CONFÉDÉRATION BOULISTE INTERNATIONALE

GARIBALDI WORLD CHAMPIONSHIP – BRAZIL 2026

SAFE & CLEAN SPORT FOR ALL

Preliminary Reference Framework for Local Authorities, Organizers, Teams, Athletes and Event Stakeholders

Document status
Preliminary prevention and coordination document. Formal decisions remain subject to applicable CBI regulations, the World Anti-Doping Code framework, the competent Anti-Doping Organization, Brazilian law and the final event operational plan.

Prepared under the responsibility of the CBI Medical, Anti-Doping & Sport for All Management function

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Document Structure and Use

This document provides one common policy framework followed by stakeholder-specific appendices. The common sections explain principles and boundaries; the appendices translate them into practical duties, checklists and reporting routes.

Part	Primary users	Purpose
Main Framework	All recipients	Common principles, terminology, four operational areas and governance.
Appendix A	Local authorities and public services	Interfaces with health, emergency, safety, legal and public-order functions.
Appendix B	Local Organizing Committee and venue management	Facilities, staffing, emergency preparation, food, transport and reporting.
Appendix C	Teams, athletes and accompanying persons	Pre-travel, medicines, TUEs, allergies, food, conduct and reporting.
Appendix D	Medical and anti-doping personnel	Clinical boundaries, medication controls, sample-collection support and confidentiality.
Appendix E	Sport for All and safeguarding stakeholders	Inclusive participation, children, disability, community wellness and prevention.
Appendix F	All operational leads	Checklists, contact matrix and incident classification form.

PART I — COMMON FRAMEWORK

1. Purpose and Scope

The Garibaldi World Championship will operate under the umbrella of Safe & Clean Sport for All. This approach protects health, dignity, inclusion, fair competition, event integrity and community participation. It is intentionally broader than anti-doping testing alone.

- protect the health and dignity of athletes and all event participants;
- prevent avoidable medical, safety, safeguarding and integrity failures;
- support fair competition and compliance with applicable anti-doping rules;
- promote Raffa Boules as an inclusive activity contributing to lifelong physical and social wellness;
- ensure that concerns are directed to the competent medical, sporting, anti-doping or public authority.

2. Four Distinct but Coordinated Operational Areas

Area	Primary question	Examples	Competent pathway
1. Anti-Doping	Is there a possible Anti-Doping Rule Violation?	Prohibited substance or method; refusal; evasion; tampering; trafficking; complicity.	Authorized Anti-Doping Organization and formal results management.
2. Medical & Medication	Is treatment needed and properly documented?	Prescription medicine; TUE; emergency treatment; allergy; chronic condition; supplement risk.	Qualified medical personnel and, where applicable, TUE authority.
3. Safe Participation	Can the person participate without immediate significant risk?	Illness, injury, intoxication, severe fatigue, psychological distress, unsafe conditions.	Event medical/safety chain and local emergency services.
4. Clean Conduct & Integrity	Has fair, respectful or lawful conduct been compromised?	Betting, manipulation, equipment, harassment, discrimination, accreditation misuse.	Competition management, safeguarding or disciplinary authority; local authority where required.

Essential distinction

A medical concern is not automatically a doping violation. A safety restriction is not automatically a disciplinary sanction. A misconduct case may exist even without a prohibited substance. One event may activate more than one pathway.

3. Core Responsibilities

3.1 Athletes

- Check every medicine and supplement before use.
- Maintain prescriptions, medical records and valid TUE documentation where required.
- Cooperate with authorized testing and event procedures.
- Report urgent treatment and significant health or safety needs.
- Respect technical, integrity, safeguarding and conduct rules.

3.2 Teams and Athlete-Support Personnel

- Prepare athletes before travel; do not wait until arrival to identify medication or TUE problems.
- Do not provide unidentified medicines, supplements or advice to conceal treatment.
- Communicate allergies, accessibility and emergency needs through designated confidential channels.
- Support reporting and protect persons raising genuine concerns from retaliation.

3.3 Organizer and Local Organizing Committee

- Appoint named leads for medical, anti-doping, safeguarding, safety and integrity.
- Provide adequate facilities, access, transport interfaces and emergency procedures.
- Train relevant staff and volunteers at a level proportionate to their role.
- Protect confidentiality and avoid unauthorized public conclusions.

3.4 Local Authorities

- Act within legal and institutional competence.
- Support emergency medicine, public health, public order, child protection and criminal matters where applicable.
- Preserve the distinction between public-law procedures and sporting anti-doping or disciplinary procedures.

