Right Directions
Quality Support in Safe Hands

March 2023

User Induction and Considerations

Area: Dry Fitness **Category:** Operations

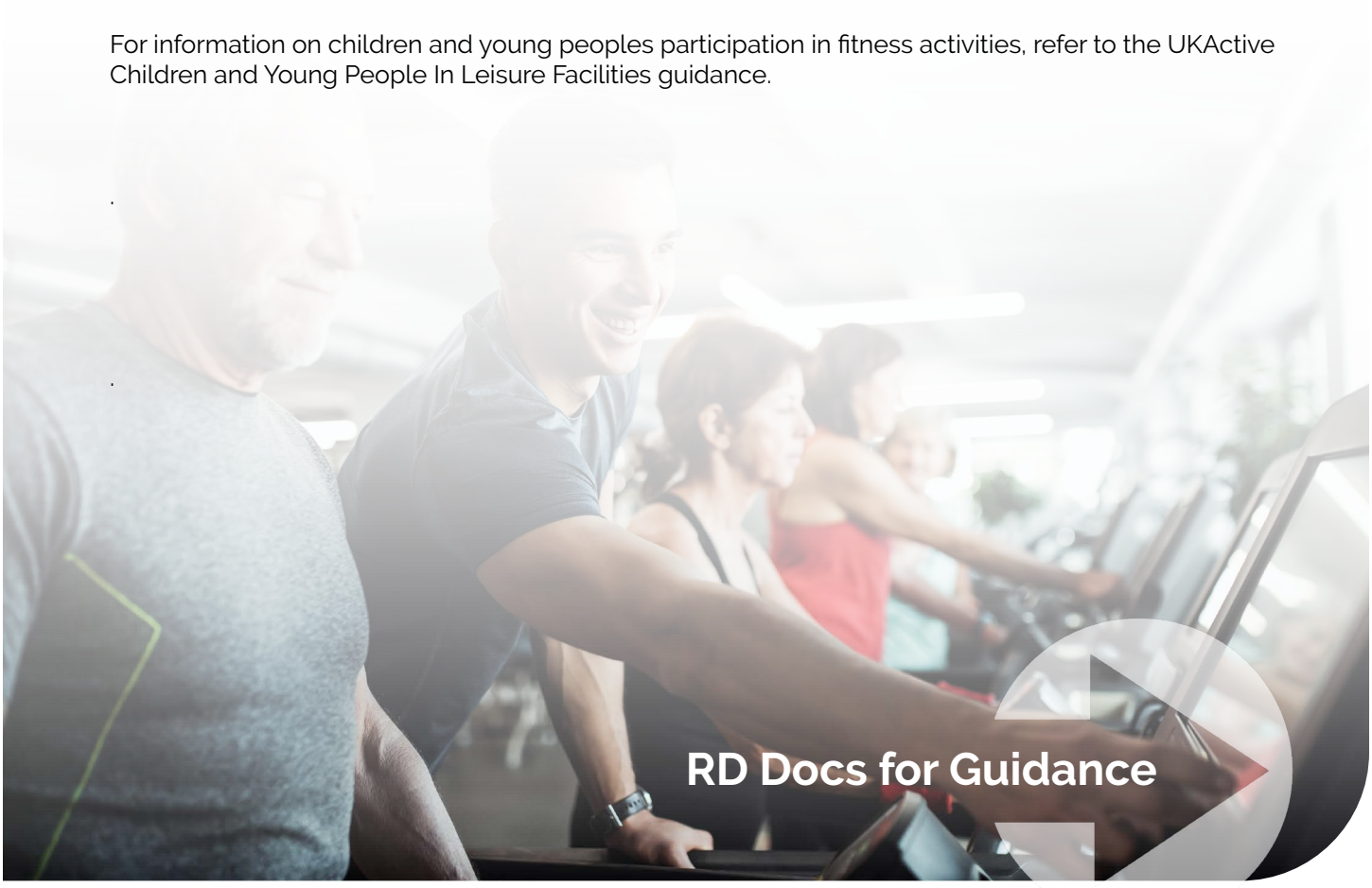
Introduction

Everyone who uses an exercise space is unique. Each user's motives, goals, ability and performance will vary. The purpose of this guidance is to provide operators and fitness staff with an insight into user considerations and circumstances and assist with the implementation of associated best practice. The content of this guidance note covers the initial processes of screening and inducting users, through to understanding and supporting specific circumstantial requirements.

