access) and confirm the Article 6.1 medical standards are met, before the Competition & Events Committee approves the event.

6.4. INSURANCE. U.P.A.F.A. shall make reasonable efforts to obtain appropriate insurance coverage for its official competitions, camps, and clinics wherever financially feasible, including public liability insurance, participant accident insurance, and coverage for volunteers and officials, and event cancellation cover where appropriate. The Executive Committee, in consultation with the Finance & Audit Committee, determines the scope and provider of coverage in force at any given time and may prescribe minimum insurance requirements that organizers of sanctioned competitions must meet.

7. RELATIONSHIP TO THE CODE OF CONDUCT

7.1. A violation of this Policy is investigated and sanctioned under the Code of Conduct's complaint and disciplinary process (Code of Conduct, Sections 9–10), except where NADA/WADA/AFFI rules occupy the field for a doping violation (Article 2.3 above), or a legal reporting duty applies (Article 3.5 above).