4. Anti-Doping and Medication Risk Profile

For Raffa and similar precision or low-impact sports, the most credible event-level exposure is often medication-related rather than an organized doping programme. Particular attention should be given to beta-blockers where sport-specific rules apply, stimulants, diuretics, glucocorticoids, tramadol and other pain medicines, cannabis/THC, recreational stimulants and supplements with undeclared ingredients.

- A legal prescription does not automatically authorize use under sport rules.
- A product sold legally in Brazil or another country is not automatically permitted under anti-doping rules.
- Necessary emergency treatment must never be delayed; it must be documented and reviewed afterward.
- No supplement can be guaranteed completely free from prohibited substances.

5. Travel, Food, Allergies and Personal Health Preparation

Participation planning is part of athlete protection and clean sport. International travel can alter sleep, concentration, hydration, digestion and emotional balance. Teams and participants should plan adequate arrival and recovery time, maintain familiar meals and hydration, avoid unnecessary sedatives and excessive alcohol, and promptly report significant symptoms.

- Carry sufficient medication for the journey, event and a reasonable delay period.
- Keep essential medication in original labelled packaging and, where necessary, in hand luggage.
- Carry prescriptions, medical certificates and TUE documentation.
- Pre-notify severe food, medication, insect, latex or environmental allergies.
- Plan cold-chain transport and secure refrigeration for insulin, biologics and other temperature-sensitive products.
- Distinguish dietary preference, intolerance and severe allergy; severe allergy requires an emergency plan.
- Avoid unfamiliar supplements, herbal preparations and weight-control products during the event.

6. Raffa Boules as Sport for All

CBI considers Raffa Boules both an international competitive sport and an accessible activity capable of supporting physical movement, coordination, concentration, social participation, active ageing, intergenerational relationships and community inclusion. The Championship should therefore promote excellence without limiting the value of participation to medals and rankings.

- Physical wellness includes athletes, officials, volunteers, families, children, spectators and community participants.
- Activities should be adapted to age, health, ability and prior experience.
- Children should encounter enjoyment, learning and safe social participation before performance pressure.
- Reasonable accessibility and meaningful participation should be considered for persons with disabilities.
- The event legacy should include trained volunteers, safer local practices and opportunities for continued activity.

7. Safeguarding and Abuse Prevention

Public evidence confirms that interpersonal violence in sport is not an isolated issue. A six-country European retrospective study of 10,302 young adults who had participated in organized sport before age 18 reported overlapping prevalence categories of 65% psychological violence, 44% physical violence, 37% neglect, 35% non-contact sexual violence and 20% contact sexual violence. These figures must not be added together and must not

be presented as Raffa-specific prevalence. They justify prevention, clear behavioural boundaries and accessible reporting.

Interpretation safeguard
Research percentages vary with definitions, survey methods, countries and populations. They indicate organizational risk and under-reporting; they do not establish that every negative experience is criminal, nor that the same prevalence applies to Garibaldi.

- psychological or emotional abuse, humiliation, threats and coercive exclusion;
- bullying and cyberbullying, including abusive team chats and humiliating images;
- physical abuse, forced unsafe participation or denial of necessary care;
- sexual harassment, grooming, inappropriate contact or exploitation of authority;
- neglect, unsafe supervision, ignored distress or failure to respond to known risks;
- discrimination, economic exploitation and retaliation after reporting.

8. Reporting and Decision Principles

1. Protect any person in immediate danger and activate emergency services where necessary.
2. Record observable facts, not rumours, assumptions or public accusations.
3. Classify the primary concern: medical, anti-doping, safety, safeguarding or integrity/disciplinary.
4. Refer the matter to the designated competent lead; activate additional pathways when needed.
5. Protect confidentiality, preserve relevant evidence and prevent retaliation.
6. Do not declare guilt or an Anti-Doping Rule Violation outside the competent formal process.
7. After resolution, review organizational causes and preventive actions without exposing personal data.

9. Governance and Document Control

Before final circulation, the LOC shall complete the contact matrix, emergency numbers, responsible Anti-Doping Organization, nearest hospitals, safeguarding route, reporting address and local legal interfaces. This document should be reviewed after venue inspection and after confirmation of the final competition programme.

APPENDIX A — LOCAL AUTHORITIES AND PUBLIC SERVICES

A1. Purpose of the Interface

The event seeks early, proportionate coordination with municipal, health, emergency, public-safety, child-protection and other competent Brazilian authorities. Sporting processes do not replace public-law duties, and public authorities do not replace formal sports anti-doping results management.

A2. Information Requested from Authorities

- nearest hospitals and appropriate emergency referral centres;
- emergency medical and ambulance activation procedures;
- public-health notification requirements;
- rules concerning carriage, storage and disposal of medicines, injectables and sharps;
- legal requirements for child protection, mandatory reporting and vulnerable persons;
- procedures for illegal substances, violence, threats and public-order incidents;
- accessibility, fire safety and venue authorization requirements;
- appropriate contacts for food hygiene and environmental health.