How to use the guidance notes

If the content of this guidance note relates to aspects of your operation it is recommended you review your risk assessments, policies, procedures and training to ensure the content provided has been considered. Additional associated resources are listed at the bottom of each section, should you wish to seek further understanding or justification for the information covered.

For information on children and young peoples participation in fitness activities, refer to the UKActive Children and Young People In Leisure Facilities guidance.



This guidance note covers:

- Medical screening
  - Physical Activity Readiness Questionnaire (PAR-Q)
  - Health Commitment Statement (HCS)
  - Exercise outside of the gym
- Gym inductions
- Children's and young person's use of the gym
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- Children's and young person's participation in exercise classes
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Medical screening

It is important to undertake some form of medical screening with new users prior to their use of the facilities or equipment. Health screening questionnaires are beneficial to help instructors establish any health risks users may have and if necessary, and where required, refer them to other suitably qualified exercise or health care professionals. Health screening questionnaires also importantly, help instructors understand users' goals and motivations.

Structured methods to undertake this screening include a Physical Activity Readiness Questionnaire or Health Commitment Statement.

Physical Activity Readiness Questionnaire (PAR-Q)

A PAR-Q is designed to be completed by prospective users to identify any contra-indications to exercise. Simply, a PAR-Q is a series of questions designed to give an instructor insight into the basic health status and medical history of a prospective user.
The aim of a PAR-Q is to provide an instructor with enough information to determine if a user is ready to start exercising, or if based on the information given, it is advisable for them to seek qualified medical advice prior to exercise participation.

As an example, a PAR-Q may include the following information about a user:

- **Personal and emergency contact details**
- **Health goals and motives for starting a fitness programme**
- **A description of their general health and fitness**
- **A brief history of their exercise experience**
- **Their perceived barriers to exercise**
- **Their current diet and nutrition**
- **Their medical history, known conditions and current health.**

A suitably qualified fitness instructor should cross-check the answers provided by the prospective users with the listed contra-indications, before allowing any access to the gym and, if appropriate, prescribing an exercise programme. Any programme written should consider any identified contra-indications.

Health Commitment Statements (HCS)

The use of health commitment statements is an alternative to the traditional PAR-Q. They set the standards that health and fitness centres and facility users can reasonably expect from each other, concerning the health of the user.

The following should be considered within a facility's commitment to the user:

- **Respect for personal decisions**
- **A reasonable effort to ensure equipment and facilities are in a safe condition**
- **Reasonable steps to ensure staff are appropriately qualified**
- **A willingness to consider any reasonable adjustments to enable access to equipment and facilities.**

The HCS can also detail the user's commitment to the facility including the request for users to:

- **Exercise within their own abilities**
- **Seek and follow advice should they have any medical concerns which may interfere with their ability to exercise safely**
- **Make themselves aware of any rules, instructions or warning notices**
- **Inform a member of staff if they feel unwell during exercise**
- **Follow any reasonable instructions to support their individual needs.**

Ultimately, it is an operator's decision on whether to undertake either a PAR-Q or HCS with its users. On making this decision it is important to consider various factors including the types of users, insurers recommendations, the facility, staffing and equipment.

Exercise outside of the gym

A PAR-Q or HCS is not essential for general fitness classes held within the facility or the community but can be undertaken if an operator wishes to do so. All instructors leading classes should give participants the opportunity to discuss any contra-indications with them prior to the start of the class and advise that participants work within their capabilities.
If a participant raises a query related to a contra-indication it may be beneficial to refer them to their GP to seek advice.

Instructors should provide information on the type and intensity of classes to allow customers to make informed decisions.

A PAR-Q or HCS is not required for general activities such as swimming or badminton where the participant is exercising under their own control and intensity.

Useful Resources

Ukactive Health Commitment Statement:
https://www.ukactive.com/standards/

CIMSPA professional standards library:
https://www.cimspa.co.uk/standards-home/professional-standards-library

Gym inductions

Inductions can provide a pivotal first step in a user's fitness journey and provide a more comprehensive introduction to the gym than a simple PAR-Q or HCS. CIMSPA recommend that users complete an induction to help familiarise them with the fitness equipment, operational arrangements and staff at their specific facility.

Instructors undertaking inductions should be suitably trained through qualifications aligned to the CIMSPA professional standards.

There is no necessity for participants to be shown all equipment as part of an induction. Some facilities limit the equipment demonstrated, often at the user's request. A record of this interaction should be recorded including for online inductions.

It is a priority for users to be shown the equipment that they intend to use, particularly if they have not formally requested, they do not wish to be shown. An instructor should use their technical knowledge to conduct inductions and provide sound demonstrations of gym-based exercises and equipment. Alternatively, demonstrations on how to use equipment can be show as a part of online inductions.

There should be a reminder on the induction form, and signage within the gym, encouraging users to seek instruction before using any equipment that they haven't been shown.

New users claiming previous experience in the use of gym equipment can confirm competence by demonstrating how to use the relevant equipment to a qualified instructor. Whilst this demonstration may be brief, it is advisable that the induction process is not abandoned entirely.

In many instances' inductions provide the first step in a customer experience and their overall motivation to adhere to exercise to support long-term, health-related behaviour change.

The necessity for users to complete an induction should be considered as part of the facility's risk assessment process and customer service objectives. As a part of this process operators should consider how access to the gym can be restricted until inductions are completed. This includes those completing online inductions.

Useful Resources

Health and Safety Myths (HSE):
http://www.hse.gov.uk/myth/myth-busting/2015/case359-curret-gym-users-need-to-take-fee-paying-induction-course.htm

CIMSPA professional standards library:
https://www.cimspa.co.uk/standards-home/professional-standards-library

Do not attempt cardiopulmonary resuscitation requests

Cardiopulmonary resuscitation (CPR) is the treatment for a cardiac arrest. When a person is terminally or seriously ill, they may consult with a health care professional to formalise their decisions surrounding CPR. In such circumstances, individuals may complete a CPR decision form requesting that in the event of a cardiac arrest CPR is not attempted. There are a number of terms associated with this process including:

- **Do not attempt resuscitation (DNAR)**
- **Do not resuscitate (DNR)**
- **An advanced decision to refuse treatment (ADRT)**
- **Do not attempt CPR (DNACPR)**

Individuals who make this decision may choose to share their wishes not to be resuscitated with their wider community, including those who work in exercise facilities. They may do this verbally, in writing, on a piece of jewellery, captured on a tattoo, or on a personal information card.

DNAR/DNR/ADRT/DNACPR are designed for healthcare professionals and care staff working closely with the individual. They were not designed for bystanders who may come across a casualty in the public domain or people with a duty to respond to a member of public, such as a first aider.

Many facilities operate long hours and have a variety of staff, working a number of shifts, throughout any day. This would make it very difficult to ensure all members of staff could identify the customer as a holder of a DNR and be sure that attempts to resuscitate would not be carried out.

Staff are trained to deal with first aid situations promptly (including a cardiac arrest) and, where required, use an Automated External Defibrillator (AED). It could be very distressing for staff to stand back and do nothing when they are trained for immediate action. Furthermore, consideration should be given to how other members of the public may perceive the situation where a first aider does not give treatment.

The authenticity and specific content of a DNAR/DNR/ADRT/DNACPR wish is often difficult to verify outside of a healthcare setting and in many cases would be impossible. It is therefore recommended that first aider's administer CPR without delay in this context.

Useful Resources

The British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing. Decisions relating to cardiopulmonary resuscitation:
www.resus.org.uk/dnacpr/decisions-relating-to-cpr/.