A3. Events Requiring Possible Public-Authority Activation

Situation	Initial event action	Authority interface
Medical emergency	Stabilize, activate emergency plan, document treatment.	Emergency medical service/hospital.
Immediate threat or violence	Protect persons, separate risk where safe, preserve evidence.	Police/public safety.
Child or vulnerable-person concern	Activate safeguarding lead and immediate protection.	Competent child-protection/law-enforcement route as legally required.
Suspected illegal possession or trafficking	Do not conduct unauthorized search or confrontation.	Police or competent authority.
Foodborne illness cluster	Medical assessment and traceability of meals.	Public health/food safety authority.
Anti-doping concern without public-law issue	Preserve confidentiality; refer to authorized anti-doping body.	Normally no direct authority action unless separate legal issue exists.

A4. Required Pre-Event Coordination Record

- Named authority contact and deputy.
- 24-hour emergency number.
- Hospital route and estimated transfer process.
- Language/translation arrangements.
- Evidence and confidentiality requirements.
- Procedure for post-incident institutional review.

APPENDIX B — LOCAL ORGANIZING COMMITTEE AND VENUE

B1. Minimum Appointments

- Event Medical Lead.
- Anti-Doping Liaison.
- Safeguarding Lead.
- Safety/Emergency Lead.
- Competition Integrity/Disciplinary Contact.
- Food and Accommodation Contact.
- Transport and Accessibility Contact.
- Data/confidential records custodian.

B2. Venue and Service Checklist

- first-aid and medical assessment area with controlled privacy;
- emergency access and ambulance route kept unobstructed;
- appropriate doping-control station if testing is planned;
- secure refrigeration where participant medicines are formally accepted for storage;
- sharps and medical-waste disposal arrangements;
- potable water and heat/hydration management;
- allergen information and a process for severe dietary needs;
- accessibility routes, toilets and seating;
- safe areas and supervision rules for children;
- published multilingual contact and reporting information.

B3. Volunteer and Staff Briefing

Volunteers should not diagnose, investigate or promise confidentiality beyond their role. They should recognize urgent warning signs, know who to contact, record only necessary facts and avoid public discussion or social-media disclosure.

B4. Daily Operational Review

- medical cases and emerging patterns;
- food, hydration and transport issues;
- safeguarding or behavioural concerns;
- testing logistics and accreditation access;
- venue hazards and corrective actions;
- communication needs for teams;
- open actions, responsible person and deadline.

APPENDIX C — TEAMS, ATHLETES AND ACCOMPANYING PERSONS

C1. Before Travel

- confirm passport, entry requirements, insurance and emergency assistance;
- check every medicine and supplement against applicable anti-doping rules;
- confirm the validity and recognition of any TUE;
- carry sufficient regular medication and documentation;
- notify severe allergies, accessibility and emergency needs through the confidential form;
- plan sleep, hydration, familiar food and arrival recovery time;
- identify the team person responsible for health and safeguarding communication.

C2. During Travel and the Event

- keep essential medicines in hand luggage when interruption would create risk;
- do not share medicines, supplements, bottles or unidentified products;
- report fever, vomiting, diarrhoea, significant fatigue, injury or psychological distress;
- use water and food from reliable sources and ask when allergen information is uncertain;
- cooperate with authorized testing and remain under observation after notification;
- respect children, volunteers, officials, opponents and persons of all backgrounds and abilities;
- report credible concerns through the designated route rather than social media.

C3. Athlete Personal Confirmation

My medicines are labelled and documented.

I have checked anti-doping status and TUE requirements.

I have communicated severe allergies or emergency needs.

I know the event medical and safeguarding contacts.

I will not use unfamiliar medicines or supplements without qualified advice.

I understand that a report is confidential but does not itself establish guilt.

C4. Team Manager Pre-Arrival Confirmation

Team roster and emergency contacts submitted.

Medical/allergy forms transmitted securely.

TUE and medication review completed.

Minors and vulnerable participants identified for appropriate support.

Travel, accommodation and accessible transport arrangements checked.

Team code of conduct and reporting routes explained.

APPENDIX D — MEDICAL AND ANTI-DOPING OPERATIONS

D1. Medical Function

- Provide urgent care without unnecessary delay.
- Document treatment, route, dose, time and medical rationale.
- Assess fitness to participate on health and safety grounds only.
- Protect confidential health information.
- Refer TUE and anti-doping decisions to the competent body.

D2. Anti-Doping Function

- Testing and results management only by authorized personnel.
- Secure notification, chaperoning, sample collection and chain of custody.
- No public disclosure by event personnel outside authorized procedures.
- Potential non-analytical violations documented and referred through formal channels.