ReSpect:
https://www.resus.org.uk/respect/

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Administering medication

A user with a medical condition which requires the administration of medication will usually be able to either self-medicate or have a carer/personal assistant with them who is trained to administer the medication on their behalf.

First aid at work qualifications do not include training on giving tablets or medicines. The only exception to this is where aspirin is used when giving first aid to a casualty with a suspected heart attack.

Some people carry their own prescribed medication (e.g. an inhaler for asthma or an auto-injector for anaphylaxis). If an individual needs to take their own prescribed medication, the first aider's role is generally limited to assisting them and contacting the emergency services, if required.

However, this is not applicable to the administration of prescription only medication specified in Schedule 19 of the Medicines Regulations 2012, where the purpose is for saving life in an emergency. Adrenaline 1:1000 up to 1mg for intramuscular use in anaphylaxis is an example (HSE, 2019). Where the facility's first aid needs assessment identifies that such medication may be required to be administered in an emergency, the operator should consider providing workplace first aiders with additional training in its use.

An individual's ability to take their prescribed medication in the event of an emergency and the likelihood of the individual needing to take their medication should be considered as part of the facility's risk assessment.

Useful Resources

Schedule 19 medications:
http://www.legislation.gov.uk/uksi/2012/1916/schedule/19/made

HSE First aid needs assessment:
https://www.hse.gov.uk/firstaid/needs-assessment.htm

Exercise referral and ongoing use

An exercise referral is a specific, formalised programme whereby a healthcare professional refers a patient to a fitness programme devised by a suitably qualified instructor.

The CIMSPA professional standards outline the essential knowledge and skills that are needed to meet the requirements of instructors engaging with, inactive people or those with long term health conditions. It is important these standards, in conjunction with the gym instructor and or Personal Trainer standard, are achieved to ensure staff are suitably qualified to instruct customers who have been referred by a healthcare professional.

An exercise referral programme typically consists of 12-weeks of supervised physical activity, which should be tailored to suit the needs of the referrer and the referred client. The aim of this is generally to improve a patient's overall health and wellbeing, so that they can go on to partake in less supervised programmes.

Records must be maintained throughout the programme in accordance with the requirements of the health authority referrer.

Once participants have finished their exercise referral programme it is important to try and encourage sustained use of the facilities in a more general context. Exit pathways should be considered during the design and delivery of the exercise referral programme. Those who have completed an exercise referral programme are likely to be less at risk should they continue with their physical activity than if they were to stop.

Participants should have already completed a PAR-Q or HCS, identifying their health condition(s), and thus the transfer to general use should be relatively simple. Customer records should be maintained to indicate the status of the referred client, i.e. that they have previously gone through a referral programme.

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Useful Resources

Physical activity: exercise referral schemes:
https://www.nice.org.uk/guidance/ph54

CIMSPA professional standards library:
https://www.cimspa.co.uk/standards-home/professional-standards-library

Assistance dogs

There are a variety of roles assistance dogs are trained to carry out including helping people with hearing difficulties, epilepsy, diabetes, physical mobility problems and more. Assistance dogs carry out a variety of practical tasks for people as well as supporting their independence and confidence.

Working assistance dogs will generally wear an identifying jacket explaining their role, which may be yellow, red, blue, green, or purple in colour.

Users should have access to all services which they feel are suitable. In some cases where a dog's presence may impede the user's ability to engage in an activity due to space or impact on the dog's welfare, alternative arrangements can be made. For example, the hot, humid atmosphere on poolside or the decibel range in some group exercise classes may be deemed unsuitable for an assistance dog. It is therefore important to fully inform the user of the potential risks, so that they can make an informed decision on whether alternative arrangements are required for their assistance dog.

Alternative arrangements may include the identification of a suitable area in which to house an assistance dog whilst the user participates in their activity. If required, the owner should be guided to and from their activity after leaving the dog in the designated area. Alternatively, a member of staff may take the dog to and from the designated rest area with the owner's permission.

Water and a separate designated toileting area should be available on request for the assistance dog and information should be obtained from the owner on any special requirements for the dog.

Assistance dogs should not be distracted, talked to or fed and applying discipline is the owner's responsibility. If any problems do occur, these should be discussed with the owner.

The use of strong cleaning chemicals or machinery near the dog should be avoided.
Staff must be made aware that an assistance dog is in the building so that regular checks on the dog's welfare can be carried out and responsibility taken in the event of evacuation if the owner is separated from the dog. In the event of a fire evacuation staff must be aware of the facility's fire evacuation policy and procedures for assistance dogs.

To support and encourage users with assistance dogs it is recommended the operator displays door stickers to notify users that assistance dogs are welcomed and offers guided tours on request to help owners/assistance dogs learn the building layout.

Operators should ensure that assistance dogs and their owners are considered within the facility's risk assessment, policies and procedures and staff are familiarised with this content.

Useful Resources

Assistance Dogs UK:
www.assistancedogs.org.uk

Assistance dogs: a guide for all businesses:
https://www.equalityhumanrights.com/en/publication-download/assistance-dogs-guide-all-businesses

Exercise during pregnancy

By facilitating exercise sessions specifically targeted to pregnant users, or ensuring instructors have the necessary knowledge to adapt existing exercise activities, opportunities are provided for pregnant users to carry out exercise throughout their pregnancy.
Such provision is not without risks to both the pregnant user and her unborn child (foetus). These risks should be assessed by the woman, her medical advisors (GP, Midwife etc) and by those providing the activities, within the normal risk assessment procedures.

The NHS advocates that the fitter and more active a woman is during her pregnancy, the easier it will be for them to adapt to their changing shape and weight gain. There is also evidence to suggest that active women are less likely to experience problems in later pregnancy and labour (NHS, 2017). The NHS advises pregnant women to keep up their normal daily physical activity or exercise routine for as long as they feel comfortable.

Reasons to stop exercising during pregnancy

Before any exercise programme is undertaken a pregnant user should always seek advice from her medical advisors (GP, Midwife etc).

There are a number of symptoms that if experienced during pregnancy should result in immediate cessation of the exercise. These include:

- **Difficulty catching their breath**
- **Dizziness**
- **Chest pain**
- **Irregular heartbeat (palpitations)**
- **Tightening across the stomach**
- **Leaking fluids or blood from the vagina**
- **Pain around the stomach and/or pelvis**
- **Feeling exhausted**
- **Headache**
- **Muscle weakness**
- **Pain and/or swelling in the lower part of the legs**
- **Decreased foetal activity.**

More serious medical conditions such as high blood pressure, heart problems and particular conditions associated with pregnancy may prevent a woman from exercising during pregnancy all together.

Suitable activities for pregnant women

Some activities are particularly suited to pregnant women and operators should aim to provide these as part of a general programme, for example;

- **Swimming is ideal as there is less stress placed on the joints due to the supportive nature of the water**
- **Yoga classes can be adapted to suit pregnant women and improve suppleness, relaxation and breathing control**
- **Low impact aerobics classes that combine elements of aerobic exercise with more gentle stretching exercises**
- **Specific ante-natal exercise classes are also ideal as these focus on activities that involve strengthening the stomach and pelvic floor muscles.**

As a general rule, pregnant users should be able to hold a conversation whilst exercising. If the user becomes breathless as they talk, then they are probably exercising too strenuously.

Activities pregnant users should try to avoid

Some activities are not particularly suited to pregnant women and operators should discourage pregnant users from participating in these, or ensure these activities are not included in any personal programmes devised for a pregnant user. For example;

- **Contact sports where there's a risk of being hit, such as kickboxing, judo or squash are not recommended for pregnant users**
- **Exercises that involve a pregnant user lying flat on her back, particularly after 16 weeks, should be avoided. This is because the weight of the foetus presses on the mother's main blood vessel, and consequently is likely to make the mother feel faint**

Instructors and training

The operator should ensure all instructors have the appropriate training and competency to assist pregnant users and be mindful that pre-natal activities may involve working with a midwife or health care professional.