D3. High-Priority Medication Questions

- beta-blockers and cardiovascular therapy;
- diuretics and combination antihypertensives;
- stimulant medication and cold/flu products;
- glucocorticoid route and timing;
- tramadol and other pain medication;
- hormonal or testosterone treatment;
- cannabis/THC and CBD contamination;
- supplements and herbal products.

D4. Fitness-to-Compete Boundary

A temporary medical restriction may be necessary where participation creates an immediate significant risk. This is a preventive clinical decision and not an anti-doping or disciplinary sanction. Any separate suspected violation must follow its own competent procedure.

APPENDIX E — SPORT FOR ALL, SAFEGUARDING AND COMMUNITY LEGACY

E1. Inclusive Event Objectives

- present Raffa as competition and as accessible lifelong physical activity;
- provide age-appropriate introductory opportunities for children;
- consider reasonable adaptations for disability and reduced mobility;
- engage families, volunteers, schools and local community organizations;
- promote active ageing and intergenerational participation;
- avoid humiliation, coercion and unnecessary performance pressure.

E2. Eight Safeguarding System Elements

8. Clear safeguarding policy and leadership commitment.
9. Procedures for responding to concerns.
10. Advice and support for participants and staff.
11. Risk assessment and preventive controls.
12. Codes of conduct defining acceptable behaviour.
13. Safer recruitment and role-appropriate training.
14. Safe cooperation with partners and service providers.
15. Monitoring, evaluation and continuous improvement.

E3. Child Activity Minimum Controls

- designated adult supervision;
- parent/caregiver information and consent as applicable;
- no private or unnecessary one-to-one isolated interaction;
- controlled photography and digital communication;
- age-appropriate equipment and activity duration;
- accessible reporting and immediate protection route;
- record of participating children and responsible adults.

E4. Suggested Legacy Indicators

- number and profile of community participants;
- children and families reached;
- persons with disabilities supported;
- volunteers trained and retained;
- participant awareness of reporting channels;
- perceived safety and inclusion;
- local activities continuing after the Championship;
- corrective actions arising from event feedback.

APPENDIX F — OPERATIONAL FORMS AND QUICK-REFERENCE TOOLS

F1. Contact Matrix

Function	Primary contact	Deputy	Telephone/Email	Availability
Medical Lead				
Anti-Doping Liaison				
Safeguarding Lead				
Safety/Emergency Lead				
Competition Integrity				
Ambulance/Emergency				
Hospital				
Police/Public Safety				
Food/Accommodation				
Transport/Accessibility				

F2. Initial Incident Classification

Date/time: _____

Location: _____

Person reporting/contact: _____

Immediate danger present? Yes No

Primary category: Medical Anti-Doping Safety Safeguarding Integrity/Disciplinary Public-law issue

Observable facts (avoid conclusions):

_____

Immediate action taken:

_____

Referred to: _____ Time: _____

Confidential records location/reference: _____

F3. Escalation Test

16. Is anyone in immediate danger or in need of urgent medical care?
17. Is the concern primarily medical, anti-doping, safety, safeguarding or integrity-related?
18. Does Brazilian law or a public authority need to be activated?
19. Who has formal competence to decide or investigate?
20. What minimum information must be recorded and protected?
21. What temporary preventive action is proportionate?
22. What follow-up and organizational learning are required?

F4. Pre-Circulation Completion Checklist

Final CBI and LOC approvals obtained.

Applicable competition and anti-doping rules identified.

Brazilian legal interfaces verified.

All contact fields completed and tested.

Nearest hospital and emergency route confirmed.

Testing arrangements confirmed or marked not applicable.

Safeguarding procedure and child-activity controls approved.

Team medical/allergy information form issued.

Translations and accessible formats prepared as needed.

Document version, distribution list and revision control recorded.

REFERENCE SOURCES

- World Anti-Doping Agency (WADA), 2026 Prohibited List, effective 1 January 2026.
- World Anti-Doping Agency, Therapeutic Use Exemption framework and athlete guidance.
- TAFISA, Sport for All mission, inclusion and community physical-activity resources.
- International Safeguards for Children in Sport, Eight Safeguards and implementation guidance.
- Hartill M. et al. (2023), “Prevalence of interpersonal violence against children in sport in six European countries,” Child Abuse & Neglect, Vol. 146, sample N=10,302.
- Applicable CBI Statute, competition regulations and Medical/Anti-Doping/Sport for All policies.
- Applicable Brazilian health, safety, child-protection, public-order and event regulations, to be verified with local authorities.

Finalization note

CBI-specific study percentages may be added after verification of the title, year, sample, definitions, methodology and calculation. They should be presented separately from international public evidence.