Specific qualifications can be undertaken to help instructors working directly with pregnant users to gain competency. The CIMSPA professional standard on working with antenatal and postnatal clients outlines the essential knowledge and skills that are needed to meet the requirements of instructors engaging with pregnant users. It is important this standard, in conjunction with the gym instructor standard, is achieved to ensure staff are suitably qualified to instruct antenatal and postnatal customers.

At no stage can the information and advice contained within this information note supersede any medical advice given to a pregnant woman by her medical advisors (GP, Midwife etc). If there is any doubt as to the suitability of a particular exercise for a particular woman, medical advice should be sought by the woman concerned prior to any exercise taking place.

Useful Resources

Physical activity for pregnant women: an infographic for healthcare professionals:
http://bit.ly/2vSK23r

CIMSPA professional standards library:
https://www.cimspa.co.uk/standards-home/professional-standards-library

Whilst cardiac arrests can occur during exercise there is research to suggest that exercise-related heart deaths are quite rare, accounting for just 5% of sudden cardiac arrest cases. When these incidents do occur, they grab our attention because they're rare and counterintuitive. However, regular, moderate-intensity exercise is undoubtedly the best way to prevent sudden cardiac arrest.

A sudden cardiac arrest occurs when the heart abruptly and unexpectedly stops working. It can occur in people with or without known heart disease. Possible causes include a structural or electrical problem with the heart; dehydration; a serious imbalance of potassium, magnesium, or other minerals in the blood; an inherited condition; or a blow to the chest.

Cardiac arrest is not the same as a heart attack, which is caused by an artery blockage that stops blood flow to the heart. A heart attack can kill part of the heart's muscle but isn't necessarily fatal.

However, a heart attack can trigger a malfunction in the heart's electrical system, which can lead to sudden cardiac arrest. In most of these cases, the heart's lower chambers beat fast and chaotically, a condition known as ventricular fibrillation. Circulation stops, and death occurs in minutes (Harvard Health Publishing, 2017).

Some early warning signs of a heart attack or cardiac arrest include:

- **Chest pain - a sensation of pressure, tightness or squeezing in the centre of the chest**
- **Dizziness**
- **Sweating**
- **Shortness of breath**
- **Nausea**
- **An overwhelming sense of anxiety (similar to a panic attack)**
- **Coughing or wheezing**
- **Pain in other parts of the body – it can feel as if the pain is travelling from your chest to your arms (usually the left arm is affected, but it can affect both arms), jaw, neck, back and abdomen.**

If a user displays any of these symptoms it is important the facility's first aider and an ambulance (999/112) are called immediately.

Useful Resources

British Heart Foundation, What is CPR:
https://www.bhf.org.uk/how-you-can-help/how-to-save-a-life/how-to-do-cpr/what-is-cpr

NHS, Heart Attack Overview:
https://www.nhs.uk/conditions/heart-attack/

Eating disorders and exercise

Eating disorders are serious and often fatal illnesses associated with severe disturbances in an individual's eating behaviours and related thoughts and emotions.

Individuals of any gender and any age can suffer from an eating disorder, but they most commonly affect young women aged 13 to 17 years old (NHS, 2018).

Approximately 725,000 people receive treatment for eating disorders in the UK every year. Eating disorders are considered to have the highest mortality rate of any mental health condition.

Eating disorders can involve eating too much or too little or becoming obsessed with weight and body shape. Common eating disorders include anorexia nervosa, bulimia nervosa, and binge-eating disorder.

Traits which may be evident in all these eating disorders include:

- **Spending a lot of time worrying about weight and body shape**
- **Avoiding socialising when food may be involved**
- **Eating very little food**
- **Deliberately being sick or taking laxatives after consuming food**
- **Exercising too much**
- **Having very strict habits or routines around food**
- **Changes in mood**
- **Feeling cold, tired or dizzy**
- **Problems with digestion**
- **Lack of menstruation for women and girls**
- **Weight being very high or very low in comparison to someone of a similar age and height.**

In a fitness environment other general signs and symptoms that instructors should be aware of include:

- **Decreased concentration, energy levels and coordination function**
- **Longer recovery time after workouts**
- **More frequent muscle strains**
- **Sensitivity to the cold**
- **Complaints of light headedness or dizziness or abdominal pain**
- **Prolonged or additional exercise above and beyond normal routines**
- **Frequent toilet breaks**
- **Increased fatigue.**

It's important to remember that even if a user presents signs and symptoms that do not exactly match those above, they could still have an eating disorder.

Operational considerations

The Equality Act (2010) requires operators to make reasonable adjustments, provide support and make things accessible for people with physical or mental impairments that have a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities. Eating disorders are covered within the Equality Act.

Many pre-activity health screening systems (for example, a PARQ/HCS) include an undertaking by the new user to notify instructors if there is a future change in state of health, to enable the facility to review the content of any exercise programme or to suspend that programme. Certain changes in health may not be reported, as above, but become apparent to instructors (for example, incidents of fainting, or sudden weight loss).

An operator has a 'duty of care' towards those people using the facilities. There is a clear obligation upon a facility under this duty of care, to take reasonable care of the individual concerned in the light of the information to hand on their state of health. New information, whether observed or reported, requires a re-assessment of the member's participation in exercise programmes.

Whether reported or observed, the change in a user's state of health should be the subject of a prompt, tactful conversation with them (and a subsequent file note) undertaken by a designated manager.

Some points to consider when conversing with users in this situation are as follows:

- **Focus on the facts available**
- **Do not use aggressive language or threaten to take the user's membership away**
- **Do not mention stereotypical medical conditions such as anorexia, bulimia, etc.**

- **Do not 'try to make them see' that they are too thin**
- **Do not comment on their weight or appearance**
- **Do not try to take on the role of a nutritionist, therapist or counsellor**
- **Make it known that you are there to support them.**

If the user is under the age of 18, it may be appropriate to sensitively arrange to speak to the parents/ carer about your concerns.

Operational implications and recommendations

There is no single cause of body dissatisfaction or disordered eating. However, research is increasingly clear that media does indeed contribute and that exposure to and pressure exerted by media increase body dissatisfaction and disordered eating.

It is therefore recommended that operators consider the media and messages they promote; adopting a responsible attitude to advertising and the portrayal of fitness.

Slogans or campaigns focused on losing weight, decreasing clothing sizes, promoting very thin or dramatic changes in physical appearance are therefore not recommended.

Slogans or campaigns focused on getting active, enjoying exercise and improving overall health and wellbeing are considered best practice.

Training

In an ideal world, all facilities would have a member of staff specifically trained to be able to work with people who display signs and symptoms of an eating disorder, however, it is understood that this isn't always reasonably practicable. As a basic standard, CIMSPA recommends that fitness instructors hold a qualification which meets the CIMSPA professional gym instructor standard.

Operators should also ensure that those staff delivering 'weight loss' programmes are also appropriately qualified and have awareness of how to spot the signs and symptoms of eating disorders.

It is important to remember that the scope of an instructor's role and qualifications in the context of supporting people with eating disorders, is not to diagnose or treat them. An instructor's primary role is to refer individuals to specialist and qualified practitioners.

Further support

If further support or re-assurance is required regarding situations involving users with potential eating disorders, the UK's leading eating disorder charity Beat can be contacted via their adult helpline on 0808 801 0677 or youth helpline on 0808 801 0711.

Useful Resources

Beat website: https://www.beateatingdisorders.org.uk/

NHS, Eating Disorders Overview: https://www.nhs.uk/conditions/eating-disorders/

Mind, Eating problems:
https://www.mind.org.uk/information-support/types-of-mental-health-problems/eating-problems/about-eating-problems/

CIMSPA professional standards library:
https://www.cimspa.co.uk/standards-home/professional-standards-library

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These guidance notes have been produced by Right Directions in partnership with CIMSPA.

For more information on user induction or any other topics, please email Right Directions: info@rightdirections.co.uk or give us a call for a chat: **(01582) 840098**

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